



July 31, 2015

Dear Provider:

This letter is to inform you that effective August 26, 2015, Blue Cross and Blue Shield of Kansas City (Blue KC) will no longer support the Availity Portal for provider inquiry transactions.

With this change, Blue KC will consolidate all inquiry functionality on the current Blue KC provider portal (BlueKC.com). These functions include eligibility and patient benefit verification, claim search, and Member Liability Estimation & Real Time Claim Adjudication (MLE/RTCA).

MLE/RTCA capability will be added to our provider portal during the week of August 24, 2015. Please follow the steps below to access the new MLE/RTCA portion of the Blue KC Provider Portal:

- Sign on to the Blue KC provider portal with your existing ID and password.
- From the Blue KC Provider Home Page, select the "Claims/Eligibility" link on the top of the page.
- Select the "MLE/RTCA" link on the left side of the page.
- Select the "START ESTIMATION or CLAIM ADJUDICATION" to launch the MLE/RTCA tool.
- If you are accessing the Blue KC provider portal as a billing service or group, follow the screen prompts to select the correct associated provider group and / or individual practitioner and then select "Continue."
- Finally, select the "New Claim or Estimate" link as you previously did when using the MLE/RTCA.



There will be no change if you use Availity for real-time eligibility (270/271) and claim inquiry (276/277) transactions as these transactions can continue to be routed directly to Availity.

If you have questions related to MLE/RTCA functionality on the Blue KC provider portal, please contact your provider relations representative.

Finally, we encourage you to sign up for electronic fund transfers (EFT) so that your payments are directly deposited with your financial institution. By utilizing our EFT process, you will save the time and hassle associated with handling paper checks. If you would like to begin receiving the benefits of EFT, please complete the enclosed EFT form and fax it back to us at the fax number provided on the form.

We appreciate your continued participation in our networks.

Sincerely,

A handwritten signature in cursive script that reads "Randy Meyer".

Randy Meyer
Blue Cross and Blue Shield of Kansas City
Department Vice President
Contracting & Network Development





Electronic Funds Transfer (EFT) Authorization Agreement

Provider Name: _____

Provider Address

Street: _____

City: _____ State/Providence: _____

Zip Code/Postal Code: _____

Provider Identifiers

Provider Federal Tax Identification Number (TIN): _____

OR

Employer Identification Number (EIN): _____

National Provider Identifier (NPI): _____

Provider Contact Name: _____

Telephone Number: _____ **Email Address:** _____

Financial Institution Name: _____

Financial Institution Telephone Number: _____

Financial Institution Routing Number: _____

Type of Account at Financial Institution: Checking ___ Savings ___



Provider's Account Number with Financial Institution: _____

Reason for Submission: New Enrollment Change Enrollment Cancel Enrollment

Include with Enrollment Submission: Voided Check Letter from Bank

Authorized Signature:

Written Signature of Person Submitting Enrollment

Printed Name of Person Submitting Enrollment

Submission Date: _____

Requested EFT Start/Change/Cancel Date: _____

Electronic Funds Transfer (EFT) Authorization Agreement
Continued

Please forward the completed EFT form to the following:

Fax Number 816-395-3387
Blue Cross and Blue Shield of Kansas City
2301 Main St., Kansas City, MO 64108
Email: providereft@bluekc.com

For any questions:

Please contact Blue Cross and Blue Shield of Kansas City at
816-395-3700 or 877-569-5649
Email: providereft@bluekc.com

Provider hereby authorizes Blue Cross and Blue Shield of Kansas City (BCBSKC), on behalf of itself and its affiliates, to initiate credit entries to this account. This authorization agreement is effective as of the signature date and is to remain in full force and effective until BCBSKC has received written notification of its termination from Provider in such time and such manner as to afford BCBSKC and the financial institution a reasonable opportunity to act on it. Provider agrees that all ERA and/or EFT transactions will be conducted in accordance with BCBSKC's policies and procedures (and may be changed from time to time).

