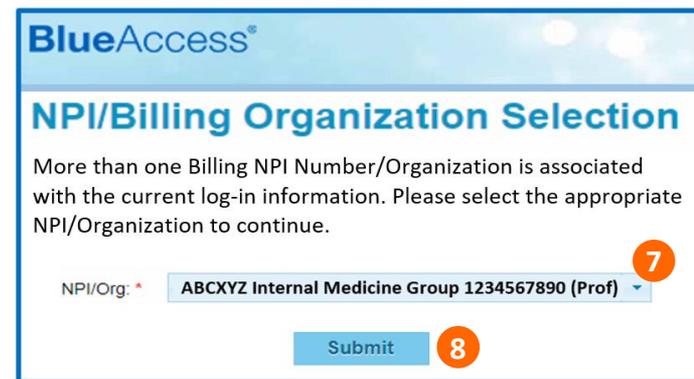
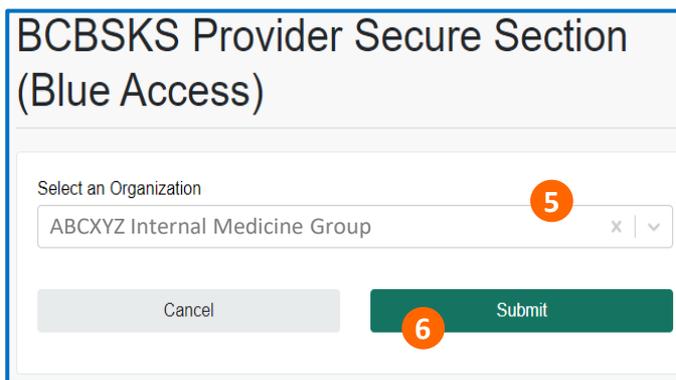
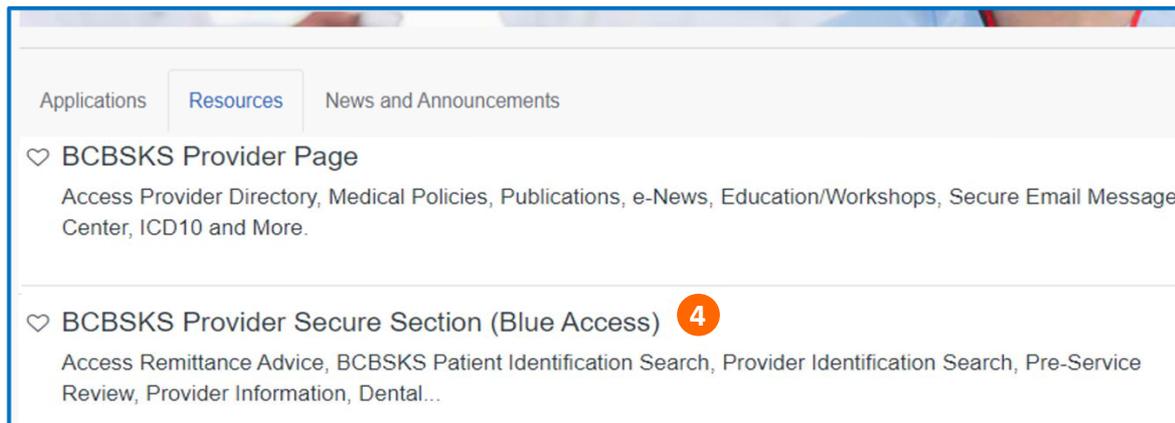
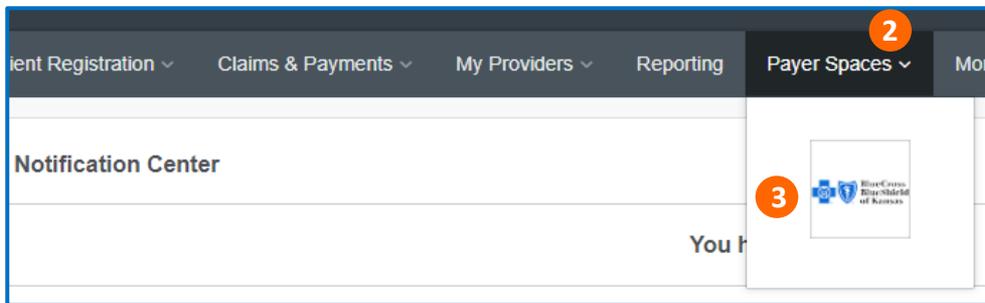


## Complete Attestation Quickly and Easily Using Blue Access!

### 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>Tax ID</b>	99999999	<b>Billing NPI</b>	1234567890
<b>Group Name</b>	ABCXYZ Internal Medicine Group	<b>Legal Name as Reported to IRS</b>	ABCXYZ Internal Medicine Group
<b>Provider Type</b>	Medical Doctor	<b>Taxonomy Code</b>	2085B0100X
<b>Provider Specialty</b>	Radiology	<b>Auto Deduct</b>	Yes
<b>Electronic Fund Transfer</b>	No	<b>Provider Representative</b>	Peter Piper
<b>Directory Print Indicator</b>	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	
<b>Network Agreements</b>			
Competitive Allowance Program (CAP), Medicare Advantage		Competitive Allowance Program (CAP)	
<b>Correspondence Address</b>			
<b>Street Line 1</b>	PO BOX 9999		
<b>Street Line 2</b>			
<b>City</b>	Wichita		
<b>State</b>	KS		
<b>ZIP Code</b>	67208		
<b>ZIP Code Plus 4</b>			
<b>Phone</b>	(316) 555-0123		
<b>Contact Information - Required</b>			
<b>Contact Name</b>		<b>Contact Email</b>	
<b>Contact Phone</b>			
<b>Additional Comments</b>			
255 of 255 characters remaining			
<b>Provider Agreement</b>			
Please indicate that you have read and acknowledged the statement below prior to clicking Submit:			
<input type="checkbox"/> 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.			
<b>Note: Please allow 5 business processing days for requested changes to take effect.</b>			
<b>Submit</b>		<b>Cancel</b>	
<b>Performing Provider List</b>			
<input checked="" type="checkbox"/> 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 **11**  
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>Tax ID</b>	99999999	<b>Provider NPI</b>	1234567890
<b>Provider Name</b>	Cynthia Jackson	<b>Legal Name as Reported to IRS</b>	
<b>Date of Birth</b>	11/13/1980	<b>Last Four SSN</b>	
<b>Gender</b>	F	<b>Taxonomy Code</b>	2085B0100X
<b>Provider Type</b>	Licensed Marriage & Family Therapist	<b>Board Certification</b>	No
<b>Provider Specialty</b>	Licensed Marriage & Family Therapist	<b>Auto Deduct</b>	Yes
<b>Electronic Fund Transfer</b>	No	<b>Provider Representative</b>	Crystal Jones
<b>Directory Print Indicator</b>	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	
<b>Network Agreements</b>			
Competitive Allowance Program (CAP)		Competitive Allowance Program (CAP)	
<b>Admitting Hospital Privileges</b>			
Current			
<b>Provider Language(s) Spoken Other Than English</b>			
Changes			
<b>Correspondence Address</b>			
<b>Street Line 1</b>	9081 W Churro		
<b>Street Line 2</b>			
<b>City</b>	Wichita		
<b>State</b>	KS		
<b>ZIP Code</b>	67208		
<b>Contact Information - Required</b>			
<b>Contact Name</b>		<b>Contact Email</b>	
<b>Contact Phone</b>			
<b>Additional Comments</b>			
255 of 255 characters remaining			
<b>Provider Agreement</b>			
Please indicate that you have read and acknowledged the statement below prior to clicking Submit:			
<input type="checkbox"/> 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.			
<b>Note: Please allow 5 business processing days for requested changes to take effect.</b>			
<b>Submit</b>		<b>Cancel</b>	