

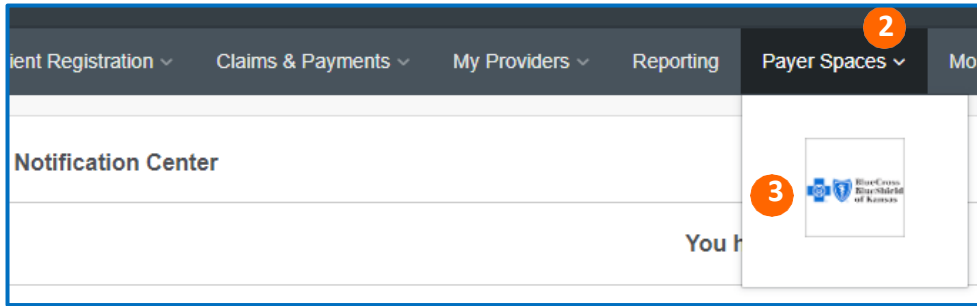
Enroll for EFT Quickly and Easily Using Blue Access!

GETTING STARTED

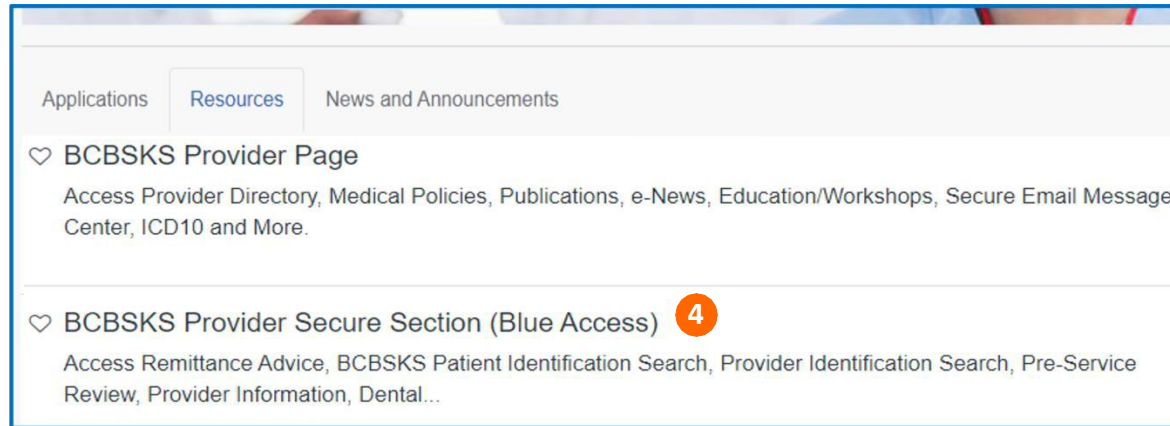
1. Login to **Availity**
2. Select **Payer Spaces**
3. Select **Blue Cross Blue Shield of Kansas**
4. Select **BCBSKS Provider Secure Section (Blue Access)**
5. Select **Organization** from drop-down menu
6. Select **Submit**
7. Select **NPI/Organization** from drop-down menu, if needed
8. Select **Submit**, if needed

****NOTICE****

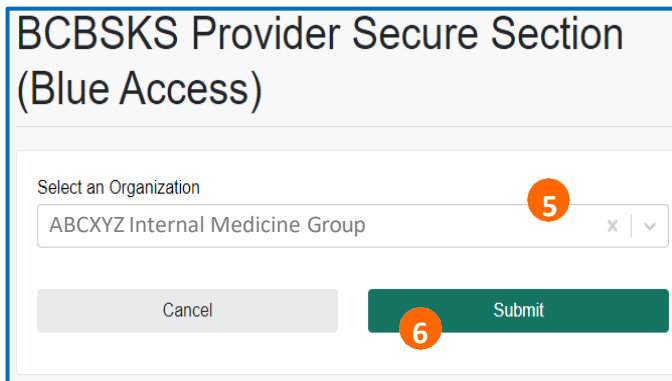
Only users with more than one NPI associated with the Availity profile used to access Blue Access will see the screen in step 7. It will not apply to every provider/group.



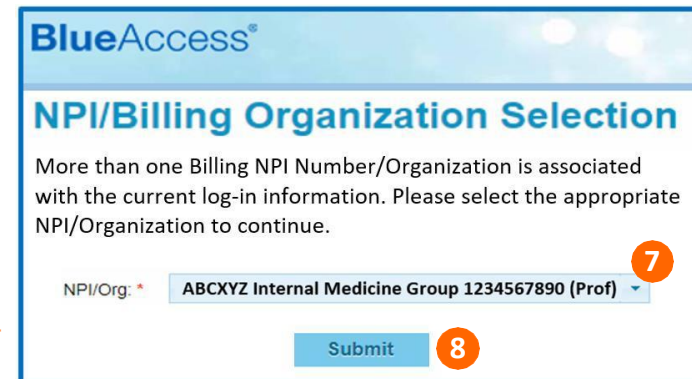
Navigation menu showing: Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces (2), and More. The Payer Spaces dropdown is open, showing a notification center and a selection for Blue Cross Blue Shield of Kansas (3).



BCBSKS Provider Page content: Applications, Resources (4), News and Announcements. BCBSKS Provider Secure Section (Blue Access) (4) is highlighted, with a description: Access Remittance Advice, BCBSKS Patient Identification Search, Provider Identification Search, Pre-Service Review, Provider Information, Dental...

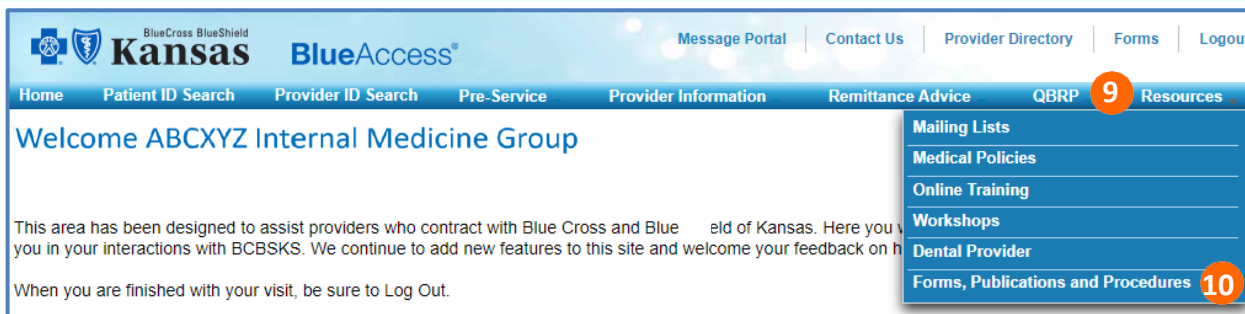


BCBSKS Provider Secure Section (Blue Access) - Select an Organization (5). Dropdown menu shows: ABCXYZ Internal Medicine Group. Buttons: Cancel, Submit (6).



BlueAccess® - NPI/Billing Organization Selection (7). Text: More than one Billing NPI Number/Organization is associated with the current log-in information. Please select the appropriate NPI/Organization to continue. Dropdown menu shows: ABCXYZ Internal Medicine Group 1234567890 (Prof). Button: Submit (8).

Save Time and Improve Cash Flow with EFT



Message Portal | Contact Us | Provider Directory | Forms | Logout

Home | Patient ID Search | Provider ID Search | Pre-Service | Provider Information | Remittance Advice | QBRP **9** | Resources

Welcome ABCXYZ Internal Medicine Group

This area has been designed to assist providers who contract with Blue Cross and Blue Shield of Kansas. Here you will find the information you need to help you in your interactions with BCBSKS. We continue to add new features to this site and welcome your feedback on how we can improve.

When you are finished with your visit, be sure to Log Out.

- Mailing Lists
- Medical Policies
- Online Training
- Workshops
- Dental Provider
- Forms, Publications and Procedures **10**

LOCATE FORM

9. Hover over **Resources**
10. Select **Forms, Publications and Procedures**
11. Select **Electronic Fund Transfer (EFT) Form**



Home | Patient ID Search | Provider ID Search | Pre-Service | Provider Information

Provider Forms, Publications and Procedures

Professional

- Refund/Deduct Authorization Form
- Claim/Enrollment Inquiry Form
- Electronic Fund Transfer (EFT) Form **11**
- Other Party Liability Form

COMPLETE FORM

12. Complete all sections of form
 - a. Provider Information
 - b. Provider Identifiers
 - c. Provider contact information
 - d. Financial information
 - e. Reason for submission
 - f. Submitter information
 - g. Select **Submit**

NOTICE

For security purposes, Provider Network Services will contact the group or provider to verify the validity of all submissions prior to making ANY changes.

EFT Enrollment Form **12**

This e-form may be used to initiate, modify or terminate EFT enrollment. Please complete a separate form for each TIN/EIN your request pertains to and include all applicable billing NPIs. (NOTE: NPIs can only be edited in the Provider Identifiers section of this e-form.) This Plan does not require submission of hand-written signatures; typed entries in this e-form will be considered sufficient authorization to comply with your request. Please allow two weeks for the EFT process to complete. If you do not begin receiving payments after two weeks, or if you have any questions about the EFT enrollment process, please call Provider Network Services at 1-800-432-3587 or (785) 291-4135, option 1.

Provider Information - Please fill out completely	
Provider Name <input type="text"/>	Provider Name – Complete legal name of institution, corporate entity, practice or individual provider.
Provider Address	
Street <input type="text"/>	Street – The number and street name where a person or organization can be found.
City <input type="text"/>	City – City associated with provider address field.
State/Province <input type="text"/>	State/Province – ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country.
ZIP Code/Postal Code <input type="text"/>	ZIP Code/Postal Code – System of postal-zone codes (ZIP stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities.
Provider Identifiers	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) <input type="text"/>	Provider Federal Tax Identification Number (TIN) – A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.
National Provider Identifier (NPI) <input type="text"/>	National Provider Identifier (NPI) – A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers.