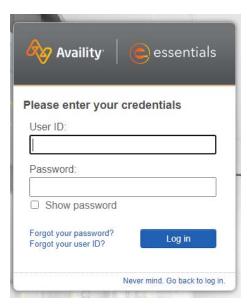
Provider Message Portal

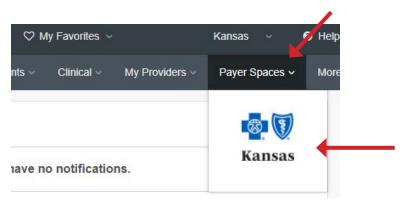
How to sign up for the Provider Message Portal

The Blue Cross and Blue Shield of Kansas (BCBSKS) Provider Message Portal replaces the current letters BCBSKS sends to our providers requesting a new claim with records or additional information. The message portal makes it possible to upload records through a secure portal. Professional providers who elect to participate are eligible for a Quality-Based Reimbursement Program (QBRP) incentive. The program is optional, and you must sign up to participate. The following are the instructions on where to find the addendum for signature to register and access the Provider Message Portal.

Login to Availity



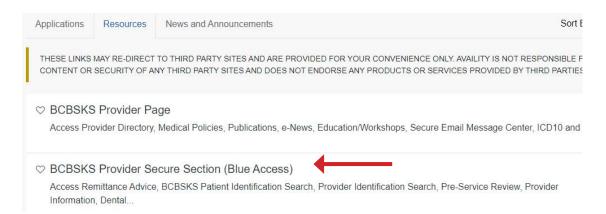
Select Payer Spaces and then Blue Cross and Blue Shield of Kansas





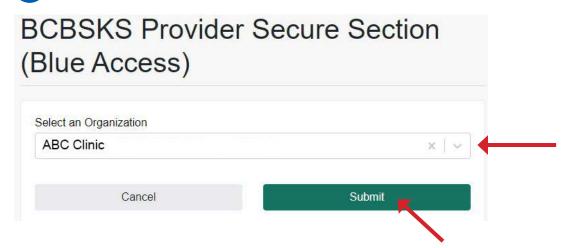


Select BCBSKS Provider Secure Section (BlueAccess)



4

Select Organization from drop-down menu and select Submit



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.

BC Clinic 987654321 (Prof)		**	*	
71	SUBMIT			* Required
7	SUBMIT			* Requir





Select the Provider Information drop down and click Message Portal Enrollment

Kansas BlueAccess		Contact Us	Provider Directory	Forms	Logout
Home Patient ID Search Provider ID Search Pre-Service •	Provider Information ← Remittance Advice ← QBRP ← Resources ←				
	Provider Information Forms				
Welcome ABC Clinic	Business Arrangements				
Welcome to the Blue Cross and Blue Shield of Kansas F	Message Portal Enrollment				
This area has been designed to assist providers who contract with Blue Cross ar resources to assist you in your interactions with BCBSKS. We continue to add no improve our service to you.					



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



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.

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.





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



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 fits agreement is signed and submitted. It shall continue in effect until the underlying contract is terminated for any of the reasons inheld in the Contracting Provider Agreement ECBSRS meanwas the right to cause 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 forms of the Contracting Provider Agreement.
- 2. No provision of this agreement has or is intended to have the effect of intringing 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.

Message Portal	Contact Information					
Provider Group Email	Address (this will be used for	r any Message Portal notifical	fon emails)			
Submitter Inform	sation					
Name and Title						
Phone Number Email Address						
By checking this compares author	box, you see agreeing to all r by to act on behalf of the con-	of the liferance Portal Terror.	and Conditions outlined also lot this agreement and that f	ie. Purthermore, checking t he submitter intomation pe	his too also indicates that you ovaled above is yours and so	u have the n be tiested /