Blue Shield Provider Connection Reference Guide
for Blue Shield of California Promise Health Plan providers

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

Use this reference guide to learn more.

**blue** california
Promise Health Plan

If you are viewing this guide online, the linked page numbers below take you to instructions for key activities you can do on Blue Shield's website. Use the *Directory* button at the bottom of each page to return to this page. **To use many of the Provider Connection links provided in this guide, you must be logged in to the website.**

blue california | Promise Health Plan

Provider Connection website overview

Background: Below is a **high-level snapshot of how to navigate** the Provider Connection website. There are multiple ways to navigate within the site.
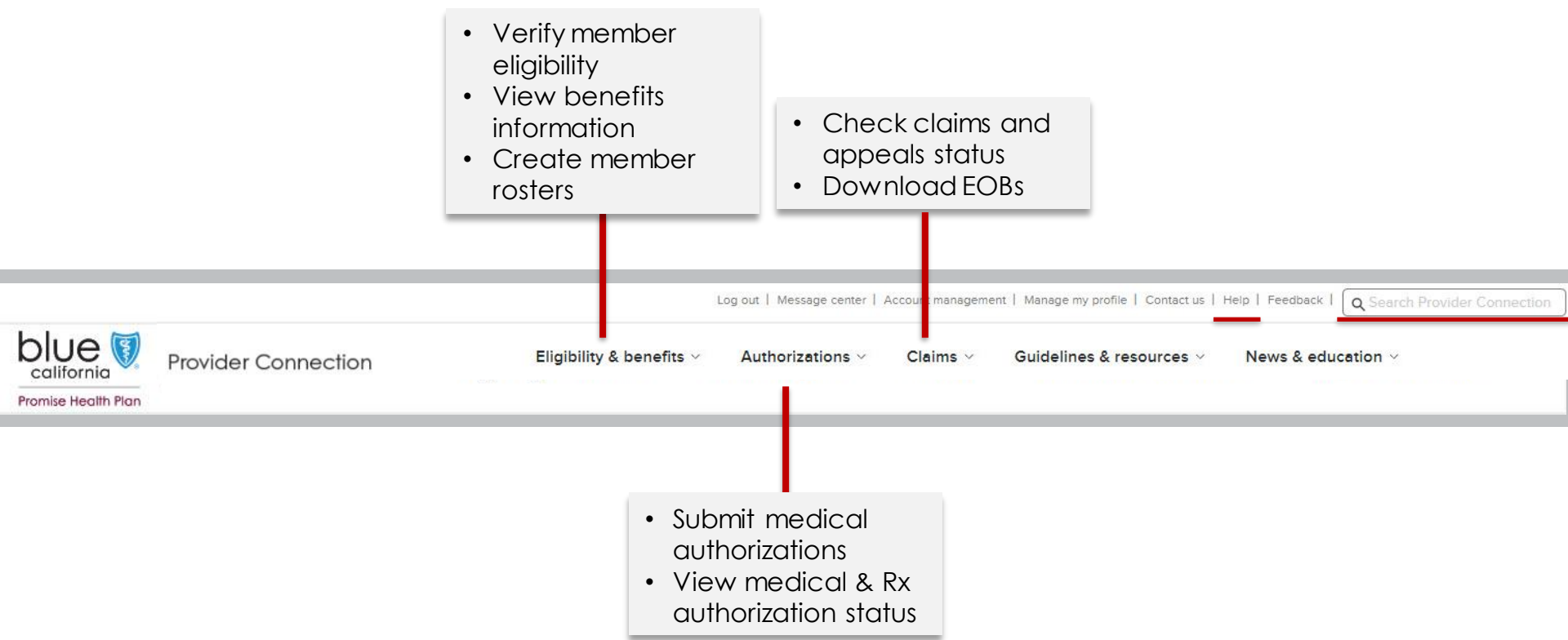
Instructions:

1. The top task bar includes actions like *Log in/Register*, *Help* and site search.

2. The white navigation bar provides links to five site sections and the home page. The arrow indicates the section you are in.

3. The blue navigation bar provides direct links for the most-used content and tools within a section.

4. The section heading.

5. Category headings let you navigate to a specific area on the section page.

6. The *Additional resources* links provide contact information (phone numbers, addresses, etc.) for each section.

7. Each category has a description, and when applicable, quick links to helpful related resources.

8. The clickable boxes take you to a page or tool.

blue california | Promise Health Plan

Directory
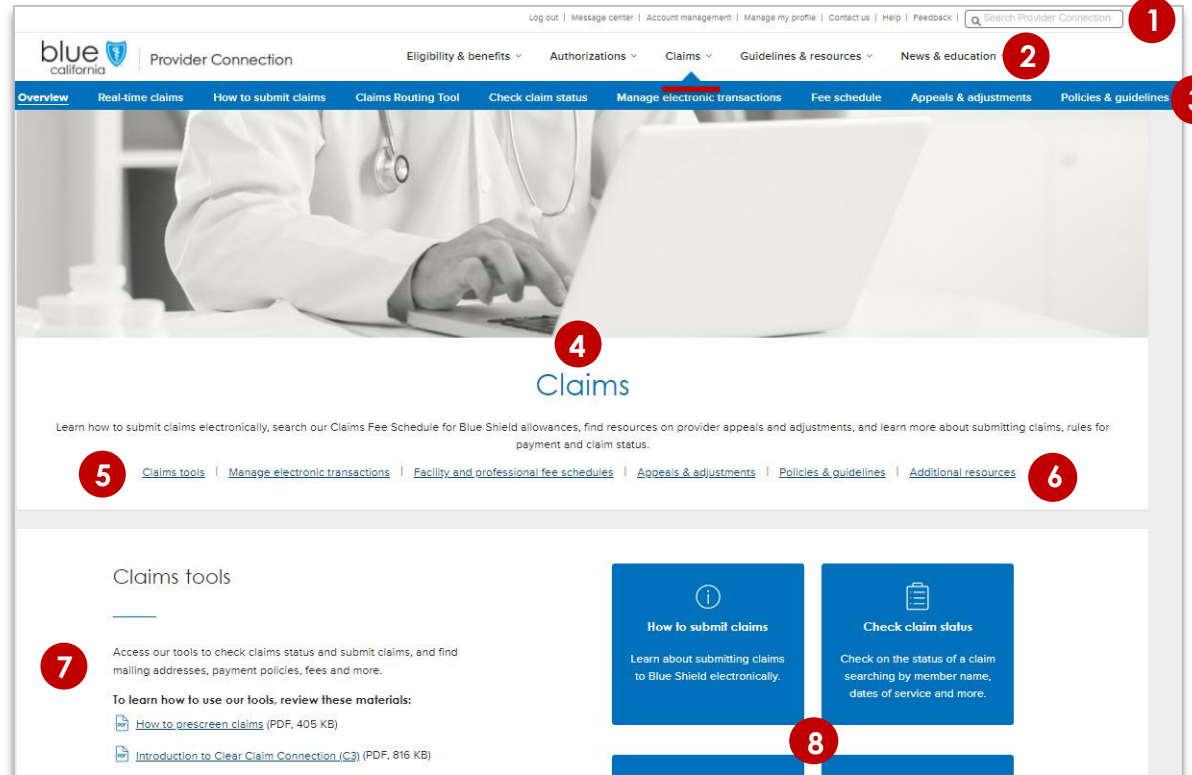
Authenticated tools for Blue Shield Promise providers

Background: Below is **a high-level snapshot of the authenticated tools you can use** from the Provider Connection website. This guide will explain these tools in depth, so you know exactly what to do for your Blue Shield Promise patients.

- Verify member eligibility
- View benefits information
- Create member rosters

- Check claims and appeals status
- Download EOBs

Log out | Message center | Account management | Manage my profile | Contact us | Help | Feedback | 🔍 Search Provider Connection

blue california | Provider Connection
Promise Health Plan

Eligibility & benefits ⌄   Authorizations ⌄   Claims ⌄   Guidelines & resources ⌄   News & education ⌄

- Submit medical authorizations
- View medical & Rx authorization status

Tip: The above navigation – including Help and *Search Provider Connection* – is available from every page on the site.

Directory

Background: If your organization is new to Provider Connection, you must establish an account. There are three account types: Provider, MSO, and Billing Service. The person(s) executing the initial registration is considered an Account Manager.

What you'll need to get started:

- A designated Account Manager to register the account with one Tax ID or SSN. Additional Tax IDs can be added from the *Manage your Provider Connection tax IDs* page. This page will be visible to the Account Manager once the account has been registered.

- Depending on the account type, you will also need:

Provider	MSO	Billing Service
• Claims data*	• Claims data* • Signed legal disclosure form for service representatives†	• Tax IDs of the providers for whom you bill§

*   A check/EFT number or claim number for one claim paid in the last three months under the Tax ID/SSN being registered. If there are no claims within the last three months, the system will ask for the first name, last name, and date of birth of an eligible Blue Shield member.

†   This form presents at the end of the registration process. It must be completed and emailed or faxed to Blue Shield before registration can be approved. It documents your right to access private health care information on behalf of Blue Shield for billing or management services (for the providers you work with).

§   Blue Shield will send an automated email to the Account Manager(s) of each provider linked to a Billing Service registration. If there is no Account Manager on record, Blue Shield Provider Customer Service will contact the provider. The account will be activated when at least one provider has approved access to its Tax ID(s).

Tip: Once established, the Account Manager(s) – not Blue Shield – issues usernames and passwords for the provider organization.

blue california | Promise Health Plan

Background: If your organization is new to Provider Connection, you must establish an account. There are three account types: Provider, MSO, and Billing Service. The person(s) executing the initial registration is considered an Account Manager.

How it works:

- Blue Shield determines the number of Account Managers your provider organization can register based on your data – most will be able to have at least two.

- When the maximum allowed number of Account Managers have registered, Provider Connection will display a message.

Tips for when an account has more than one Account Manager:

- An Account Manager registers the provider account on Provider Connection.
    - Registration steps are clearly explained and should take about five minutes to complete.

- An Account Manager creates users – users don't register on Provider Connection.
    - A user should only be created once in the system.

- A user can be connected to only one Account Manager.
    - Account Managers should agree upon the users each will create, *or*
    - One Account Manager can create all users and transfer a subset of those users to another Account Manager.
        - A user can be transferred from one Account Manager to another if the user is associated to the same Tax IDs (TINs).

Non-authenticated resources for Blue Shield Promise providers

Background: You also have access to Blue Shield Promise resources and information for which you do not need to log in.

There are three ways to access non-authenticated Blue Shield Promise provider resources from Provider Connection:

1. Provider Connection home page: Scroll down to *Quick links*, then click the *Get resources* button under the *Promise provider resources* section. This will take you to the non-authenticated Blue Shield Promise website.

2. Bottom of any page: Scroll to the black navigation pane, go to the *Quick links* section and click *Blue Shield Promise provider resource*. This will take you to the non-authenticated Blue Shield Promise website.

3. Links throughout the website: Click the Blue Shield Promise links located in each section of Provider Connection (i.e., *Eligibility & benefits, Authorizations, Claims, Guidelines & resources,* and *News & education*). These links will take you to specific information on the Promise Health Plan provider website.

To navigate back to Provider Connection, use your browser back button or scroll to the bottom of the screen and use the link to Provider Connection.

Directory

Account Manager responsibilities
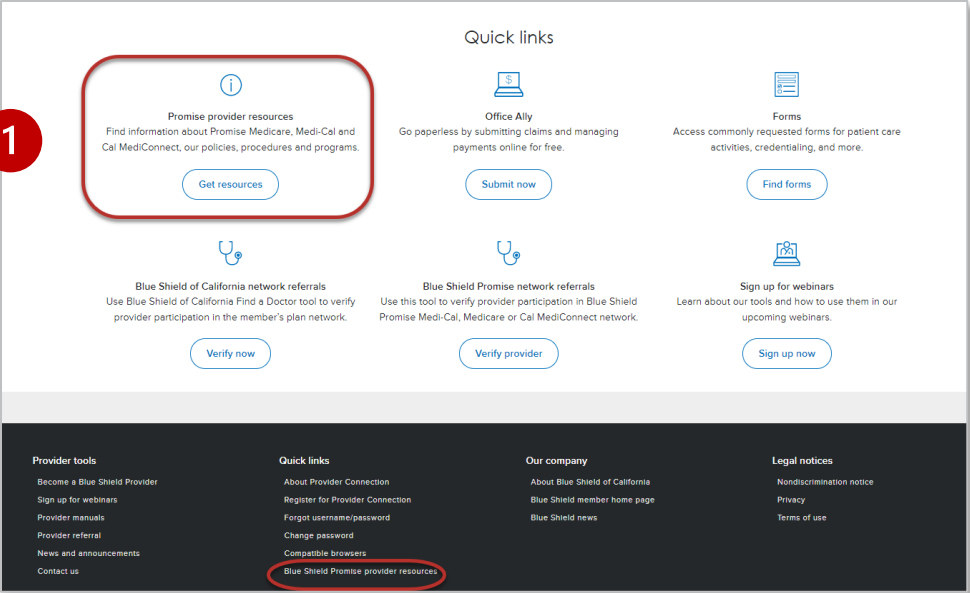
Background: Provider Connection gives an Account Manager administrative privileges to manage information and access for their business.

What you'll need to get started:

- When you are the Account Manager, you will see the *Account management* link in the task bar when you log in.

- **Click *Account management* to access the page below, which provides directions for everything you need to do to execute activities that fall within the role.**

Log out | Message center | Account management | Manage my profile | Contact us | Help | Feedback |

Guidelines & resources ⌄   News & education ⌄   (AA)

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 demographic information
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

Billing managers with your tax IDs
Approve (or deny) a billing manager's access to your tax IDs here. Also view a complete list of billing managers registered with the tax IDs in your Provider Connection account.

View billing managers with your tax IDs

Payment preferences
Review the payment preferences for your provider accounts. If any still receive payment by check, learn how to switch to electronic fund transfer and electronic remittance.

View how Blue Shield pays your provider

Account manager's responsibilities
Account management by task: Learn where to create and manage user accounts, keep provider information up-to-date, grant access to claims information, and more. We also direct you to help with those tasks.

Learn about what account managers do

Your in-network plans
View a list of Blue Shield plans that are in network for your providers. Sort by plan name or network.

View in-network plans

Directory

8

Background: The provider demographic and billing details screen displays information about your practice such as provider details, languages, location details, billing information, etc. This information is reflected in *Find a Doctor*, the online directory for members. Account Managers will be able to update their information. Billing Managers will have view-only access.

Update your records as follows:

- **Pencil icon:** Edit online and the change will display in Provider Connection within 30-minutes. Note that changes will be reflected in *Find a Doctor* in 3-5 business days.
- **Memo pad:** Edit online, but change requires review before displaying.

Items available for real-time/30-minute updates:

- Provider details: Accepting new patients
- Languages: Clinical staff, medical interpreter
- Location details: Phone, fax, email, office hours, accessibility
- Additional information: Areas of expertise, telehealth visits

Items requiring review:

- National Provider Identifier (NPI)
- Primary specialty
- Other specialty
- Physical address

Directory

9

Background: The <u>Manage my profile</u> link is in the navigation ribbon at the very top of the <u>Provider Connection</u> website. It is available from every page. The instructions below explain how to edit your profile, change a password, and other actions.

What you'll need to get started:

After you log in, the *Manage my profile* link appears in the navigation ribbon at the top of the screen.

Log out | Message center | Account management | <u>Manage my profile</u> | Contact us | Help | Feedback |

Guidelines & resources ⌄   News & education ⌄   (AA)
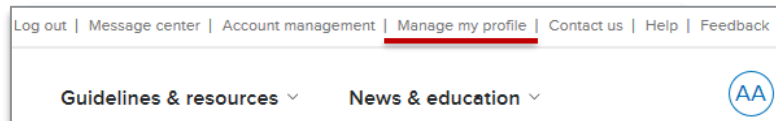
How it works:

- From the *Manage my profile* page, you may edit your profile, manage email subscriptions, and change your password.

  ▪ Your profile includes your name, email, address and phone number, username, and current password.

  ▪ Email preferences: Blue Shield offers subscriptions to improve your online experience, which you can change or cancel. However, you can't opt out of information related to policies and procedures, or legally required communications.

  ▪ User group: You may also sign up to be included in the Provider connection website user group.

Manage my profile

Name   Edit ✎   **Email**   Edit ✎
Test User1   ·········@gmail.com

Address & phone   Edit ✎   **Email preferences**   Edit ✎
Business address   601 12th Street   Select the Provider Connection tools you'd like to receive information about. Note that even if
                    Oakland, CA 94607   you choose not to receive these emails, you will continue to receive information related to
                                                       policies and procedures, as well as legally required communications from Blue Shield.
Phone   (510) 555-1212
                                                       ✓ Patient eligibility and benefits
                                                       ✓ Claims billing and payment reconciliation
                                                       ✓ Pre-authorization process, requests, and requirements
Username   Edit ✎   ✓ Maintaining my Provider Connection account
TestUser1   ✓ Occasional surveys

                                                       Help us improve Provider Connection! Blue Shield occasionally conducts in-person and online
                                                       user research and testing to help improve the website. Sign up to be invited to participate.

Password   Edit ✎   ✓ Include me in the website user group
·········

Tip: The <u>Message Center</u> is where reports are sent that cannot be generated in real time, such as requests for BlueCard claims information.

Verify member eligibility

Background: The Verify eligibility tool lets you confirm that a patient is a Blue Shield Promise member. Data in the tool is supported for up to two years prior to the date you search. It is updated daily.
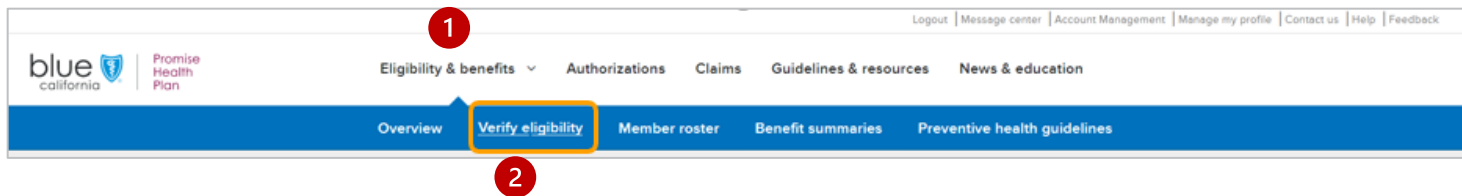
Instructions:

1. From the Provider Connection home page, click *Eligibility & benefits* from the white navigation bar.
2. Click *Verify eligibility* from the blue navigation bar.

To search for multiple members

- Click the **SEARCH MULTIPLE MEMBERS** tab.
- You may enter up to 10 Subscriber IDs.
- Note that search by name is not available when using **SEARCH MULTIPLE MEMBERS**.

3. The Verify eligibility tool opens and defaults to **SEARCH SINGLE MEMBER**.
4. To search for a single member, you may search by **SUBSCRIBER ID** or by *Last name, First name*, and *Date of Birth*.
5. Click *Search*.

Tip: If no record displays, check that the data has been entered correctly and try again.

1. **Status:** Eligibility is **Green** if active.
2. **Details:** Detailed information including historical and future eligibility.
3. **ID Card:** Click to download or print a copy of the member's ID card.
4. **Benefits:** Displays benefit information for the member's plan.
   a. For Medi-Cal members, you can **Download Benefits** in a spreadsheet.
   b. For Cal Medi-Connect members, click the **Benefits Information** link to view the web page on the Blue Shield Promise site.
5. **Claims:** Links to *Check claims status* tool.

Background: Member rosters are lists of Blue Shield Promise members who have selected a physician as a Primary Care Physician (PCP) or medical group. This list shows all providers associated with your account, listed by PIN.
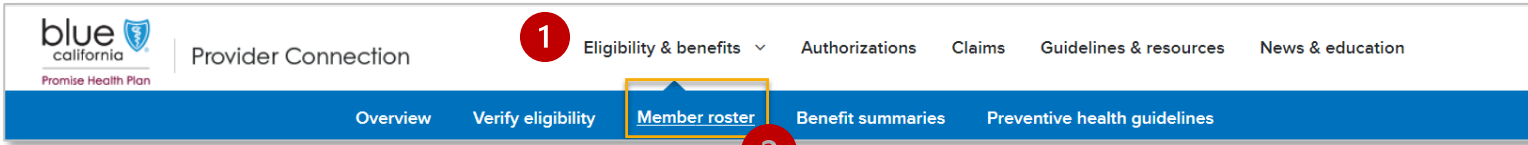

Instructions:

1. From the Provider Connection home page, click *Eligibility & benefits* from the white navigation bar.

2. Click *Member roster* from the blue navigation bar.

3. A list of providers associated with your account displays.

4. Click the down arrow of any listing to see details about a provider's members.

5. A summary of members displays:
   - Active members
   - New members
   - Disenrolled members
   - Redetermined members

6. Click any number to view a list of members by category.

7. Once the list of members displays, click the *Export* button at the top right to download/print an Excel spreadsheet. You can also print from the screen, by right-clicking and selecting *Print* from your browser.

Background: Authorizations for Blue Shield Promise medical services can be submitted online or phoned or faxed. Authorizations for Blue Shield Promise pharmacy services are typically faxed. Authorization status for both medical and Rx can be viewed online.

Orientation:

The Authorizations section houses the AuthAccel online authorization tool.

1. To request a medical authorization online or to view medical auth status, click one of these links.

2. To view pharmacy auth status, click one of this link.

3. Instructions for submitting and viewing medical requests (and viewing Rx requests) in AuthAccel are located on the left. Additionally, they are linked to each launch page as well as the AuthAccel Online Authorization System Training page.

4. Click Policies and guidelines then click the Medical policies & procedures box. Click View medical policy list for Blue Shield of California Promise to search medical and medication policies and requirements.

5. Click Prior authorization forms and list to access fax forms, and to learn about services requiring third-party authorization (e.g., National Imaging Associates [NIA]). Click the blue box for Blue Shield Promise forms or for the authorization list.
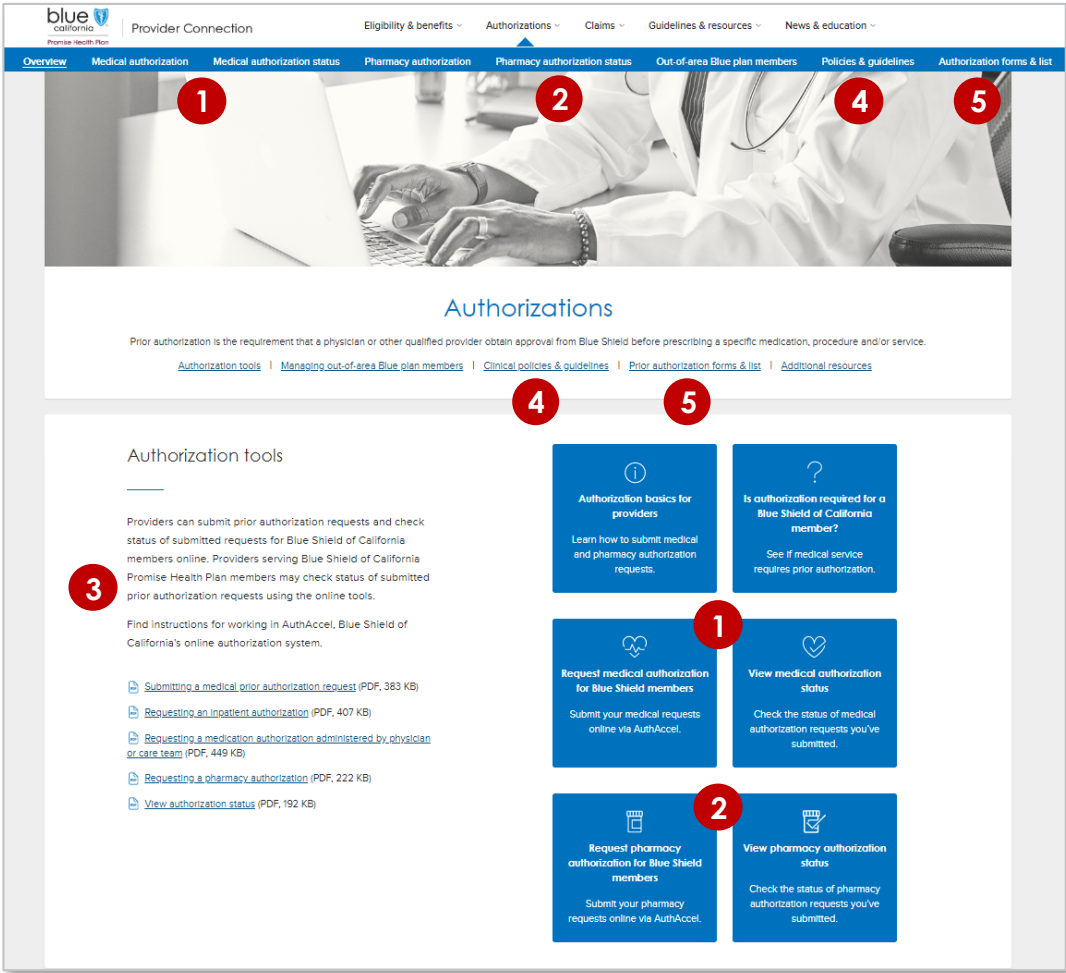
Background: Check claims status is available from the home page and from the Claims section. It contains three tabs: 1) Search; 2) Other Blue plans; and 3) Appeal status. Use the *Search* tab to located Blue Shield of California and Blue Shield Promise claims and related EOBs.

Instructions: You must be linked to the Tax ID and Provider ID (TIN/PIN) of the claim for which you are searching.

1. Click *Check claims status*. The *Search tab* displays with claims from the last three years with most recent at the top.
2. Enter data into one or more search field and click *Search*.
3. Results will display below the blue header row. To sort results in alphabetical or ascending/descending order, click the desired column header and the up/down arrow once it presents.
4. Click blue text links to see more detailed information about the member or claim or to view/download the EOB.
5. To conduct a new search, click *Show search* to bring the search fields back, then click *Start over* to clear them.

Tip: When using the *Other Blue plans* tab to conduct a search for member claims, all fields are required unless marked optional. Results will be sent to the user's Message Center.

Check claims status – Appeals status

Background: Appeal status is available from the Check claims status tool located in the Claims section. (See the third tab.) The tool encompasses all providers associated with the account.

Instructions:

1. Click *Check claims status,* then click the *Appeals status* tab.

2. You are required to enter *Dates of service* and at least one additional search criteria – options include:
   a) CS task number,
   b) Claims number,
   c) Member ID

   For the *Dates of service* fields, the default is set to two years prior to the current date, but this can be changed.

3. Click *Search*. Results will display below the tool. The *Appeals status* will be either Open or Closed. **To determine decisioning for a closed appeal, search for the claim using the *claims search* tool in first tab.**