



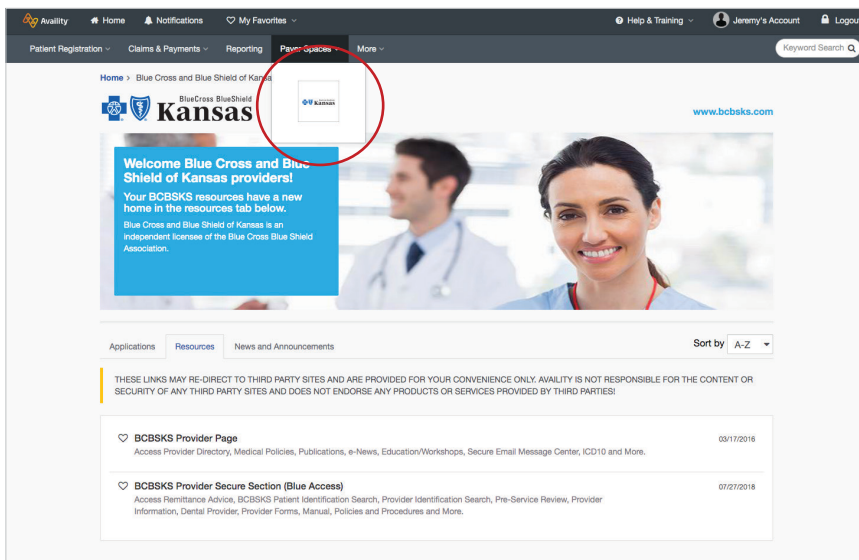
Provider Profile Information

Confirming Provider Directory Profile Information

Step 1 Log on to Availity (<https://apps.availity.com/availity/web/public.elegant.login>)

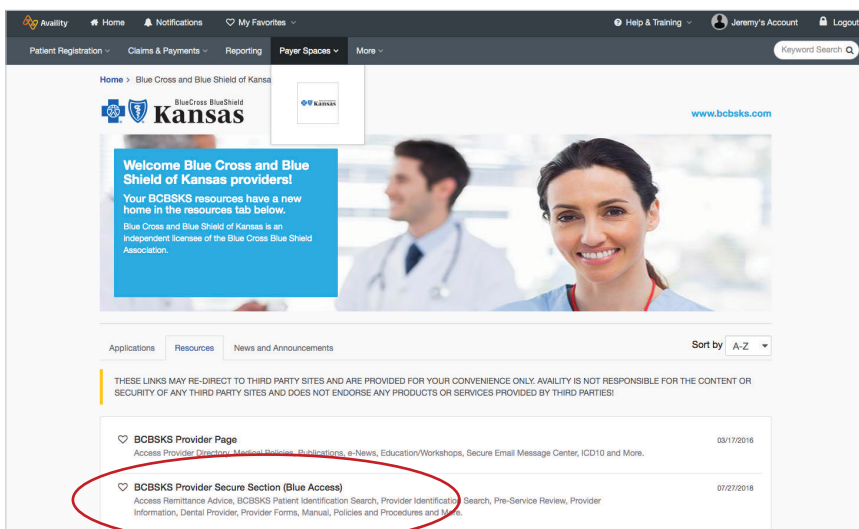
Step 2

Click on Payer Spaces and the Blue Cross and Blue Shield of Kansas logo



Step 3

Click on the BCBSKS Provider Secure Section (Blue Access)





Provider Profile Information

Step 4

Select the provider name from the drop down box. When selecting BCBSKS Provider Secure Section (BlueAccess), providers will be taken to the following screen, where they will select their provider name and NPI. It is important to select the institutional NPI from this drop down box for accurate reporting.

Step 5

Select the provider information tab.



Provider Profile Information

Step 6

When selecting provider information, the following form will populate. Please review the current information listed on the left-hand side. If a change is necessary, please make the change in the text boxes available on the right.

Institutional Provider Information	
Please complete the form in one sitting to avoid being timed out.	
Tax Id	1234567890
Provider Name	ABC Hospital
Provider Medicare ID	
Provider Website URL	
Provider Type	Hospital
Administrator Name	
Provider NPI	1234567890
Legal Name as Reported to IRS	
Network Agreement	BLCAP, BLCHO, CAP, FEP, PSP, SAA, SLCAP, SLCHO, VBLU
Taxonomy Code	12XR000003
Provider Representative	Jane Doe
Directory Print Indicator	Y
Administrator Contact Information	
Name	

Step 7

At the bottom of the form, you can apply the changes made to additional facilities under your Tax ID. If the changes are the same for the additional facilities, mark "Yes." If the changes are not applicable to your additional facilities, mark "No." If you select "No," you must log in separately to each NPI to make the necessary changes.

Affiliated Facilities			
By selecting Yes you are attesting that all changes above apply to this NPI. If you select No you must login separately for that NPI to make changes.			
Facility Name	Provider NPI	Apply the above changes to this facility	
		Yes <input type="radio"/> No <input checked="" type="radio"/>	
		Yes <input type="radio"/> No <input type="radio"/>	
Person Authorizing Changes - Required			
Effective Date		Contact Name	
Contact Email		Contact Phone	
Additional Comments			
255 of 255 characters remaining.			



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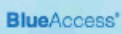


Step 8

Enter your name, email, phone number and any additional comments. Please select an option at the bottom of the form stating you have changes or you do not have changes, then select submit.

Person Authorizing Changes - Required			
Effective Date	<input type="text"/>	Contact Name	<input type="text"/>
Contact Email	<input type="text"/>	Contact Phone	<input type="text"/> Ext. <input type="text"/>
Additional Comments	<input type="text"/> 255 of 255 characters remaining.		
Please choose an option below prior to clicking Submit:			
<input type="radio"/> I have reviewed and agree that the information above (without changes) is accurate			
<input type="radio"/> I have reviewed and agree that the information above (with my stated changes) is accurate			
Note: Please allow 5 business processing days for requested changes to take effect.			
Please complete the form in one sitting to avoid being timed out.			
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>	

Step 9

To ensure we have received your changes, please wait after selecting submit for the following screen to appear.

Main Menu Contact Us Provider Directory Forms Logout

Provider Update Confirmation

Thank you for your submission.

If any changes were requested please allow 5 business processing days for them to take effect.