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COVID-19 Updates

With the recent renewal of the COVID-19 national public health emergency (PHE) declaration, Blue KC has updated its coverage policies. The renewal of the declaration extends the emergency an additional 90 days through January 15, 2022.

Due to this PHE change, Blue KC is extending the end date for several COVID-19 related policies through March 31, 2022. This includes:

- Skilled Nursing Facilities' (SNF) waiver of prior authorization for Commercial and Blue Medicare Advantage members (For details, refer to the letter posted on Oct. 20, 2021 in the "Recent News Updates" section on the home page of the Provider Portal at Providers.BlueKC.com.)

Note: We are receiving a high volume of SNF authorization requests marked "Expedited," "Urgent" or "Stat." Typically, requests for SNF admissions are "Standard." In general, very few scheduled prior authorization requests meet the definition of "Expedited."



Please continue to visit the COVID-19 Information section on the home page at Providers.BlueKC.com for the most up-to-date information about policies, coding, billing and other operational details related to COVID-19.

LINES OF BUSINESS IMPACTED						
COMMERCIAL	BLUE MEDICARE ADVANTAGE	ACA QHP ¹	Small Group ACA	JAA ²	FEP ³	Dental

BLUE highlighted boxes are the lines of business impacted by this update.

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family

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Unlisted Procedures Payment Policy

Blue KC has a new payment policy for Unlisted Procedures, effective Oct. 1, 2021. Services or procedures performed by providers that do not have specific Current Procedure Codes (CPT) or Health Care Common Procedure Coding System (HCPCS) codes are submitted using unlisted codes.

Unlisted codes provide the means of reporting and tracking services and procedures until a more specific code is established. Claims submitted with an unlisted CPT or HCPCS procedure code are identified using system edits. It is Blue KC's policy to review all services submitted with an unlisted code.

To view the policy, click on Provider Payment Resources in the Medical Policies section at Providers.BlueKC.com.

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Office Facility Fees Payment Policy

Blue KC wants to make you aware of our payment policy regarding Office Facility Fees that became effective March 1, 2020. A provider-based facility shall not charge, bill or collect a facility fee for services rendered. This is a non-covered service. The patient will not be responsible for such charge unless Medicare is the primary payor for such patient and the facility is allowed to charge the fee under federal law or the patient is covered by Medicaid, and Medicaid allows the facility to charge the fee.



For more information regarding this payment policy, go to the Medical Policies section at Providers.BlueKC.com, and click on Provider Payment Resources.

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Advanced Practice Provider Credentialing

In order to comply with the Centers for Medicare and Medicaid Services (CMS), Blue KC has updated our provider credentialing policies for all lines of business. **All Advanced Practice Providers (APPs), which were previously called Mid-Level Practitioners**, must be credentialed with Blue KC by January 1, 2022. APPs include, but are not limited to:

Nurse Practitioners	Clinical Nurse Specialists
Nurse Midwives	Physician Assistants
Nurse Anesthetists	Anesthesiologist Assistants

To meet the January 1, 2022 deadline, APPs should apply for credentialing between now and November 1, 2021 by going to www.cagh.org/solutions/cagh-proviev-providers-and-practice-managers.

After updating your credentialing information at the Council for Affordable Quality Healthcare (CAQH) website, please fill out the Blue KC Credentialing Application. To find this form, go to the log-in page at Providers.BlueKC.com, click on "FORMS" and look under the "Provider Services" section. Applications can be emailed to Providercredentialingandcontracting@BlueKC.com or mailed to:

Blue Cross and Blue Shield of Kansas City
Attention: Provider Credentialing
2301 Main Street, Kansas City, Missouri 64108

For more details, refer to the Advanced Practice Provider Credentialing article in our Blue Speak Newsletter, which can be found in the Communications section of the Provider Portal at Providers.BlueKC.com.

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Provider Directory Requirements for CAA 2022

Effective January 1, 2022, the Consolidated Appropriations Act (CAA) requires group health plans and issuers offering group and individual health plans to establish a verification process to confirm directory information at least every 90 days.

- Delegated Providers will attest through monthly file and quarterly roster submission.
- Non-Delegated Providers must attest quarterly through CAQH Proview.

Additionally, the CAA requires an update of directory information within two business days of a plan or issuer receiving information from a provider or facility. A new data field is also required for the Provider Directory and involves:

- Required to display digital contact information at the individual provider level
- URL / Website information is the preferred data element
- It is recommended that it points the user back to a health system or group / provider address where the user can obtain appointment information
- CAQH will be requesting this information as part of the attestation process
- CAQH will be moving the attestation cycle from 120 days to 90 days
- Lack of quarterly attestation will result in provider being suppressed from Directory

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GAP Fee Schedule Now Available 24/7

You now have access to the GAP Fee Schedule anytime you want. The GAP Fee Schedule, which shows CPT and HCPCS codes, descriptions and their prices, is now available in the Resources section at Providers.BlueKC.com. A GAP Fee is a fee assigned to codes that either do not have a Medicare price assigned or are a carrier priced code where payment amounts are determined for a locality using information sources. The schedule is updated on the first day of the month at the beginning of each quarter.

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Record High Rating for Blue MA Plans

The Centers for Medicare & Medicaid Services (CMS) has announced the 2022 Medicare Star Quality Ratings (Stars) for Medicare Advantage (MA) plans, and at Blue Cross and Blue Shield of Kansas City (Blue KC), we could not be more excited with the results.

Our Blue Medicare Advantage plans rank better than ever.

- Blue Medicare Advantage (PPO) plans received a 4 out of 5 Star Rating 
- Blue Medicare Advantage (HMO) plans received a 4.5 out of 5 Star Rating 

Last year, Blue Medicare Advantage (PPO) plans received a 4 out of 5 Star Rating, while Blue Medicare Advantage (HMO) plans received a 3.5 out of 5 Star Rating. Medicare uses information from plan operations, member satisfaction surveys and health care providers to match performance to a Star value.

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Helpful Tips for Escalated Issues

You've got questions. We've got answers! When you have issues that have escalated, we want to provide you the support you need. Please follow these steps, so our team can solve your problem as quickly as possible:

Step 1	Use the Provider Portal at Providers.BlueKC.com
Step 2	Call one of these provider hotlines: <ul style="list-style-type: none"> 816-395-3929: Commercial 866-508-7140: Blue Medicare Advantage 866-859-3822: Affordable Care Act
Step 3	Written Correspondence
Step 4	Your Provider Account Executive

Note: Step 4 requires two action request dates. That means you first try using a combination of Step 2 and Step 3 or make two previous written correspondence requests or make two calls to the provider hotline. Your Account Executive will need two action request dates or two provider hotline reference numbers from you to help resolve



your issue. If you do not have this information when contacting your Account Executive, you will be redirected to using Steps 1 through 3.

Reminder: When calling Blue KC Account Executives or our provider hotlines, we want to remind providers about the importance of using professional and courteous communications when addressing staff at Blue KC. We appreciate your cooperation, as we try to resolve your issue in a timely manner.

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Provider Portal Tutorials

With the click of a button, you can learn about how to use Blue KC’s powerful digital tool for providers. Want to search and review claims, submit and view electronic prior authorizations or look up member eligibility? Five new Provider Portal Tutorial videos cover all those topics and more and are on the log-in page at Providers.BlueKC.com.

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