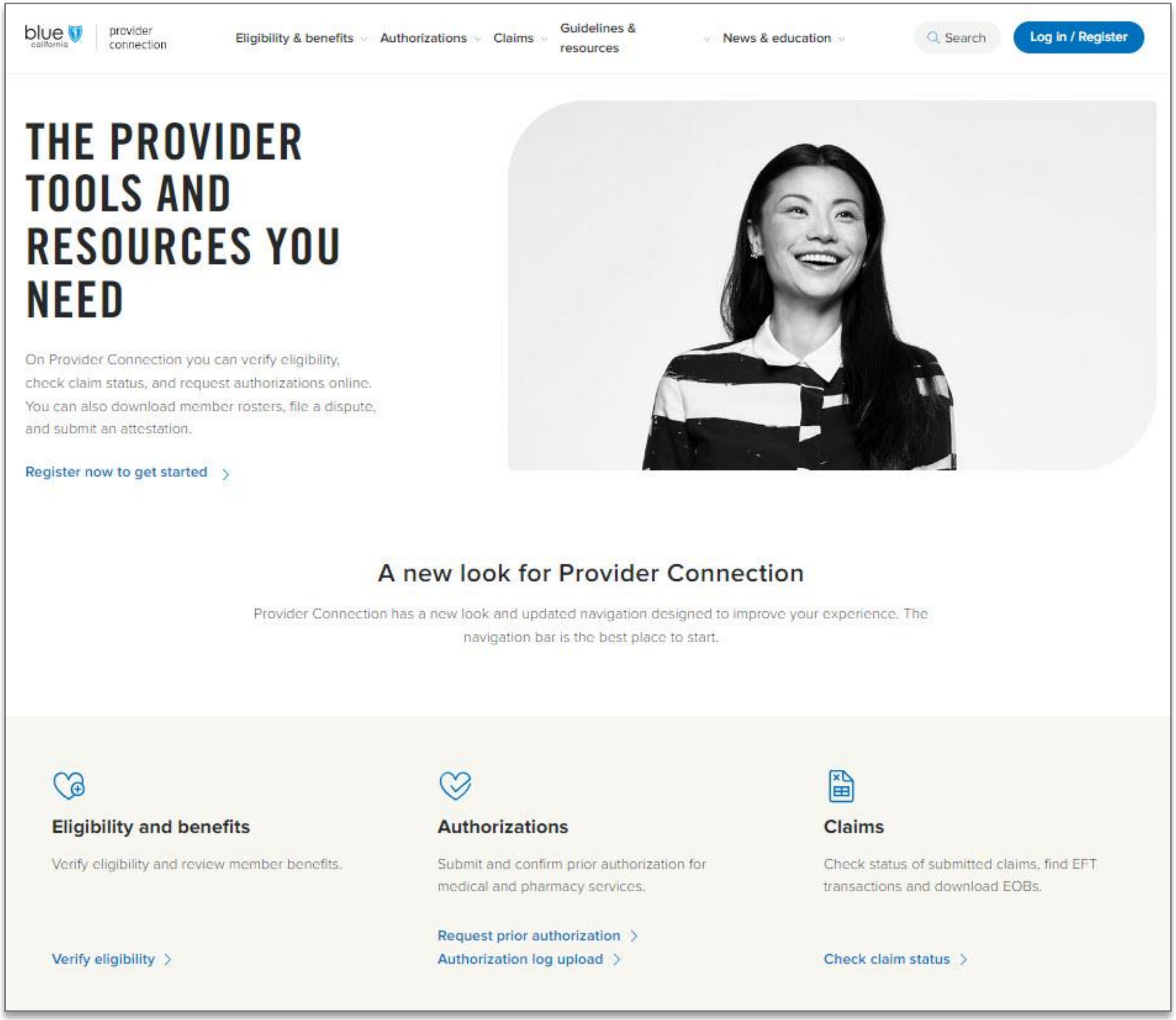
Provider Connection

blueshieldca.com/provider



THE PROVIDER TOOLS AND RESOURCES YOU NEED

On Provider Connection you can verify eligibility, check claim status, and request authorizations online. You can also download member rosters, file a dispute, and submit an attestation.

Register now to get started

A new look for Provider Connection

Provider Connection has a new look and updated navigation designed to improve your experience. The navigation bar is the best place to start.

Eligibility and benefits

Verify eligibility and review member benefits.

Verify eligibility

Authorizations

Submit and confirm prior authorization for medical and pharmacy services.

Request prior authorization

Authorization log upload

Claims

Check status of submitted claims, find EFT transactions and download EOBs.

Check claim status

- This presentation and a link to the recording will be emailed to you within five (5) business days.

Here is what we'll cover today: How to…

1. Register and navigate the Provider Connection website.
2. Attest and update provider directory information.
3. How to use online tools:
    - Create member roster
    - Check eligibility and benefits
    - Check if authorization is required, and if yes, submit and track status
    - Submit claims, check status / find EOBs
    - Understand the different between filing a dispute online and attaching additional documentation to a decisioned claim
4. Get help with Provider Connection.

This presentation and a link to the recording will be emailed to you within five (5) business days.

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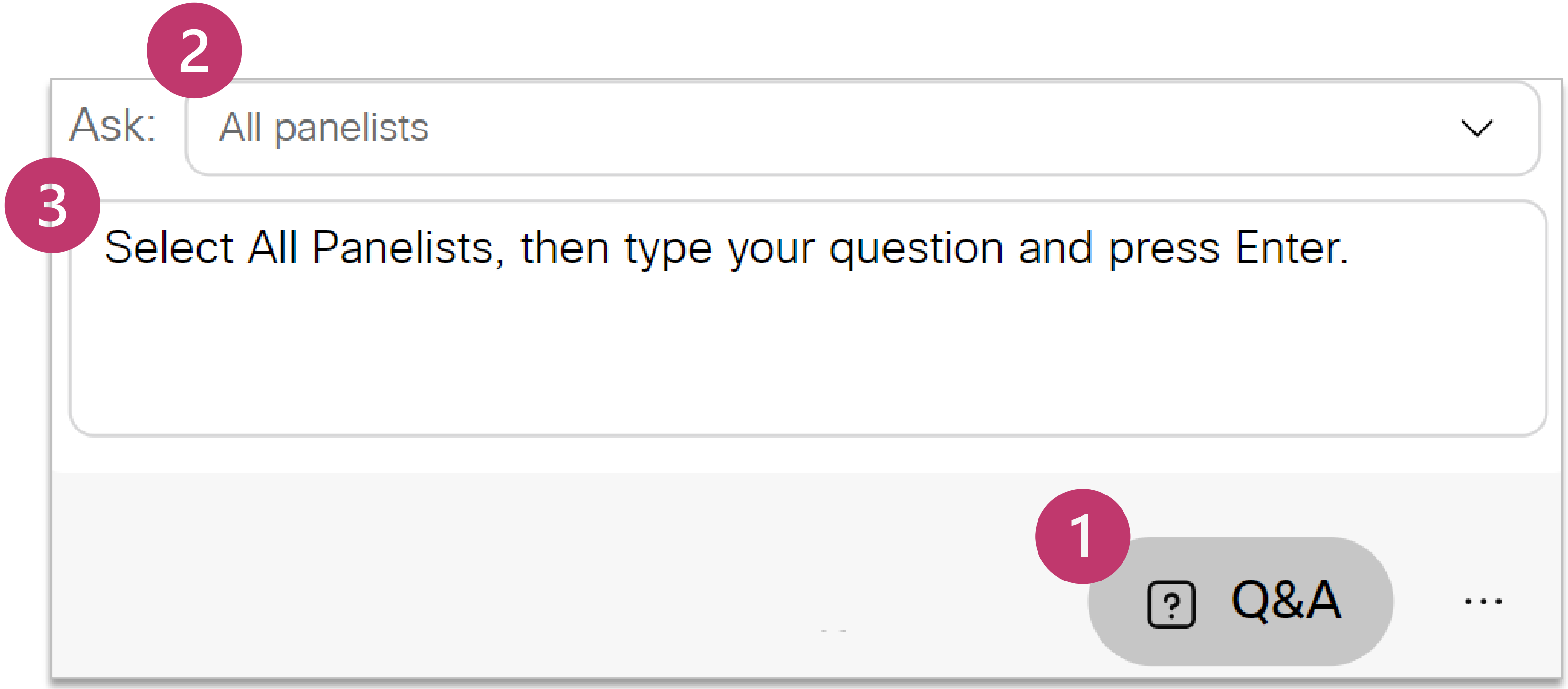
How to ask a question

1. Click the **Q&A** button.
2. Select **All Panelists**.
3. Type your question.
4. Press **Enter** on your keyboard.



Ask: All panelists

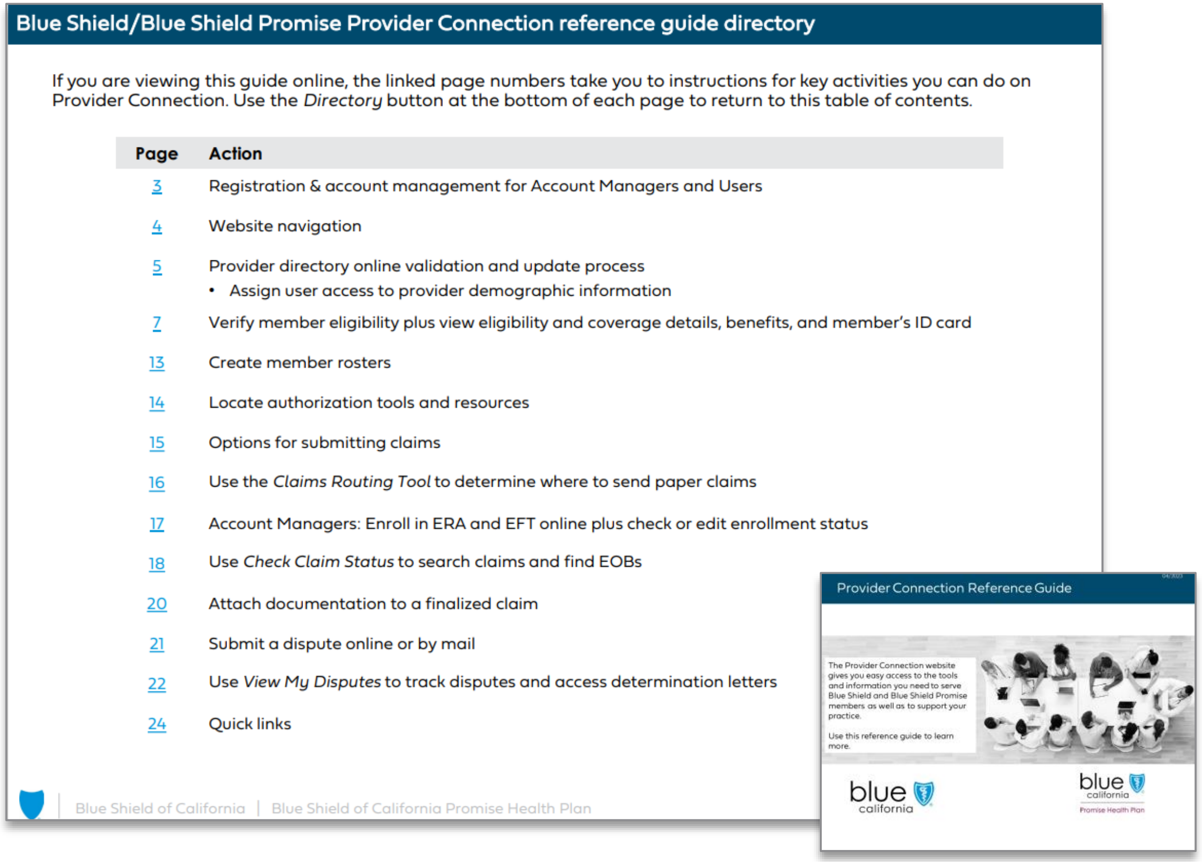
Select All Panelists, then type your question and press Enter.

How to see live captions

Click CC on the bottom left of your Webex screen.

Provider Connection support on home and Education pages – no log in required

Provider Connection Reference Guide



Blue Shield/Blue Shield Promise Provider Connection reference guide directory

If you are viewing this guide online, the linked page numbers take you to instructions for key activities you can do on Provider Connection. Use the *Directory* button at the bottom of each page to return to this table of contents.

Page	Action
3	Registration & account management for Account Managers and Users
4	Website navigation
5	Provider directory online validation and update process • Assign user access to provider demographic information
7	Verify member eligibility plus view eligibility and coverage details, benefits, and member's ID card
13	Create member rosters
14	Locate authorization tools and resources
15	Options for submitting claims
16	Use the *Claims Routing Tool* to determine where to send paper claims
17	Account Managers: Enroll in ERA and EFT online plus check or edit enrollment status
18	Use *Check Claim Status* to search claims and find EOBs
20	Attach documentation to a finalized claim
21	Submit a dispute online or by mail
22	Use *View My Disputes* to track disputes and access determination letters
24	Quick links

Blue Shield of California | Blue Shield of California Promise Health Plan

Provider Connection Reference Guide

The Provider Connection website gives you easy access to the tools and information you need to serve Blue Shield and Blue Shield Promise members as well as to support your practice.

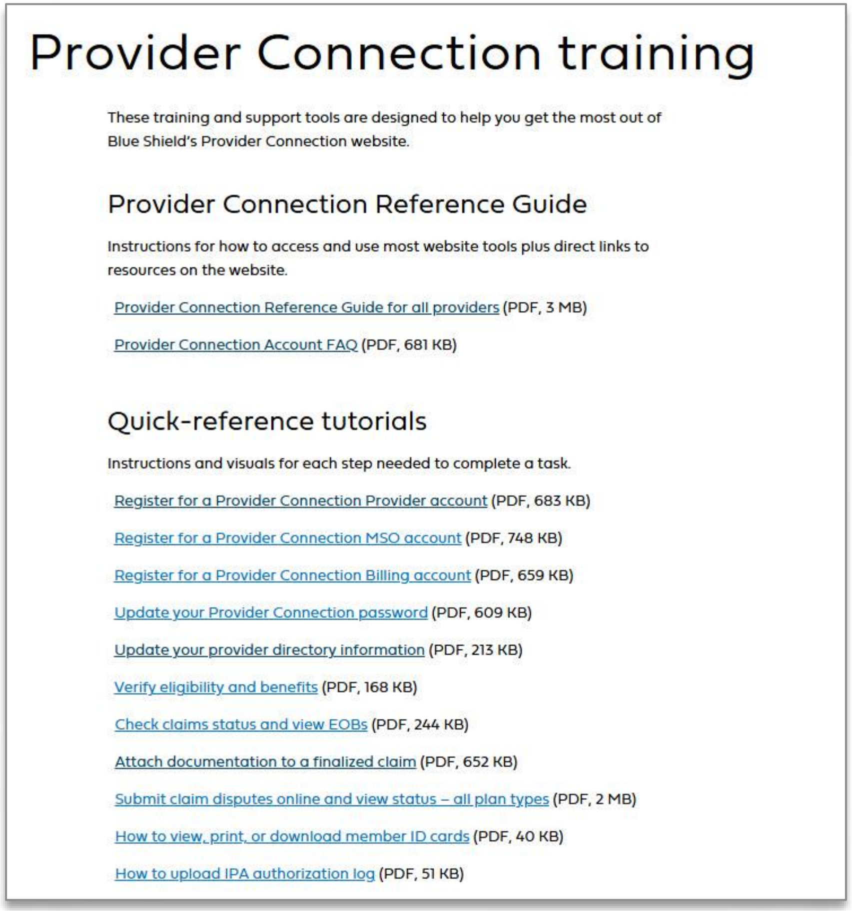
Use this reference guide to learn more.

blue california

blue california Promise Health Plan

Instructions for common tasks and links to helpful resources

Provider Connection training



Provider Connection training

These training and support tools are designed to help you get the most out of Blue Shield's Provider Connection website.

Provider Connection Reference Guide

Instructions for how to access and use most website tools plus direct links to resources on the website.

Provider Connection Reference Guide for all providers (PDF, 3 MB)

Provider Connection Account FAQ (PDF, 681 KB)

Quick-reference tutorials

Instructions and visuals for each step needed to complete a task.

Register for a Provider Connection Provider account (PDF, 683 KB)

Register for a Provider Connection MSO account (PDF, 748 KB)

Register for a Provider Connection Billing account (PDF, 659 KB)

Update your Provider Connection password (PDF, 609 KB)

Update your provider directory information (PDF, 213 KB)

Verify eligibility and benefits (PDF, 168 KB)

Check claims status and view EOBs (PDF, 244 KB)

Attach documentation to a finalized claim (PDF, 652 KB)

Submit claim disputes online and view status – all plan types (PDF, 2 MB)

How to view, print, or download member ID cards (PDF, 40 KB)

How to upload IPA authorization log (PDF, 51 KB)

Step-by-step instructions with visuals for registration, password update, and other key tasks.

Website registration & navigation

Recommended browsers: Latest version of Google Chrome or Microsoft Edge
Internet Explorer, Firefox and Safari browsers are not supported.

Establishing a Provider Connection account

- **Identify a Provider Connection Account Manager**
    - The person executing the initial Provider Connection registration is considered an Account Manager. When the maximum allowed number of Account Managers are registered, Provider Connection will display a message. Most organizations can have at least two Account Managers.

- **Determine your account type and have the following information on hand:**

Click these links for step-by-step instruction.

Account type	Required for registration
1. Provider	• One Tax ID (TIN) or Social Security Number (SSN). • Claims data* for the TIN/SSN you are registering under.
2. MSO	• MSO's TIN and one TIN/SSN for provider you are representing/registering with. • Claims data* for the provider you are representing/registering with. • Business Associate Agreement (BAA) date for each provider's TIN you are registering. • BAA date = date the provider signed the contract.
3. Billing Service	• TIN(s) of the providers for whom you will bill. • BAA date for each provider's TIN/SSN you are registering.

* A check/EFT amount AND either the 1) check/EFT number or 2) claim number or 3) Member ID for one claim paid in the last three months under the TIN/SSN being registered. If there are no claims within the last three months, the system will ask for the subscriber ID and birth date of an eligible Blue Shield/Blue Shield Promise member.

Establishing a Provider Connection account (continued)

Account Managers

- Once registered, you will see this link in your top-level navigation after log in. It provides direct access to all activities falling within the role.

- Once established, the Account Manager(s) – not Blue Shield – sets up user profiles.

Users

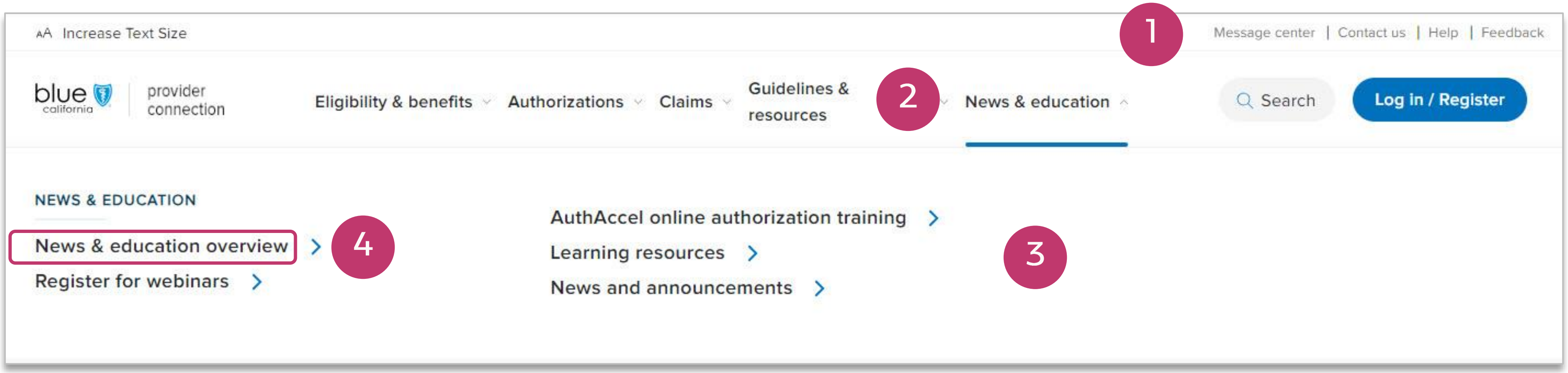
- After set-up by your Account Manager, Blue Shield will email you a temporary password.
- You have 30 days to visit the site and change your password or the account will be deleted.

Account Mangers & Users

- After log in, a “badge” with your initials appears in the white navigation bar. Click this badge to access the *Manage my profile* page where you can do things like update your username/password, change your email, etc..

Provider Connection website navigation*

1. **Top level navigation:** General site actions like *Contact us* and *Help*.
2. **White navigation bar:** Links to the home page, five site sections, Search, and Log in/Register. When you click a section link, the blue line indicates the section drop-down menu you have activated.
    - Blue Shield uses two-step authentication. To verify your identity each time you login, enter your username/password plus the code Blue Shield sends to your email.
3. **Section drop-down menu:** Links to the most-used content and tools within the specific section.
4. **Overviews:** Each section has an overview that provides a high-level table of contents for information on the page.

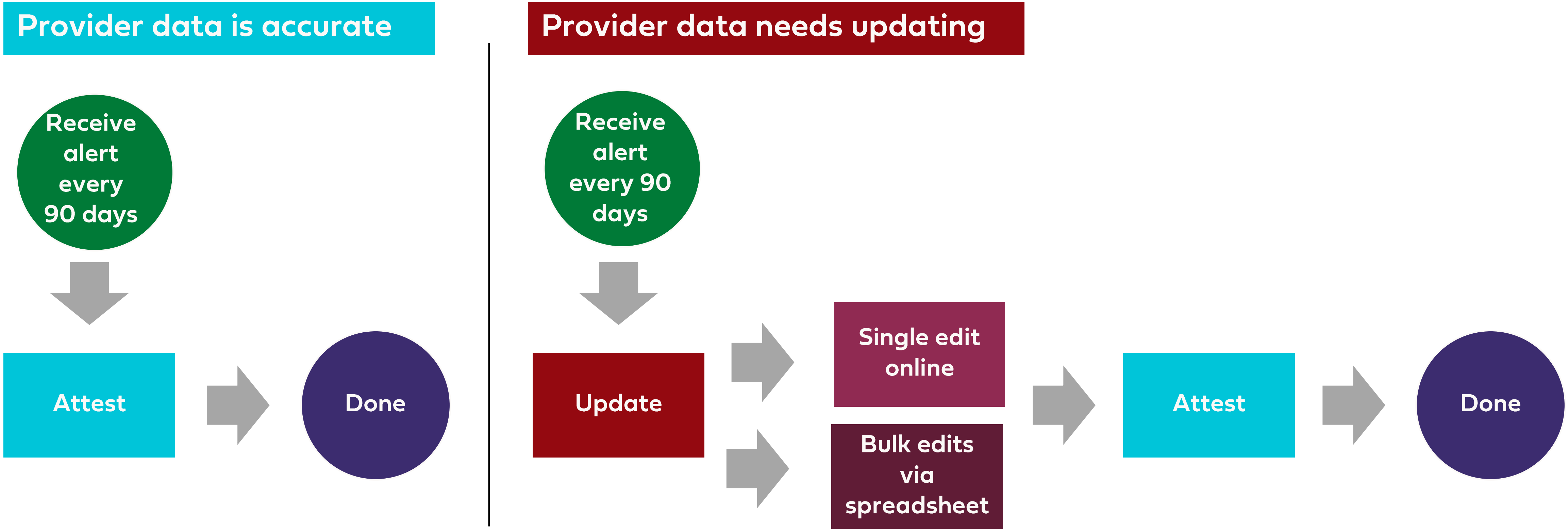


* Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the Blue Shield Promise Provider Portal. Links in the footer of each website allow you to move between the two websites.

Attest & update provider directory information

The federal CAA mandate requires providers to attest to their data every 90 days, even if it has not changed, and update it whenever it changes.

Process stars when a Provider Connection Account Manager or designated user receives an attestation alert online. Notifications are also sent by email, fax, or postal mail.



Provider data is accurate

Receive alert every 90 days

Attest

Done

Provider data needs updating

Receive alert every 90 days

Update

Single edit online

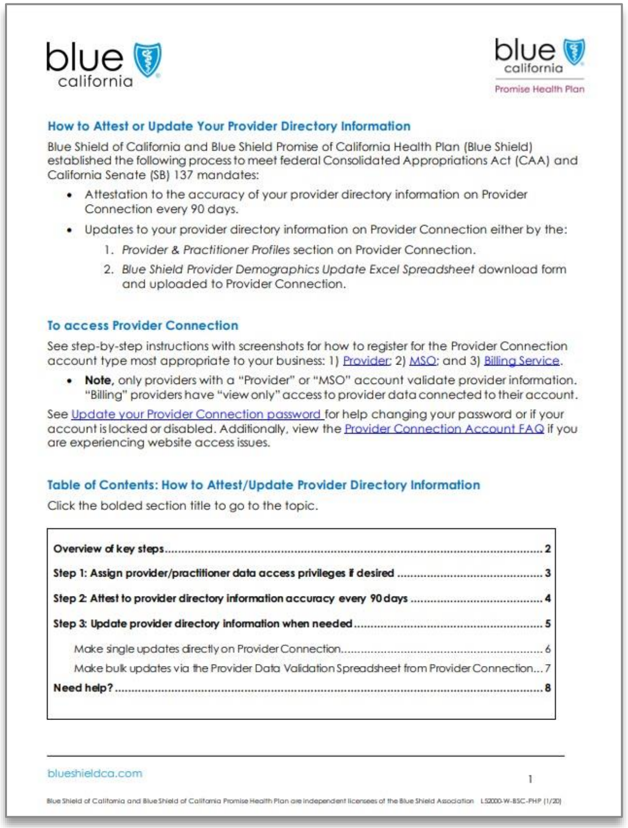
Bulk edits via spreadsheet

Attest

Done

* Account Managers, see attest/updates instructions on Provider Connection for how to assign provider data access to designated user(s) .

Training & support resources located under Provider Data Management – no log in required



blue california

blue california
Promise Health Plan

How to Attest or Update Your Provider Directory Information

Blue Shield of California and Blue Shield Promise of California Health Plan (Blue Shield) established the following process to meet federal Consolidated Appropriations Act (CAA) and California Senate (SB) 137 mandates:

- Attestation to the accuracy of your provider directory information on Provider Connection every 90 days.
- Updates to your provider directory information on Provider Connection either by the:
  1. *Provider & Practitioner Profiles* section on Provider Connection.
  2. *Blue Shield Provider Demographics Update Excel Spreadsheet* download form and uploaded to Provider Connection.

To access Provider Connection

See step-by-step instructions with screenshots for how to register for the Provider Connection account type most appropriate to your business: 1) Provider; 2) MSO; and 3) Billing Service.

- **Note**, only providers with a "Provider" or "MSO" account validate provider information. "Billing" providers have "view only" access to provider data connected to their account.

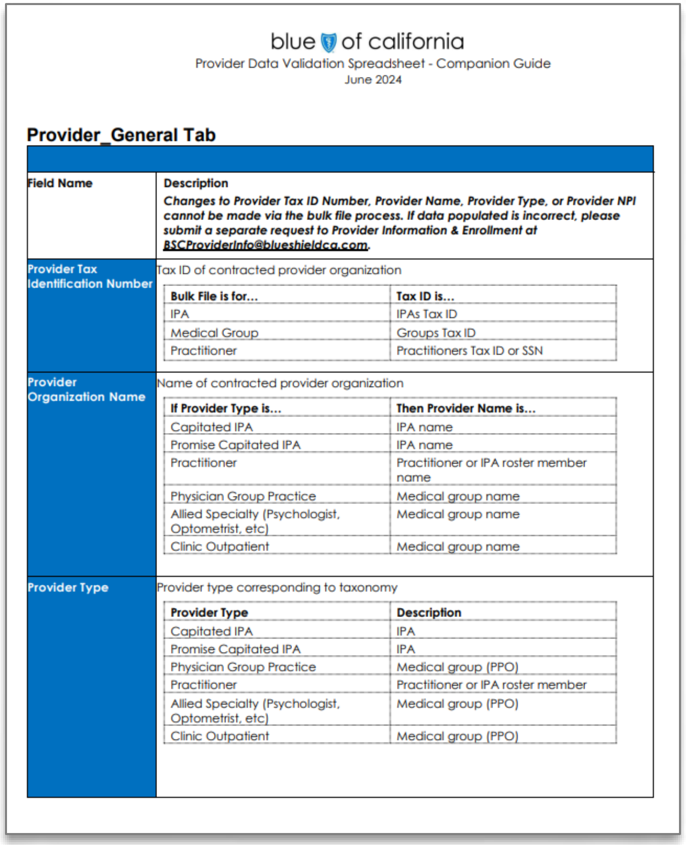
See Update your Provider Connection password for help changing your password or if your account is locked or disabled. Additionally, view the Provider Connection Account FAQ if you are experiencing website access issues.

Table of Contents: How to Attest/Update Provider Directory Information

Click the bolded section title to go to the topic.

blueshieldca.com 1

Step-by-step instructions on the full attestation process, including how to make single edits to your data online.



blue of california
Provider Data Validation Spreadsheet - Companion Guide
June 2024

Provider_General Tab

<table>
<tr><th>Field Name</th><th>Description
Changes to Provider Tax ID Number, Provider Name, Provider Type, or Provider NPI cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment at BSCProviderInfo@blueshieldca.com.</th></tr>
<tr><td>Provider Tax Identification Number</td><td>Tax ID of contracted provider organization
<table>
<tr><th>Bulk File is for…</th><th>Tax ID is…</th></tr>
<tr><td>IPA</td><td>IPAs Tax ID</td></tr>
<tr><td>Medical Group</td><td>Groups Tax ID</td></tr>
<tr><td>Practitioner</td><td>Practitioners Tax ID or SSN</td></tr>
</table></td></tr>
<tr><td>Provider Organization Name</td><td>Name of contracted provider organization
<table>
<tr><th>If Provider Type is…</th><th>Then Provider Name is…</th></tr>
<tr><td>Capitated IPA</td><td>IPA name</td></tr>
<tr><td>Promise Capitated IPA</td><td>IPA name</td></tr>
<tr><td>Practitioner</td><td>Practitioner or IPA roster member name</td></tr>
<tr><td>Physician Group Practice</td><td>Medical group name</td></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Medical group name</td></tr>
<tr><td>Clinic Outpatient</td><td>Medical group name</td></tr>
</table></td></tr>
<tr><td>Provider Type</td><td>Provider type corresponding to taxonomy
<table>
<tr><th>Provider Type</th><th>Description</th></tr>
<tr><td>Capitated IPA</td><td>IPA</td></tr>
<tr><td>Promise Capitated IPA</td><td>IPA</td></tr>
<tr><td>Physician Group Practice</td><td>Medical group (PPO)</td></tr>
<tr><td>Practitioner</td><td>Practitioner or IPA roster member</td></tr>
<tr><td>Allied Specialty (Psychologist, Optometrist, etc)</td><td>Medical group (PPO)</td></tr>
<tr><td>Clinic Outpatient</td><td>Medical group (PPO)</td></tr>
</table></td></tr>
</table>

Detailed instructions on how to complete each field on the Provider Data Validation Spreadsheet when updating data in bulk.

Need help?

If, after reviewing the support materials on the left, you need additional help updating your information in Provider Connection **or have questions about the information shared in the Blue Shield directory.**

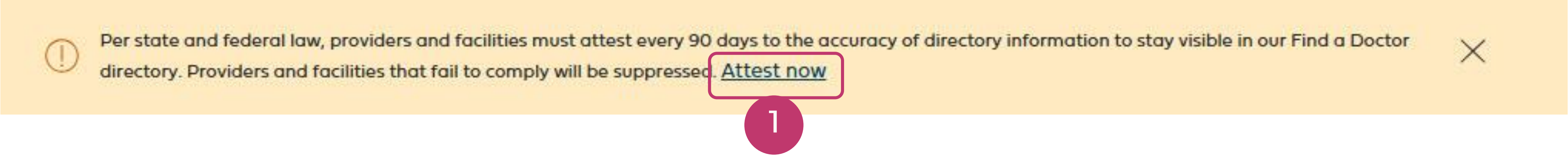
Contact:
Provider Information and Enrollment at (800) 258-3091, from 6 a.m. to 6:30 p.m., Monday through Friday.

Or email:
PIEProvPortalSupport@blueshieldca.com

Online attestation to data accuracy every 90 days*

A yellow alert banner displays on Account Managers'/designated users' Provider Connection home page when it is time to attest. It also appears on their *Provider & Practitioner Profiles* page.

1. Click **Attest now** in the banner at the top of the home page or from the *Provider & Practitioner Profiles* page.



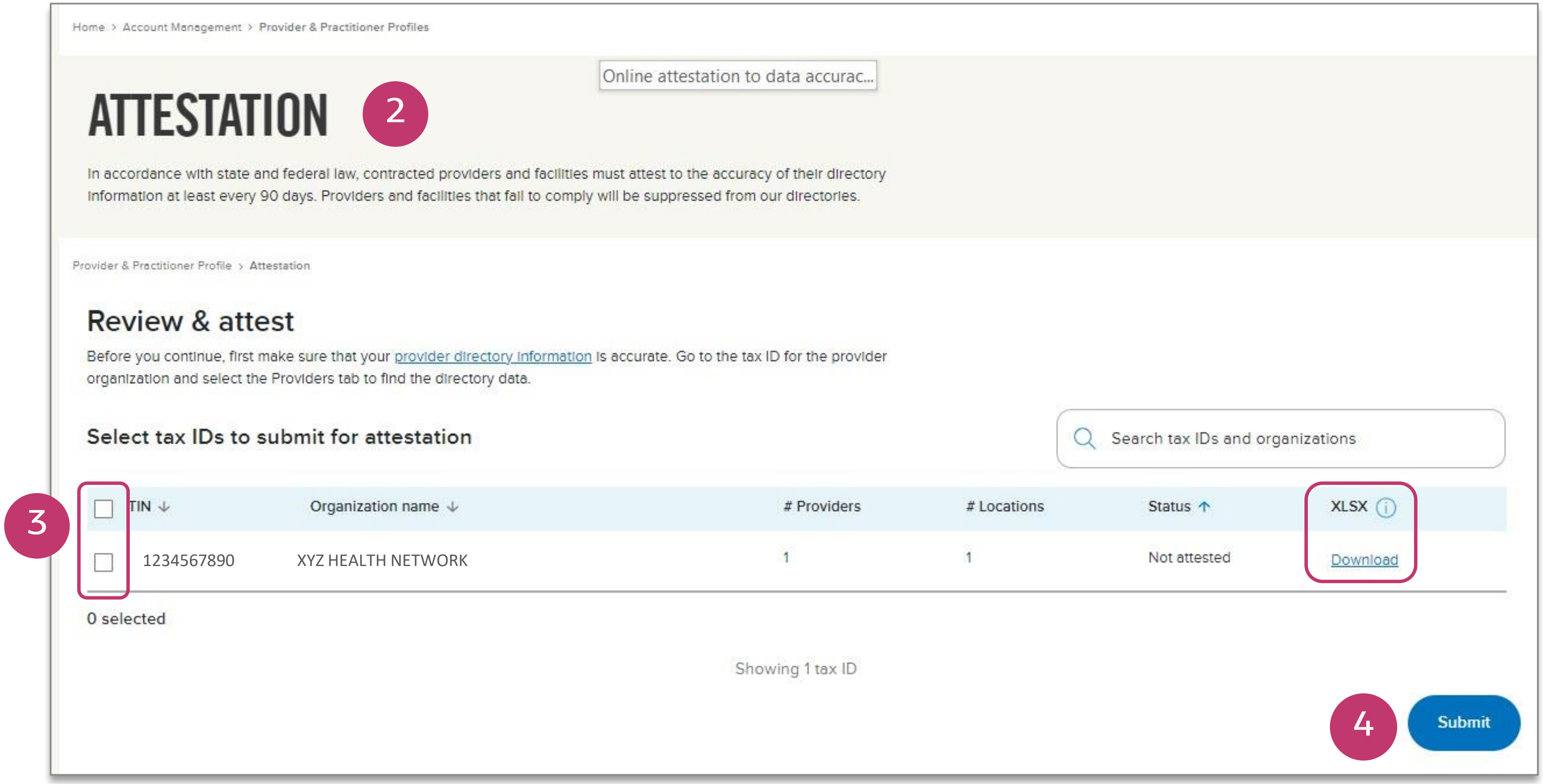
Per state and federal law, providers and facilities must attest every 90 days to the accuracy of directory information to stay visible in our Find a Doctor directory. Providers and facilities that fail to comply will be suppressed. Attest now

---

* In addition to this banner, Blue Shield sends a series of automated notifications on a rolling 90-day schedule.

Online attestation to data accuracy every 90 days continued

2. The attestation screen displays with all Tax IDs (TINs) associated with your account.
3. Click the checkbox next to each TIN after validating information on file is accurate or click the *TIN* checkbox if attesting to accuracy of all TINs.
   - * To view data prior to attesting, download the XLSX file from the *Attestation* window or click **Provider & Practitioner Profiles** in the breadcrumb to view data in Provider Connection.
4. Click **Submit**.



ATTESTATION

In accordance with state and federal law, contracted providers and facilities must attest to the accuracy of their directory information at least every 90 days. Providers and facilities that fail to comply will be suppressed from our directories.

Provider & Practitioner Profile > Attestation

Review & attest

Before you continue, first make sure that your provider directory information is accurate. Go to the tax ID for the provider organization and select the Providers tab to find the directory data.

Select tax IDs to submit for attestation

Search tax IDs and organizations

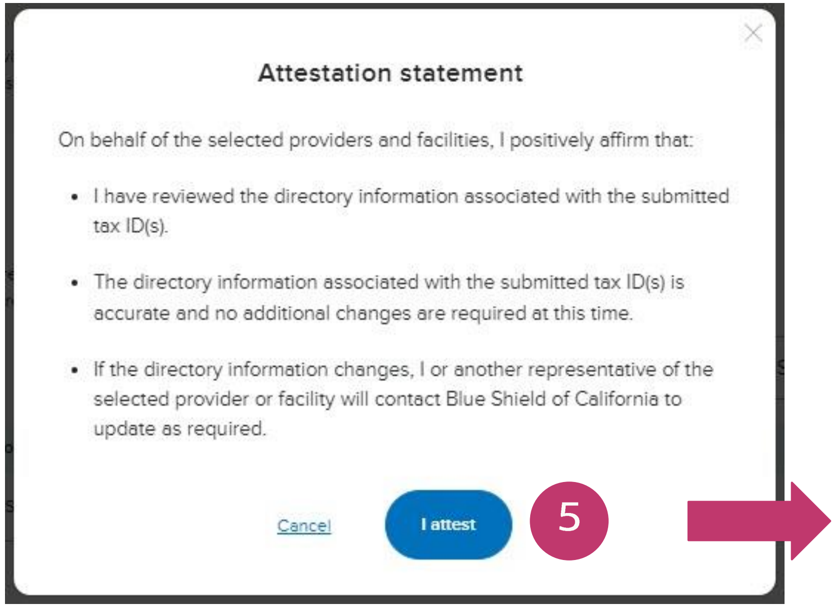
☐	TIN ↓	Organization name ↓	# Providers	# Locations	Status ↑	XLSX ⓘ
☐	1234567890	XYZ HEALTH NETWORK	1	1	Not attested	Download

0 selected

Showing 1 tax ID

Online attestation to data accuracy every 90 days* continued

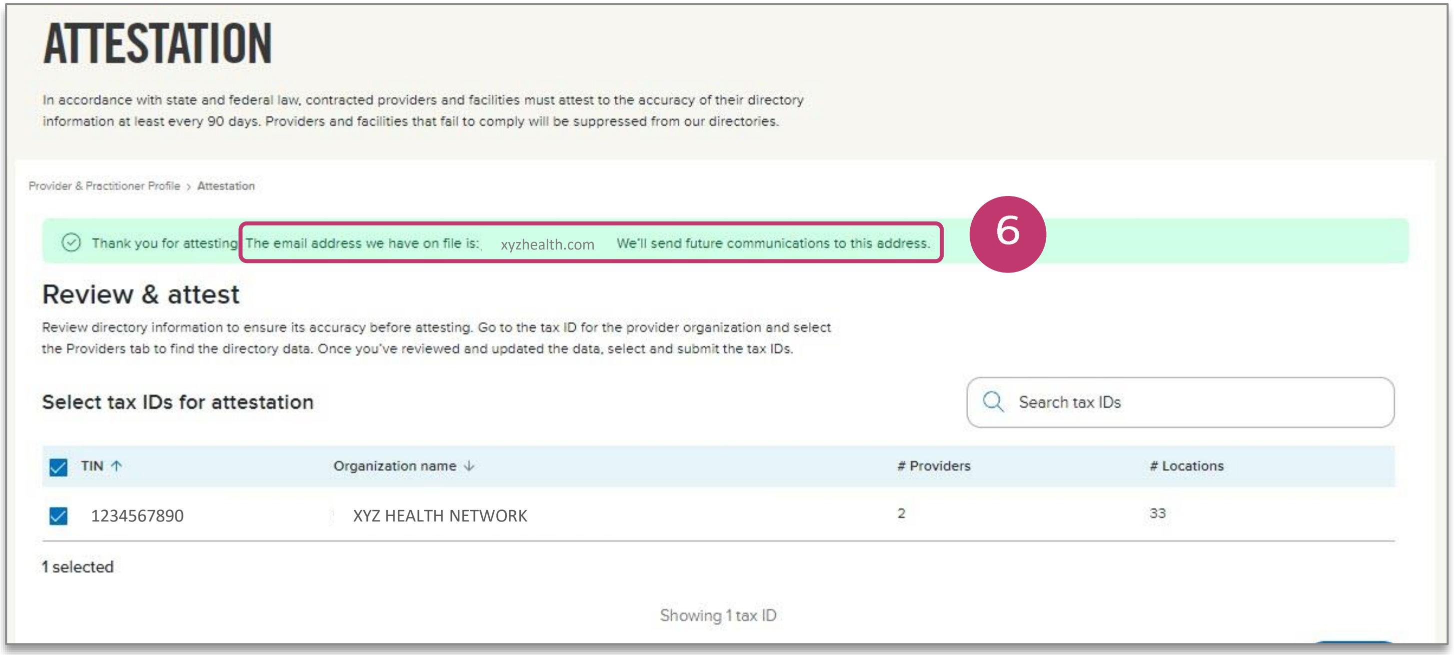
5. An *Attestation Statement* presents. Click **I attest** to continue.
6. A green banner displays when the attestation process completes.
    - If the email address referenced in the confirmation is incorrect, please update your profile information.



Attestation statement

On behalf of the selected providers and facilities, I positively affirm that:

- I have reviewed the directory information associated with the submitted tax ID(s).
- The directory information associated with the submitted tax ID(s) is accurate and no additional changes are required at this time.
- If the directory information changes, I or another representative of the selected provider or facility will contact Blue Shield of California to update as required.



ATTESTATION

In accordance with state and federal law, contracted providers and facilities must attest to the accuracy of their directory information at least every 90 days. Providers and facilities that fail to comply will be suppressed from our directories.

Provider & Practitioner Profile › Attestation

Thank you for attesting. The email address we have on file is: xyzhealth.com We'll send future communications to this address.

Review & attest

Review directory information to ensure its accuracy before attesting. Go to the tax ID for the provider organization and select the Providers tab to find the directory data. Once you've reviewed and updated the data, select and submit the tax IDs.

Select tax IDs for attestation

☑ TIN ↑	Organization name ↓	# Providers	# Locations
☑ 1234567890	XYZ HEALTH NETWORK	2	33

1 selected

Showing 1 tax ID

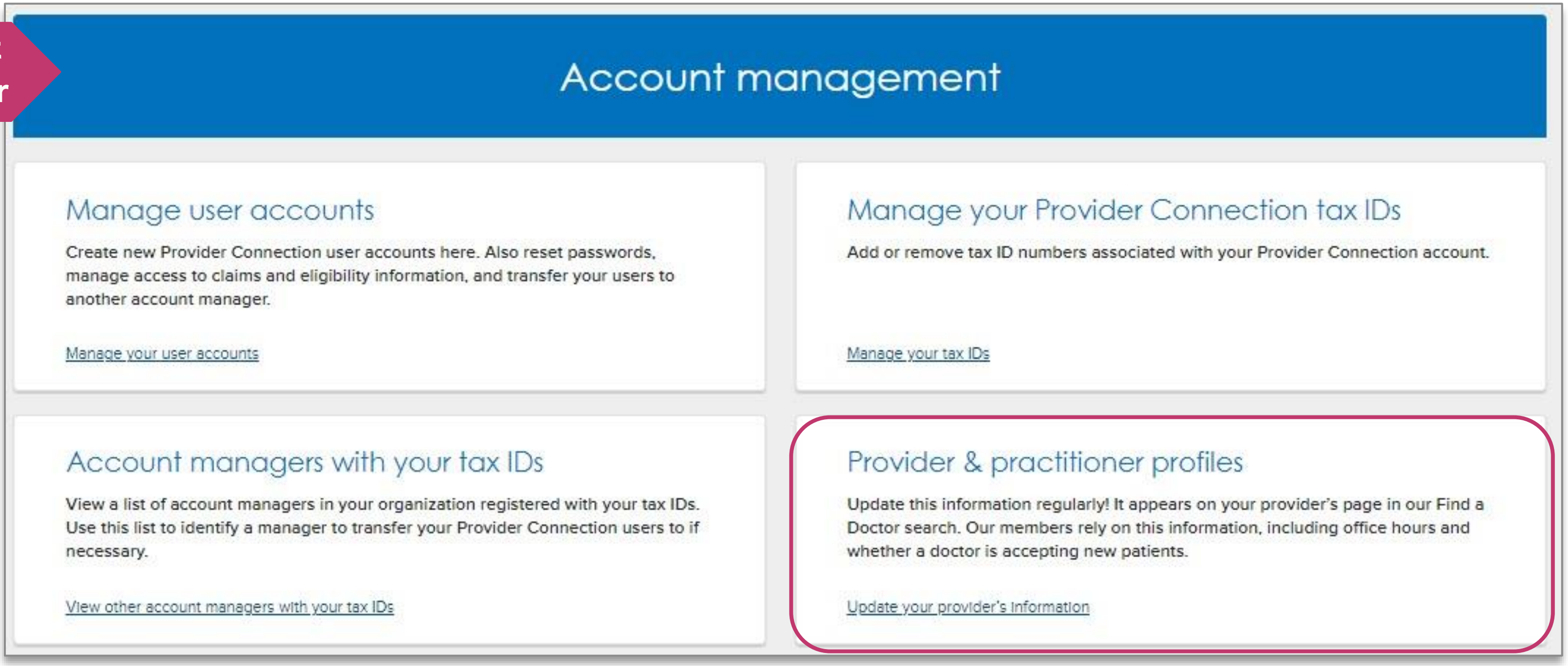
---

* Account Managers can attest to the accuracy of their provider data at any time from their *Account Management* page. This option is not available to designated users.

Update provider information by **single or bulk edits**

- Both options are in the *Provider & Practitioner Profiles* section located on the *Account Management* page.
- For designated users, the link is on their home page.

Account Manager



Account management

Manage user accounts

Create new Provider Connection user accounts here. Also reset passwords, manage access to claims and eligibility information, and transfer your users to another account manager.

Manage your user accounts

Manage your Provider Connection tax IDs

Add or remove tax ID numbers associated with your Provider Connection account.

Manage your tax IDs

Account managers with your tax IDs

View a list of account managers in your organization registered with your tax IDs. Use this list to identify a manager to transfer your Provider Connection users to if necessary.

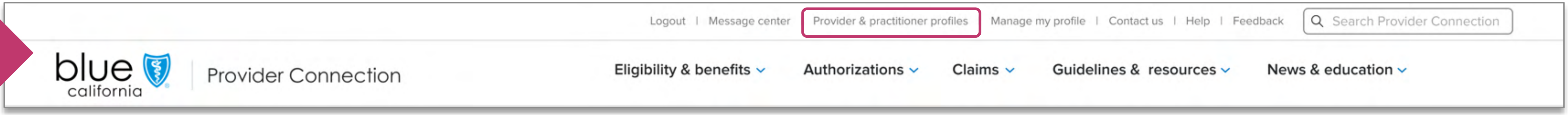
View other account managers with your tax IDs

Provider & practitioner profiles

Update this information regularly! It appears on your provider's page in our Find a Doctor search. Our members rely on this information, including office hours and whether a doctor is accepting new patients.

Update your provider's information

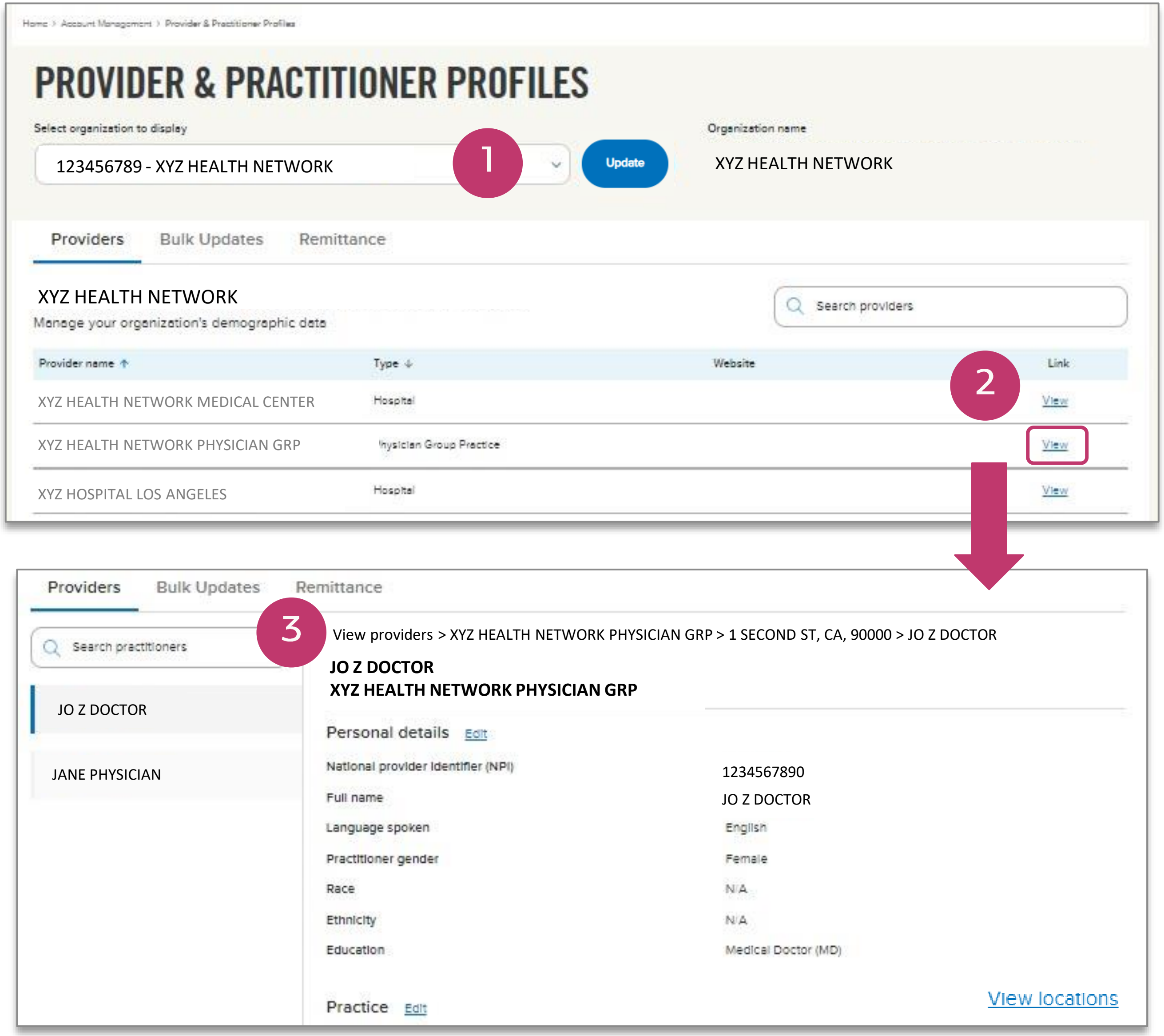
User



Update provider information: Single edits

From *Provider & Practitioner Profiles*:

1. Select the Tax ID (TIN) you wish to update and click **Search**.
   - This step is *not* required if you have only one TIN linked to your Provider Connection account.
2. Click the **view** link for the provider record you wish to edit.
3. The *View providers* screen displays.



Home > Account Management > Provider & Practitioner Profiles

PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK

Update

Organization name: XYZ HEALTH NETWORK

Providers | Bulk Updates | Remittance

XYZ HEALTH NETWORK

Manage your organization's demographic data

Search providers

Provider name ↑	Type ↓	Website	Link
XYZ HEALTH NETWORK MEDICAL CENTER	Hospital		View
XYZ HEALTH NETWORK PHYSICIAN GRP	hysician Group Practice		View
XYZ HOSPITAL LOS ANGELES	Hospital		View

Providers | Bulk Updates | Remittance

Search practitioners

JO Z DOCTOR

JANE PHYSICIAN

View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR

JO Z DOCTOR
XYZ HEALTH NETWORK PHYSICIAN GRP

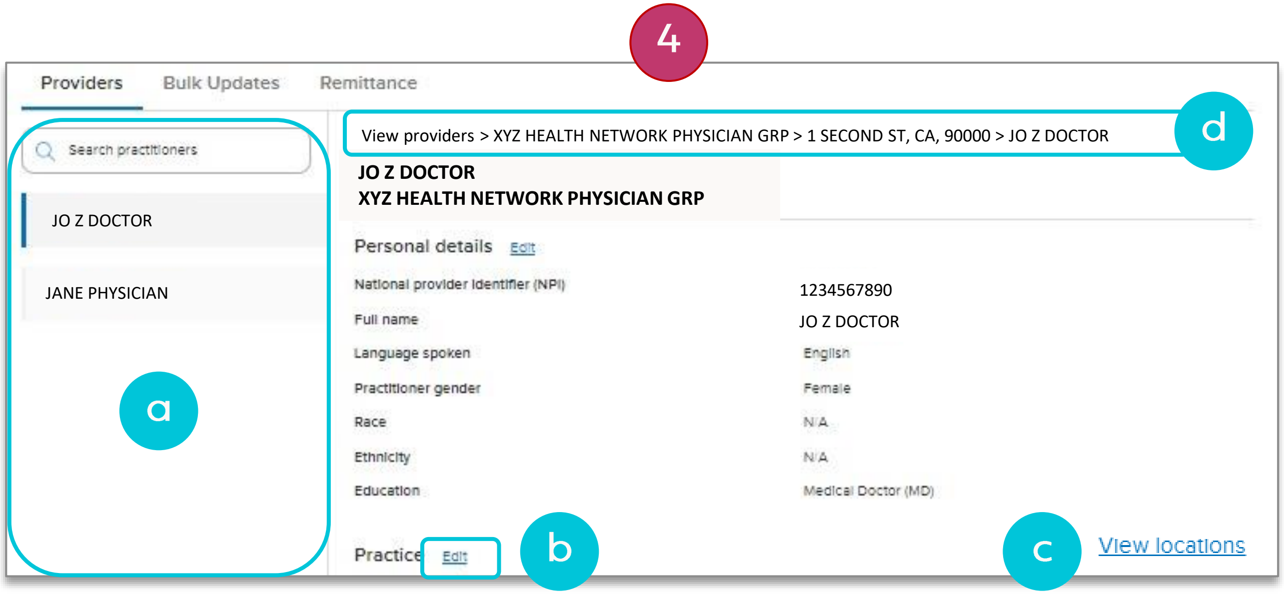
Personal details Edit

National provider identifier (NPI)	1234567890
Full name	JO Z DOCTOR
Language spoken	English
Practitioner gender	Female
Race	N/A
Ethnicity	N/A
Education	Medical Doctor (MD)

Practice Edit

View locations

Update provider information: Single edits continued



View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR

JO Z DOCTOR
JANE PHYSICIAN

JO Z DOCTOR
XYZ HEALTH NETWORK PHYSICIAN GRP

Personal details

National provider identifier (NPI)	1234567890
Full name	JO Z DOCTOR
Language spoken	English
Practitioner gender	Female
Race	N/A
Ethnicity	N/A
Education	Medical Doctor (MD)

Practice

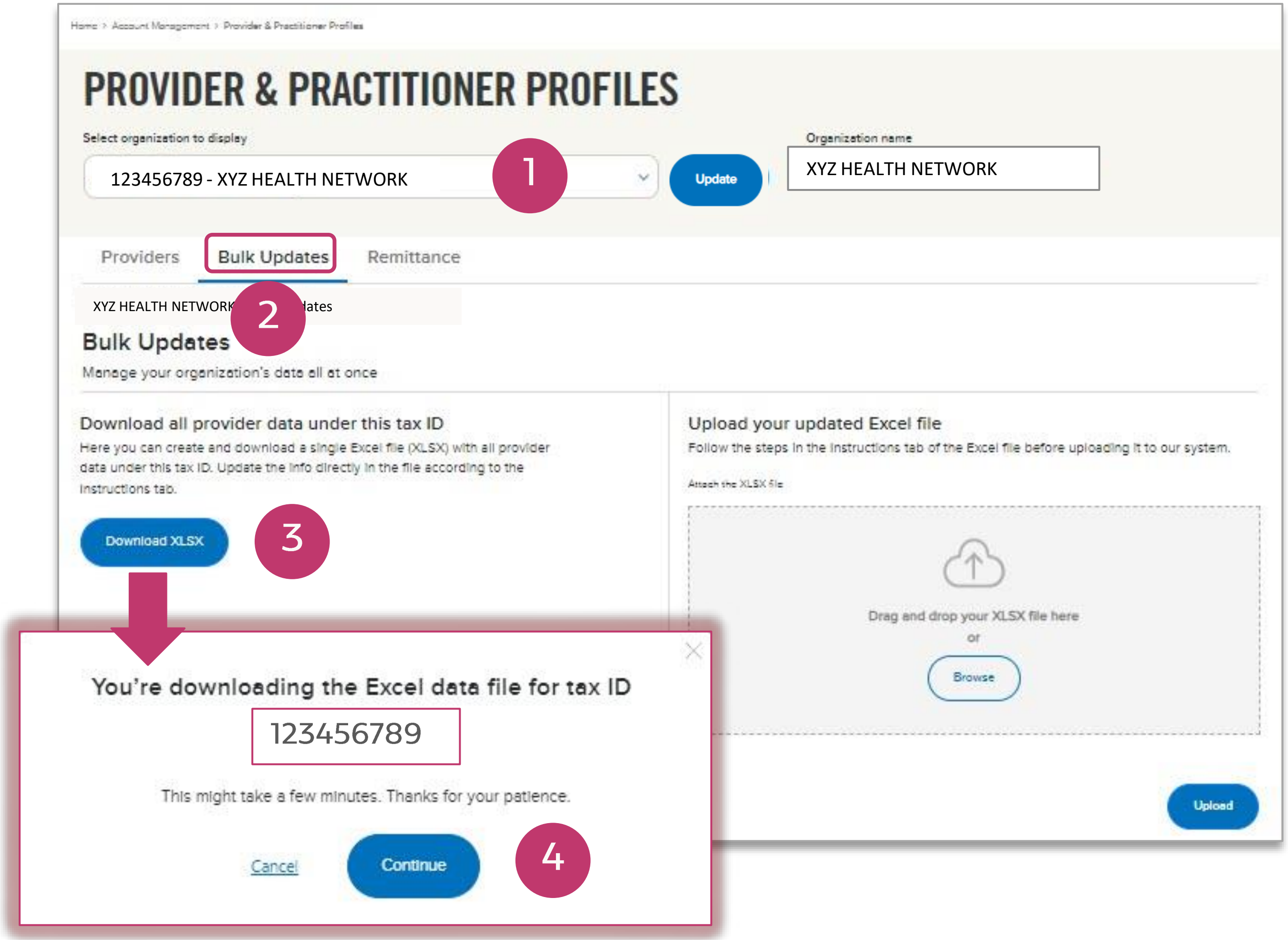
4. *View providers* interface
   a. Search functionality and navigation located on the left.
   b. Click **Edit** to make changes and the **Save** button to save them.
   c. Depending on your organization's type and structure, there are typically three levels* of data you can edit. Use link in the right corner to drill down from level to level.

Capitated provider levels	Non–capitated provider levels
Provider details Practioner details Service location details	Provider details Location details Practitioner

   d. Use the breadcrumb or *Back* button to navigate between levels.

* Some capitated IPAs may also see a "View clinics" level.

Update provider data in bulk via *Provider Data Validation Spreadsheet*



PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK

Organization name: XYZ HEALTH NETWORK

XYZ HEALTH NETWORK … dates

Bulk Updates

Manage your organization's data all at once

Download all provider data under this tax ID

Here you can create and download a single Excel file (XLSX) with all provider data under this tax ID. Update the info directly in the file according to the instructions tab.

Upload your updated Excel file

Follow the steps in the instructions tab of the Excel file before uploading it to our system.

Attach the XLSX file

You're downloading the Excel data file for tax ID

123456789

This might take a few minutes. Thanks for your patience.

From *Provider & Practitioner Profiles*:

1. Select the Tax ID (TIN) you wish to update and click **Search**.
    - This step is *not* required if you have only one TIN linked to your Provider Connection account.
2. Click the **Bulk Updates** tab.
3. Click **Download XLSX**.
4. A pop-up box displays. Click **Continue**. Save the file that downloads.

Update provider data in bulk via *Provider Data Validation Spreadsheet* continued

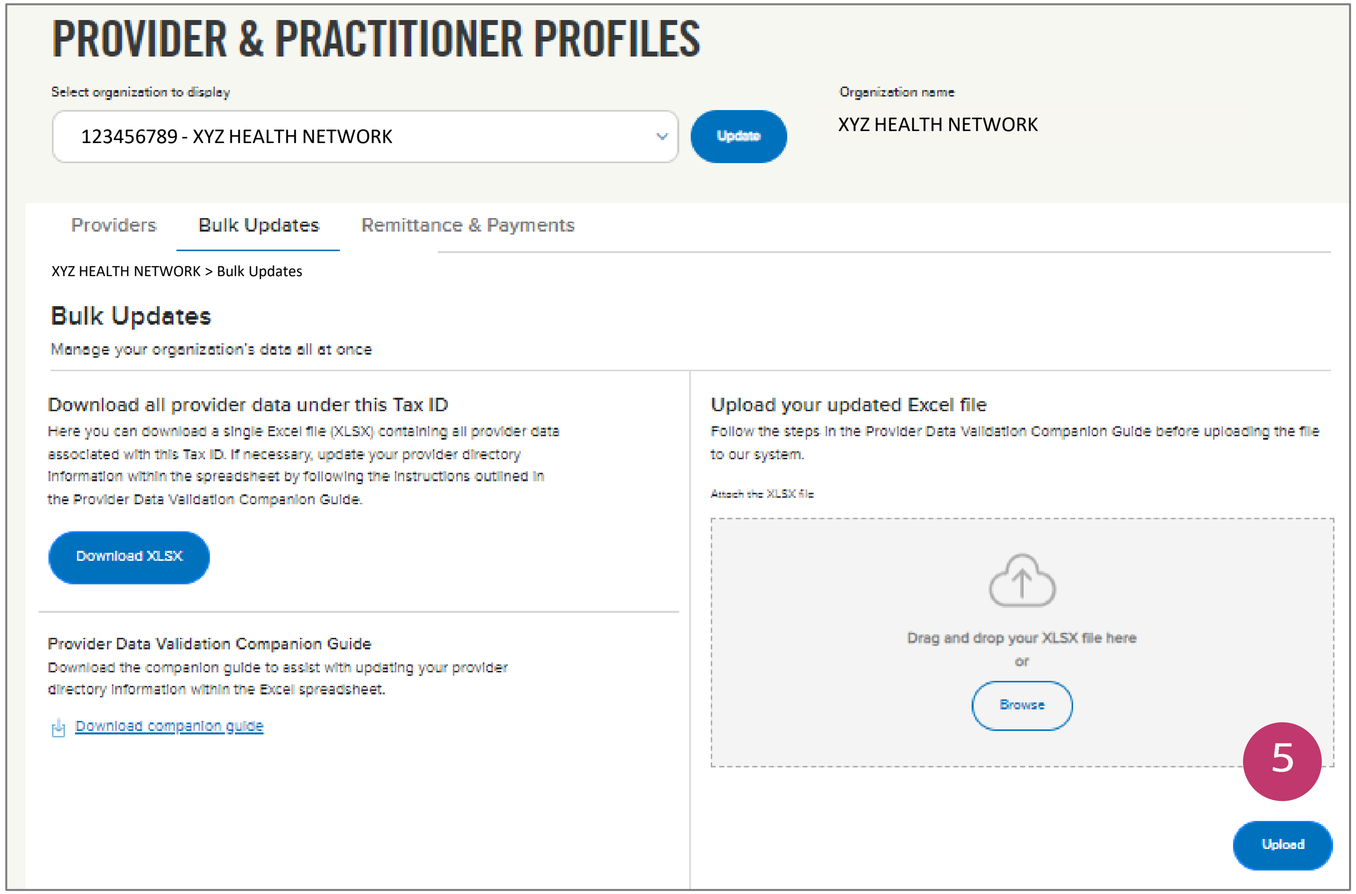
- The (Excel) file downloads as **ProvDataVal_TIN_0000000001.xlsx**.*
- There are four tabs in the spreadsheet:

Tab	Title	Description
1	PROVIDER_ GENERAL	Pre-populated, used to add/update/term service location data for Medical Group, IPA, IPA roster member or individual practitioner.
2	PRACTITIONER_ GENERAL	Pre-populated, used to add/update/term individual practitioners and practitioners that have an active relationship with a medical group or IPA.
3	VALIDATION_ CONTACTS	Pre-populated, used to provide updated email(s) for the person(s) responsible for completing the spreadsheet.
4	Support	Links to attestation and bulk update instructions located on Provider Connection, no log in required.

* See the Provider Data Validation Companion Guide on Provider Connection for detailed instructions.

Update provider data in bulk via *Provider Data Validation Spreadsheet* continued

5. When finished, drag/drop or select your saved file. Once the file name displays in the gray area, click **Upload**.
   - A pop-up box displays for you to confirm that your uploaded file is correct. Click **Yes**.
   - A green banner displays when the upload process is finished.
   - An automated email is sent in three business days: Options:
     - **Successful:** Loaded to *Find a Doctor* as you submitted.
     - **Partially successful:** Some data must be manually updated by Blue Shield: Will take longer to see all changes in *Find A Doctor.*
     - **Rejected:** Please review the bulk spreadsheet instructions on Tab 1 and resubmit.



PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK

Organization name: XYZ HEALTH NETWORK

XYZ HEALTH NETWORK > Bulk Updates

Bulk Updates

Manage your organization's data all at once

Download all provider data under this Tax ID

Here you can download a single Excel file (XLSX) containing all provider data associated with this Tax ID. If necessary, update your provider directory information within the spreadsheet by following the instructions outlined in the Provider Data Validation Companion Guide.

Provider Data Validation Companion Guide

Download the companion guide to assist with updating your provider directory information within the Excel spreadsheet.

Upload your updated Excel file

Follow the steps in the Provider Data Validation Companion Guide before uploading the file to our system.

Attach the XLSX file

Drag and drop your XLSX file here

or

Provider Data Validation Spreadsheet reminders

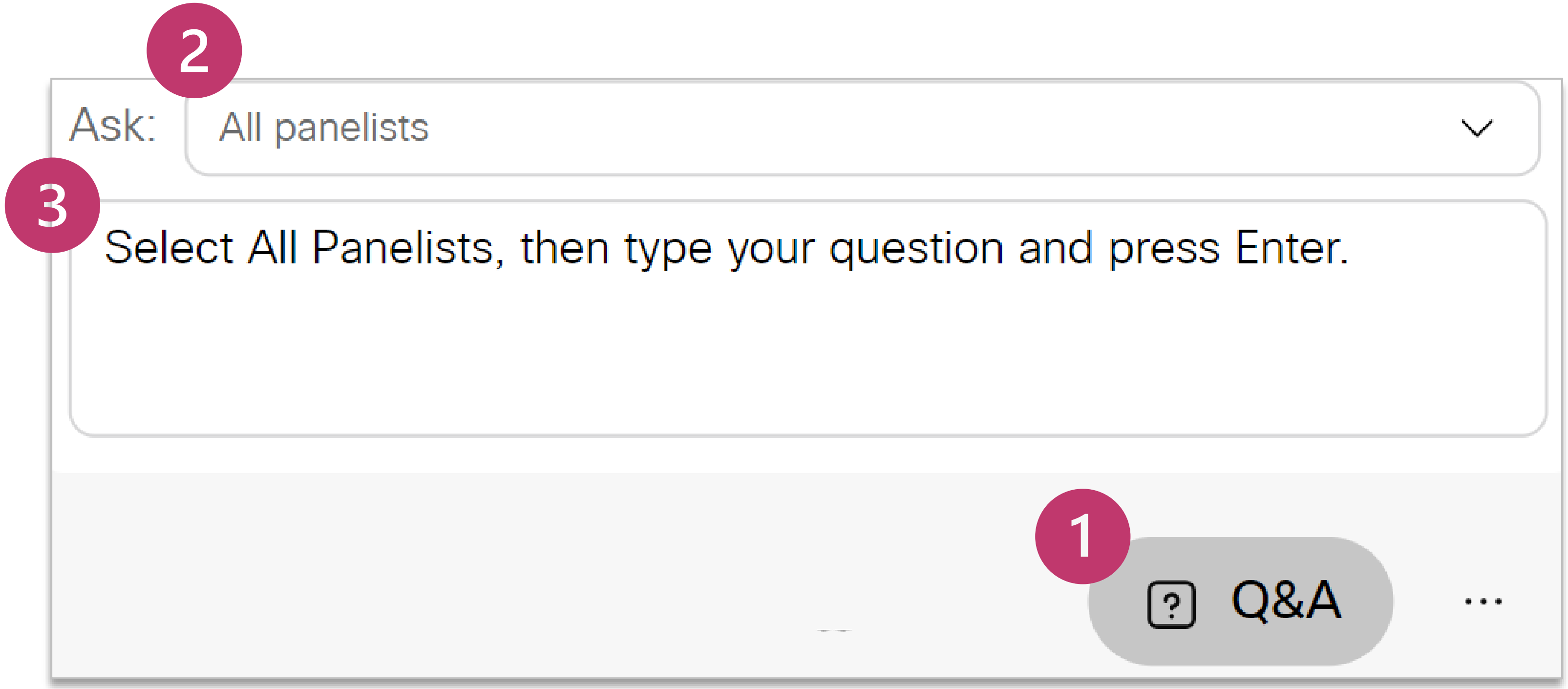
1. Download a new *Provider Data Validation Spreadsheet* from Provider Connection each time you submit. Each Tax ID will have its own spreadsheet file.

2. Blue header columns (A, B, C and D) contain pre-populated fields that cannot be edited. Other fields within the file may be edited to make necessary updates or add missing demographic data.
   - Certain fields must be completed with Blue Shield pre-defined values. See the Provider Data Validation Companion Guide for these values.
   - Drop-down menus can be found in certain areas of the spreadsheet and should be used where available.
   - Take care not to remove any columns, tabs, or rows, or make changes to column headers.

3. Regarding the Add/Term/Update column on the Provider and the Practitioner General tabs, select
   - **Add** when adding a new service location or practitioner.
   - **Term** when removing or changing location address or terming a practitioner.
   - **Update** if you are editing non-address related information like office hours.

Q&A

1. Click the **Q&A** button.
2. Select **All Panelists**.
3. Type your question.
4. Press **Enter** on your keyboard.



Select All Panelists, then type your question and press Enter.

Authenticated tools

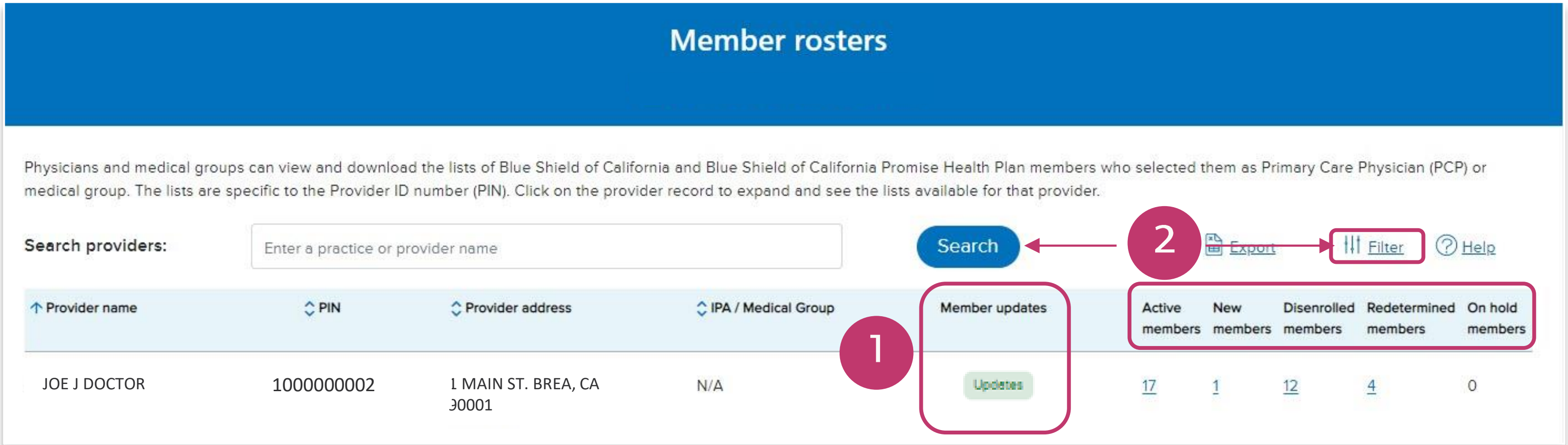
These are tools that require you to log on to use because they access protected information.

Create a member roster instructions

The Member rosters tool is available from the *Eligibility & benefits* section after log in.

Providers can view/download a list(s) of members who selected them as their PCP or IPA/ medical group. Lists are specific to the Provider ID number (PIN).

1. The Member updates column displays either New or Updates.
2. Member roster categories = Active, New, Disenrolled, Redetermined. and On hold.
3. To search for a specific provider or IPA/medical group, use the *Search* field or *Filter* functionality. Filtering options include provider name, address, PIN, or IPA/medical group.

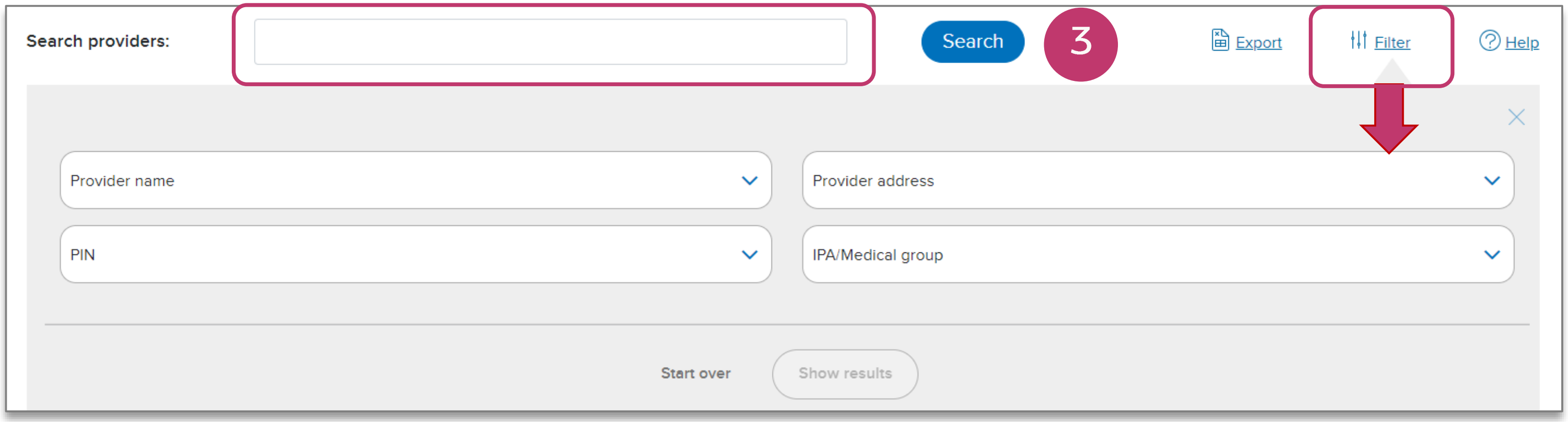


Member rosters

Physicians and medical groups can view and download the lists of Blue Shield of California and Blue Shield of California Promise Health Plan members who selected them as Primary Care Physician (PCP) or medical group. The lists are specific to the Provider ID number (PIN). Click on the provider record to expand and see the lists available for that provider.

Search providers: Enter a practice or provider name

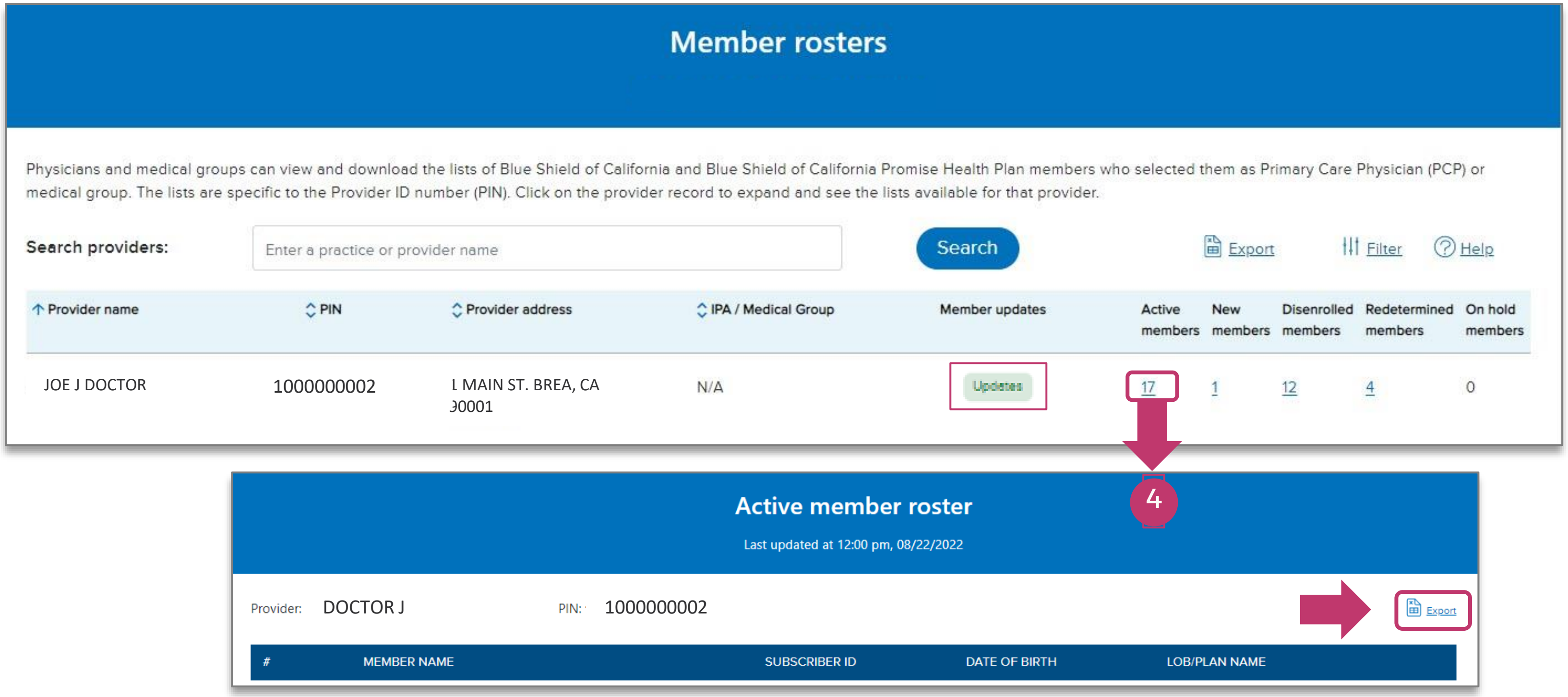
Provider name	PIN	Provider address	IPA / Medical Group	Member updates	Active members	New members	Disenrolled members	Redetermined members	On hold members
JOE J DOCTOR	1000000002	1 MAIN ST. BREA, CA 30001	N/A	Updates	17	1	12	4	0



Search providers:

Create a member roster instructions (continued)

4. Click an active number under any one of the five categories to view member detail and/or export data. The export will contain full member details.



Member rosters

Physicians and medical groups can view and download the lists of Blue Shield of California and Blue Shield of California Promise Health Plan members who selected them as Primary Care Physician (PCP) or medical group. The lists are specific to the Provider ID number (PIN). Click on the provider record to expand and see the lists available for that provider.

Search providers: Enter a practice or provider name

Provider name	PIN	Provider address	IPA / Medical Group	Member updates	Active members	New members	Disenrolled members	Redetermined members	On hold members
JOE J DOCTOR	1000000002	MAIN ST. BREA, CA 0001	N/A	Updates	17	1	12	4	0

Active member roster

Last updated at 12:00 pm, 08/22/2022

Provider: DOCTOR J PIN: 1000000002

#	MEMBER NAME	SUBSCRIBER ID	DATE OF BIRTH	LOB/PLAN NAME

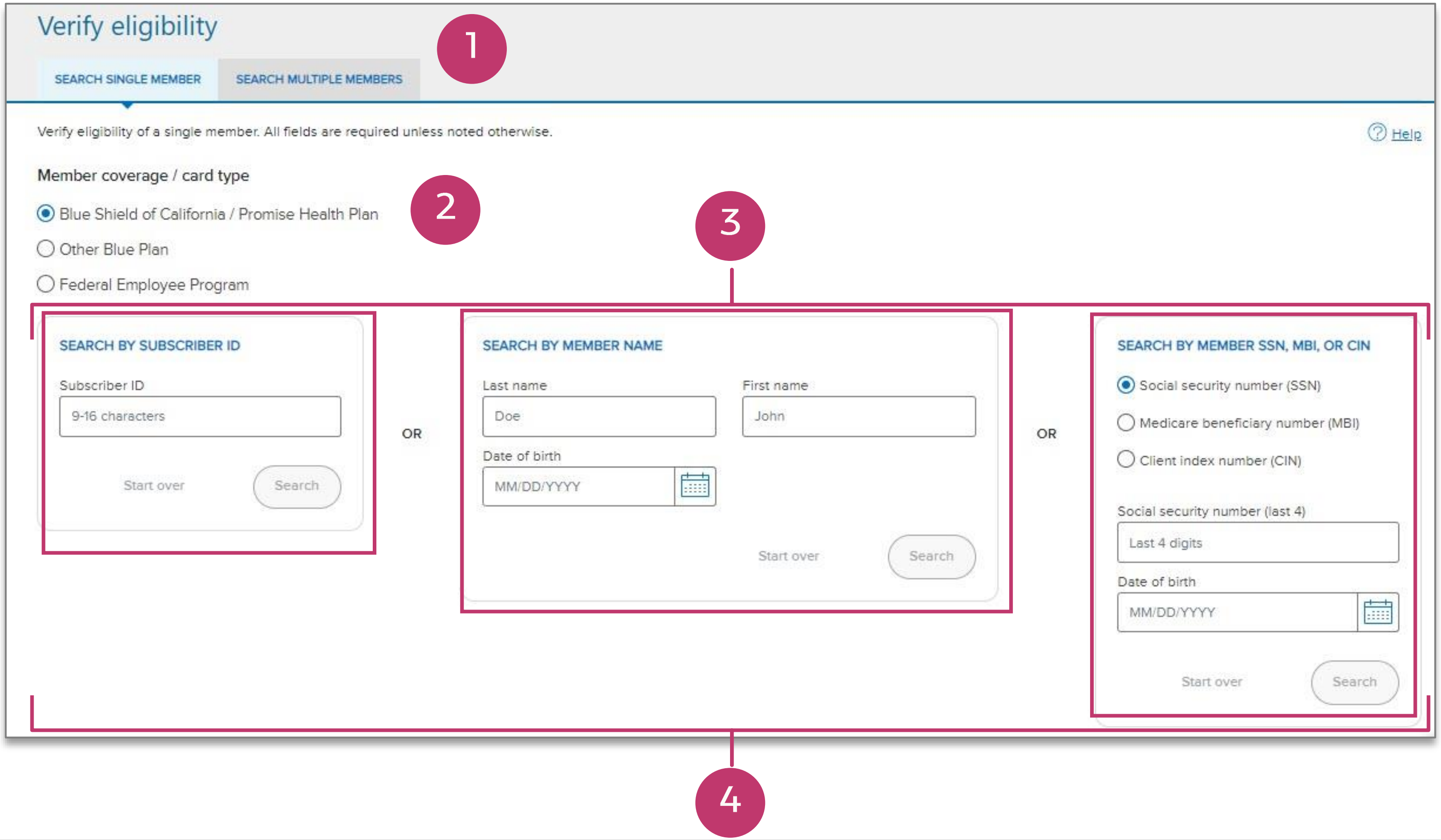
Member roster categories detail

- Disenrolled Members Roster includes disenrollment dates.
- Redetermined Members Roster displays members with upcoming redetermination dates within the next 90 days.
- On Hold Members Roster displays members who missed their redetermination date and are within the 90-day grace period.

Verify eligibility (log in required)

The *Verify eligibility* tool is available from the home page and from the *Eligibility & benefits* section after log in. It lets you confirm that a patient is a Blue Shield or Blue Shield Promise Health Plan member.

1. Select the member search type: *SEARCH SINGLE MEMBER or SEARCH MUTLIPLE MEMBERS.*
2. Select the *Member coverage/card type.*
3. Search for the member by entering either the:
    - Member ID
    - Member Last/First and DOB
    - Medicare Beneficiary ID (MBI)
    - Social Security Number (SSN)
    - Client Index Number (CIN)
4. Click **Search**.



Verify eligibility of a single member. All fields are required unless noted otherwise.

Member coverage / card type

● Blue Shield of California / Promise Health Plan
○ Other Blue Plan
○ Federal Employee Program

● Social security number (SSN)
○ Medicare beneficiary number (MBI)
○ Client index number (CIN)

Verify eligibility results

5. Member eligibility results display. Eligibility displays in green when the member is active. If COB applies, you will see that here. For additional information, click:
   a. **Details:** Comprehensive member information including member network status, special programs eligibility, plus current, past and future coverage, COB, deductibles/copays, etc.
   b. **ID Card:** Electronic copy for viewing, printing or download.
   c. **Benefits:** Link to an online benefits tools for Blue Shield plans and a link to the Medi-Cal Member Handbook EOC for Blue Shield Promise plans.
   d. **Claims:** Link to the *Check claims status* tool.

Member name
MEMBER, G

Status
Eligible

Subscriber ID
9077

Date of birth
02/10/1946

Gender
Female

Member address
1000 ALTON AVE
LOS ANGELES, CA

LOB
Blue Shield Promise Medi-Cal - LA

Region
HEALTHCARE LA IPA

Coverage effective / start date
01/01/2019

Coverage end / redetermination date
02/2020

Recipient
N/A

PCP name
DOCTOR, B

Participating provider group
HEALTH CARE LA IPA

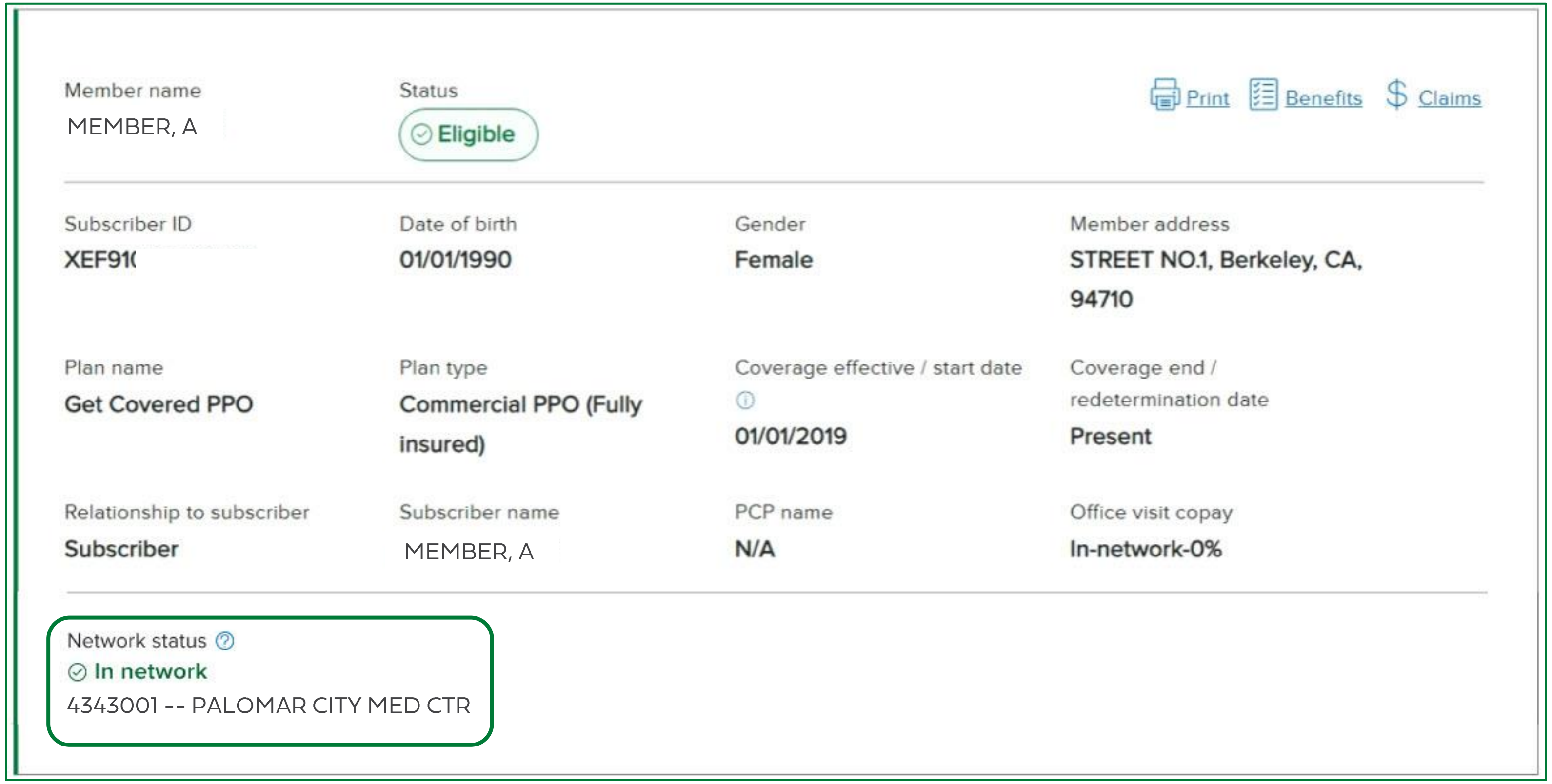
Member network status on the Eligibility Details page

For the networks below, the eligibility results screen tells you if you are in or out of the member's network:

1. PPO DMHC
2. PPO DOI Blue Shield Life
3. IFP EPPO
4. CalPers EPO
5. PPO GMAPD
6. PPO IMAPD

Note:

- For members not in one of the above networks, providers will be directed to *Find a Doctor* to determine network status.
- For capitated members, providers will be directed to contact the IPA.



Member name
MEMBER, A

Status
Eligible

Subscriber ID
XEF91

Date of birth
01/01/1990

Gender
Female

Member address
STREET NO.1, Berkeley, CA, 94710

Plan name
Get Covered PPO

Plan type
Commercial PPO (Fully insured)

Coverage effective / start date
01/01/2019

Coverage end / redetermination date
Present

Relationship to subscriber
Subscriber

Subscriber name
MEMBER, A

PCP name
N/A

Office visit copay
In-network-0%

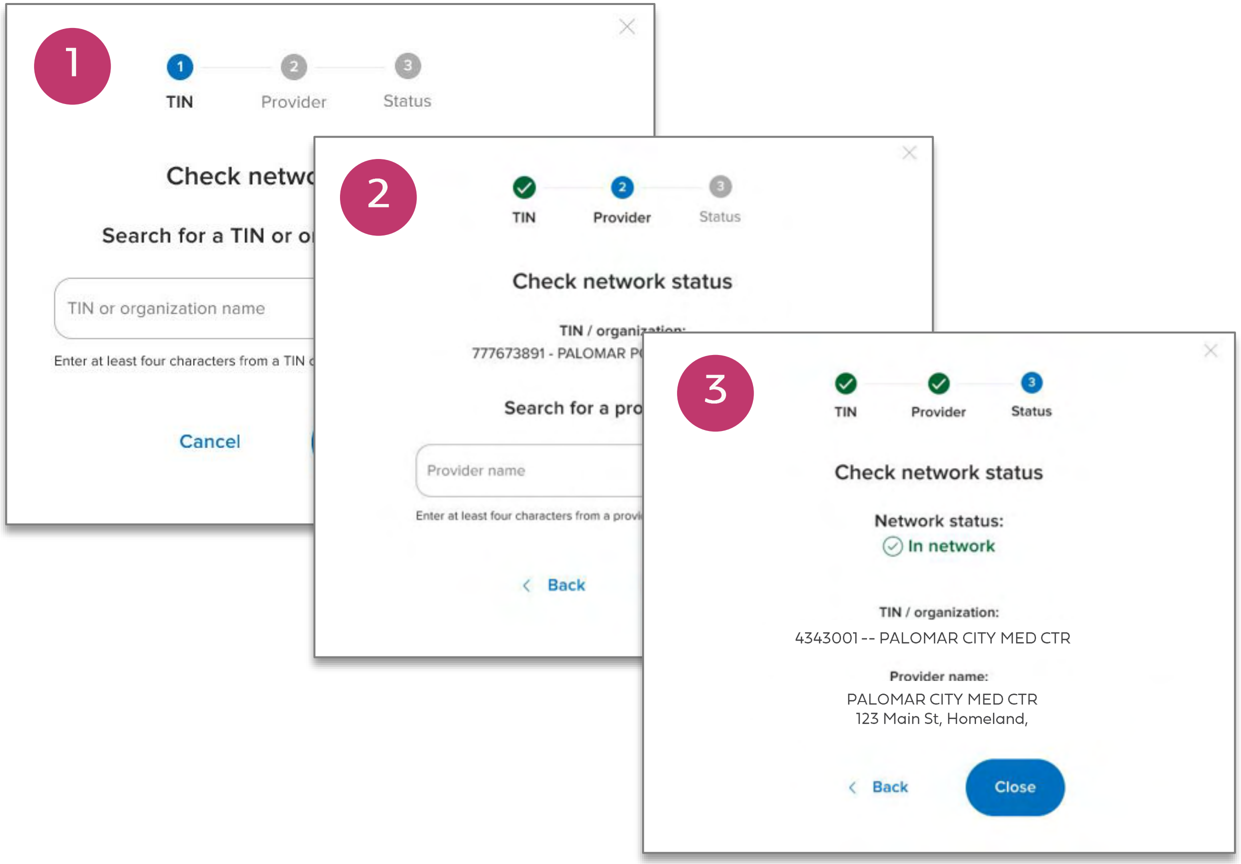
Network status
In network
4343001 -- PALOMAR CITY MED CTR

Network status
Out of network
4343001 -- PALOMAR CITY MED CTR

Member network status continued

If you have more than one Tax ID registered with Blue Shield, a **Check status** link will present. Clicking this link launches a three-step process.

1. Identify the appropriate Tax ID by selecting or searching in the pop-up that presents. Click **Continue**.
    - Select = (1-5 Tax IDs)
    - Search = (6+ Tax IDs)
2. Identify the appropriate provider by selecting or searching in the pop-up that presents. Click **Continue**.
    - Select = (2-5 providers/practitioners)
    - Search = (6+ providers/practitioners)
3. The network status displays



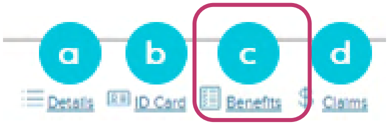
Network status:
In network

TIN / organization:
4343001 -- PALOMAR CITY MED CTR

Provider name:
PALOMAR CITY MED CTR
123 Main St, Homeland,

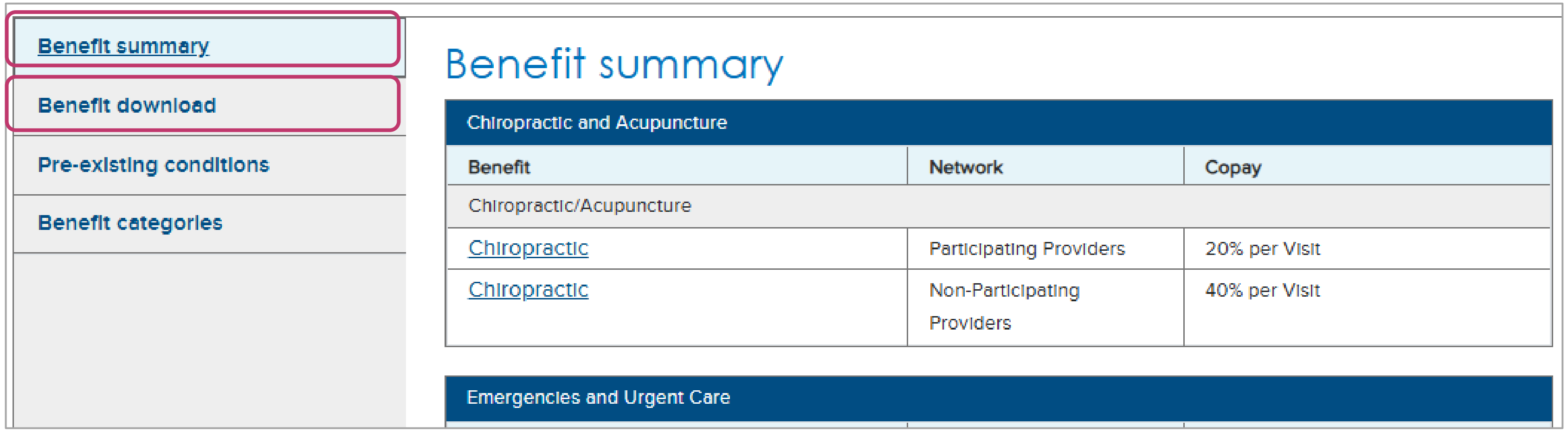
Note: The system will save up to four recent searches as a default.

Benefits



Options for locating Commercial and Medicare* benefit information:

- The *Benefit summary* view is the default – lists benefits in alpha order on the right.



Benefit summary

Chiropractic and Acupuncture		
Benefit	Network	Copay
Chiropractic/Acupuncture		
Chiropractic	Participating Providers	20% per Visit
Chiropractic	Non-Participating Providers	40% per Visit

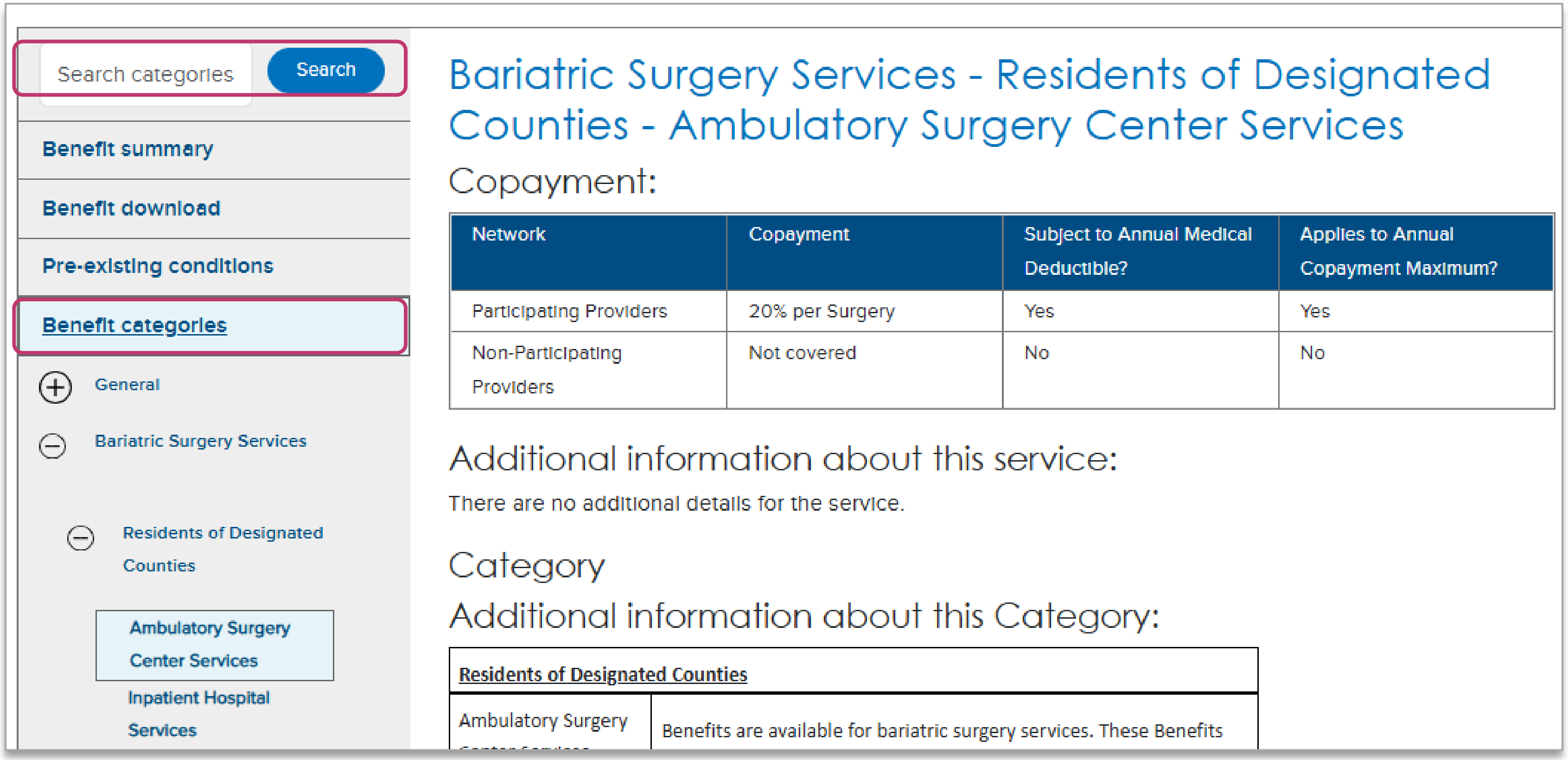
Emergencies and Urgent Care

- *Benefits download:* Download a spreadsheet with details of benefit categories. This information is also available – no log in required – at Benefit summaries.

* The link for Medi-Cal benefits takes you to the Medi-Cal Member Handbook EOC.

Benefits continued

- The *Benefit categories* view expands/collapses in the left navigation pane. Detail is provided on the right.
- The *Search* field activates when *Benefit categories* view is clicked.



Bariatric Surgery Services - Residents of Designated Counties - Ambulatory Surgery Center Services

Copayment:

Network	Copayment	Subject to Annual Medical Deductible?	Applies to Annual Copayment Maximum?
Participating Providers	20% per Surgery	Yes	Yes
Non-Participating Providers	Not covered	No	No

Additional information about this service:

There are no additional details for the service.

Category

Additional information about this Category:

Residents of Designated Counties	
Ambulatory Surgery	Benefits are available for bariatric surgery services. These Benefits

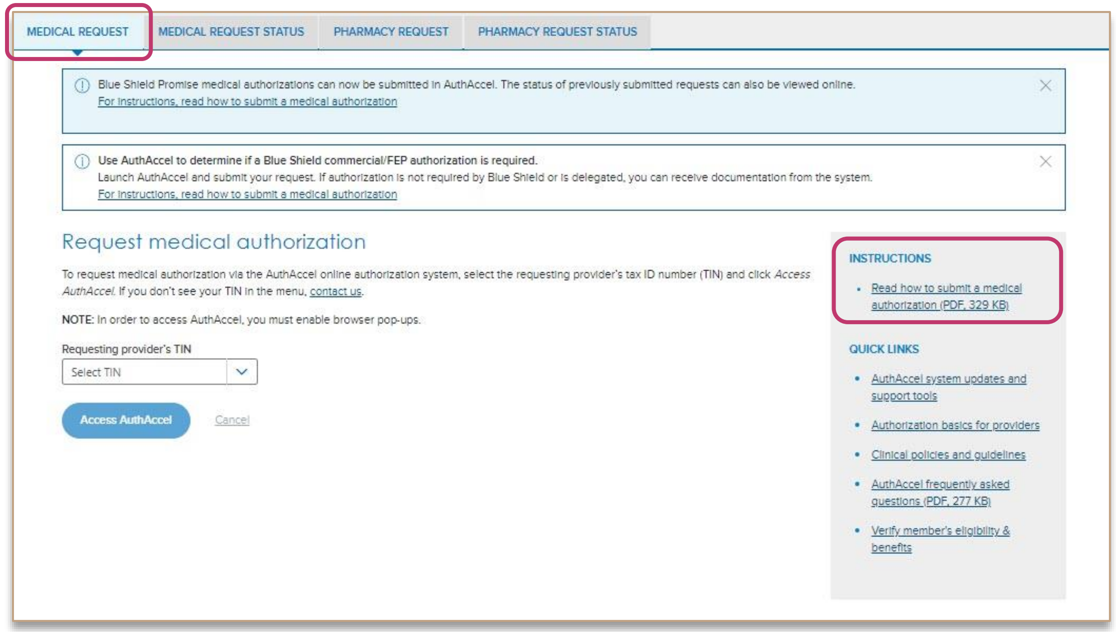
Determine if medical authorization is required

- **For Medi-Cal members:**
  1. See the *Prior Authorization Code Lists* located on the prior authorization list page. (Log in NOT required.)
  2. Use online chat after log in to Provider Connection – available from every page.
  3. Call Blue Shield of California Promise Health Plan at **(800) 468-9935**.

- **For Commercial, FEP, or Medicare members:**
  1. AuthAccel, our online authorization system, can tell you if Blue Shield does not require authorization for a Commercial or FEP medical service, and if authorization is delegated to another approver.
     - When either is the case, completing and submitting the request in AuthAccel will result in an inquiry. You must complete the process and click **Submit** to secure an inquiry number. You can print the inquiry for your records.
  2. See the prior authorization list. (Log in not required.)
  3. Use online chat after log in to Provider Connection – available from every page.
  4. Call Blue Shield of California at **(800) 541-6652.**

Submit medical authorizations 24/7 – including mental health

1. **Via the Blue Shield's AuthAccel online authorization system available from the Authorization section on Provider Connection.** (Log in required.)
    - "How to" instructions are located on the medical request launch page and on the [AuthAccel Online Authorization System training page]().



Blue Shield Promise medical authorizations can now be submitted in AuthAccel. The status of previously submitted requests can also be viewed online.
For instructions, read how to submit a medical authorization

Use AuthAccel to determine if a Blue Shield commercial/FEP authorization is required.
Launch AuthAccel and submit your request. If authorization is not required by Blue Shield or is delegated, you can receive documentation from the system.
For instructions, read how to submit a medical authorization

Request medical authorization

To request medical authorization via the AuthAccel online authorization system, select the requesting provider's tax ID number (TIN) and click *Access AuthAccel*. If you don't see your TIN in the menu, contact us.

NOTE: In order to access AuthAccel, you must enable browser pop-ups.

Requesting provider's TIN

INSTRUCTIONS

- Read how to submit a medical authorization (PDF, 329 KB)

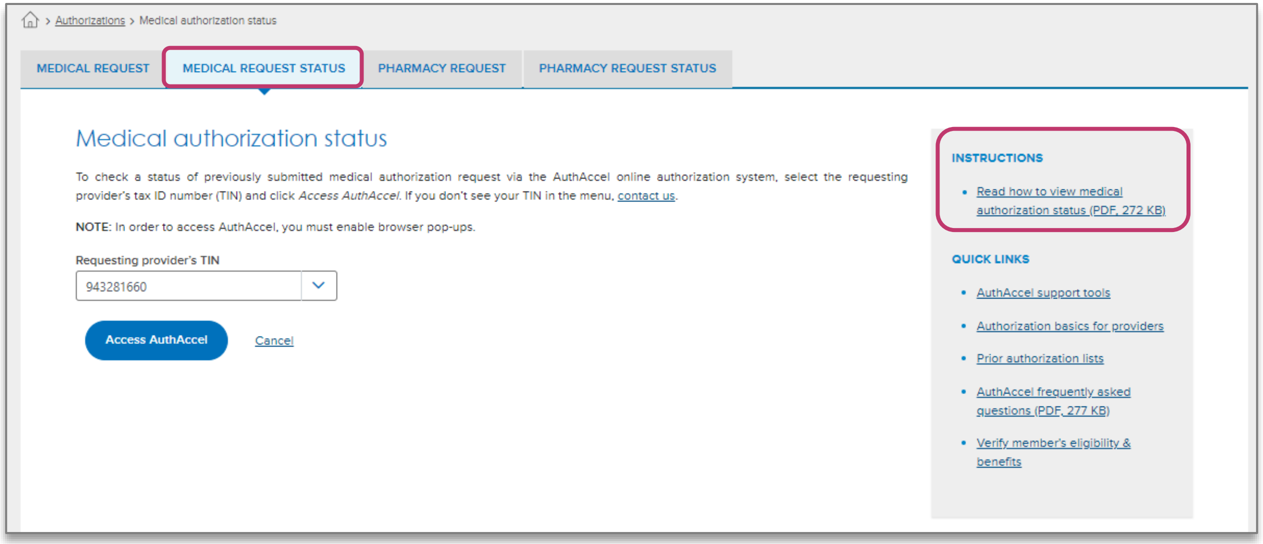
QUICK LINKS

- AuthAccel system updates and support tools
- Authorization basics for providers
- Clinical policies and guidelines
- AuthAccel frequently asked questions (PDF, 277 KB)
- Verify member's eligibility & benefits

2. **By fax:**
    - Blue Shield Promise [authorization request forms]() for Medi-Cal (Log in NOT required.)
    - Blue Shield [authorization forms]() for Medicare, Commercial and FEP. (Log in NOT required.)

Determine authorization status

1. **View status via AuthAccel** (Log in required.)
   - Launch with Tax ID under which you submitted the authorization.
     - Servicing providers and facilities can view authorization status under their own Tax ID(s), when they are linked to the request.
   - "How to" instructions are located on the medical and pharmacy request status launch pages and on the [AuthAccel Online Authorization System training page](#).



Medical authorization status

To check a status of previously submitted medical authorization request via the AuthAccel online authorization system, select the requesting provider's tax ID number (TIN) and click *Access AuthAccel*. If you don't see your TIN in the menu, contact us.

NOTE: In order to access AuthAccel, you must enable browser pop-ups.

Requesting provider's TIN: 943281660

2. **Use online chat after log in to Provider Connection** – available from every page.

3. **By phone:**
   - Contact Blue Shield Promise Provider Customer Service at **(800) 468-9935** or Blue Shield Provider Customer Service at **(800) 541-6652**.

Options for submitting claims after login

1. By mail

- The Claims Routing Tool tells you where to submit paper claims. No log in is required.

2. Electronically via Office Ally or another clearing house

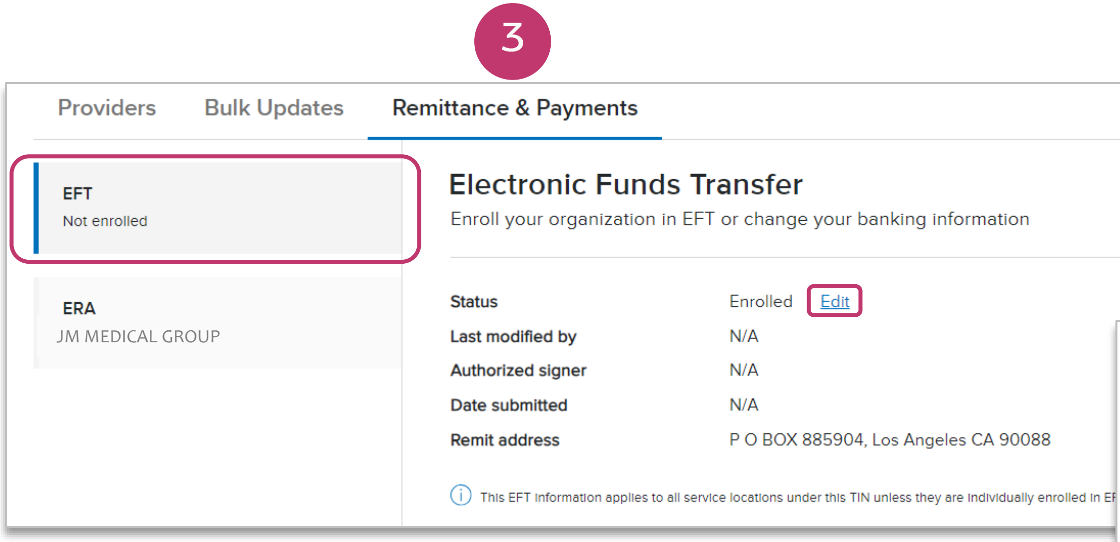
- Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer. See the EDI, ERA/EFT and Secondary 277CA FAQ .
  - After log in, Provider Connection Account Managers can determine if your organization is enrolled in ERA/EFT. If yes, you can edit your selections. If not, you can enroll right from this screen.
  - Go to *Account Management > Provider & Practioner Profiles > Remittance & Payments tab.*

3. On Provider Connection via SympliSend

- Submit digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims.
  - Go to *Claims* > *How to submit claims* > *Submitting claims > SympliSend*. See user guide for instructions.
    - Provider disputes CAN'T be submitted via SympliSend. Submit online in Provider Connection or by mail.

Enroll in ERA and EFT online instructions – Account Managers only

1. Click **Account Management** > **Provider & practitioner profiles**.
2. If you have more than one Tax ID (TIN), select the correct TIN from the drop-down menu and click **Search** to refresh the screen.
3. Click the **Remittance & Payments** tab. The screen will open on the EFT information for that TIN. Click **Edit** to enroll or to change your EFT enrollment information.
4. To view/edit ERA , click ERA in the left navigation. Use the drop-down menu to choose a vendor (i.e., clearinghouse or trading partner). The vendor you choose applies to all providers under the selected Tax ID. Changes take up to three (3) business days.

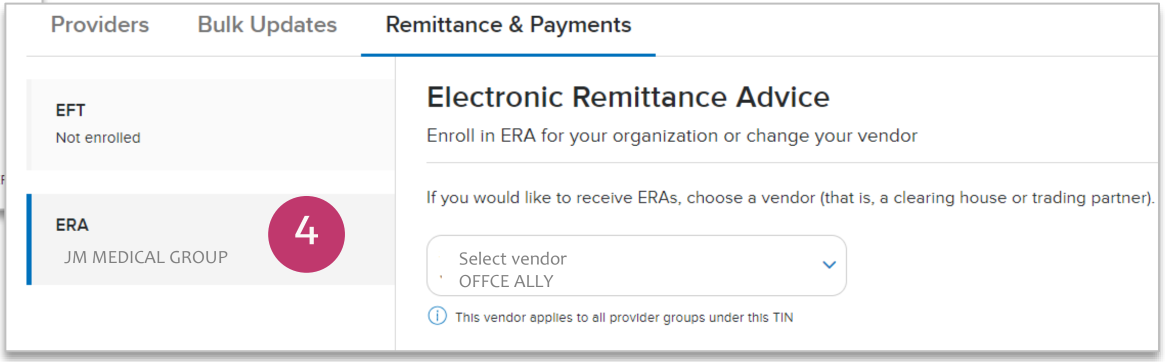


Electronic Funds Transfer

Enroll your organization in EFT or change your banking information

Status	Enrolled Edit
Last modified by	N/A
Authorized signer	N/A
Date submitted	N/A
Remit address	P O BOX 885904, Los Angeles CA 90088

ⓘ This EFT information applies to all service locations under this TIN unless they are individually enrolled in EF



Electronic Remittance Advice

Enroll in ERA for your organization or change your vendor

If you would like to receive ERAs, choose a vendor (that is, a clearing house or trading partner).

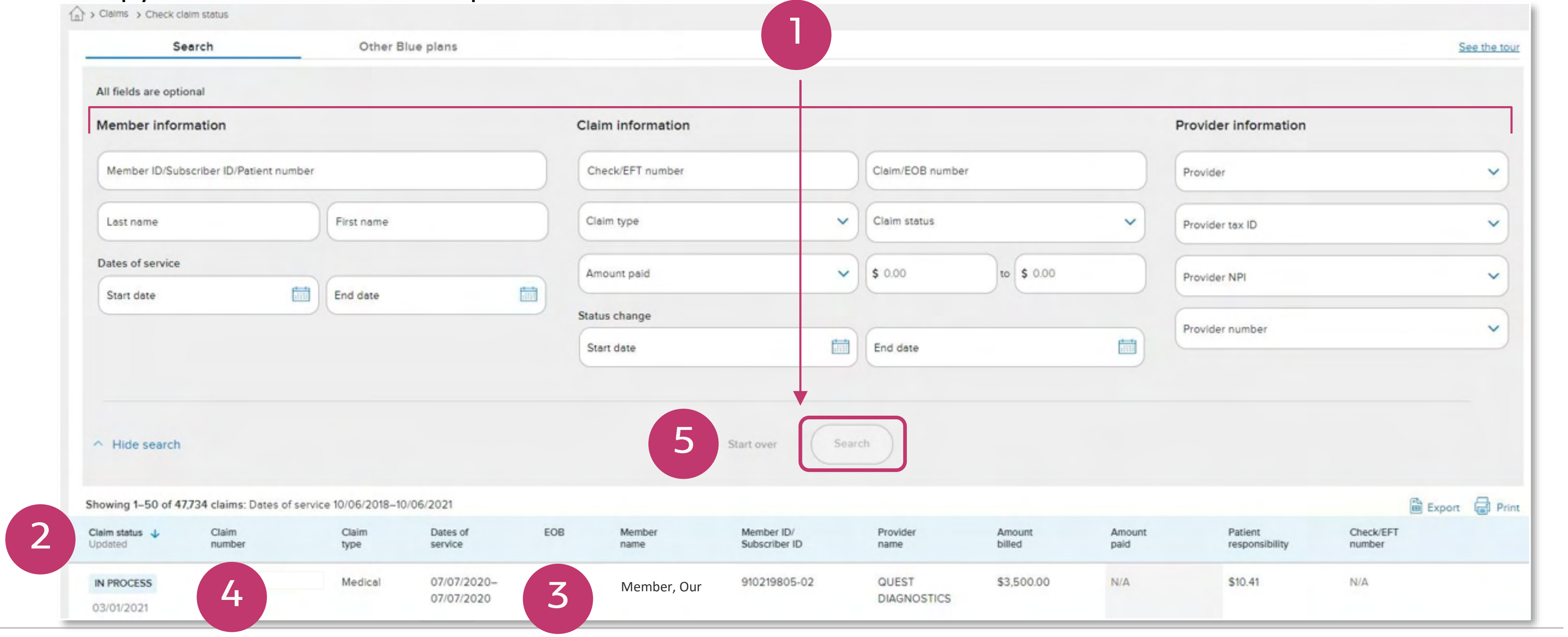
Select vendor: OFFCE ALLY

ⓘ This vendor applies to all provider groups under this TIN

Check claims status (log in required)

Check claims status is available from the home page and from the *Claims* section after log in. All claims connected to your username and login will display if you are the Account Manager or have been granted access by your Account Manager. Use to locate claims and related EOBs. It will display claims from the last three years with most recent at the top.

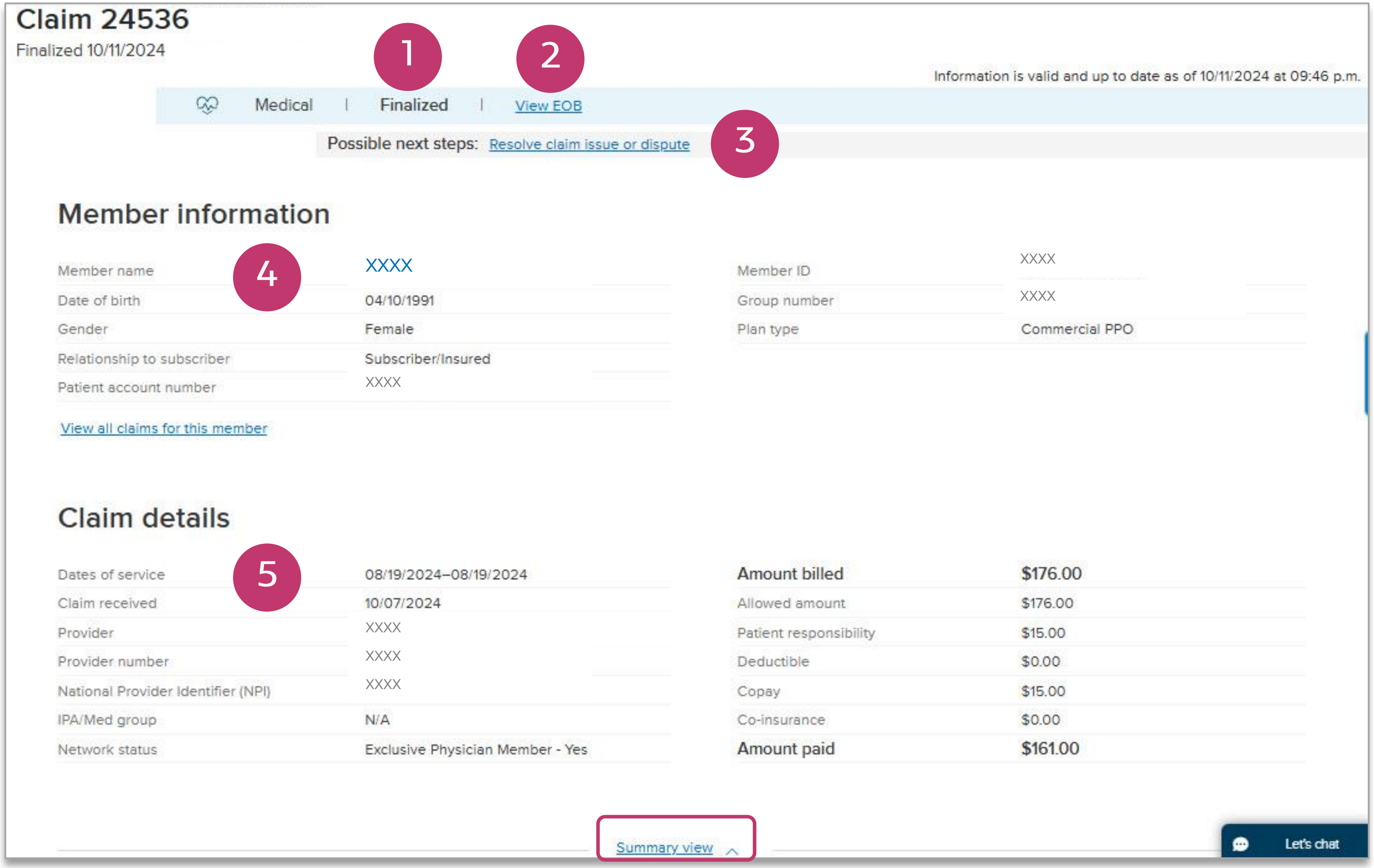
1. Enter data into one or more search fields: Member, Claim, and/or Provider Information. Click **Search**.
2. Results will display in the table below the blue header. To sort results in alphabetical or ascending/descending order by column, click the desired column header and the up/down arrow once it presents.
3. EOBs are downloadable once the claim is finalized.
4. Click the claim number to see more detailed information. **EOBs are also available from this link.**
5. To conduct a new search, click **Start over** to clear the search fields.



Showing 1–50 of 47,734 claims: Dates of service 10/06/2018–10/06/2021

Claim status ↓ Updated	Claim number	Claim type	Dates of service	EOB	Member name	Member ID/ Subscriber ID	Provider name	Amount billed	Amount paid	Patient responsibility	Check/EFT number
IN PROCESS 03/01/2021		Medical	07/07/2020– 07/07/2020		Member, Our	910219805-02	QUEST DIAGNOSTICS	$3,500.00	N/A	$10.41	N/A

Claim details screen: Clicking the claim number from the search results opens the *Claims detail screen* and provides access to the following information.



Claim 24536

Finalized 10/11/2024

Information is valid and up to date as of 10/11/2024 at 09:46 p.m.

Possible next steps: Resolve claim issue or dispute

Member information

Member name	XXXX	Member ID	XXXX
Date of birth	04/10/1991	Group number	XXXX
Gender	Female	Plan type	Commercial PPO
Relationship to subscriber	Subscriber/Insured		
Patient account number	XXXX		

Claim details

Dates of service	08/19/2024–08/19/2024	**Amount billed**	**$176.00**
Claim received	10/07/2024	Allowed amount	$176.00
Provider	XXXX	Patient responsibility	$15.00
Provider number	XXXX	Deductible	$0.00
National Provider Identifier (NPI)	XXXX	Copay	$15.00
IPA/Med group	N/A	Co-insurance	$0.00
Network status	Exclusive Physician Member - Yes	**Amount paid**	**$161.00**

Summary view

1. Claim status
2. EOB for finalized claim
3. Option to file a dispute
    - You will also see a link to add additional documentation to a finalized claim if Blue Shield has requested it.
4. Member information
    - Link to view all claims for the member
5. Claim details

Full view – contains all the above +

- Payment details
- Service & procedure details
- Claim message
- Claim notes

When to use attach supporting documents vs. file appeal

Claim 000343395800

Finalized 11/17/2021

Information is valid and up to date as of 11/17/2021 at 03:04 a.m.

Possible next steps: Attach supporting documents · Resolve claim issue or dispute

Click **Attach supporting documents** when:

- The claim has been denied or not paid in full, and Blue Shield **IS** requesting additional supporting documentation.
- See [Attach documentation to a finalized claim]() for step-by-step instructions.

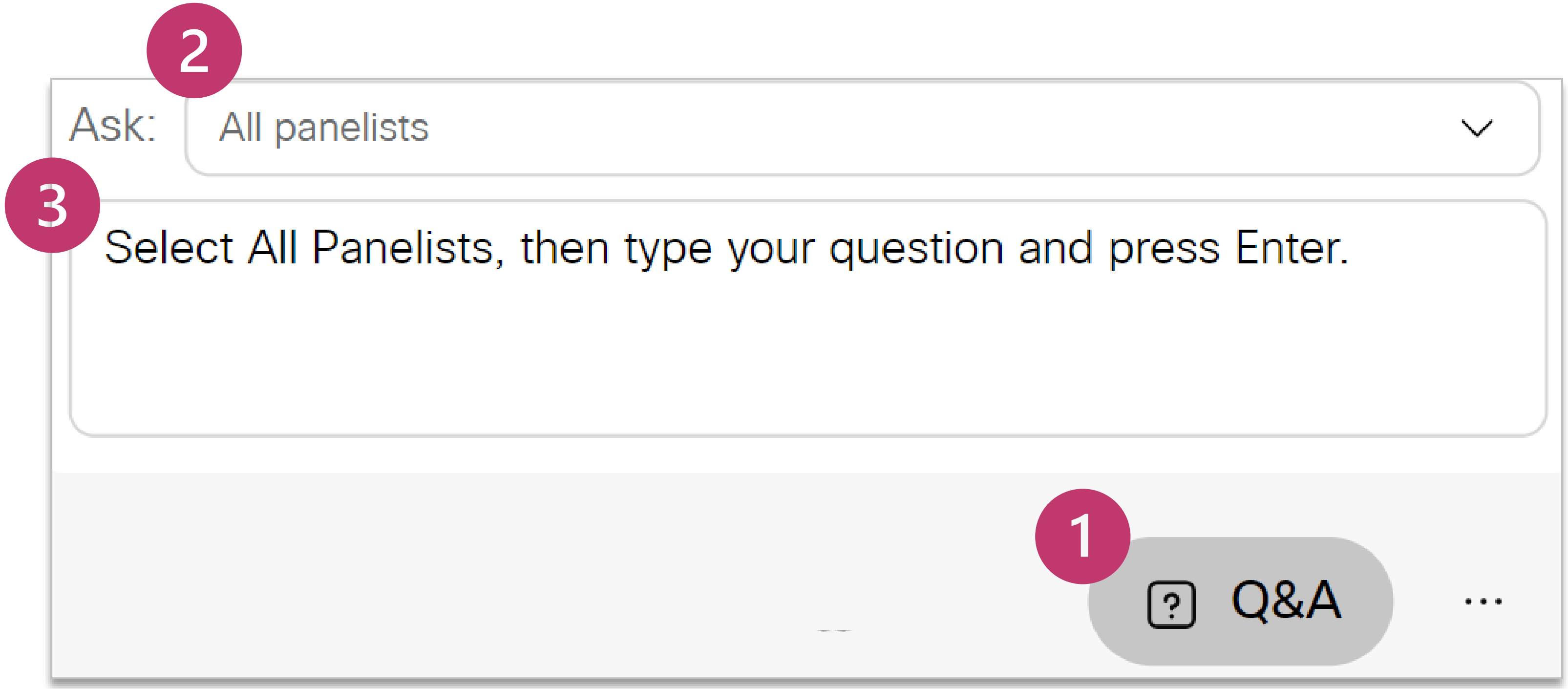
Click **Resolve claim issue or dispute** when

- The claim has been denied, adjusted, or contested AND Blue Shield **IS NOT** requesting additional supporting documentation.
- See [Submit claim disputes online and view status]() for step-by-step instructions.

* Do not use dispute functionality to attach documents to a finalized claim or vice versa. If you do so, Blue Shield must void your submission, and you will need to resubmit correctly.

Q&A

1. Click the **Q&A** button.
2. Select **All Panelists**.
3. Type your question.
4. Press **Enter** on your keyboard.



Select All Panelists, then type your question and press Enter.

Resources to support you

Action	Support
Provider Connection Support – no log in required	- Provider Connection Reference Guide - Provider Connection website registration instructions for Provider, MSO and Billing accounts and additional tutorials - Online text-based website help available from every page – no log in required.
Provider Data Management – no log in required	- How to attest & update provider demographic data
Blue Shield Provider Service at (800) 541-6652 Blue Shield Promise Provider Service at (800) 468-9935 Live chat from Provider Connection – log in required.	- General help with website if you can't find answers in the resources above. - Removal or disabling of an Account Manager for your organization. - Provider and Tax ID association for one of your claims.
Provider network inquiries and applications	- Provider Information & Enrollment at **(800) 258-3091** or bscproviderinfo@blueshieldca.com
Credentialing	- Credentialing status update or provider inquiries: BSCCredentialingInquiry@blueshieldca.com - Provider credentialing application or CAQH request form: BSCInitialApp@blueshieldca.com - Facility HDO (Ancillary) credentialing application: BSC_FacCred@blueshieldca.com
Prior auth lists and forms – no log in required	- Blue Shield and Blue Shield Promise prior authorization forms and lists
AuthAccel Online Authorization System training – no log in required	- Instructions are also linked to each AuthAccel launch page (login required)
Claim issues & disputes – no log in required	- Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.
Provider Connection News & Education section – no log in required	- View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.

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Promise Health Plan