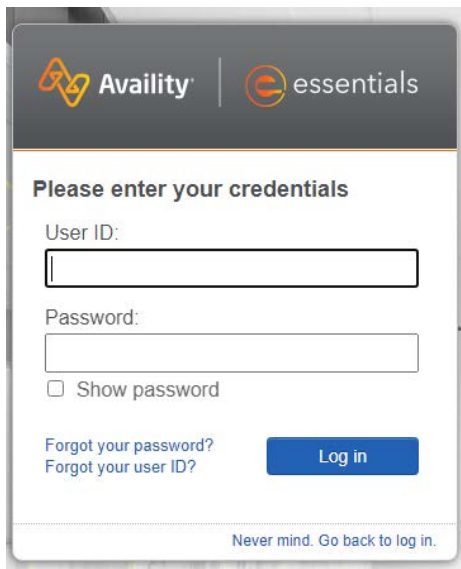


Provider Message Portal

How to sign up for the Provider Message Portal

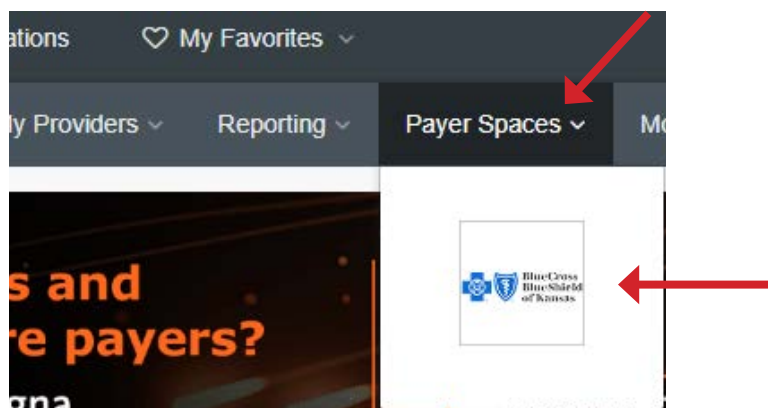
Blue Cross and Blue Shield of Kansas (BCBSKS) is excited to kick off our Provider Message Portal. Registration begins April 1, 2022. The new process will replace the current letters BCBSKS sends to our providers requesting a new claim with records or additional information. The message portal will make it possible for offices to upload records through a secure portal. Additionally, providers who elect to participate are eligible for a QBRP incentive. For additional information regarding the QBRP incentive, please see page 11 in our 2022 Annual CAP Report. The program is optional, and you must sign up to participate. Below you will find instructions on where to find the addendum for signature to register and access the provider message portal.

1 Login to **Availity**



The screenshot shows the Availity login interface. At the top, there are logos for 'Availity' and 'essentials'. Below the logos, the text reads 'Please enter your credentials'. There are two input fields: 'User ID:' and 'Password:'. Below the password field is a checkbox labeled 'Show password'. At the bottom left, there are links for 'Forgot your password?' and 'Forgot your user ID?'. A blue 'Log in' button is positioned to the right of these links. At the very bottom, there is a link that says 'Never mind. Go back to log in.'

2 Select **Payer Spaces** and then **Blue Cross and Blue Shield of Kansas**



3 Select BCBSKS Provider Secure Section (Blue Access)

Applications Resources News and Announcements Sort E

THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE F
CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES

♡ BCBSKS Provider Page
Access Provider Directory, Medical Policies, Publications, e-News, Education/Workshops, Secure Email Message Center, ICD10 and

♡ BCBSKS Provider Secure Section (Blue Access) ←
Access Remittance Advice, BCBSKS Patient Identification Search, Provider Identification Search, Pre-Service Review, Provider
Information, Dental...

4 Select **Organization** from drop-down menu and select **Submit**

BCBSKS Provider Secure Section (Blue Access)

Select an Organization

ABC Clinic x | v ←

Cancel Submit ←

5 Select **NPI/Organization** from drop-down menu and select **Submit**, if needed

NPI/Billing Organization Selection

More than one Billing NPI Number/Organization is associated with the current log-in information. Please select the appropriate NPI/Organization to continue.

NPI/Org: * ABC Clinic 987654321 (Prof) v ←

Submit ←

* Required

6 Select the **Provider Information** drop down and click **Message Portal Enrollment**



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.

7 At the bottom of the page, it states, "To enroll for the message portal, please review and submit the Message Portal Addendum." Click the blue **Message Portal Addendum** link



BlueCross BlueShield
Kansas BlueAccess®

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

Provider Message Portal

The message portal is an easy and convenient way for providers to respond to requests for documentation needed to process a claim. This message board replaces the current letters sent by BCBSKS to request a new claim with records or to request additional information. The message portal makes it possible for offices to upload records through a secure portal as an option to better serve our contracted providers.

To participate you must review the Provider Message Portal Addendum, sign, and submit. The addendum outlines the specific time frame for responding to the request before the claim is denied for lack of information and reported on your remittance advice to be resubmitted. In addition to submitting the Addendum, a provider group email address must be provided. This email will be used to send information requests for items in the message portal. The provider is responsible for maintaining the users in the e-mail group that will receive notice of messages in the message center and that will be responding to the requests through the message portal. The group e-mail will display at the bottom of this page after the Addendum is submitted and may be changed by the provider if necessary.

Providers who sign up for the message portal are eligible for a QBRP incentive if the provider uses the message portal as intended by responding to the requests within the required time frame.

Experience the [Message Portal](#).

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

Provider Information

Provider Name: ABC Clinic

Provider Tax ID: 123456789

Provider NPI: 987654321

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.

8

Review the Message Portal Addendum (Terms and Conditions), **enter required information** at the bottom, and click the **Submit** button



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

Contracting Provider Agreement Addendum

Message Portal Terms and Conditions

SECTION I. CONSIDERATIONS

This agreement is entered into by and between Blue Cross and Blue Shield of Kansas, Inc., a corporation duly organized under the laws of the State of Kansas (hereinafter called "BCBSKS"), and ABC Clinic, NPI: 987654321, licensed by the State of Kansas (hereinafter called "the Provider").

BCBSKS is committed to ensuring our members' claims are processed and paid accurately and in a timely manner. To that end, BCBSKS is launching a program designed to streamline the collection of medical records necessary to process a claim.

SECTION II. DEFINITIONS

- 1. Provider Messaging Portal: a unique electronic communication interface by which providers can address and upload requested claim information for the purposes of supporting final claim adjudication.

SECTION III. TERMS AND CONDITIONS

As a condition to participating in the Message Portal, you agree to the following:

- 1. The Provider should submit claims for reimbursement as described in the Contracting Provider Agreement.
2. BCBSKS will notify the Provider through the Provider Messaging Portal if additional documentation is required to substantiate a claim.
3. The Provider will have fifteen (15) calendar days to upload requested medical records to the Provider Messaging Portal.
4. If the Provider fails to substantiate the claim within 15 calendar days, the claim will be denied. The Provider is responsible for resubmitting the claim if denied for lack of medical records substantiation.

SECTION IV. GENERAL CONDITIONS

- 1. This agreement will become effective on the date this agreement is signed and submitted. It shall continue in effect until the underlying contract is terminated for any of the reasons listed in Section V of the Contracting Provider Agreement. BCBSKS reserves the right to cease operating the message board at any time for any reason and will provide advance written notice to Provider if the Provider Message Portal is discontinued or postponed. Termination of this agreement shall have no effect on the terms of the Contracting Provider Agreement.
2. No provision of this agreement has or is intended to have the effect of infringing upon the patient-physician relationship.
3. This agreement is not meant to modify any of the existing responsibilities between BCBSKS and Provider other than specifically described herein.

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