Provider Connection

blueshieldca.com/provider

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

   - Submit claims, check status / find EOBs

   - File disputes online

4. Get help with Provider Connection.

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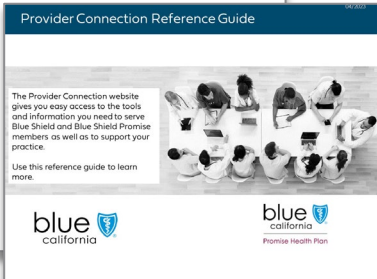
If you are viewing this guide online, the linked page numbers take you to instructions for key activities you can do on Provider Connection. Use the *Directory* button at the bottom of each page to return to this table of contents.

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, 4.4 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, 674 KB)
- Register for a Provider Connection MSO account (PDF, 736 KB)
- Register for a Provider Connection Billing account (PDF, 632 KB)
- Update your Provider Connection password (PDF 246 KB)
- Verify eligibility and benefits (PDF 168 KB)
- Check claims status and view EOBs (PDF 244 KB)
- How to view, print, or download member ID cards (PDF 40 KB)
  Learn how to integrate digital member ID cards into your workflow.

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:**

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.

Click these links for step-by-step instruction.

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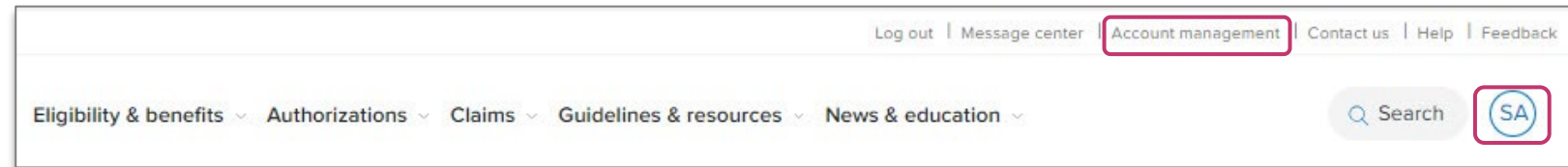
- Once established, the Account Manager(s) – not Blue Shield – sets up user profiles.

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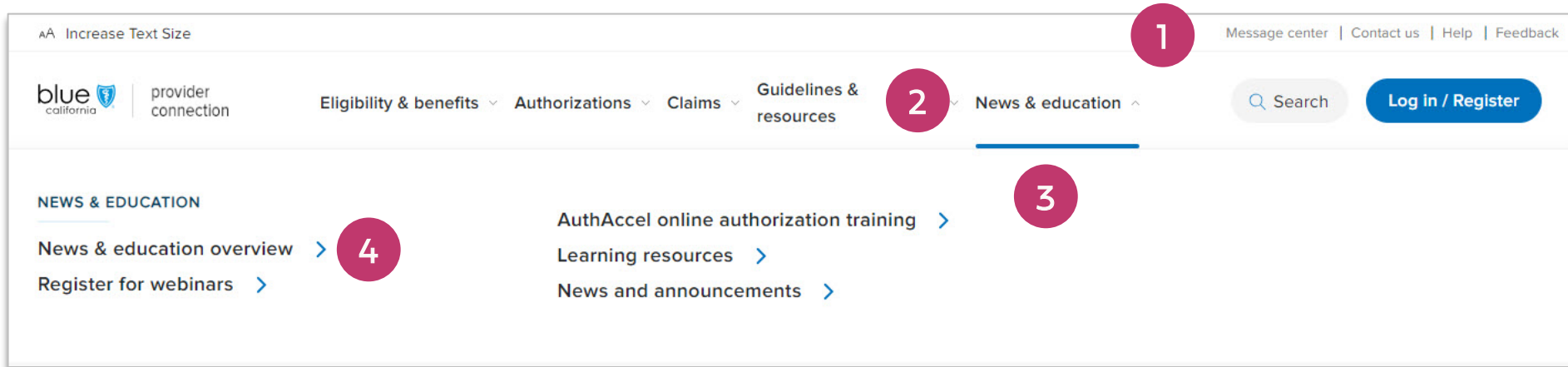
*   Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the Blue Shield Promise Provider Portal. Links in the footer of each website allow you to move between the two websites.

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

Update → Bulk edits via spreadsheet

→ Attest → Done
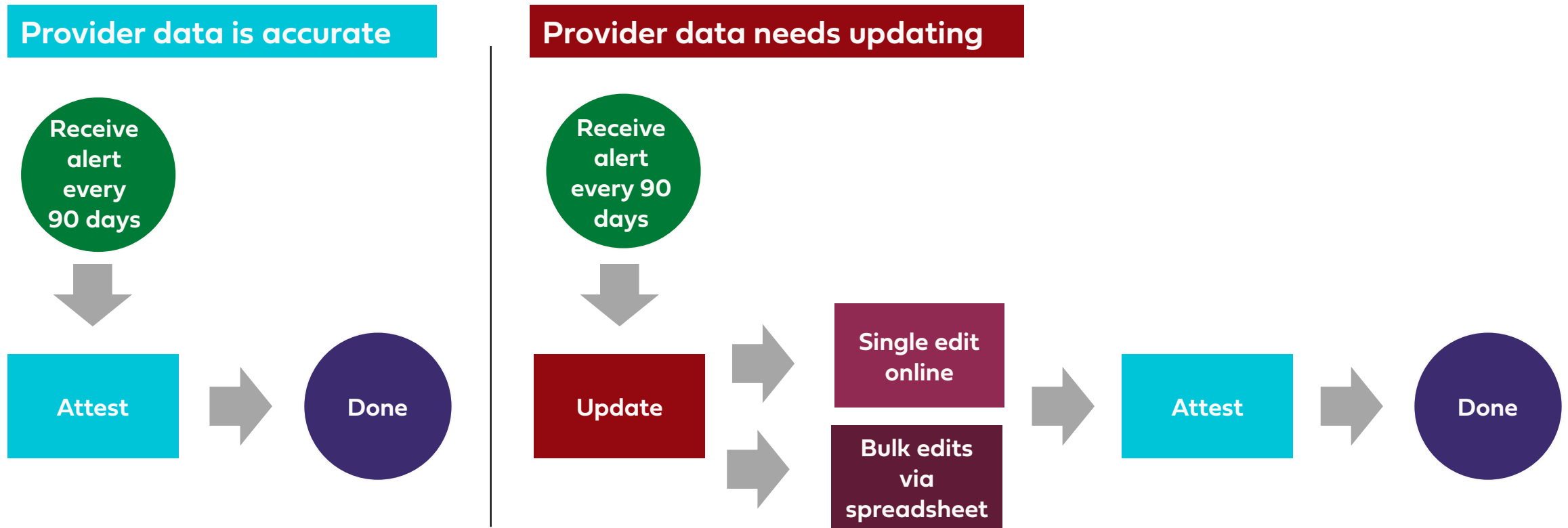
*   Account Managers, see attest/updates instructions for how to assign provider data access to designated user(s) .

Training & support resources located under [Provider Data Management](#) – no log in required

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

[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 blue 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. Provider and facilities that fail to comply will be suppressed Attest now.   ✕
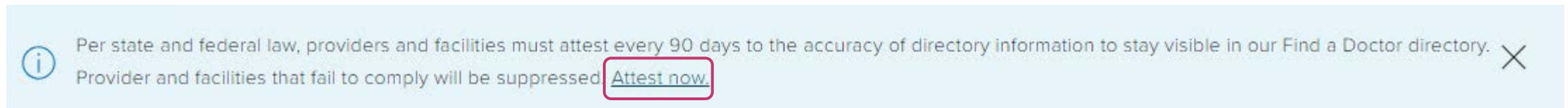
1

* 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**.

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.

*   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

Logout | Message center | Provider & practitioner profiles | Manage my profile | Contact us | Help | Feedback | 🔍 Search Provider Connection

blue california | Provider Connection

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

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.

Update provider information: Single edits continued

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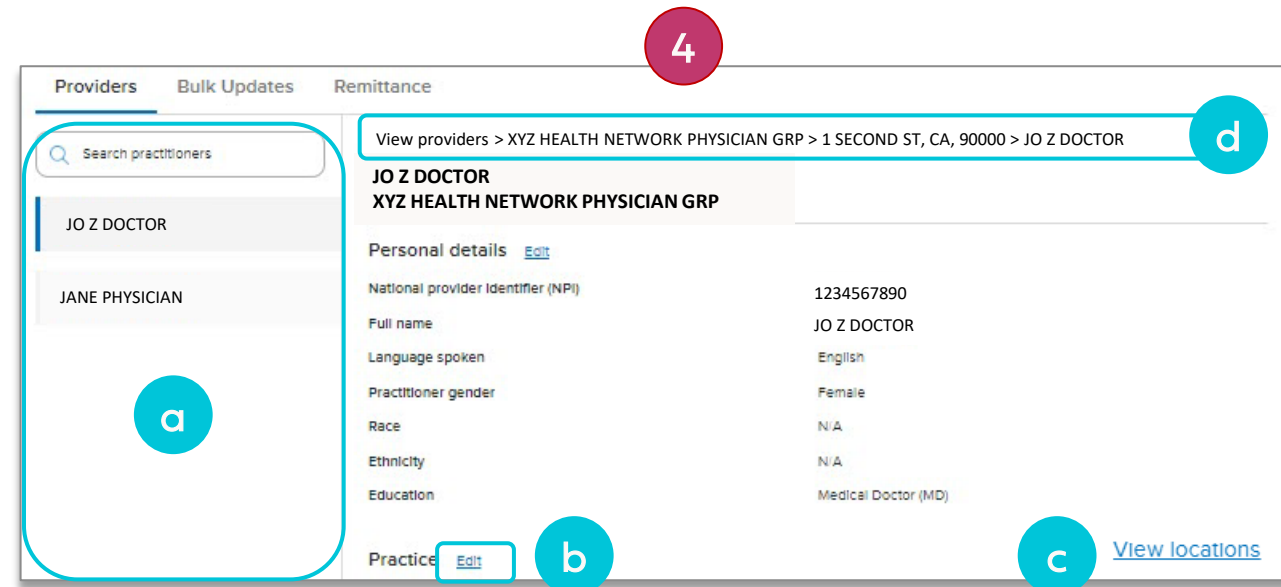
Capitated provider levels	Non–capitated provider levels
• Provider details • Practioner details • Service location details	• Provider details • Location details • Practitioner

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

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

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 data in bulk via *Provider Data Validation Spreadsheet*

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.

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   **Update**

Organization name
XYZ HEALTH NETWORK

Providers   **Bulk Updates**   Remittance & Payments

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.

Download XLSX

Provider Data Validation Companion Guide
Download the companion guide to assist with updating your provider directory information within the Excel spreadsheet.

Download companion guide

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
Browse

5

Upload

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 an address.

   - **Update** if you are editing non-address related information like office hours.

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]   **Search**   **②** 🖺 Export |┃| Filter   ⊙ Help

↑ 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	L MAIN ST. BREA, CA 90001	N/A	**①** Updates	17	1	12	4	0

Search providers: [   ]   **Search**   **③**   🖺 Export |┃| Filter   ⊙ Help

Provider name ⌄		Provider address ⌄
PIN ⌄		IPA/Medical group ⌄

Start over   Show results

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 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 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 results

5. Member eligibility results display. Eligibility displays in **green** when the member is active.
   For additional information, click:

   a. **Details:** Comprehensive member information including coverage, deductibles/copays, special programs eligibility, 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.

5   **a b c d**

| Member name | Status | | Details ID Card Benefits Claims |
| MEMBER, G | ✓ Eligible | | |

| Subscriber ID | Date of birth | Gender | Member address |
| 9077 | 02/10/1946 | Female | 1000 ALTON AVE LOS ANGELES, CA |

| LOB | Region | Coverage effective / start date | Coverage end / redetermination date |
| Blue Shield Promise Medi-Cal - LA | HEALTHCARE LA IPA | 01/01/2019 | 02/2020 |

| Recipient | | PCP name | Participating provider group |
| N/A | | DOCTOR, B | HEALTH CARE LA IPA |

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.

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.

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

1 Claim status

2 Download EOB

3 File a dispute or attach documentation to finalized claim

4 View all claims for this member

5 Toggle between full and summary view

6 View payment details

7 This section presents when there is history such as claim adjustments and/or related claims

8 This section includes line-item detail as well as claim messages and notes

How to ask a question

To ask a question:

1. Click **Q&A** on the top menu bar.

2. Type your question.

3. Click **Ask.**

Initiate dispute online from *Check claims status*

1. File directly from the *Claim detail* page by clicking **Resolve claim issue or dispute**.

2. The *Resolving a claim issue* pop-up displays. It includes other options for consideration before you initiate a dispute.

3. To continue filing your dispute online, click **Online dispute form**.

   - Note, if this is a claim type that cannot be disputed online, the link will say, "file a dispute by mail."

Disputes can be filed for a single claim or multiple claims in a bulk dispute for the same type of issue. There are four steps in the online dispute process*

1. Claim info

- Use claim number that populates or enter new one and click update.

- Default is filing a dispute for one claim, but you can change to bundled claims on this screen.

2. Dispute info

- Describe dispute and expected outcome.

- Review and answer question(s).

- Upload supporting documentation – up to 5 files at a time for a total of 20 – and categorize them.

3. Contact info

- Make edits to contact info if necessary.

- Include email so you receive dispute correspondence -- paper letters are not sent for online submissions

- Establish a generic contact email so multiple staff have access to dispute correspondence.

4. Review

- Review submission and edit, if needed.

- Click the checkbox to consent to receiving email correspondence.

- Sign and submit.

*   For detailed instructions with screenshots, see Submit claims disputes online and view status.

Step 2: Entering dispute information

1. Drag/drop or select supporting documents in the order you would like them reviewed.

   - Select up to five (5) files at a time for a total of 20 files.

	File types	File size (per file)
All plan types except BlueCard	PDF, Excel, Word	50 MB
BlueCard	PDF	10 MB

2. A pop-up box displays for each uploaded file.

   - Select a type for each document. Options are:
     - Medical record
     - Contract/pricing
     - Itemized bill
     - Other, with a field to add a description

3. Click **Attach**.

Step 4: Reviewing your submission

1. If edits are needed, click **Edit** to return to a specific step and make changes. Click **Next** to return.

2. Click **checkbox** to consent to receiving electronic correspondence by email.

   - **Medicare note:** Not contracted with Blue Shield and submitting a Medicare dispute for a denied claim – A **waiver of liability checkbox** will also display, which you must check.

3. Enter your full name and date. Your e-signature must be an EXACT match of the name entered in the *Contact Information* section.

4. Click **Sign and submit**.

Submitted

- A confirmation screen displays with a case number for the submitted dispute.

    - For each dispute you file whether initial or final, a new case number is assigned.

    - A digital PDF copy of the dispute generates within 15 minutes of submission.

    - All dispute-related correspondence is available online under *Submitted disputes*.

    - The *View all disputes* button will take you directly to *Submitted disputes*.

DISPUTE A CLAIM DECISION

Dispute submitted

Thank you for submitting your dispute of 436 bundled claims.

Your new case number is
230760000271

It will take up to 15 minutes for us to create your dispute form PDF. When it's ready, you can see it on the Submitted disputes page.

We'll notify you at the email provided when:

- Your acknowledgment letter is ready to view on Provider Connection (2 business days)
- Your dispute has been resolved and your determination letter is ready (45 business days)

Note: All supporting documents will be scanned for viruses. If they fail our scan, we'll notify you and send instructions on submitting them successfully.

View all claims   View all disputes

Bulk submission bundling rules

The option to bundle claims is in Step 1: Claim Info.

- **To bundle, you have two options:**

  1. Click **Yes**: Enter or copy/paste claim numbers up to 50 claims.

  2. Click **Upload a file:** Create and upload a CSV file up to 500 claims.

- **Bundle claims by plan type.**

- **All claims in a bulk dispute must be for the same or similar issue.**

  - FEP and BlueCard bulk submissions – All claims must be for the same or similar issue AND same member.

  - Non-contracted providers cannot submit Medicare claims via a bulk file – Submitted individually.

Bulk submission:
Enter or copy/paste claim numbers up to 50

1. Change the default from No to **Yes** – *I have claims to bundle.*

2. The *Enter claim numbers* field displays. Enter or copy/paste claim numbers in the left-hand column.

3. Click **Add**. Each claim populates on the right.

   a. A yellow banner will display if your claim attachment does not comply with the bulk bundling rules. You can click the **X** to remove non-compliant claim(s), or they will be removed for you when you click **Next**.

Bulk submission:
Create and upload a CSV file up to 500 claims

Create a CSV file of claims you are disputing.

1. Click the **Upload a file** tab.

2. Drag/drop or select to upload the CSV file containing the claim numbers you are disputing.

   - **CSV instructions:** In Excel, export or save your file as a CSV (comma-separated values) file.
     - Include claim numbers in the first column and a header row at the top.
     - In the header, label the first column *Claim number* or *ICN*.
     - Claim numbers from the first column of your list will be checked against our records.

3. The *Claim list accepted* message displays.

Bulk submission:
Create and upload a CSV file up to 500 claims

Note, if the attached claims do not comply with bundling rules, a "Some fixes are needed" message displays.

To address:

a. Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).

b. Click the **X** to remove the original CSV file with the errors and activate the *Select a file* button.

c. Drag/drop or select to upload the corrected CSV file. If no additional messages display, the *Next* button will activate.

"Some fixes are needed" example

Drag and drop a pre-formatted CSV file here or

Select a file (c)

1577claims - 1col - with notes.csv (80.12 KB)   Claims List ✕ (b)

ⓘ Some fixes are needed

We matched **1577 out of 1577 claims** on your list to our plan records. But some of the claims are for different plan types and we cannot process them as part of the same dispute. Here is a breakdown of the different plan types. You'll need to reupload them separately. You submitted:

- **1513** Commercial claims — *limit to under 500 for a bulk submission*
- **5** Shared Advantage claims
- **11** Medicare claims
- **44** Promise Medi-Cal claims
- **1** Medicare claim — *requires signed waiver of liability and must be submitted separately*
- **1** Promise Medicare claim — *this claim can't be disputed online*
- **2** Promise CalMediConnect claims — *this claim can't be disputed online*

Download the CSV file to see notes.

(a) **Download CSV**

View status of submitted disputes

1. Click **Claim issues & disputes** from the *Claims* section's drop-down menu after log in.

2. Click **View my disputes**.

3. Enter data related to the dispute(s) in one or more search fields and click **Show results**.

4. Results display under the light blue banner.

5. Click the dispute case number to access dispute case details including letters.
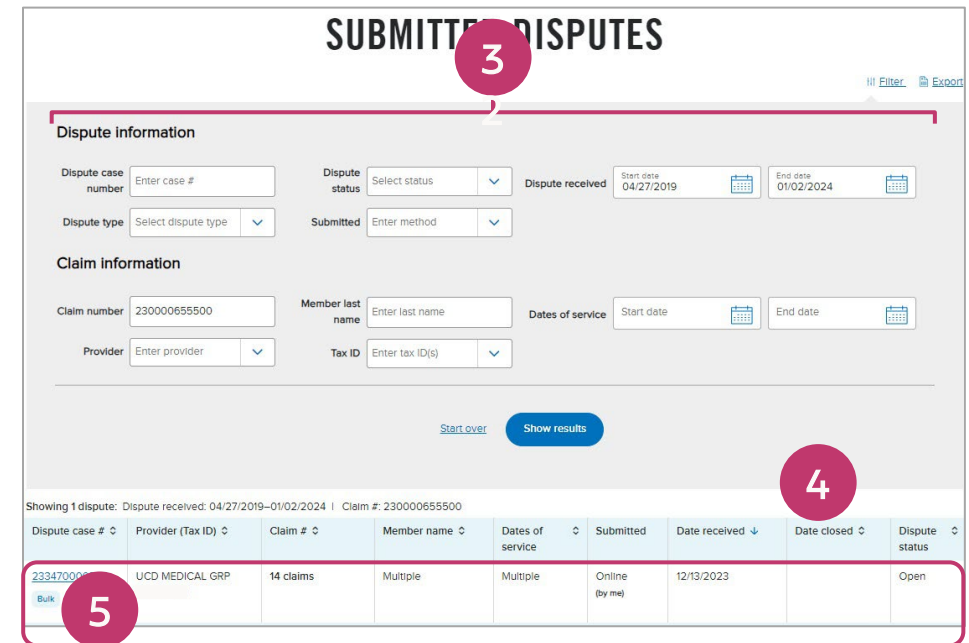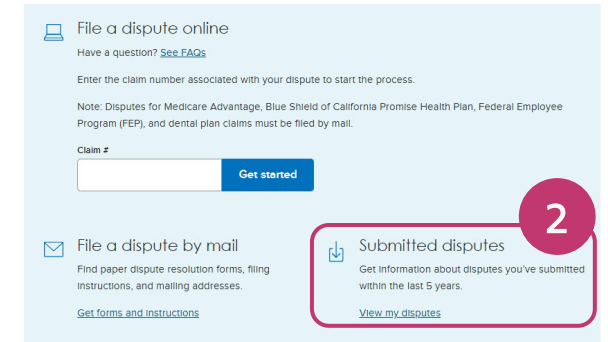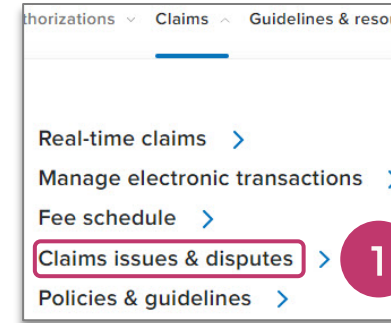
View status of submitted disputes

6. The *Dispute case details* screen displays all information and documentation connected to the dispute case number you selected.

    a. Dispute form and claim list (if bulk submission).

    b. Claim numbers included in the dispute submission.

    c. Supporting document uploaded by you with option to add additional documents to an open claim.

    d. Correspondence and determination.

6 Dispute case 233470000307 OPEN Bulk
Last updated 12/13/2023

Dispute details

Documents	Dispute form (PDF) — a
	Claim list (CSV)
Total number of claims	14
Claim numbers	230000667600, 230000655500, 230000603700, 230000655700, 230000554200, 230000504700, 230000438000, 230000440800, 230000443000, 230000455000, 230000445200, 230000443100, 230000462900, 230000438300 — b
	Show less ∧
Provider name	UCD MEDICAL GRP
Provider ID	PG00
Tax ID	0503... ...

Date received 12/13/2023   Status Open

Letter   Date issued

Acknowledgement (PDF) 12/13/2023 — d

Uploaded documents (1)

Supporting documents submitted on Provider Connection appear here. Add documents
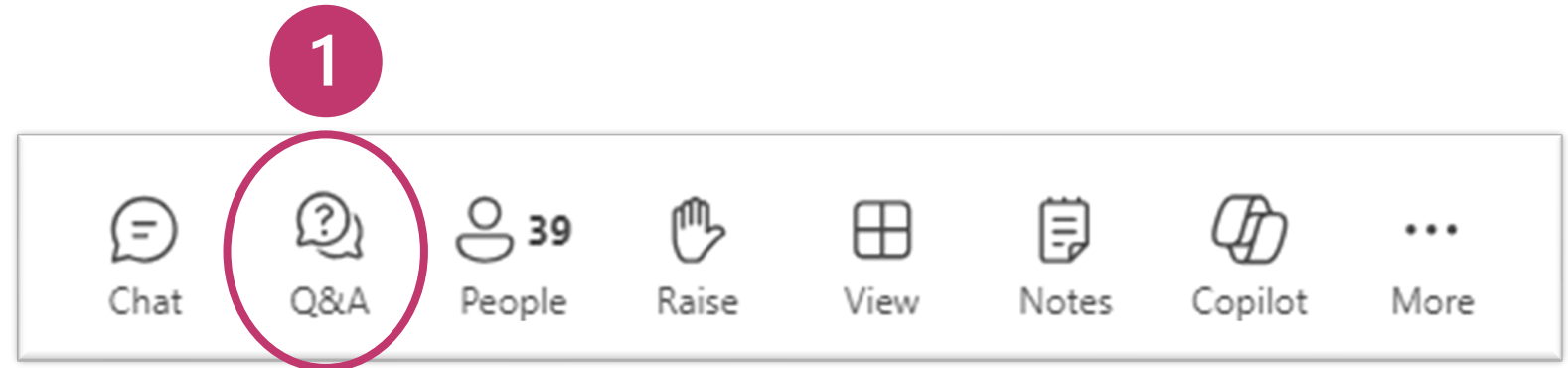
Added on 12/13/2023

1. 03-03-PDF-test-doc-2.pdf (9.6 MB)   Medical record — c

How to ask a question

To ask a question:

1. Click **Q&A** on the top menu bar.

2. Type your question.

3. Click **Ask.**
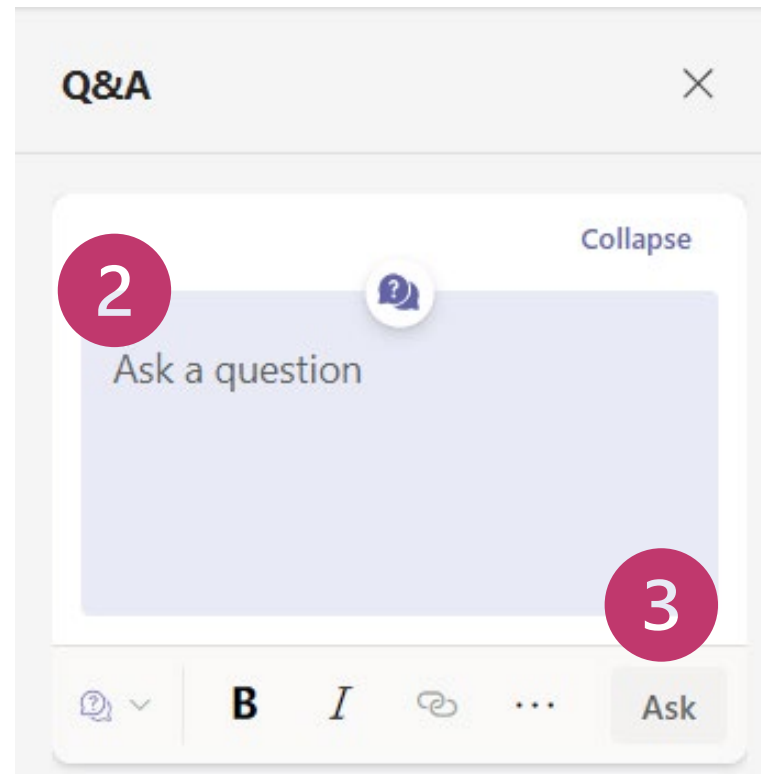
Resources to support you

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	• How to attest & update provider demographic data
AuthAccel Online Authorization System training – no login required.	• Instructions are also linked to each AuthAccel launch page (login required)
Blue Shield Customer Care at **(800) 541-6652** Blue Shield Promise Customer Care 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 Information & Enrollment at **(800) 258-3091** bscproviderinfo@blueshieldca.com	• Provider network inquiries and applications • Credentials (Can also email credentialling dept at bscinitialapp@blueshieldca.com)
Blue Shield prior authorization list Blue Shield prior authorization forms	• Blue Shield (including Medicare) prior authorization list and forms – no log in required.
Blue Shield Promise prior authorization list Blue Shield Promise prior authorization forms	• Blue Shield Promise prior authorization list and forms – no log in required.
Claim issues & disputes	• Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.
Provider Connection News & Education section	• View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.

Appendix

Additional information about eligibility/benefits and authorizations

Eligibility results

Eligibility details screen

Click the + sign to expand sections:

- Special programs eligibility

- Member network status, if available

- COB, if applicable and available

- Current coverage information, plus future and historical if applicable.

- Current deductibles and out-of-pocket maximums display by individual and family categories.
    - The *Visits Accumulator* presents here for **Commercial** members only. It tracks visits to specialty providers when their plan covers a set number of visits per plan year. Specialty visits covered by third parties such as ASH are not tracked by the tool.

- Current PCP and IPA/medical group

Benefits

Options for locating Commercial, Medicare, Small Group & IFP* benefit information:

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

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

- Click *Benefits download* (if logged in) or go to Benefit summaries if not logged in, to download/view a spreadsheet with detailed benefits for the all plans.

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

Member network status

For the following six networks, 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	Status		
MEMBER, A	⊘ Eligible		

Subscriber ID	Date of birth	Gender	Member address
XEF91(	01/01/1990	Female	STREET NO.1, Berkeley, CA, 94710

Plan name	Plan type	Coverage effective / start date	Coverage end / redetermination date
Get Covered PPO	Commercial PPO (Fully insured)	01/01/2019	Present

Relationship to subscriber	Subscriber name	PCP name	Office visit copay
Subscriber	MEMBER, A	N/A	In-network-0%

Network status ⑦
⊘ **In network**
4343001 -- PALOMAR CITY MED CTR

Network status ⑦
⊗ **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 = (5+ 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 = (5+ providers/practitioners)
3. The network status displays
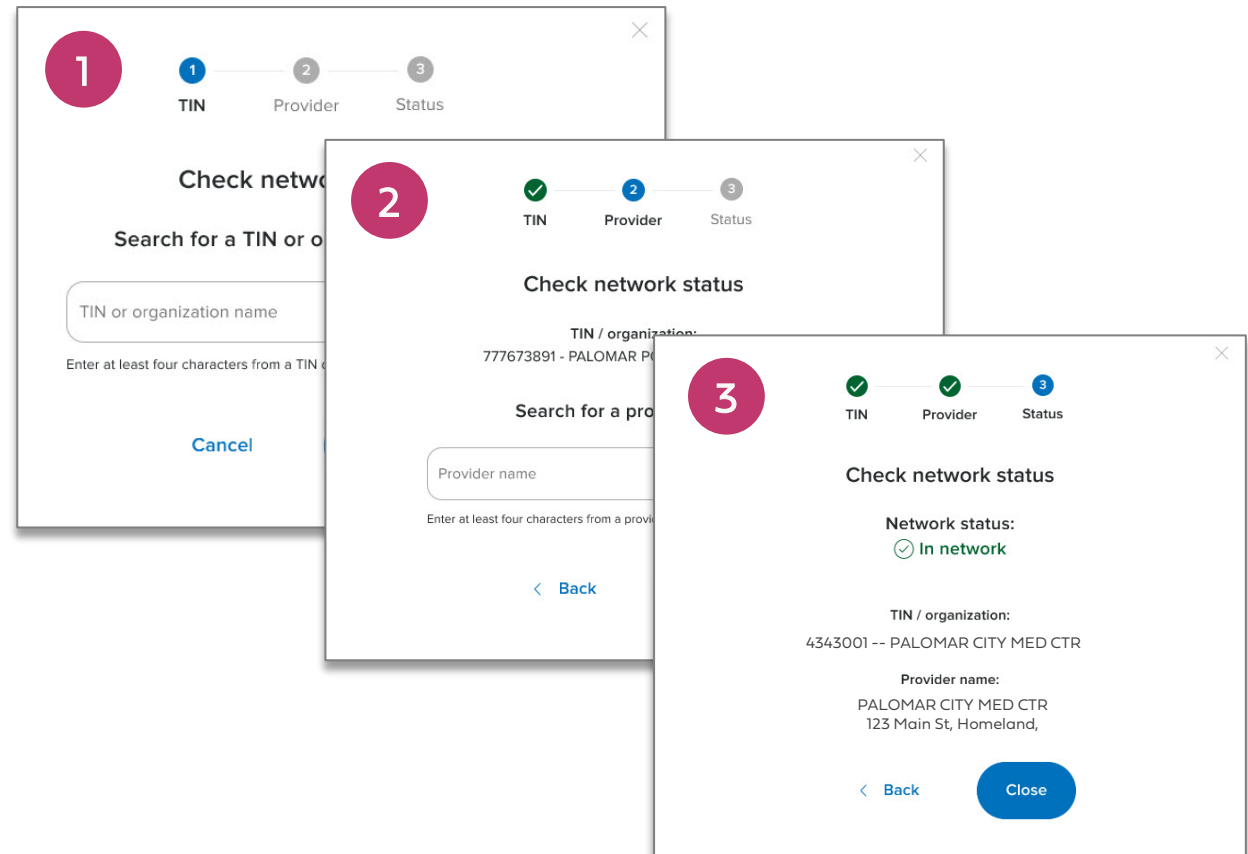
Note: The system will save up to four recent searches as a default.

Coordination of benefits (COB): Blue Shield Commercial only

- Eligibility search results include COB information for Commercial members if data is in our system.
  - COB information will display when Blue Shield is not primary.
    1. Coordination of benefits (COB): Name of carrier
    2. COB order: Will indicate primary
    3. COB effective/start date
  - Historical COB information will also appear under historical coverage in the Details view if termination date is within the last two

Member name	Status		
MEMBER, G	⊘ Eligible		Details ☷ ID Card ☰ Benefits $ Claims

Subscriber ID	Date of birth	Gender	Member address
91911	02/02/1958	Male	332WP, Los Angeles, CA, 90001

Plan name	Plan type	Coverage effective / start date	Coverage end / redetermination date
Palo Alto Networks Inc Blue Shield Platinum PPO	Commercial PPO	02/01/2022	Present

Coordination of benefits	COB Order	COB effective / start date ⓘ	
EMPIRE BCBS	Primary	01/01/2022	

PCP name	Office visit copay		
N/A	In-network-$20		

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.

2. **By fax:**
   - Blue Shield Promise authorization request form 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**

   - 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. (Log in required.)

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**, 8 a.m. to 5 p.m. Monday through Friday.

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.