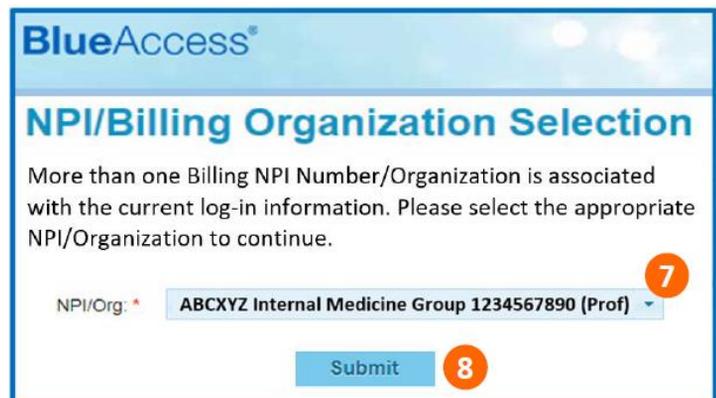
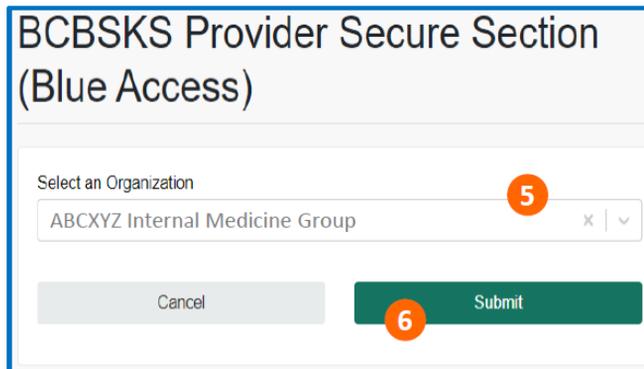
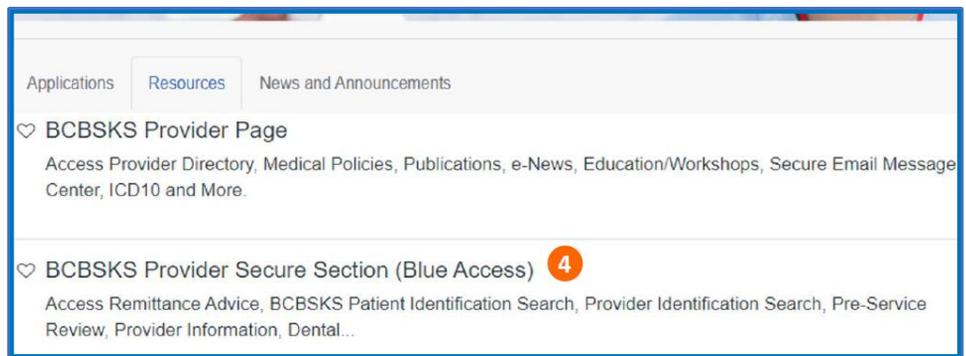
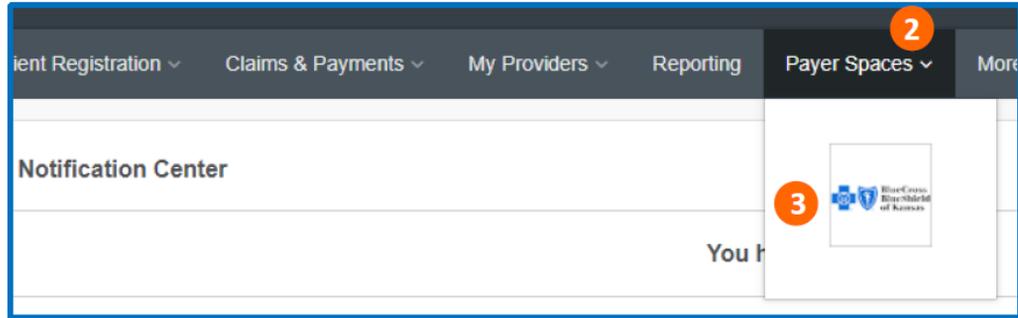


Submit BAAs for 3rd party vendor access.



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 group or provider.

Keep your BAAs up to date via Blue Access!



The screenshot shows the Blue Access website navigation bar. It includes the BlueCross BlueShield Kansas logo and the Blue Access logo. The navigation menu contains: Home, Patient ID Search, Provider ID Search, Pre-Service, **9** Provider Information, and Ren. Below the navigation bar, the page title is "Welcome ABCXYZ Internal Medicine Group". On the right side, there are two menu items: "Provider Information Forms" and "Business Arrangements" with a **10** next to it.



Provider Business Arrangements

Providing BCBSKS with information on the business arrangements your practice has in place helps us to serve your practice better while also assisting us in safeguarding your patient and our member's Personal Health Information (PHI) and Personal Identifying Information (PII).

Each billing NPI on file for a provider practice's tax identification number must provide a *yes* or *no* response, indicating whether the practice employs a business partner that may contact BCBSKS on behalf of the practice. Providers will be asked annually to confirm their existing business arrangements or to attest to not having any business arrangements where an entity is permitted to represent their practice and call BCBSKS on their behalf.

Active business partners that have been submitted by your practice are listed below. You can update a business partner's information by clicking the Manage button, which will take you to a screen showing the detailed information on the partner. You can then update or delete the business partner using the buttons at the bottom of the screen.

Once you have finished adding partners and making changes, please click the Submit button at the bottom of this page to send us the changes.

What is a Business Arrangement?

Any arrangement where another entity, defined here as a *business partner*, is performing services on your (the contracting provider's) behalf that involves the use, transmission, or disclosure of protected health information (PHI) or personal identifying information (PII).

Why does BCBSKS need this information?

Protecting PHI is a top priority at BCBSKS. By providing us with the names of your business partners, BCBSKS can validate the caller when an inquiry is received. This allows us to safely respond to the inquiry without delaying service to your practice.

Provider Information

Provider Name:	Provider Tax ID:	Provider NPI:
ABCXYZ Internal Medicine Gr	123456789	1357902468

Does your office currently have business arrangements that involve sharing or transmitting protected health information (PHI) or personal identifying information (PII) on your patients to a third party?

Yes No

11

SUBMIT

12

NEW ARRANGEMENTS

9. Hover over **Provider Information**
10. Select **Business Arrangements**
11. Select **Yes** or **No**
12. Select **Submit**

NOTICE

If you selected "NO" in step 11, proceed to step 13.

If you selected "YES" in step 11, proceed to step 17.

*Keep your BAAs
up to date via
Blue Access!*

Submit Changes

Before submitting, please provide us with your contact information so that we can reach out to you if we have any questions about the information provided. We also ask that you attest to the accuracy of the information you have supplied.

User Information **13**

Your Name

Your Job Title

Phone Number

Email Address

14 Checking this box, you are attesting that you have the authority to act on behalf of the practice to respond and provide information about any business arrangements the practice may have where PHI and/or PII is exchanged with a business partner. If you selected 'Yes' on the previous page, indicating that you have active business arrangements, then you are granting permission for BCBSKS to respond to the inquiries of your business partner(s) as it relates to your patients' PHI and/or PII. If you selected 'No', then you are attesting that you do not currently share PHI and/or PII with any third-party vendor or organization.

CANCEL

SUBMIT **15**



Business Arrangements Successfully Submitted

Thank you for providing BCBSKS with your Business Partner information. This information will be referenced when callers contact us on behalf of your practice. Specifically, it will be used to determine whether third parties have the authority to make inquiries on your behalf and to verify that your practice has granted permission for BCBSKS to respond to those inquiries which involve PHI and/or PII.

To view your updated list of Business Partners, you can return to the Business Arrangements page using the button below.

RETURN

16

Thank you for your submission!

Keep your BAAs up to date via Blue Access!

Provider Information

Provider Name: ABCXYZ Internal Medicine Gr
Provider Tax ID: 123456789
Provider NPI: 1357902468

Does your office currently have business arrangements that involve sharing or transmitting protected health information (PHI) or personal identifying information (PII) on your patients to a third party?

Yes No

Business Partner List

Business Partners ⌵ ⌵

0 Business Partners total.

ADD NEW BUSINESS PARTNER

17

SUBMIT



Add a New Business Partner

To add a new business to the list of business partners and arrangements that Blue Cross Blue Shield of Kansas has on file for you, please complete the following form. The type of business partner arrangement will be determined based upon your responses to the questions below.

Business Arrangement Type

Are you currently sharing protected health information (PHI) as part of this business arrangement?

Yes No

18

Is this business partner an offshore subcontractor (i.e., are its employees outside the borders of the United States of America)?

Yes No

19



Offshore Business Partner Information

20

Legal Business Name

Tax ID (if applicable)

Doing Business As Name (if applicable)

RETURN TO ARRANGEMENTS

ADD BUSINESS PARTNER

21

ADD NEW PARTNERSHIP

17. Select **Add New Business Partner**
18. Select **Yes** or **No**
 - a. If No, BAA is *not* required
19. Select **Yes** or **No**
 - a. If Yes, continue to step 20
 - b. If No, skip to step 22
20. Complete Offshore Business Partner Information section
 - a. Legal business info
 - b. Precautions for PHI
 - c. Attestation of safeguards
 - d. Attestation of audit requirements
21. Select **Add Business Partner**

*Keep your BAAs
up to date via
Blue Access!*

Business Partner Information 22

Legal Business Name (as reported to the IRS)

Tax ID (e.g., EIN)

Doing Business As Name (if applicable)

Street Address Line 1

Street Address Line 2 (optional)

City

State

RETURN TO
ARRANGEMENTS

ADD BUSINESS PARTNER 23



Business Partner List

You currently have unsaved changes. To prevent loss of work, please submit your list of business partners once you are finished updating it.

Business Partners

+ NEW +

AlphaOmega Billing

Tax ID:

123456789

Arrangement Reported On:

Not Yet Reported

MANAGE 24

1 Business Partners total.

25

RESET ARRANGEMENTS

ADD NEW BUSINESS
PARTNER 26

SUBMIT 27

ADD NEW PARTNERSHIP

22. Complete Business Partner Information section
23. Select **Add Business Partner**
24. Select **Manage** to edit partner information, if needed
25. Select **Reset Arrangements** to clear any partner entries, if needed
26. Select **Add New Business Partner** to add another partnership, if needed
27. Select **Submit** once all partnerships are entered

*Keep your BAAs
up to date via
Blue Access!*

ADD NEW PARTNERSHIP

- 28. Complete User Information section
- 29. Select **Check Box**
- 30. Select **Submit**
- 31. Select **Return**

Submit Changes

Before submitting, please provide us with your contact information so that we can reach out to you if we have any questions about the information provided. We also ask that you attest to the accuracy of the information you have supplied.

User Information **28**

Your Name

Your Job Title

Phone Number

Email Address

29 Checking this box, you are attesting that you have the authority to act on behalf of the practice to respond and provide information about any business arrangements the practice may have where PHI and/or PII is exchanged with a business partner. If you selected 'Yes' on the previous page, indicating that you have active business arrangements, then you are granting permission for BCBSKS to respond to the inquiries of your business partner(s) as it relates to your patients' PHI and/or PII. If you selected 'No', then you are attesting that you do not currently share PHI and/or PII with any third-party vendor or organization.

CANCEL

SUBMIT **30**



Business Arrangements Successfully Submitted

Thank you for providing BCBSKS with your Business Partner information. This information will be referenced when callers contact us on behalf of your practice. Specifically, it will be used to determine whether third parties have the authority to make inquiries on your behalf and to verify that your practice has granted permission for BCBSKS to respond to those inquiries which involve PHI and/or PII.

To view your updated list of Business Partners, you can return to the Business Arrangements page using the button below.

RETURN **31**

Thank you for your submission!