

# 2022 Insurance Biller's Seminar



# What can your Rep do for you

- Insurance billing education
- CAP mailing
- Policy Memos
- Medical Policies
- Documentation
- Coding
- Office Visits



# Cap – Competitive Allowance Program

- Annual Contract Update
- Provider contract is Perpetual
- Approved by Board of Directors at BCBSKS
- Emailed towards the end of July
- Where BCBSKS Ranks in Member Satisfaction
- Network Strength and Size
- Reimbursement Changes
- Provider Types / Specialties / Tiers
- Quality Based Reimbursement Program (QBRP)
- Changes / Updates



# Quality Based Reimbursement Program

- Allows the Provider the opportunity for increased revenue
- Three Prerequisites (Claims, Remits, Newsletters)
- Groups A, B & C
- Qualifying Periods for Each Measure – Quarterly/Semi Annual
- QBRP Letter(s)
- HEDIS Measures
- Availability – Eligibility/Claim Status Only



# Policy Memos

1. Policies and Procedures
2. Office/Outpatient
3. Outpatient Treatment of Accidental Injuries
4. Quality of Care
5. In-Hospital Medical
6. Concurrent Professional Care
7. Radiology and Pathology
8. Obstetrical Services
9. Surgery
10. Assistant Surgery
11. Multiple Surgical Procedures
12. Anesthesia



# Policy Memo #1

## Retrospective Claim Review

- 120 days from date of Remittance Advice
  - Written inquiry –
  - [https://clydebcbssks.com/WebCom/Secure/forms/bcbssks\\_provider\\_claiminquiry.htm](https://clydebcbssks.com/WebCom/Secure/forms/bcbssks_provider_claiminquiry.htm)
- Void Claim
  - Paper: Box 22 use #8 claim frequency code indicator and ICN #
- Corrected Claim
  - Paper: Box 22 use #7 claim frequency code indicator and ICN#
  - Electronic: 837 Professional requirements
    - 2300 CLM05-3 claim frequency code
    - 2300 REF02 payer claim control number

## Appeals – only "Not Medically Necessary" denials

- 1st Level: Written notification within 60 days from Retrospective Review Determination
- 2nd Level: Written request within 60 days from 1st Level Appeal



# Audits

- Post Pay Audits
  - Fraud and Abuse
  - Utilization
  - Risk Assessment



# Content of Service

- Therapeutic, prophylactic, or diagnostic injection administration provided on the same day as an office, home, or nursing home visit.
- Telephone calls & web-based correspondence. Telemedicine may be covered with POS 02 or 10 and GT modifier
- Additional charges beyond the regular charge. Ex – after office hours, holidays, or emergency
- A list is located in Policy Memos 1 and 2. (not all-inclusive)



# Non-Covered Services

Professional services are not reimbursed when provided to an immediate family member – spouse, children, parents, siblings, or legal guardian of the person who received the service (or themselves).

Member's contract may determine categories of services, procedures, equipment and/or pharmaceuticals. These denials are billable to the member.

# Limited Patient Waiver

## Limited Patient Waiver



### Section 1 – Patient Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Provider Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Provider Address \_\_\_\_\_  
 Identification Number \_\_\_\_\_ City \_\_\_\_\_  
 Provider NPI \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ +4 \_\_\_\_\_

The provider must document in the patient record the discussion with the patient regarding the following service(s):

\_\_\_\_\_

### Section 2 – Notice of Personal Financial Obligation (Please read before signing)

I have been informed and do understand that the charge(s) for \_\_\_\_\_ Nomenclature/Procedure Code/Appliance provided to me on \_\_\_\_\_ will not be covered because Blue Cross and Blue Shield of Kansas (BCBSKS) considers this service to be:

- Not medically necessary  
 Patient-requested services  
 Deluxe features (applicable to deluxe orthopedic or prosthetic appliances as specified in the member contract) – the allowance for standard item(s) will be applied to the deluxe item(s)  
 Utilization denials  
 Experimental or investigational

It is my wish to have this service(s) performed even though it will not be paid by BCBSKS.

I understand that I will be held personally responsible for approximately \$\_\_\_\_\_. This amount is an approximation only, based on the service(s) scheduled to be provided.

Options: Check only one box. We cannot choose for you.

Option 1: I want the service listed above. I also want the provider to bill my insurance for the service provided so that a determination of coverage can be made by my carrier.  
 Option 2: I want the service listed above, but do not want the provider to bill my insurance. I understand that I am responsible for the charge and have no appeal rights if the claim is not processed through my insurance.

Acknowledgment of personal financial obligation applies to charge(s) for service(s) specified above when performed by this or another provider(s).

I further understand any additional service(s) could affect the amount of my financial responsibility.

**Your signature required** \_\_\_\_\_ Patient (Signature of parent/guardian if other than patient) \_\_\_\_\_ Date Signed \_\_\_\_\_

I, \_\_\_\_\_ (witness name), did personally observe and do certify the person who signed above did read this notice and did affix their signature in my presence.

**Your signature required** \_\_\_\_\_ Witness \_\_\_\_\_ Date Signed \_\_\_\_\_



# Documentation

- Chief Complaint
- Complete S.O.A.P.
- Abbreviations – Have a Legend
- Diagnosis and Dx Code
- Electronic vs Hand Written Signature
- Time-Based Coding – Time In & Time Out or Total Time

# Uniform Charging

What constitutes a provider's usual charge?

- A discount to every patient without health insurance would be considered the "usual charge," and you must bill BCBSKS the same amount.

Concierge/Club Services are not to be offered to BCBSKS members

Are discounts acceptable?

- **Yes**, if they are based upon an individual patient's situation
- Community mental health centers and county health departments are allowed to use a sliding scale due to agency regulations
- Only collect deductible, co-payment, co-insurance, or non-covered services at the time of service



# Non-Contracting Provider

- A contracting provider must bill for any services ordered and performed by a non-contracting provider
- The contracting provider must hold the member harmless
- If a member requests referral to a non-contracting provider, a signed statement of financial obligation should be on file



# Claims Filing

- Contracting provider agrees to file claims for all covered services.
- Timely Filing
  - BCBSKS - 15 months from date of service or discharge from hospital
  - FEP - by Dec. 31 of the year after the year the service was received
  - ASO's - may have different timely filing requirements
- Eligible contracting providers must file services under their own billing NPI.
- Use current Diagnosis and procedure codes.



# Modifiers

- Modifier 59
  - Lesion Removal (10000's) and Radiology Codes (70000's) only
  - BCBSKS doesn't recognize it like Medicare
- Modifier 22
  - Drop claim to paper and attach records (unless lab/path handling fee)
- Modifier 25
  - Established patient E/M code (not new patient E/M)
  - Reduces the E/M by 25 percent MAP.
  - Do not use when billing 96372 (therapeutic injection)

# Refund & Right of Offset Policy

- BCBSKS must request refunds within 15 months from the date of adjudication.
- Refund requests for fraudulent claim payments and duplicate claim payment, including other party liability claims, are not subject to the 15-month limitation.
- BCBSKS uses auto deduction processes for Right of Offset for claims previously paid.



# Locum Tenens Provider

- BCBSKS allows use of a Locum Tenens
  - Provider must be same type of a provider for whom the locum is substituting for.
  - Locum Tenens must be licensed in the state of KS
  - No longer than 60 days
  - Billing: use NPI of the provider for whom the locum tenens is substituting. Add Q6 modifier.
  - Can not use Locum Tenens for a provider who has passed away.

# Tiered Reimbursement

85 percent*	70 percent*	50 percent*
Advanced Practice Registered Nurses (APRNs) [not including Certified Registered Nurse Anesthetists (CRNAs)]	Community Mental Health Centers	Certified Occupational Therapy Assistants (COTAs)
Chiropractors	Licensed Clinical Marriage and Family Therapists	Certified Physical Therapist Assistants (CPTAs)
Clinical Psychologists	Licensed Clinical Professional Counselors	Licensed Athletic Trainers (LATs)
Occupational Therapists	Licensed Clinical Psychotherapists	Individual Intensive Support (IIS) providers Registered Behavior Technician (RBT)
Physical Therapists	Licensed Specialist Clinical Social Workers (LSCSWs)	
Physician Assistants	Outpatient Substance Abuse Facilities	
Speech Language Pathologists	Autism Specialists (AS)	
Licensed Dietitians/Certified Diabetic Educators	Master's Level Social Workers Licensed Marriage and Family Therapist Licensed Master Level Psychologist Licensed Master Level Social Worker Licensed Master Addiction Counselor Licensed Professional Counselor	



# Policy Memo #2

- New vs Established Patient
- Content of Service
- Outpatient Consultations
- Telemedicine
  - POS 02 or 10
  - GT Modifier
  - Provider must be licensed in the state the patient is located at time of service
  - Telemedicine is service with audio, visual or audio/visual – Does not include emails, faxes or texts.



# Policy Memo #3

- Medical Emergency
- Accidental Injury
- Accident Claims
  - Accident Indicator
  - Accident Date / Qualifier
  - Accident Dx - Primary



# Policy Memo #4

- Quality Improvement Program
- Disease Management
  - [bcbsks.com/BeHealthy/DiseaseMgmt](https://bcbsks.com/BeHealthy/DiseaseMgmt)
  - or [bcbsks.com/Behealthy/Wellness-Management](https://bcbsks.com/Behealthy/Wellness-Management)
- HIPAA
- CAQH – Standardized Credentialing Application for KS



# Policy Memo #5

- Daily Hospital Services (New or Established Patient)
- In-Hospital Consultations



# Policy Memo #6

- Concurrent Care
- No Modifiers Needed
- Doesn't Apply To:
  - Radiology
  - Pathology
  - Dx Endoscopies
  - Asst Surgeries
  - Admin of Anesthesia
  - Single Consultations



# Policy Memo #7

- Diagnostic Radiology
- Therapeutic Radiology
- Pathology – Not Subject to Ancillary Guidelines
- Clinical Lab – Follow Ancillary Guides
  - Claim filed to the Blue Plan in the state where the referring/ordering provider resides



# Policy Memo #8

- OB Services Non-Surgical
  - Total OB Care
  - Antepartum Care
  - Delivery
  - Postpartum Care
- OB Services Surgical
- Services Qualifying for Additional Fees
  - Usual fee for Antepartum Care doesn't include lab services except for the UA.



# Policy Memo #9

- Global Fee Concept
  - Major – 1 day before day of procedure and 42 days after procedure
  - Minor – Day of the procedure and 10 days after
  - Zero – Day of Procedure
  - Medicare's website – <https://www.cms.gov/medicare/physician-fee-schedule/search/license-agreement?destination=/medicare/physician-fee-schedule/search%3F>
  - Moderate (Conscious) Sedation
- Modifiers
- Less Than Full Global Package



# Policy Memo #9

- Physicians in Group Practice
- Dates of Service
- Adverse Events



# Policy Memo #10

- Medical Necessity
- Reimbursement
- Non-Physician Assistants



# Policy Memo #11

- Performed by One Provider
  - Allow procedure with higher RVU at 100%, other procedures at 50%
- Surgical Scope Procedures
  - Two or more scope procedures involving multiple compartments of the same anatomic area – only the procedure with higher/highest RVU will be allowed, the others are content of service.



# Policy Memo #12

- Anesthesia
  - General
  - Deep Sedation
  - Moderate Sedation
  - Regional Anesthesia
- Time of Administration
- Content of Service
- Maximum Allowable Payment (MAP)



# Policy Memo #12

- OB Epidural
- Monitored Anesthesia
- Moderate (Conscious) Sedation



# Availity

- Registration ([www.Availity.com](http://www.Availity.com))
- Password Issues
- TIN / NPI Changes
- Name / Address Changes
- Questions Regarding other Payers
- 1-800-Availity



# Availity/Blue Access - BCBSKS

- Eligibility and Benefits
- Claim Status
- Search Patient by Name / Digital ID Card
- Update / Maintain Provider Information: 90 Day Attestation
- BAA Updates / Changes
- View / Print Remits
- QBRP Earned Report
- Resources



# Provider Add / Term / Address Change

- Provider Change Request Form
  - [https://www.bcbsks.com/CustomerService/Forms/pdf/15-141\\_ProvInfoChange.pdf](https://www.bcbsks.com/CustomerService/Forms/pdf/15-141_ProvInfoChange.pdf)
- Provider Network Enrollment Request Form
  - [https://www.bcbsks.com/CustomerService/Forms/pdf/15-481\\_ProvNetEnrollReq.pdf](https://www.bcbsks.com/CustomerService/Forms/pdf/15-481_ProvNetEnrollReq.pdf)
- Initiate request at least 60 days before start date
- BCBSKS does NOT backdate the contract effective date because of URAC requirements
- CAQH must be current
- BCBSKS Credentialing Program
  - <https://www.bcbsks.com/CustomerService/Providers/Publications/professional/PolicyMemos/credentialing-criteria.shtml>



# Claim / Enrollment Inquiry Form

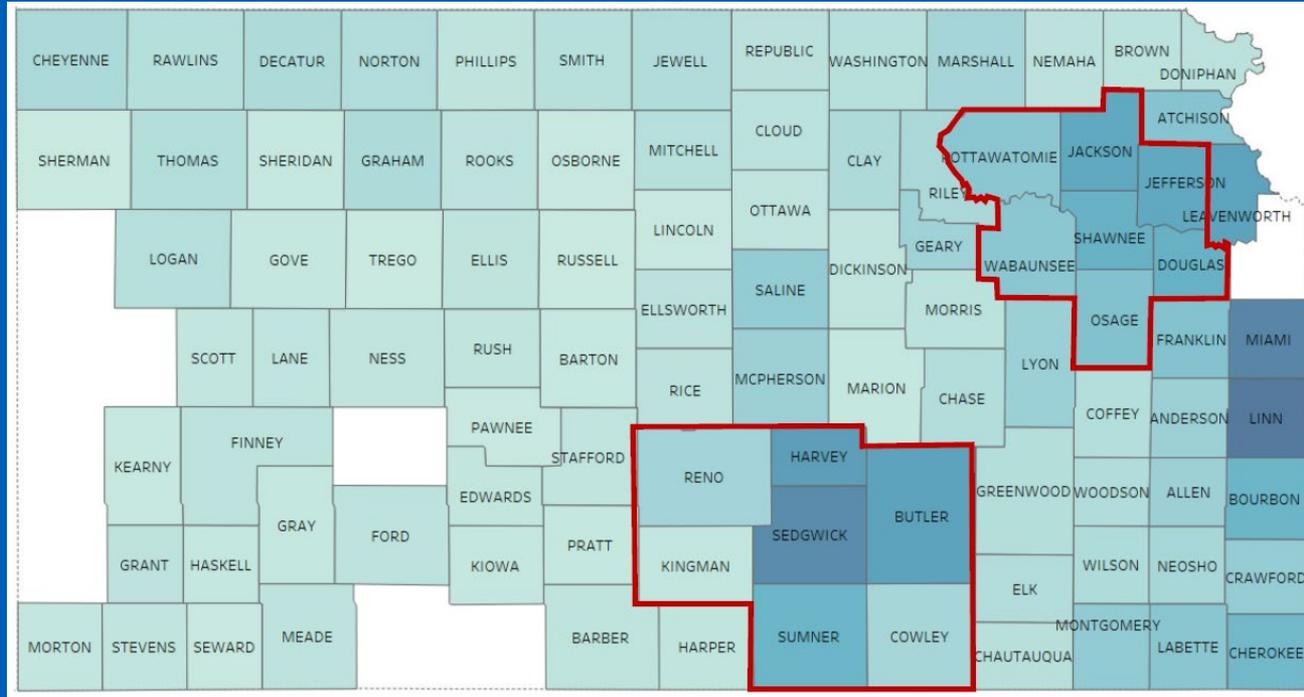
- Inquiry may be submitted for either claim or enrollment questions instead of calling customer service.
- Form is located at:  
[bcbsks.com/bcbsksprovider/facelets/allUsers/form/ProviderClaimEnrollmentInquiry.faces](https://bcbsks.com/bcbsksprovider/facelets/allUsers/form/ProviderClaimEnrollmentInquiry.faces)
- Located in the Blue Secure section on Availity under Forms.



# Simple Blue

- New EPO product (Marketplace)
- 14 county roll out
- Independent plans only

# Simple Blue in 14 Counties





# BlueCard EPO

- Replaced Solutions product
- Non-emergent, out-of-area care requires a prior authorization
- Covered benefits are for the BCBSKS service area
- Zero coverage if the member is referred to a non-contracting entity for any service, including lab and radiology.
- Special contract with The University of KS Health System (KU Med in KC) and Children's Mercy

## Prefixes for EPO members

- XSN – Individual on Exchange
- XSZ – Individual off Exchange
- KSA – Small Group off SHOP

 <b>BlueCross BlueShield Kansas</b>		<b>BlueChoice® SolutionsChoice Networks</b>	
<b>JOHN D SMITH</b> Identification Number <b>XSZ123456789</b>		Non-Group Health Individual Dental Individual	
Group No.	<b>714553005</b>	Network Ded	<b>\$1500</b>
Plan Code	<b>650/150</b>	Network Coin	<b>20%</b>
Rx BIN/PCN	<b>610455/BCBSKS</b>	Network Max	<b>\$4500</b>
<b>Deductible/Coinsurance Applies</b>		Office Visit Copay	<b>\$25</b>
		Specialist Copay	<b>\$50</b>
<b>No Out-of-Network Benefits (see back of card for exceptions)</b>		Emergency Copay	<b>\$300</b>
		Urgent Care Copay	<b>\$25</b>
			



# BCBSKS ID Cards

- Majority have a three-digit prefix (i.e.. XSB, KSE)
- Suitcase (PPO, PPOB, Blank)
- No Suitcase (EPO) – No BlueCard benefits – can't travel
- Co-pays and deductibles listed
- Medical and Dental (if applicable)
- Group number
- CSC phone number on the back



# BlueCard

- BlueCard program serves BCBS members worldwide.
- One source (Host Plan) for providers for claims submission.
- "BlueCard" is the term used for out-of-state plans.
- Terminology
  - **HOME Plan:** The BCBS plan where the patient's policy was issued.
  - **HOST Plan:** The BCBS plan where the services are rendered.



# BlueCard Network

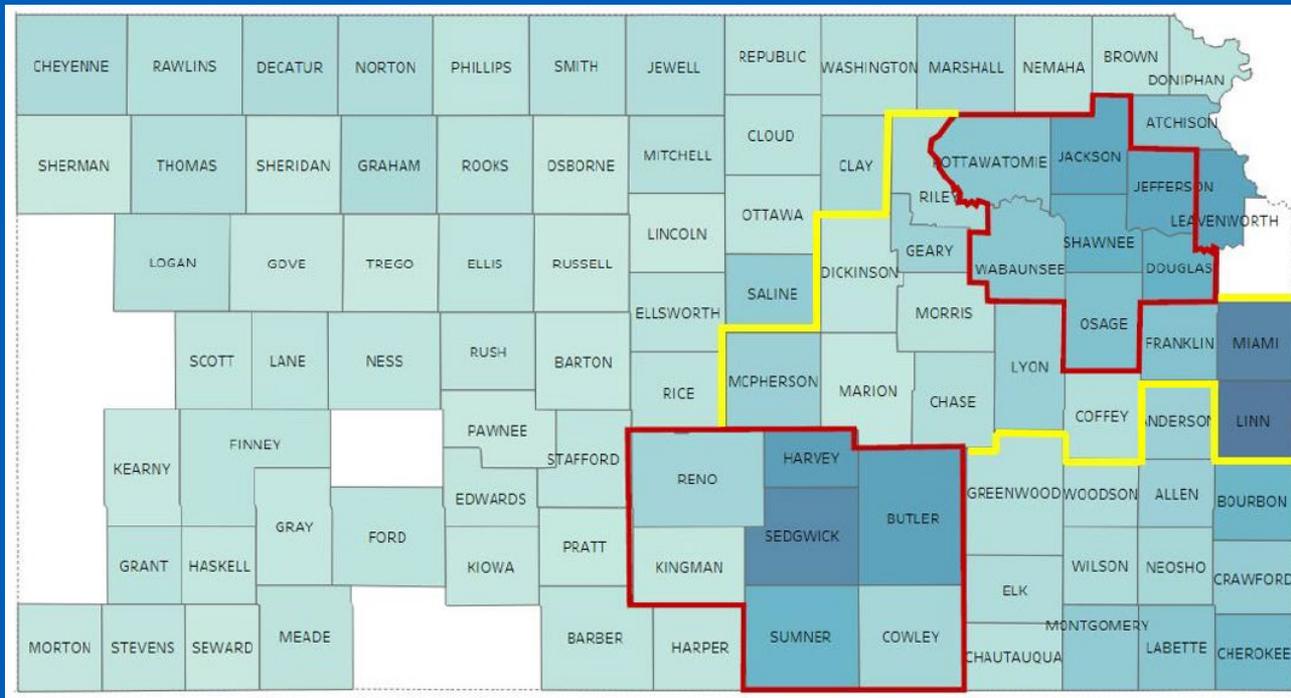
- Provider is considered a BlueCard PPO (Preferred Provider Organization) provider.
- Out-of-State BCBS members: Look for suitcase logo.
- Eligibility verified through Availity.com.
- All Claims submitted to the HOST plan.
- HOST plan is first point of contact for claim inquiries.
- BCBSKS pricing is followed.
- Home Plan will confirm benefits & determine coverage based on their medical policy.
- Services requiring pre-certification: Check # on back of ID card
- Find State by typing in Prefix in Alpha Prefix box under "Medical Policies"
- <https://www.bcbsks.com/CustomerService/Providers/MedicalPolicies/policies.shtml>



# Medicare Advantage

- 26 Counties, including Sedgwick and Shawnee
- Medicare rates and policies apply
- No additional premiums for added services
- Does not qualify for QBRP incentives
- Prefix – M3AK
- EFT required in 2022

# Medicare Advantage Map





# Risk Adjustment

- Diagnosis coding is the primary indicator for risk adjustment calculation and auditing.
- When a claim record does not equal the clinical reality of patient's overall health, this creates a gap in the risk score.
- Diagnosis specificity is critical for an accurate risk adjustment score.
- Current dx code vs. History dx code.
- Validate dx codes to medical record documentation.
- Risk Adjustment Data Validation Audit



# Reimbursement Reminders

- BCBSKS Accepts AMA-CPT, HCPCS and ICD-10
- Major/Minor/Zero Day Surgery Codes (42/10/0 Days)
- Unit Limitations
- Medical Policies
- Preventive Service Guide
- Limited Patient Waiver
- QBRP



# What is Other Party Liability (OPL)?

- Determines if services are eligible for coverage under another provider.
  - Verified annually for members and/or dependents.
  - Verifies if injuries/certain conditions are eligible under Work Comp or auto insurance.
- Helps contain costs that affect rates paid by members.
- Checks for:
  - Duplicate coverage
  - Workman's Compensation
  - No-fault Auto
- Does not coordinate with Medicare or Medicaid.



# Claim Control Number Examples

252200500001

- 25 – Electronic claim
  - \* 20 – Paper Claim
  - \* 57 – Blue Card Claim
- 22 – It was received in 2022.
- 005 – It was received January 5.
- 00001 – It was the first claim in the sequence.



# Electronic Funds Transfer (EFT)

- Quicker Payment
- Less Paperwork
- Located on Availity, BCBSKS Provider Secure Section (Blue Access), Forms, Electronic Fund Transfer (EFT)
- BCBSKS is urging providers to set up
- Upon enrollment with BCBSKS network providers will be required to sign up for EFT payment.



# Cologuard – Screening Colonoscopy

- Provider may bill a follow up colonoscopy with a positive Cologuard test as preventive using the CPT and diagnosis codes according to the Preventive Service Guidelines
- Claim will process as a "screening" colonoscopy
- Edit will be in place by 5/31/2022



# DOT Physicals

- Use code 99455 (DOT Physical)
- Note KDOT in box 19 of CMS form (Loop 2400 NTE)
- Use E/M for ALL other school or work-related exams

# MiResource

- Online mental health provider directory
- Filtered by patient's specific needs/preference
- In-person or Telemed
- <https://bcbsks.miresource.com>



# Covid-19 Provider Information

- As of 1/1/2022 – Patient cost share applies
- BCBSKS covers testing if lab claim is submitted within 14 days of test
- Provider Communications and Resources are listed on BCBSKS website.

[bcbsks.com/providers/covid-19](https://bcbsks.com/providers/covid-19)

# Provider Attestation



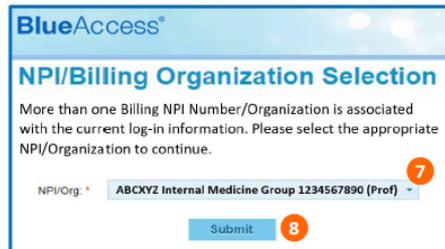
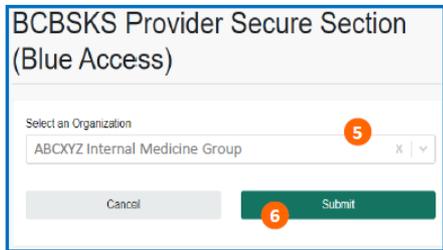
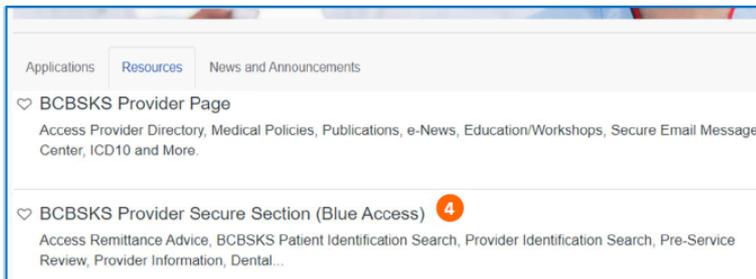
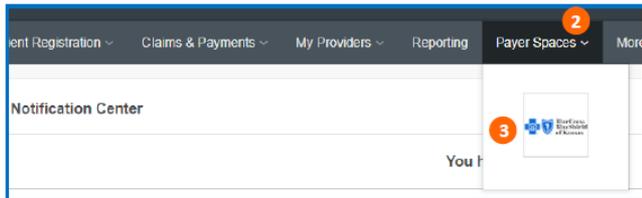
## PROVIDER ATTESTATION

*Complete Attestation  
Quickly and Easily  
Using Blue Access!*

### GETTING STARTED

1. Login to **Availity**
2. Select **Payer Spaces**
3. Select **Blue Cross Blue Shield of Kansas**
4. Select **BCBSKS Provider Secure Section (Blue Access)**
5. Select **Organization** from drop-down menu
6. Select **Submit**
7. Select **NPI/Organization** from drop-down menu, if needed
8. Select **Submit**, if needed

**NOTE:** Only users with more than one NPI associated with the Availity profile used to access Blue Access will see the screen in step 7. It will not apply to every provider/group.



# Provider Attestation



Welcome to  
Blue Access!

## GETTING STARTED

1. Select **Provider Information**
2. Select **Provider Information Forms**

## GROUP ATTESTATION

3. Group attestation form
4. Info message stating which requirements will be met with submission
5. Review all group information and update as needed
6. Enter **Contact Info** for person completing attestation
7. Select **Check Box** → **Submit**
8. Uncheck **Box** to see all attached providers and the last date of attestation
9. Complete attestation for **each** provider listed

## SOLO ATTESTATION

10. Solo attestation form
11. Info message stating which requirements will be met with submission
12. Review all solo information and update as needed
13. Enter **Contact Info** for person completing attestation
14. Select **Check Box** → **Submit**

[Contact Us](#) | [Provider Directory](#) | [Forms](#) | [Logout](#)

Home
Patient ID Search
Provider ID Search
Pre-Service
1 Provider Information
Remittance Advice
QBRP

Welcome ABCXYZ Internal Medicine Group
2 Provider Information Forms
Business Arrangements

Welcome to the Blue Cross and Blue Shield of Kansas Provider Portal.

3 Provider Information Form - Group

This form allows providers to update the information Blue Cross and Blue Shield of Kansas has on file.

Please only fill out the best fields to the right when there is information to update. The fields should be left blank if there are no changes.

To avoid being timed out, please complete this form in one sitting.

Tax ID: 00000000	Billing NPI: 1234567890	
Group Name: ABCXYZ Internal Medicine Group	Legal Name as Reported to IRS: ABCXYZ Internal Medicine Group	
Provider Type: Medical Doctor	Legal Name as Reported to IRS: ABCXYZ Internal Medicine Group	
Provider Specialty: Radiology	Taxonomy Code: 201080100X	
Electronic Fund Transfer: No	Auto Deduct: Yes	
Directory Print Indicator: Yes	Provider Representative: Peter Piper	

Network Agreements: Competitive Alternative Program (CAP), Medicare Advantage

Submission of this form will count toward the following:

- 4  Provider Data Validation (Contractual Requirement) - Submission deadline of November 30, 2022

5  Tax ID

6  Additional Comments

7  I agree that any information I have provided in the form above is accurate and complete to the best of my knowledge. Where I have not provided options, I agree that the information on file is up-to-date.

8  Show only performing providers requiring attention

Provider Name	Provider NPI	QBRP Qualification Last Met	Provider Data Validation Last Met
Jack C. Hester	1234567890	Yes	12/31/2022

10 Provider Information Form - Solo

This form allows providers to update the information Blue Cross and Blue Shield of Kansas has on file.

Please only fill out the best fields to the right when there is information to update. The fields should be left blank if there are no changes.

To avoid being timed out, please complete this form in one sitting.

Tax ID: 00000000	Provider NPI: 1234567890	
Provider Name: Corbin Jackson	Legal Name as Reported to IRS: Corbin Jackson	
Date of Birth: 1/1/1980	Last Four SSN: [REDACTED]	
Gender: M	Taxonomy Code: 201080100X	
Provider Type: License/Temporary & Family Therapist	Board Certification: No	
Provider Specialty: License/Temporary & Family Therapist	Auto Deduct: Yes	
Electronic Fund Transfer: No	Provider Representative: Crystal Anne	
Directory Print Indicator: Yes	Competitive Alternative Program (CAP): Yes	

Network Agreements: Competitive Alternative Program (CAP)

Submission of this form will count toward the following:

- 11  Provider Data Validation (Contractual Requirement) - Submission deadline of November 30, 2022
- 11  Qualification for QBRP Incentive - First Half of Year 2022 - Submission deadline of January 31, 2023

12  Tax ID

13  Additional Comments

14  I agree that any information I have provided in the form above is accurate and complete to the best of my knowledge. Where I have not provided options, I agree that the information on file is up-to-date.

14  Note: Please allow 8 business processing days for requested changes to take effect.

Provider Attestation Quick Reference Card

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# Electronic Provider Message Portal

- Ability to upload records when requested via group email
- Replaces receiving a letter record request
- Registration beginning April 1, 2022
- Implementation May 1, 2022
- May 1 date of service driven incentive
- 1% QBRP Incentive
- Located in Blue Access
- Response required within 15 days of email

# Provider Message Portal – Sign up

BlueCross BlueShield  
**Kansas** BlueAccess®

Contact Us | Provider Directory | Forms | Logout

Home | Patient ID Search | Provider ID Search | Pre-Service | **Provider Information** | Remittance Advice | QBRP | Resources

**Welcome ABC Clinic**

Welcome to the Blue Cross and Blue Shield of Kansas Provider Portal.

This area has been designed to assist providers who contract with Blue Cross and Blue Shield of Kansas. Here you will find valuable tools and resources to assist you in your interactions with BCBSKS. We continue to add new features to this site and welcome your feedback on how we can improve our service to you.

- Provider Information Forms
- Business Arrangements
- Message Portal Enrollment**

# Provider Message Portal – Sign up

Experience the [Message Portal](#).

Please contact your provider relations representative with any questions you may have.

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## Provider Information

**Provider Name:** ABC Clinic

**Provider Tax ID:** 123456789

**Provider NPI:** 987654321

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To enroll for the message portal, please review and submit the [Message Portal Addendum](#).



The message portal will become active and available on the date the addendum is submitted.

# Provider Message Portal – Sign up

## SECTION V. PROVIDER SIGNATURE

### Message Portal Contact Information

Provider Group Email Address (this will be used for any Message Portal notification emails)

### Submitter Information

Name and Title

Phone Number

Email Address

By checking this box, you are agreeing to all of the Message Portal Terms and Conditions outlined above. Furthermore, checking this box also indicates that you have the complete authority to act on behalf of the company identified in SECTION I of this agreement and that the submitter information provided above is yours and can be treated as your digital signature.

BACK



SUBMIT

# Provider Message Portal

## Select Message Portal

The screenshot shows the BlueCross BlueShield of Kansas BlueAccess Provider Message Portal. The navigation bar includes links for Home, Patient ID Search, Provider ID Search, Pre-Service, Provider Information, Remittance Advice, Value-Based, QBRP, and Resources. The 'Message Portal' link is highlighted with a red circle containing the number 1. The main content area displays a welcome message for 'ABCXYZ Internal Medicine Group' and a 'MiResource' link. The footer contains social media icons for Facebook, Twitter, LinkedIn, YouTube, and Instagram, along with links for About Us, Contact Us, Privacy and Legal, Help, and Careers. The footer also includes a disclaimer: 'Blue Cross and Blue Shield of Kansas and BlueCross BlueShield Kansas Solutions are independent licensees of the Blue Cross Blue Shield Association. Blue Cross and Blue Shield of Kansas and BlueCross BlueShield Kansas Solutions serve all counties in Kansas except Johnson and Wyandotte. © Registered Trademarks of the Blue Cross Blue Shield Association.' and a note: 'If you experience broken links on this site or have any questions or comments please notify our Webmaster.'

# Provider Message Portal

## List of Claims to be Worked

The screenshot displays the BlueCross BlueShield of Kansas BlueAccess Message Portal. At the top left is the logo with the text "BlueCross BlueShield Kansas BlueAccess". At the top right is the text "Message Portal". Below the header, there is a search bar containing "(1770008849)", a dropdown menu set to "Viewing - Action Required", and another dropdown menu set to "Sort By - Newest". Below these is the text "From last 15 days - (2)". The main content area shows two claim entries, each enclosed in an orange border. The first entry includes: Patient Account #: ABC123XYZ, Patient Name: DOE, JANE, Patient Id: XSB123456789, Provider Name: NAME, PROVIDER, DOS: 2022-01-10 thru 2022-01-10, and Date Suspended: 2022-01-27. To the right of this entry is a red box with the text "ACTION REQUIRED" and "Days to Resolve: 11". The second entry includes: Patient Account #: ZYX321CBA, Patient Name: BUCK, JIM, Patient Id: KSE987654321, Provider Name: PROVIDER, NAME, DOS: 2022-01-04 thru 2022-01-04, and Date Suspended: 2022-01-26. To the right of this entry is a red box with the text "ACTION REQUIRED" and "Days to Resolve: 10".

BlueCross BlueShield  
**Kansas** BlueAccess®

Message Portal

(1770008849)  
Viewing - Action Required    Sort By - Newest

From last 15 days - (2)

Patient Account #: ABC123XYZ  
Patient Name: DOE, JANE  
Patient Id: XSB123456789  
Provider Name: NAME, PROVIDER  
DOS: 2022-01-10 thru 2022-01-10  
Date Suspended: 2022-01-27

**ACTION REQUIRED**  
Days to Resolve: 11

Patient Account #: ZYX321CBA  
Patient Name: BUCK, JIM  
Patient Id: KSE987654321  
Provider Name: PROVIDER, NAME  
DOS: 2022-01-04 thru 2022-01-04  
Date Suspended: 2022-01-26

**ACTION REQUIRED**  
Days to Resolve: 10

# Provider Message Portal

## Review Message

Message Portal

(1770008849)

Viewing - Action Required  Sort By - Newest

From last 15 days - (2)

Patient Account #: ABC123XYZ  
Patient Name: DOE, JANE  
Patient Id: XSB123456789  
Provider Name: NAME, PROVIDER  
DOS: 2022-01-10 thru 2022-01-10  
Date Suspended: 2022-01-27



**ACTION REQUIRED**  
Days to Resolve: 11

Patient Account #: ZYX321CBA  
Patient Name: BUCK, JIM  
Patient Id: KSE987654321  
Provider Name: PROVIDER, NAME  
DOS: 2022-01-04 thru 2022-01-04  
Date Suspended: 2022-01-26

**ACTION REQUIRED**  
Days to Resolve: 10

# Provider Message Portal

## Review Information

Message Portal

(1770008849)

Viewing - Action Required  Sort By - Newest

From last 15 days - (2)

<b>Patient Account #:</b> ABC123XYZ <b>Patient Name:</b> DOE, JANE <b>Patient Id:</b> XSB123456789 <b>Provider Name:</b> NAME, PROVIDER <b>DOS:</b> 2022-01-10 thru 2022-01-10 <b>Date Suspended:</b> 2022-01-27	<b>ACTION REQUIRED</b> <b>Days to Resolve: 11</b>
<b>Patient Account #:</b> ZYX321CBA <b>Patient Name:</b> BUCK, JIM <b>Patient Id:</b> KSE987654321 <b>Provider Name:</b> PROVIDER, NAME <b>DOS:</b> 2022-01-04 thru 2022-01-04 <b>Date Suspended:</b> 2022-01-26	<b>ACTION REQUIRED</b> <b>Days to Resolve: 10</b>

**Identification:** XSB123456789  
**Relationship:** Member  
**Patient:** DOE, JANE  
**Date Of Birth:** 02/11/1993  
**Service Date:** 01/10/2022 - 01/10/2022  
**Control #:** 252201814153

Please verify if procedure code was performed more than once. If so, please resubmit with office records.

**Work this Claim** 3

# Provider Message Portal

## Enter Response

<b>Days to Resolve: 11</b>		more than once. If so, please resubmit with office records.
Patient Account #: ABC123XYZ Patient Name: DOE, JANE Patient Id: XSB123456789 Provider Name: NAME, PROVIDER DOS: 2022-01-04 thru 2022-01-04 Date Suspended: 2022-01-26		
<b>ACTION REQUIRED</b> <b>Days to Resolve: 10</b>		
		
<b>Enter Response Here</b>		<b>Add or Drop Files as needed</b> (pdf/jpg/jpeg/png accepted)
<input type="text"/>		<input type="button" value="Add File"/> <input type="button" value="Cancel"/>
500 of 500 characters remaining.		
<b>Submitter Name (optional)</b>		
<input type="text"/>		
<input type="button" value="Submit"/>		
<input type="button" value="Cancel Working this Claim"/>		



# Specialty Guidelines

Heather Schultz, Specialty Provider Representative

- [Heather.Schultz@bcbsks.com](mailto:Heather.Schultz@bcbsks.com)

Specialty Guidelines found on the BCBSKS.com website

- Ambulance
- Autism Guidelines
- Durable Medical Equipment/Home Medical Equipment
- Home Infusion Therapy



**Thank you for being a  
BCBSKS contracting  
provider**



# AAPC CEU's

CEU's are only valid for attendees who were present during the entire presentation.