

ient

### **Complete Attestation Quickly and Easily Using Blue Access!**

#### **GETTING STARTED**

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

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.

ient Registration ~	Claims & Payments V My Providers V Reporting Payer Spaces V More					
Notification Cente	r 3 Prove Proventier					
	Applications       Resources       News and Announcements         Sources       BCBSKS Provider Page         Access Provider Directory, Medical Policies, Publications, e-News, Education/Workshops, Secure Email Message Center, ICD10 and More.					
	BCBSKS Provider Secure Section (Blue Access) 4 Access Remittance Advice, BCBSKS Patient Identification Search, Provider Identification Search, Pre-Service Review, Provider Information, Dental					

## **BCBSKS** Provider Secure Section (Blue Access)



### **Blue**Access<sup>®</sup>

### **NPI/Billing Organization Selection**

More than one Billing NPI Number/Organization is associated with the current log-in information. Please select the appropriate NPI/Organization to continue.

ABCXYZ Internal Medicine Group 1234567890 (Prof) NPI/Org: \*

Submit

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Provider Attestation Quick Reference Card

# **PROVIDER ATTESTATION**



# **PROVIDER ATTESTATION**

# Welcome to Blue Access!

#### **GETTING STARTED**

- 1. Select Provider Information
- 2. Select Provider Information Forms

#### GROUP ATTESTATION

- 3. Group attestation form
- 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
- 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

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Home Patier	nt ID Search Prov	vider ID Search	Pre-Service	Provider Information	Remittance Ad	lvice QBRP		
Walcomo	A BCVV7 Into	rnal Madia	ing Group	Provider Information	Forms 2			
weicome	ADCATZ IIILE		Business Arrangemer	nts				
Welcome to the B	Blue Cross and Blue S	Shield of Kansas Pr	ovider Portal.					
Provider Information	Form - Group 3			Provider Information	Form - Solo	0		
This form allows providers to update the of Kansas has on file. Please only fill out the text fields to t update. The fields should be left blar	e information Blue Cross and Blue Shield the right when there is information to nk if there are no changes.	Submission of this form will count toward the following: Provider Data Validation (Contractual Requirement)		This form allows providers to update the information Blue Cross and Blue Shield of Kansas has on file. Please only fill out the text fields to the right where is information to update. The fields should be left blank if there are no chances.		Submission of this form will count toward the following: Provider Data Validation (Contractual Requirement) Submission deadline of December 31, 2021.		
To avoid being timed out, please compl	lete this form in one sitting.	Submission deadline or Septe	Submission deadline of September 30, 2021.		To avoid being timed out, please complete this form in one sitting.		<ul> <li>Qualification for QBRP Incentive - First Half of Year 2022 Submission deadline of November 30, 2021. [Incentive begins on January 01, 2022]</li> </ul>	
Tax ID	999999999	Billing NPI	1234567890	Tax Id	999999999	Provider NPI	1234567890	
Group Name	ABCXYZ Internal Medicine Group	Legal Name as Reported to IRS	ABCXYZ Internal Medicine Group	Provider Name	Cynthia Jackson	Legal Name as Reported to IRS		
Provider Type	Medical Doctor	Taxonomy Code	2085B0100X	Date of Birth	11/13/1960	Last Four SSN		
Provider Specialty	Radiology	,	2003001007	Gender Provider Type	F Licensed Marriage & Family Therapiet	Taxonomy Code	2085801002	
Electronic Fund Transfer	No	Auto Deduct	Yes	Provider Specialty	Licensed Marriage & Family Therapist	Board Certification	No	
Directory Print Indicator	Yes	Provider Representative	Peter Piper	Electronic Fund Transfer	No	Auto Deduct	Yes	
Network Agreements	Competitive Allowance Program (CAP), Medicare Advantage	Disclaimer: Provider contracting subje Status, credentialing criteria and contr Provider Policy Memo #1 and the cont	ct to change based on Kansas License ract termination as outlined in Professional tracting provider agreement	Directory Print Indicator	Yes Competitive Allowance Program	Provider Representative Disclaimer: Provider contracting subj	Crystal Jones ect to change based on Kansas License tract termination as outlined in Professional	
Correspondence Address				New OIX Agreements	(CAP)	Provider Policy Memo #1 and the con	ntracting provider agreement	
Street Line 1	PO BOX 9999			Admitting Hospital Privileges	Current	Changes		
August 2010				Provider Language(s) Spoken				
Street Line 2				Other Than English				
City	Wichita			Correspondence Address	Cynthia Jackson			
State	KS			Street Line 1	9081 W Churro			
ZIP Code	67208			Street Line 2				
ZIP Code Plus 4				City	Wichita			
Phone	(316) 555-0123			State	KS			
	•			ZIP Code	67208			
Contact Information - Required								
Contact Name		Contact Email		Contract Information - Demuined	• '	••		
Contact Phone				Contact Name		Contact Email		
			6	Contact Phone		Contact Entait		
Additional Comments		A		Additional Comments			13	
Provider Agreement	255 of 255 characters remaining.			Additional Comments				
Please indicate that you have read and acknowledged the statement below prior to clicking submit								
	I agree that any information I have pr complete to the best of my knowledg	ovided in the form above is accurate an e. Where I have not provided updates, I	d		Please indicate that you have rea prior to clicking Submit:	ad and acknowledged the statem	ant below	
	agree that the information on file is up-to-d	late.			complete to the best of my kn agree that the information on file is	owledge. Where I have not provide up-to-date.	d updates, I	
	Note: Please allow 5 business processi effect.	ng days for requested changes to tak	e	14	Note: Please allow 5 business processing days for requested changes to take effect.			
Performing Provider List.	Submit	Cancel			Submit	Cancel		
r enorming Provider List	Show only performing pr	roviders requiring attention						
Provider Name	Provider NPI	OBRP Qualification Last Me	Provider Data Validation Last					
lask C Homor	1257024690	A 08/42/2020	Met					

Provider Attestation Quick Reference Card