



**Trio HMO Networks:
Providing In-Person
Care for Members
Assigned to Virtual
PCPs**

January 2025



Your Blue Shield presenters



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Introduction

- On 1/1/2025 Blue Shield added a virtual primary and specialist care option to our Trio HMO networks for members 18 + years of age across all lines of business and all regions where Trio HMO is offered. *
- In addition to the existing Trio HMO in-person networks, Blue Shield provides these members with the option to chose a virtual PCP (**Accolade Care**, the DBA for PlushCare of California P.C.). Some behavioral health and specialist services are also included, provided by **TeleMed2U** (the DBA for Telemedicine Group P.C.).
- A member who selects or is assigned to Accolade Care receives primary, behavioral, and specialist care through virtual visits (telehealth video or phone calls).
- When in-person care is required for primary or specialist care, Accolade Care will refer to an in-person Trio HMO Network provider.

* Excludes CalPERS members.





Purpose of this webinar...

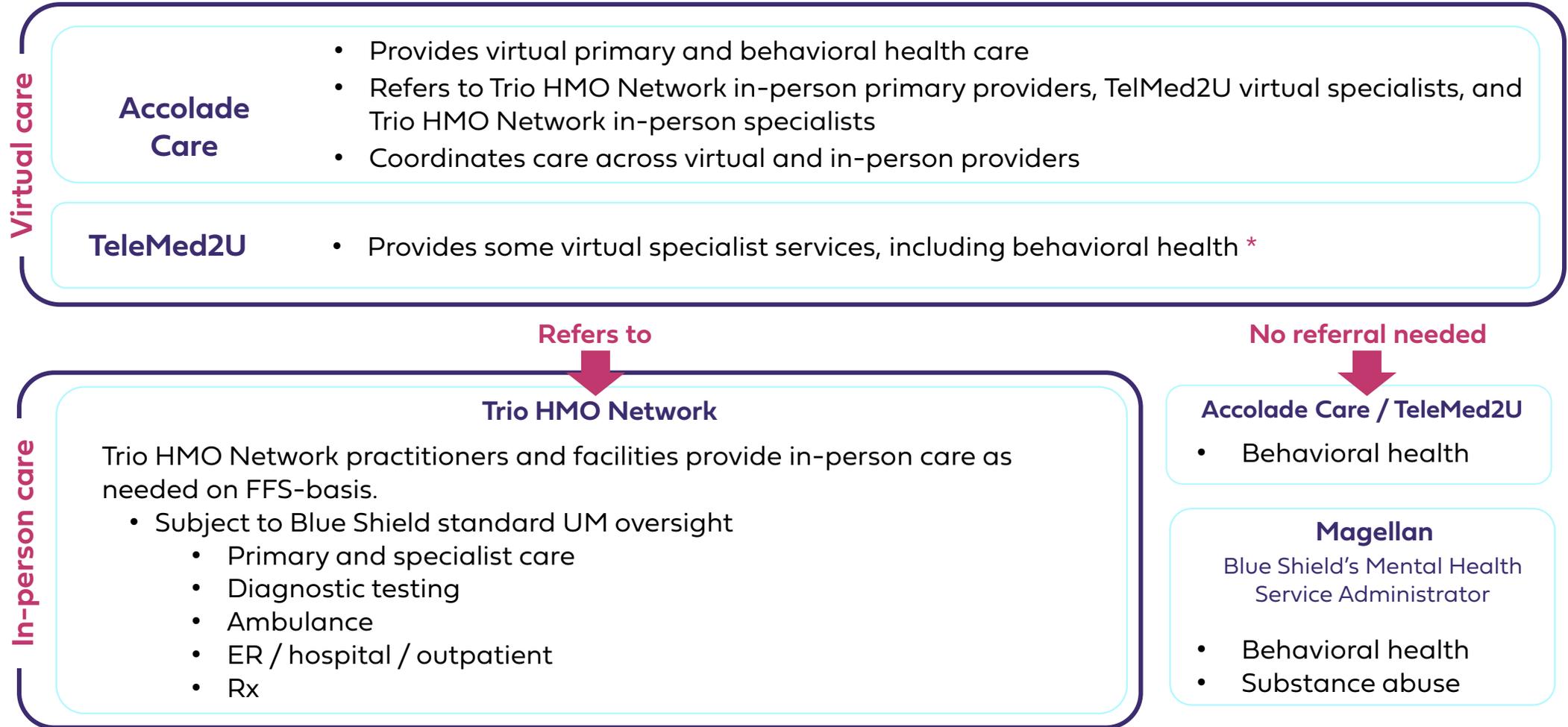
- Inform in-person Trio HMO Network providers about the virtual Accolade Care option.
- Explain process for providing in-person care for Accolade Care members, including how you will:
 - Receive referrals
 - Request authorization and check status
 - Get reimbursed for care you provide
 - Submit claims, check status, and find EOBs
- Provide resources to support you



Why a virtual care option for Trio HMO Network members?

- 1 In-person and virtual care serve as valuable complements to each other by expanding the reach and efficiency of healthcare systems.
- 2 A virtual option is helpful to members whose work and/or family situation makes it challenging to book convenient times for in-person routine or ad-hoc appointments.
- 3 Research shows that patients want more flexibility in their health care options.

The Accolade Care virtual PCP provides the first line of patient care, and Accolade Care coordinates referrals and care provided by Trio HMO Network virtual and in-person practitioners.



When Accolade Care determines that it is medically necessary for an assigned member to have in-person care ...

- The Accolade Care care team assists the member in identifying a Trio HMO Network in-person primary or specialist provider within the full Trio HMO Network corresponding to the patient's benefit plan.
- There is no additional cost for members to select Accolade Care as their virtual assigned medical group.
- Trio HMO Network plan benefits, including copays and deductibles, apply to virtual care services the same as they do for in-person services.
- Blue Shield pays the in-person Trio HMO Network provider fee-for-service (FFS) at their Direct Contract HMO (DCHMO) or PPO* contracted rate for in-person care.

* Blue Shield contracted PPO providers who have not opted out of accepting HMO members.



Referrals, authorizations & claims

Working with Blue Shield

- [Provider Connection website](#)
 - Authenticated tools can be accessed after login, including live online chat with Blue Shield Provider Customer Service.
 - Non-authenticated information such as authorization lists and forms, are available without logging in.
 - See the [Provider Connection Training](#) page for detailed information about how to register, navigate, and use tools on the website.
- [Blue Shield Provider Customer Service](#)
 - Available 6 a.m. to 6:30 p.m. Monday through Friday.
 - IVR system available 24/7.
 - Call **(800) 541-6652**.

The screenshot shows the Blue Shield Provider Connection website. At the top, there is a navigation bar with the Blue Shield California logo, 'provider connection', and menu items: 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. A search bar and a 'Log in / Register' button are also present. The main content area features a large heading: 'THE PROVIDER TOOLS AND RESOURCES YOU NEED'. Below this, a sub-heading reads: 'A new look for Provider Connection'. The text states: 'Provider Connection has a new look and updated navigation designed to improve your experience. The navigation bar is the best place to start.' To the right of the text is a photograph of a smiling woman. Below the main heading, there is a link: 'Register now to get started >'. At the bottom of the page, there are three columns of service links, each with an icon and a description:

- Eligibility and benefits** (Heart icon with a plus sign): Verify eligibility and review member benefits. Link: [Verify eligibility >](#)
- Authorizations** (Heart icon): Submit and confirm prior authorization for medical and pharmacy services. Links: [Request prior authorization >](#) and [Authorization log upload >](#)
- Claims** (Document icon with a plus sign): Check status of submitted claims, find EFT transactions and download EOBs. Link: [Check claim status >](#)

Overview: Providing in-person care to a Trio HMO Network member assigned to Accolade Care

- When an Accolade Care or TeleMed2U virtual provider determines that in-person care is appropriate, a member of the Accolade Care team assists the member by identifying a Trio HMO Network in-person provider.



Referrals

- Accolade Care sends a referral form and health records to the in-person provider.
- Member eligibility and all other relevant information are documented in the referral.
- Member eligibility can be confirmed on Provider Connection after log in or by contacting Blue Shield Provider Customer Service: **(800) 541-6652**.



Authorizations

- Authorization is not required for office visits. If a request is required for a service and is not provided, the in-person provider submits to Blue Shield directly for approval.
- Authorization requests can be submitted online at Provider Connection or by FAX.
- Authorization status can be viewed online or by contacting Blue Shield Provider Customer Service: **(800) 541-6652**.



Claims

- The in-person provider submits claims to Blue Shield by mail, electronically, or the SympliSend digital paper submission portal.
- Blue Shield pays FFS for referred services to in-person Trio HMO providers and facilities via the standard claims process.
- Claim status can be viewed online or by contacting Blue Shield Provider Customer Service: **(800) 541-6652**.

Referral process: Accolade Care patient referral to in-person care



Patient referrals will be sent to the in-person provider's practice by the Accolade Care team, and members of this team will drive both outreach and follow-up related to the referral and associated care.

The referral form* includes:

- Patient information and eligibility
- Referring provider with contact information
- Servicing provider/facility
- Referral information
 - Reason for referral and diagnosis code(s)
 - Authorization #: If Accolade Care secures authorization for a service or specialist consult, the authorization number will be included on the referral.
 - Note: Authorization is not required for office visits.
 - Desired services
 - Referral valid thru date
 - Referring physician signature

* See [Appendix](#) for copy of referral form.

Checking member eligibility

The *Verify eligibility* tool is available from the home page and from the *Eligibility & benefits* section, after log in.

1. Select the member search type: *SEARCH SINGLE MEMBER* is the default.
2. Select the *Member coverage/card type*. Blue Shield is the default.
3. Search for the member by entering either the:
 - **Member ID**
 - **Member Last/First and DOB**
4. Click Search.

The screenshot shows the 'Verify eligibility' tool interface. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted with a red circle 1) and 'SEARCH MULTIPLE MEMBERS'. Below the tabs, there is a heading 'Verify eligibility of a single member. All fields are required unless noted otherwise.' and a 'Help' icon. The main section is titled 'Member coverage / card type' and has three radio button options: 'Blue Shield of California / Promise Health Plan' (selected, with a red circle 2), 'Other Blue Plan', and 'Federal Employee Program'. Below this, there are three search panels. The first panel, 'SEARCH BY SUBSCRIBER ID', has a text input for 'Subscriber ID' (placeholder: '9-16 characters') and a 'Search' button. The second panel, 'SEARCH BY MEMBER NAME', has inputs for 'Last name' (placeholder: 'Doe'), 'First name' (placeholder: 'John'), and 'Date of birth' (placeholder: 'MM/DD/YYYY' with a calendar icon), and a 'Search' button. The third panel, 'SEARCH BY MEMBER SSN, MBI, OR CIN', has radio buttons for 'Social security number (SSN)' (selected), 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)'. It also has a 'Social security number (last 4)' input (placeholder: 'Last 4 digits') and a 'Date of birth' input (placeholder: 'MM/DD/YYYY' with a calendar icon), and a 'Search' button. Red callouts 1, 2, 3, and 4 point to the 'SEARCH SINGLE MEMBER' tab, the 'Blue Shield of California / Promise Health Plan' radio button, the search panels, and the 'Search' button in the 'SEARCH BY MEMBER NAME' panel, respectively.

Eligibility information continued

5. Member eligibility results display. Eligibility displays in **green** when the member is active. For additional information, click:
 - a. **Details:** Comprehensive member information including eligibility, coverage, etc.
 - b. **ID Card:** Electronic copy for viewing, printing, or download.
 - c. **Benefits:** Trio HMO plan benefit information.
 - d. **Claims:** *Check claims status* tool.

The screenshot shows a member eligibility page. A red circle with the number '5' is positioned at the top left. A green vertical line runs down the left side of the page. At the top right, four blue circles labeled 'a', 'b', 'c', and 'd' are positioned above their respective navigation links: 'Details', 'ID Card', 'Benefits', and 'Claims'. The 'Status' field is highlighted with a red box and contains a green checkmark and the word 'Eligible'. The page displays member information in a table format.

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

Blue Shield ID card for an Accolade Care member

blue california  **trio** HMO

Subscriber ID# **XEO123456789** ACCOLADE CARE
 MEMBER, JW JONES, TOM
 (888) 222-2222 09/07/2024

Network Name **Trio ACO HMO** Plan Type **HMO**
 Group # **X0001000** RX **YES**
 Effective **01/01/2024** RxBIN **004336**
 Copays RxPCN **77993333**

Primary Care \$15 Specialist \$30
 Urgent Care Center \$15 Teladoc \$5
 Emergency Room \$150

Platinum 90 Trio HMO

Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. This member has limited benefits outside of California. For more information visit: blueshieldca.com/provider

We are here to help:
blueshieldca.com/go

	Deductible	Out-of-pocket maximum
Individual HMO medical	\$0	\$3,350

(844) 250-2873 Shield Concierge
 711 TTY
 (877) 263-9952 Mental Health Customer Svc.
 (877) 304-0504 NurseHelp 24/7
 (800) 810-2583 To locate providers outside of CA
 (800) 541-6652 CA Provider Customer Service
 (includes hospitals for pre-auth)
 (888) 970-0932 Pharmacists Only
 (877) 601-9083 Vision Benefits and Claims Inquiries
 (888) 702-4171 Pediatric Dental Benefits and Claims
 Inquiries
 (800) 835-2362 Teladoc

CA Medical claims to: Blue Shield of California, P.O. Box 272540, Chico, CA 95927-2540
Pediatric Dental Claims to: Claims Processing, P.O. Box 30567, Salt Lake City, UT 84130-0567

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1. All Trio HMO Network member IDs begin with "XEO."
2. The member's network name always appears here: Trio ACO HMO.
3. Accolade Care and the virtual PCP's name is listed on the card.

Authorization process for providing in-person care to an Accolade Care assigned member

Determine if auth is required

- Authorization is not required for office visits.
- See the [prior authorization list](#). (No log in required.) Launch and click control + F . Enter procedure code in the search field. If it presents, auth is required.

Submit auth

- Via the Blue Shield's AuthAccel online authorization system: *Provider Connection > Authorizations > Medical Authorization*. (Log in required.)
- By FAX, using the appropriate Blue Shield [authorization form](#) available from Provider Connection. (No log in required.)
 - Scroll to the *Procedure authorization request forms* search tool.

View auth status

- Via Blue Shield's AuthAccel online authorization system: *Provider Connection > Authorizations > Medical Authorization Status*. (Log in required.)

For all steps above, you can also use online chat after log in to Provider Connection (6 a.m. - 6:30 p.m. Mon – Fri) or call Blue Shield Provider Customer Service 24/7 at **(800) 541-6652**.

Billing

For members assigned to Accolade Care, Blue Shield pays for referred services to in-person Trio HMO Network providers and facilities on a fee-for-service basis via the standard claims process. *

You as the in-person provider can bill Blue Shield:

Option 1:

Under your affiliated IPA/medical group contract, using the Tax ID of the IPA/medical group ...

- Blue Shield reimburses FFS in accordance with the terms of the in-person IPA/MG agreement that ensures and allows for treatment of members not assigned to that IPA/MG.

Option 2:

Under your individual provider DCHMO or PPO[†] Blue Shield agreement and Tax ID ...

- Blue Shield reimburses FFS for services at the provider's contracted rate.

* Members pay the same share of the cost (e.g., copayment, coinsurance) that they would pay when provider is in-network.

† Blue Shield contracted PPO providers who have not opted out of accepting HMO members.

Claims submission process: Three ways to submit claims

1. By mail

- The [Claims Routing Tool](#) provides the address where to submit paper claims. (No log in required.)
 - This information is also located on the back of the member's ID card.

2. Electronically

- Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer. (Log in required.) See [EDI, ERA/EFT and Secondary 277CA FAQ](#) for details.
 - 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 & Practitioner Profiles > Remittance & Payments tab.*

3. SympliSend

- Digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims can be submitted online in SympliSend after logging in to Provider Connection. (Log in required)
- Go to *Claims > Claim Tools > Submit Via SympliSend*. See [user guide](#) for instructions.

* See [Appendix](#) ERA/EFT enrollment and/or edit instructions.

Check claims status

Claim status can be checked on Provider Connection (after log in) by using the Check Claims Status tool or via online chat. Status can also be checked by contacting Provider Customer Service 24/7: (800) 541-6652.

Check claims status is available from the home page and from the *Claims* section. 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.

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, starting with claims status.
3. EOBs are downloadable once the claim is finalized.
4. Click the claim number to see more detailed information.
5. To conduct a new search, click Start over to clear the search fields.

Showing 1–50 of 47734 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.

Medical | Finalized | [View EOB](#)

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		

[View all claims for this member](#)

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](#)

Let's chat

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

If an Accolade Care-
assigned member
switches their assignment
to an in-person PCP ...



- **By calling** Blue Shield Member Services, the switch is immediate and capitation for the member is effective retroactive to the first of the month during which the switch is made.
- **Online at** blueshieldca.com, the switch takes place on the first of the following month per usual business timeline for switching to a different medical group under an HMO plan. Capitation begins at that time.
- **Note:** If a member switches to Accolade Care from an in-person provider, the switch takes effect the first of the following month, per the usual business timeline.

Resources to support you

<p>Contact Accolade Care at 888-305-9433</p>	<ul style="list-style-type: none"> • Questions about care coordination, referrals, referral denials for Accolade Care and TelMed2U patients.
<p>General information about Trio HMO</p>	<ul style="list-style-type: none"> • Contact your provider relations representative or call Blue Shield Provider Customer Service, 6 a.m. to 6:30 p.m. Monday through Friday at (800) 541-6652 . IVR available 24/7. • Live chat with customer service from Provider Connection – log in required.
<p>Blue Shield-related questions</p>	<ul style="list-style-type: none"> • Blue Shield Provider Customer Service, 6 a.m. to 6:30 p.m. Monday through Friday at (800) 541-6652. IVR available 24/7. Live chat from Provider Connection – log in required
<p>Provider Connection Support – no log in required</p>	<ul style="list-style-type: none"> • Provider Connection Reference Guide – detailed information about how to use tools on the website • Provider Connection registration instructions for Provider, MSO and Billing accounts plus additional tutorials. • Online text-based website help available from every page.
<p>Authorization resources</p>	<ul style="list-style-type: none"> • Instructions linked to each AuthAccel launch page (login required) and on the AuthAccel Online AuthAccel System training – no login required. • Blue Shield prior authorization list – no login required. • Blue Shield prior authorization forms – no login required.
<p>Claims resources</p>	<ul style="list-style-type: none"> • How to submit claims – no login required. • Claims Routing Tool – no login required (where to send paper claims). • <i>SympliSend</i> user guide – no login required for user guide but log in required to access the tool. • Claim issues & disputes – no login required. <ul style="list-style-type: none"> • Log in not required for Information about how to submit claims and disputes. Log in required for submission and tracking of claims and disputes. • Step-by-step instructions: add documentation to a finalized claim and submit claim disputes/view status.

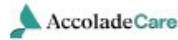


Thank you



Appendix

Accolade Care patient referral form



Please forward a copy of your report and recommendations with this referral as a cover sheet via secure email or fax:

Accolade Care
 101 Mission St, Suite 800
 San Francisco, CA 94105
 P- 866-518-1747, F-415-231-5332
 Secure Email - support@accoladecare.zendesk.com

Accolade Care Diagnostic / Referral Form

Date of Referral: 10/15/2024

The patient for this referral is a Blue Shield of California (Blue Shield) Trio HMO plan member assigned to a virtual primary care provider (PCP) of Accolade Care, the dba of PlushCare of California. The patient is being referred to you for in-person care. **If you have questions about this referral, please contact Accolade Care Support at (866) 518-1747.**

Blue Shield eligibility/benefits: Verify this patient's eligibility and benefits on Blue Shield's Provider Connection website (blueshieldca.com/provider) after logging in **or** contact Blue Shield Provider Customer Service at **(800) 541-6652**.

Authorizations: If an authorization is not included in this referral, visit the *Authorizations* section at blueshieldca.com/provider and complete the following steps, as applicable:

- 1) Link to Blue Shield's *Authorization forms & list* and review the list to determine if an authorization request is necessary for the services you will provide.
- 2) If authorization is required, submit the request directly to Blue Shield using one of two options:
 - Click the *Medical authorization* link after logging in, then complete and submit the request online, **or**
 - Submit the request via FAX. Click *Authorization forms & list* to find the form. Logging in is not required to access a form.

Questions about authorizations? Contact Blue Shield Provider Customer Service at **(800) 541-6652**.

Claims: Submit claims with appropriate documentation to Blue Shield either 1) electronically [Payer ID BSC001]; or 2) via the SympliSend digital paper submission portal in the *Claims* section on Provider Connection after logging in (blueshieldca.com/provider); **or** 3) by mail: P.O. Box 272540, Chino, CA 95927-2440. Claim status can be checked via the *Claims* section at blueshieldca.com/provider after logging in **or** by contacting Blue Shield Provider Customer Service at **(800) 541-6652**.

Ongoing care: Should this patient require multiple follow-up visits as part of their care plan, please document frequency and duration in their medical record for Accolade Care PCP review.

Patient Information

Name (Last, First):
Date of Birth (M/D/Y)
Phone #:
Email:
Address: None
Blue Shield member ID#:

Payer Information

Name:
Member #

Referring/Ordering Provider:

Name (Last, First):	Specialty:
Institution/Group Name: Accolade Care	NPI:
Address: 101 Mission St, Suite 800 San Francisco, CA 94105	
Phone #: 866-518-1747	Fax #: 14152315332

Servicing/Consulting Provider or Facility:

Name (Last, First):	Specialty:
Institution/Group Name:	NPI:
Address:	
Phone #:	Fax #:

Referral Information:

Reason for Referral:	Diagnosis
Services Desired:	
Authorization #:	Referral is Valid Until
	Physician Signature:

We provide Virtual Primary Care in all 50 states 24/7/365.
 Thank You for seeing our patient.

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.

The image displays two screenshots of the Blue Shield of California provider portal interface, illustrating the steps for enrolling in ERA and EFT.

Screenshot 1 (Step 3): Shows the "Remittance & Payments" tab selected. The left sidebar has "EFT" (Not enrolled) highlighted with a red box and a red circle "3". The main content area is titled "Electronic Funds Transfer" and includes an "Edit" button. The status is "Enrolled".

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 EFT.

Screenshot 2 (Step 4): Shows the "Electronic Remittance Advice" page. The left sidebar has "ERA" (JM MEDICAL GROUP) highlighted with a red box and a red circle "4". The main content area is titled "Electronic Remittance Advice" and includes a "Select vendor" dropdown menu with "OFFCE ALLY" selected.

ⓘ This vendor applies to all provider groups under this TIN.



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