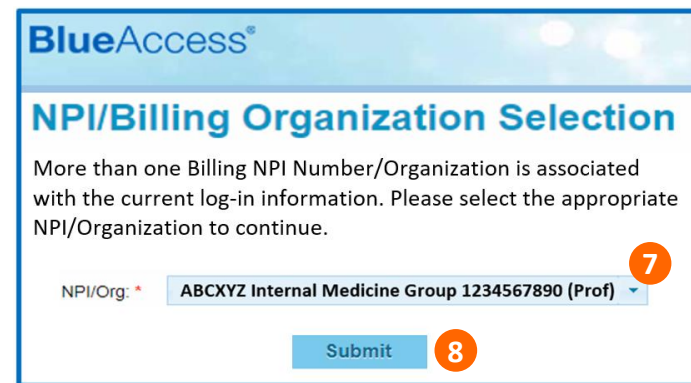
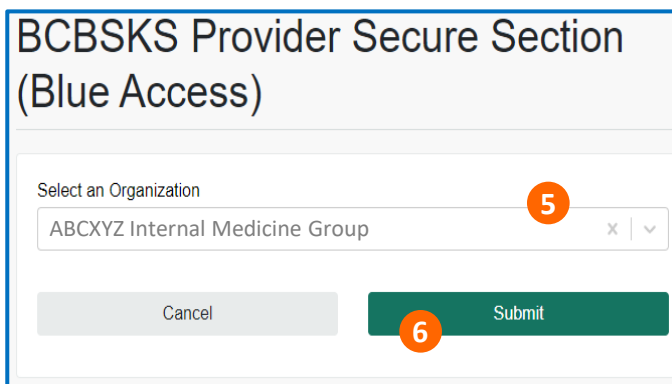
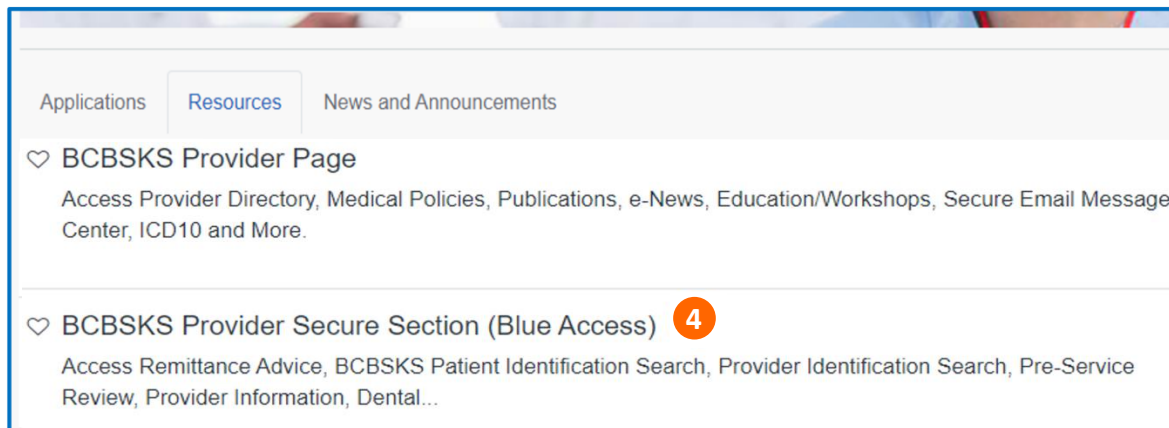
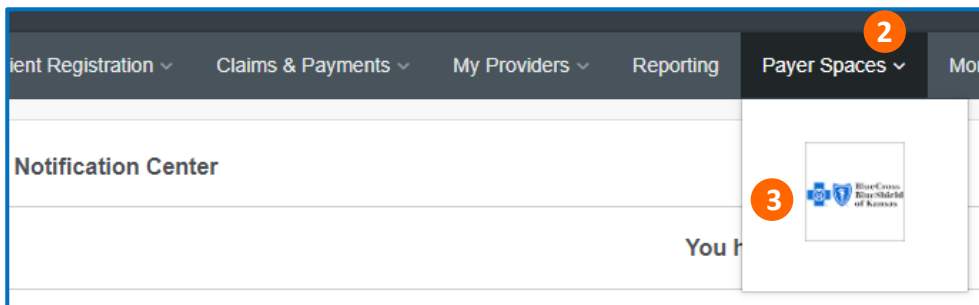


## Complete Attestation Quickly and Easily Using Blue Access!

### 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.

## 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. Repeat steps 1 & 2 above
9. Uncheck **Box** to see all providers attached to the group
10. Repeat steps 5, 6 & 7 for **EVERY** provider attached to the group

**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 text 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.

Submission of this form will count toward the following:

- Provider Data Validation (Contractual Requirement) Submission deadline of September 30, 2021.

Tax ID	99999999	Billing NPI	1234567890
Group Name	ABCXYZ Internal Medicine Group	Legal Name as Reported to IRS	ABCXYZ Internal Medicine Group
Provider Type	Medical Doctor	Taxonomy Code	2085B0100X
Provider Specialty	Radiology	Auto Deduct	Yes
Electronic Fund Transfer	No	Provider Representative	Peter Piper
Directory Print Indicator	Yes	Network Agreements	Competitive Allowance Program (CAP), Medicare Advantage
Network Agreements	Competitive Allowance Program (CAP), Medicare Advantage	Disclaimer: Provider contracting subject to change based on Kansas License Status, credentialing criteria and contract termination as outlined in Professional Provider Policy Memo #1 and the contracting provider agreement	

**Contact Information - Required**

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

255 of 255 characters remaining

**Provider Agreement**

Please indicate that you have read and acknowledged the statement below prior to clicking Submit:

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 updates, I agree that the information on file is up-to-date.

Note: Please allow 5 business processing days for requested changes to take effect.

**Submit** **Cancel**

**Performing Provider List**

Show only performing providers requiring attention

Provider Name	Provider NPI	QBRP Qualification Last Met	Provider Data Validation Last Met
Jack C. Horner	1357924680	09/12/2020	

### SOLO ATTESTATION

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

**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 text 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.

Submission of this form will count toward the following:

- Provider Data Validation (Contractual Requirement) Submission deadline of December 31, 2021.
- Qualification for QBRP Incentive - First Half of Year 2022 Submission deadline of November 30, 2021. (Incentive begins on January 01, 2022)

Tax ID	99999999	Provider NPI	1234567890
Provider Name	Cynthia Jackson	Legal Name as Reported to IRS	
Date of Birth	11/13/1980	Last Four SSN	
Gender	F	Taxonomy Code	2085B0100X
Provider Type	Licensed Marriage & Family Therapist	Board Certification	No
Provider Specialty	Licensed Marriage & Family Therapist	Auto Deduct	Yes
Electronic Fund Transfer	No	Provider Representative	Crystal Jones
Directory Print Indicator	Yes	Network Agreements	Competitive Allowance Program (CAP)
Network Agreements	Competitive Allowance Program (CAP)	Disclaimer: Provider contracting subject to change based on Kansas License Status, credentialing criteria and contract termination as outlined in Professional Provider Policy Memo #1 and the contracting provider agreement	

**Contact Information - Required**

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

255 of 255 characters remaining

**Provider Agreement**

Please indicate that you have read and acknowledged the statement below prior to clicking Submit:

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 updates, I agree that the information on file is up-to-date.

Note: Please allow 5 business processing days for requested changes to take effect.

**Submit** **Cancel**