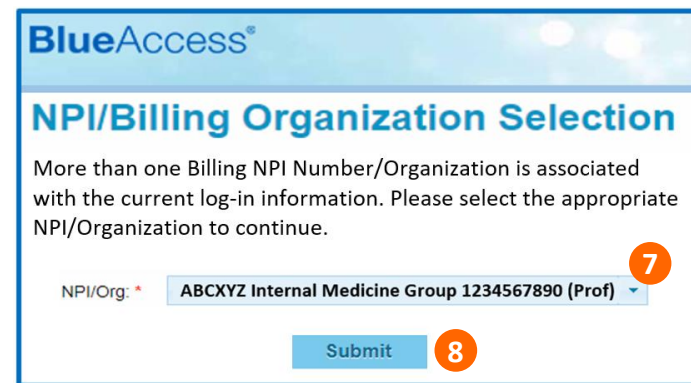
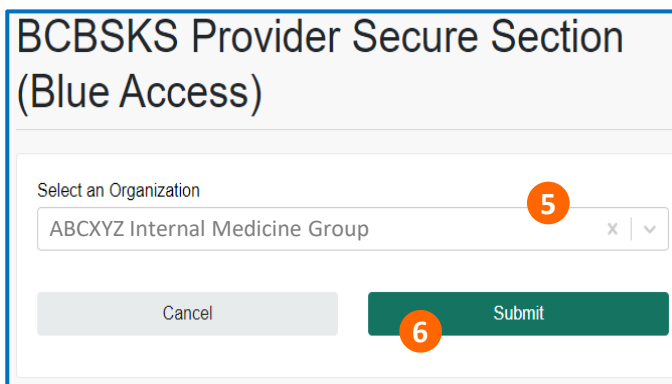
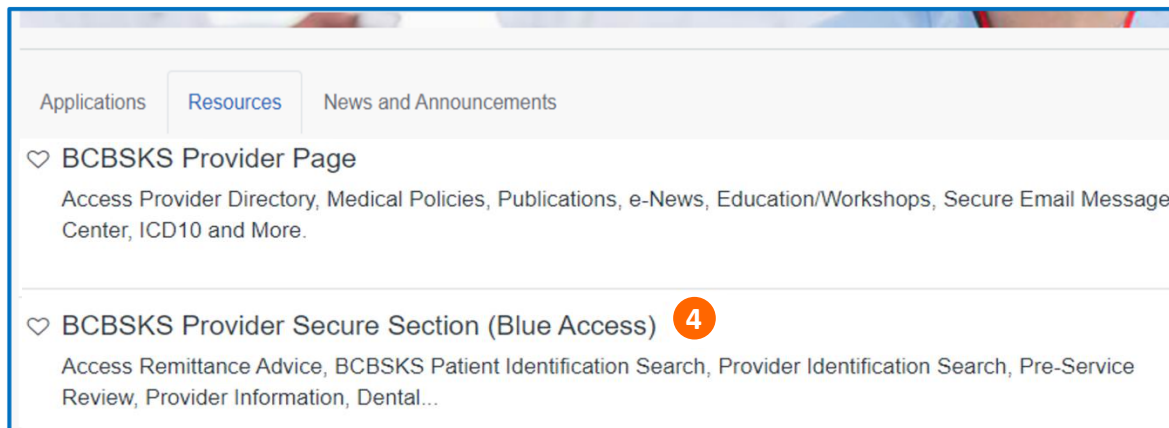
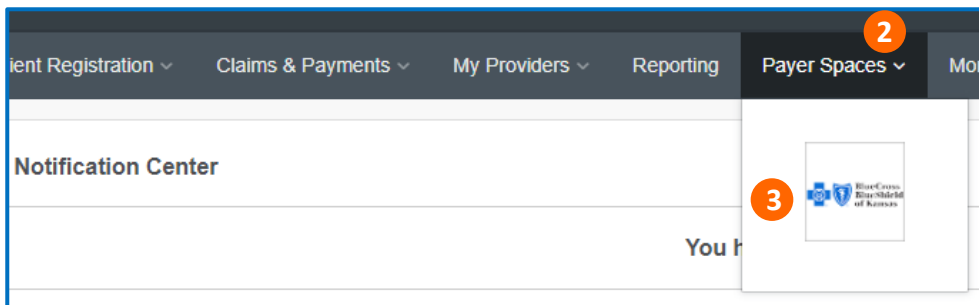


## Complete Attestation Quickly and Easily Using Blue Access!

### 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. 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**

#### Provider Information Form - Group

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

Submission of this form will count toward the following:

- Provider Data Validation (Contractual Requirement) **4**  
Submission deadline of September 30, 2021.

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.

<b>5</b> 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	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	
Network Agreements	Competitive Allowance Program (CAP), Medicare Advantage		

#### Correspondence Address

Street Line 1	PO BOX 9999	
Street Line 2		
City	Wichita	
State	KS	
ZIP Code	67208	
ZIP Code Plus 4		
Phone	(316) 555-0123	

#### 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.

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

**6**

#### 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	06/12/2020	

#### Provider Information Form - Solo

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

Submission of this form will count toward the following:

- Provider Data Validation (Contractual Requirement) **11**  
Submission deadline of December 31, 2021.
- Qualification for QBRP Incentive - First Half of Year 2022 **10**  
Submission deadline of November 30, 2021. (Incentive begins on January 01, 2022)

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.

<b>12</b> 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	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	
Network Agreements	Competitive Allowance Program (CAP)		

#### Admitting Hospital Privileges

Provider Language(s) Spoken Other Than English	
Provider Name	Cynthia Jackson

#### Correspondence Address

Street Line 1	9081 W Churro	
Street Line 2		
City	Wichita	
State	KS	
ZIP Code	67208	

#### 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.

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

**13**