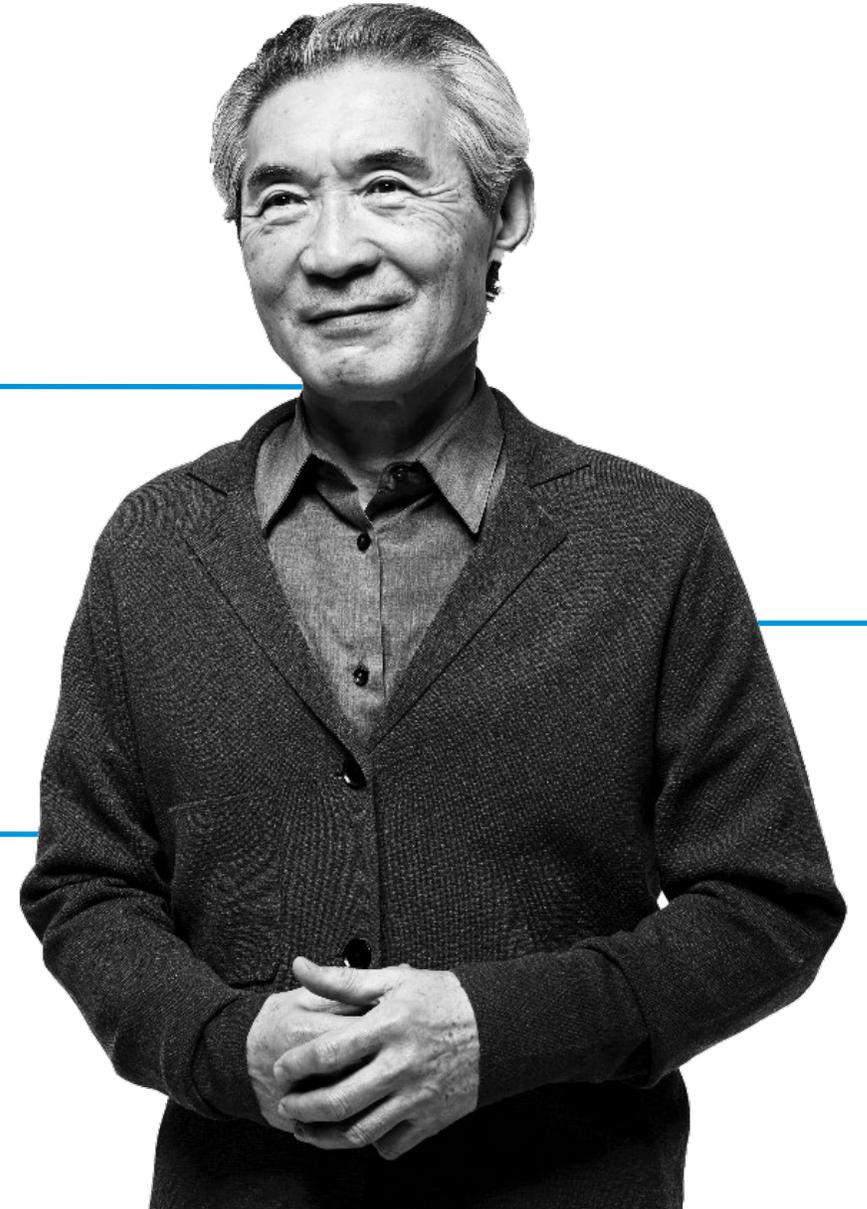


# BLUE SHIELD OF CALIFORNIA MEDICARE (PPO)

A Medicare Advantage Prescription  
Drug (GMAPD) Plan

## **TOOLS & TIPS**



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If you are a participating in Blue Shield's Medicare Advantage PPO provider network, this tool kit is designed to help you when you are providing services for our Medicare Advantage PPO plan members.

You can review this document in its entirety or click the links in the Table of Contents to go directly to the information you need.

Note: Blue Shield Medicare Advantage PPO is a nationwide plan. Blue Shield Select PPO is an individual plan for Alameda, Orange, and San Diego Counties only.

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# Difference between Blue Shield's Medicare Advantage PPO and HMO plans



## PPO

- Members can receive covered services from contracted providers or from non-contracted providers who are eligible to receive payment from Medicare and willing to accept the plan. The member cost share is the same.
- Members can select a "Physician of Choice" (POC), but they are not required to do so.
- Blue Shield pays Medicare-allowable rates for claims for covered services, less member co-payment, co-insurance and/or deductible.
- Health care providers submit claims to Blue Shield and we provide reimbursement.



## HMO

- Members' care and services are managed by a delegated HMO IPA/medical group.
- Members must select a PCP from those contracted with the Medicare HMO IPA/medical group, and many of the specialists they may need to see are also contracted with the IPA.
- Provider claims, reimbursement and other services associated with care are managed by the member's HMO IPA/medical group, and the group holds the provider agreement with Blue Shield.

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# Blue Shield Medicare Advantage PPO member ID card example

**blue**   
california

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**Member:**  
John Doe

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**ID#:** XRT900000015

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**Copayments**

<b>Primary Care:</b>	<\$0>
<b>Specialist:</b>	<\$0>
<b>Urgent Care:</b>	<\$0>
<b>Emergency Room:</b>	<\$0>

---

**MedicareRx**  
Prescription Drug Coverage 

---

**Blue Shield Medicare (PPO)**

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<b>Group #:</b>	<1234567>
<b>Card Issued:</b>	<01/01/2024>
<b>Plan code:</b>	801
<b>RxBin:</b>	<004336>
<b>RxPCN:</b>	<77993322>
<b>Issuer:</b>	<80840>
	CMS <H4937-801>

Medicare limiting charges apply. 

**blue**   
california

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**Members:**  
In an emergency, call 911 or go to the nearest ER.

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**Submit Medical claims to:**  
Blue Shield of California  
P.O. Box 272640  
Chico, CA 95927-2640

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**Submit Rx claims to:**  
Claims Processing  
P.O. Box 52066  
Phoenix, AZ 85072-2066

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**blueshieldca.com/medicare**

**Customer Service:**  
**(800) 776-4466**

**NurseHelp 24/7:**  
**(877) 304-0504**

**TTY: 711**

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**Physicians/Providers:**  
eligibility verification  
**(800) 541-6652**

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Providers: Please file all claims with your local BCBS licensee in whose service area the member received services.

## Member ID card

All member ID cards are viewable online from the *Verify eligibility* results page. If members have questions about their benefits, claims, or referrals, refer them to the Customer Service phone number on the back of their member ID cards.

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# Register for a Provider Connection account

If your organization is new to Provider Connection, you must establish an account.

**Establishing an account:** The person executing the initial Provider Connection registration is considered an Account Manager. When the maximum allowed number of Account Managers register, Provider Connection will display a message. Most organizations can have at least two. There are three types of provider accounts. **See the links below for step-by-step instructions with screenshots for how to register for the account type most appropriate to your business.**

1. <a href="#">Provider</a>	2. <a href="#">MSO</a>	3. <a href="#">Billing Service</a>
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**Account Managers:** Once registered, the Account Manager(s) will see an *Account management* link in their 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. Blue Shield will email each user a temporary password. Users have 30 days to visit the site and change their password or the account will be deleted.

**Users:** All users, including Account Managers, have a *Manage my profile* page. After log in, a “badge” with the user’s initials appears in the white menu bar. Click for access to this page.

## Additional support:

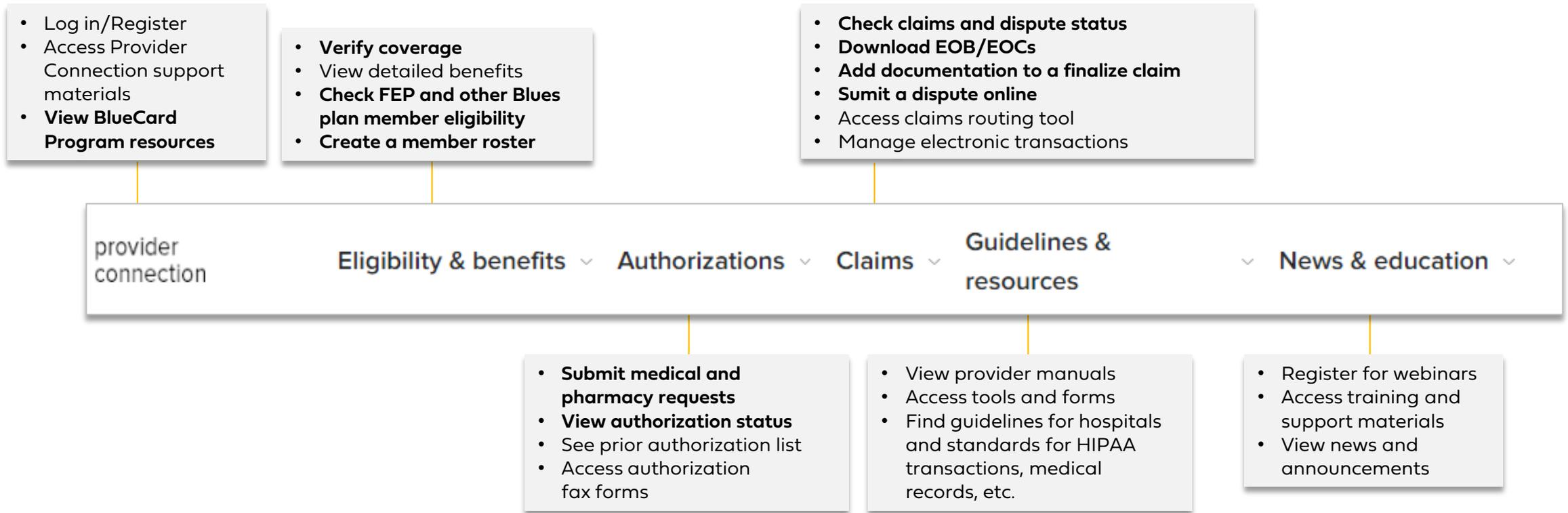
- The [Provider Connection Account FAQ](#) provides addresses establishing and maintaining a website account.
- See [Update your Provider Connection password](#) if you need help changing your password or if your account is locked or disabled.
- The [Provider Connection training page](#) includes links to the above resources and more. No log in is required.

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# Provider Connection website overview

Below is a snapshot of key actions you can take from the website vs. calling Blue Shield. [See the Blue Shield Provider Connection Reference Guide](#) for additional information and support.

**Bolded activities require log in to the website.** Blue Shield uses two-step authentication. After entering the username/ password, a code is sent to the user's email. This code must be entered to access the website.

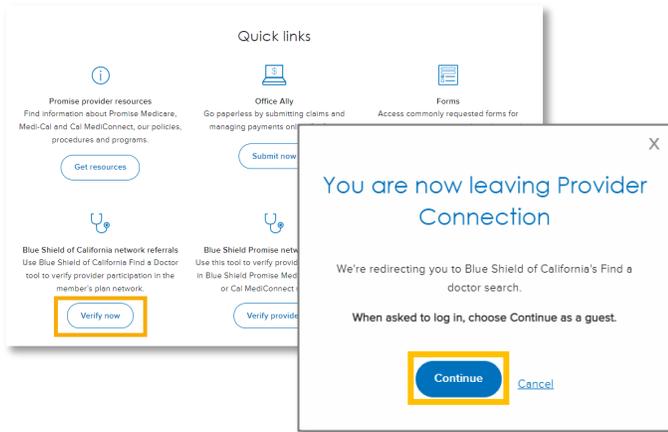


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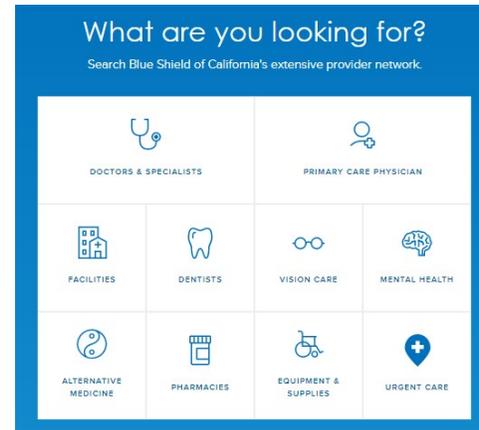
# Use Find a Doctor to check participation in Blue Shield's Medicare Advantage PPO network

[Find a Doctor](#) lets you verify your participation in a member's plan network as well as verify participation of other providers/facilities to help you make network referrals.

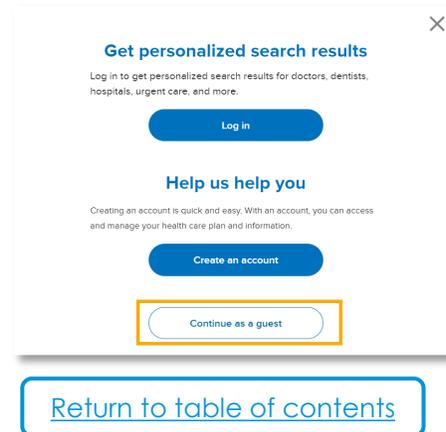
1. *Find a Doctor* can be accessed from Provider Connection. Scroll to the *Quick Links* section. Click **Verify now** under *Blue Shield/Blue Shield Promise network referrals*. You will be redirected to *Find a Doctor* where you can initiate a search as a guest. Click **Continue**.



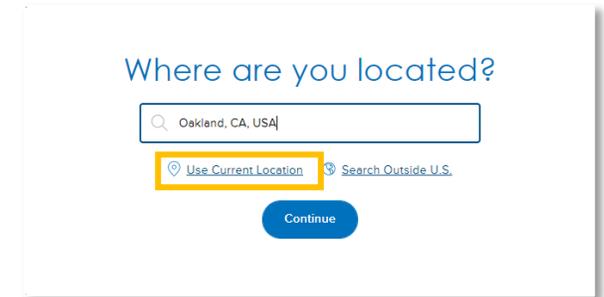
2. Click the appropriate button. (e.g., DOCTORS & SPECIALISTS, PRIMARY CARE PHYSICIANS)



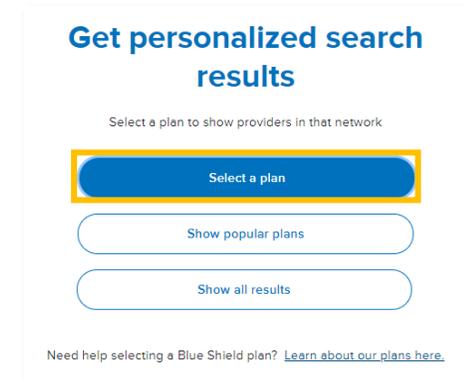
3. Click **Continue as a guest**.



4. Enter member's location information or click **Use Current Location**. Click **Continue**.



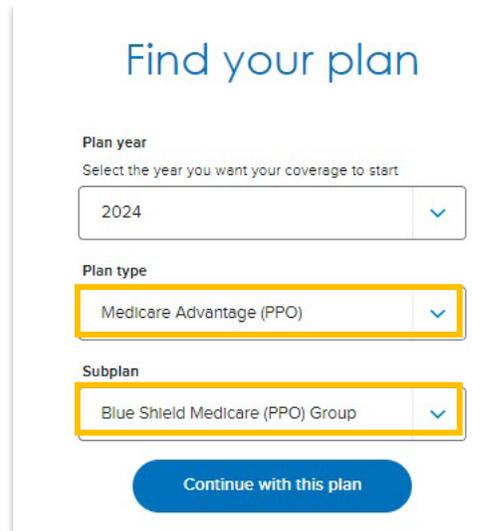
5. The *Get personalized search results* page appears. Click **Select a plan**.



You can also access *Find a Doctor* from the [Blue Shield of California website](#).

## Use Find a Doctor (continued)

6. To set the member's plan information, use the drop-down arrows to select plan type [Medicare Advantage (PPO)] and subplan [Blue Shield Medicare (PPO) Group]. Click **Continue with this plan**.



The screenshot shows a form titled "Find your plan". It includes a "Plan year" dropdown set to "2024". Below it are two dropdown menus for "Plan type" and "Subplan", both highlighted with yellow boxes. The "Plan type" dropdown is set to "Medicare Advantage (PPO)" and the "Subplan" dropdown is set to "Blue Shield Medicare (PPO) Group". A blue button labeled "Continue with this plan" is at the bottom.

7. Now only doctors and specialists in the member's network will appear when you conduct a search. Click **Doctor Name** and enter your last name in the search field. Click **search**. If your name is listed in the search results, you are in the member's plan network.



The screenshot shows a "Search Doctors" form for "Blue Shield Medicare (PPO) Group". It has three radio buttons: "Doctor Type" (selected and highlighted with a yellow box), "Doctor Name", and "Medical Group". Below is a "List of specialties" dropdown menu with "Select specialty" and a "search" button (highlighted with a yellow box).

- You can refer a Medicare Advantage PPO member to any provider eligible to receive payment from Medicare. However, it may be most expedient to refer to a provider within the Medicare Advantage PPO network. Use the previous steps to determine if a physician is in the member's plan network. You can search by *Doctor Type* or *Doctor Name*.
- To determine if a provider outside of the Medicare Advantage PPO network is Medicare eligible, access the [Medicare.gov provider search tool](#).

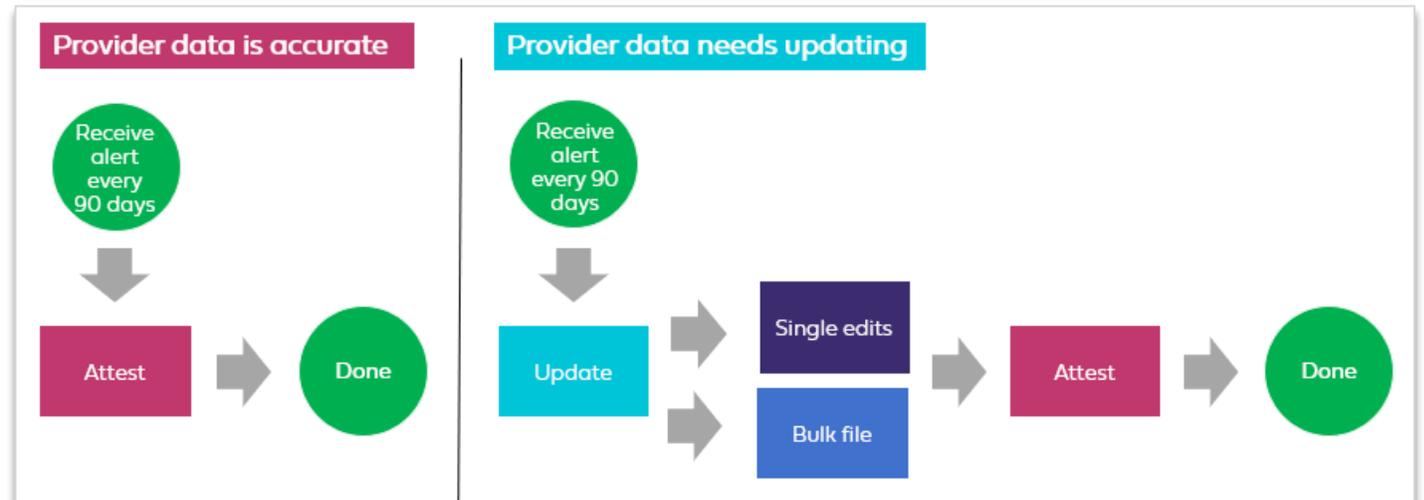
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# Attest to/update your provider demographic information

Blue Shield's provider directory accuracy processes is compliant with both the 2021 Consolidated Appropriations Act (CAA) and California Senate Bill (SB) 137 requirements.

## Process:

- Provider Connection *Provider* and *MSO Account Managers* and users to which they give access must:
  - Attest online to data accuracy every 90 days. Blue Shield will alert you when it is time to attest.
  - Make directory updates at any time either by:
    - Single edits on Provider Connection's *Provider & Practitioner Profiles* page.
    - Blue Shield's bulk data file – the *Provider Data Validation Spreadsheet* – downloaded from the *Provider & Practitioner Profiles*, then uploaded back to the page.



Visit [Provider data management](#) for step-by-step instructions on how to attest and update provider directory information.

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# Check patient eligibility before providing care

You can verify eligibility in the following ways: 1) View the member's ID card; 2) Call Blue Shield Provider Customer Service at **(800) 541-6652**; or 3) go online to Provider Connection. **Here's how to check online.**

1. Log in to [Provider Connection](#). Click the **Eligibility & benefits** section, then click **Verify eligibility** from the drop-down menu.



2. The *Verify eligibility* tool opens and defaults to *SEARCH SINGLE MEMBER* and *Blue Shield/Blue Shield Promise*. Enter member data using one of the following options, then click **Search**.

- Subscriber ID (9-16 alpha numeric characters)
- Member name and date of birth
- Last four (4) digits of SSN
- MBI and date of birth (Medicare only)
- First nine (9) characters of CIN

A screenshot of the 'Verify eligibility' tool interface. It has two tabs: 'SEARCH SINGLE MEMBER' (selected) and 'SEARCH MULTIPLE MEMBERS'. Below the tabs, it says 'Verify eligibility of a single member. All fields are required unless noted otherwise.' There are three radio buttons for 'Member coverage / card type': 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. Below this, there are three search options separated by 'OR' labels: 1. 'SEARCH BY SUBSCRIBER ID' with a text box for 'Subscriber ID' (9-16 characters) and a 'Search' button. 2. 'SEARCH BY MEMBER NAME' with text boxes for 'Last name' (Doe) and 'First name' (John), and a 'Date of birth' (MM/DD/YYYY) field with a calendar icon and a 'Search' button. 3. 'SEARCH BY MEMBER SSN, MBI, OR CIN' with radio buttons for 'Social security number (SSN)', 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)' (selected). Below the 'CIN' option is a text box for 'Client index number' (First 9 characters) and a 'Search' button.

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# Check patient eligibility (continued)

- 3. Member eligibility results display. Eligibility status is **green** when the member is active. For additional information, click:
  - a) *Details*: Comprehensive member information including historical and future eligibility
  - b) *ID Card*: Electronic version for viewing, printing or download
  - c) *Benefits*: Searchable member benefits summary
  - d) *Claims*: Link to the *Check claims status* tool

Member name: MEMBER, G      Status: **Eligible**      [a Details](#)   [b ID Card](#)   [c Benefits](#)   [d Claims](#)

---

Subscriber ID <b>90454</b>	Date of birth <b>07/26/1956</b>	Gender <b>Female</b>	Member address <b>000 ALSTON AVE, BELMONT, CA, 94002</b>
Plan name <b>Blue Shield Medicare (PPO)</b>	Plan type <b>Medicare Part C and D</b>	Coverage effective / start date <b>08/01/2021</b>	Coverage end / redetermination date <b>Present</b> >
Relationship to subscriber <b>Subscriber/Insured</b>	Subscriber name <b>MEMBER, G</b>	PCP name <b>DOCTOR, B</b>	Office visit copay <b>In-network-\$10</b>

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# Determine if medical auth is required + how to submit and check status

Authorizations are typically submitted to Blue Shield online or by fax. **This page explains how to submit and view medical authorizations.** For additional information including instructions for RX requests, see [Authorization basics for providers](#).

## To determine if medical authorization is required

- View the [Blue Shield prior authorization list](#) located on Provider Connection. To search, click **F3** or type **Ctrl+ F**, then enter a code into the open search field. If the code is on the list, authorization is required.
- Contact Provider Customer Service at **(800) 541-6652**. Please have member information and the code(s) for which you are checking authorization requirements.

## To submit medical authorizations

- Use AuthAccel, Blue Shield's online authorization system available 24/7. Log in to [Provider Connection](#). Click **Medical authorization** from the blue sub-menu bar, select the *Tax Identification Number (TIN)* under which you are submitting the request, and click **Access AuthAccel**. Step-by-step instructions are on the [AuthAccel online authorization training](#) page.
- Access faxable forms from the [Prior authorization forms](#) page on Provider Connection.

## To check medical authorization status

- Use AuthAccel to track status and receive determinations online. Log in to Provider Connection. Click **Medical authorization status** from the blue sub-menu bar, select the *TIN* under which you submitted the request, and click **Access AuthAccel**. Step-by-step instructions are located on the [AuthAccel online authorization training](#) page.
- Contact Provider Customer Service at **(800) 541-6652**. Please have the authorization number assigned by Blue Shield.

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## Key coding and billing tips

- Follow Medicare guidelines/requirements when coding claims.
- Reimbursement for services provided to Blue Shield Medicare Advantage PPO members will be in accordance with the Medicare rates in your Blue Shield provider agreement.
- Medicare Advantage PPO members covered by out-of-state Blue Plans can access Blue Shield's Medicare Advantage PPO provider network. Providers use the same processes to verify eligibility and submit claims for these members as they use for Blue Shield of California members.
- Collect the member's co-payment, co-insurance and/or deductible for covered services and submit all claims for covered services to Blue Shield for payment. Blue Shield will process claims in accordance with:
  - Medicare billing rules
  - Medicare fee schedule
  - All prospective payment system requirements
  - Local coverage determinations
  - The member's plan documents, including the Evidence of Coverage (EOC)
- Note, you cannot balance bill members enrolled in the Blue Shield Medicare Advantage PPO plan.
- For questions about rates, refer to the fee schedule in your Blue Shield provider agreement or contact Provider Information and Enrollment at **(800) 258-3091**.

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# Claims and disputes

Claims can be submitted to Blue Shield by mail, electronically, or on Provider Connection.  
For a detailed overview of the claims process, see [How to submit claims](#).

## Submit claims by mail

- Use a Blue Shield claims form or the standard CMS-1500 or UB-04 form.
- **Mail to:** Blue Shield of California, P.O. Box 272640, Chico, CA 95927-2640
  - This address is listed on the back of the member ID card. You can also find it using the [Claims routing tool](#) or viewing the [Claims mailing addresses](#) list on Provider Connection.

## Submit claims electronically

- Provider Connection provides detailed information on how to [submit claims and receive payments electronically](#) using Electronic Data Interchange (EDI).
- See [FAQs for EDI, ERA, EFT and Secondary 277CA](#) for information about electronic claims transactions.

## Submit claims on Provider Connection via SimpliSend

- 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.
    - Note: Provider disputes CAN'T be submitted via SympliSend.

## Track claims/dispute status

- The *Check claim status* tool is available from the Claims section after log in.
- Use the *Search* tab to locate Blue Shield claims and related EOCs. Click the **claim number** to view claim detail.
- File disputes online or by mail and check status from the [Claims issues & disputes](#) page.
- See instructions for [filing an online dispute](#) or [adding documents to a finalized claim](#).

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