

Provider Connection

blueshieldca.com/provider

blue shield of california | provider connection

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

Search | Log in / Register


THE PROVIDER TOOLS AND RESOURCES YOU NEED

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

[Register now to get started >](#)


A new look for Provider Connection

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

**Eligibility and benefits**


Verify eligibility and review member benefits.

[Verify eligibility >](#)

**Authorizations**

Submit and confirm prior authorization for medical and pharmacy services.

[Request prior authorization >](#)
[Authorization log upload >](#)

**Claims**

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

[Check claim status >](#)

BLUE SHIELD OF CALIFORNIA

See **Appendix** for information re. how to determine if auth is required, submit when it is, and check its status.

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.

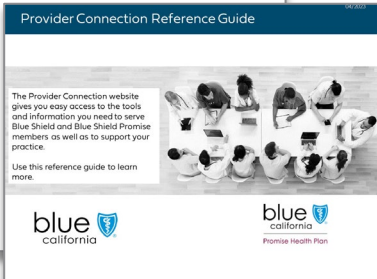
Provider Connection support on home and Education pages – no log in required

[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 <ul style="list-style-type: none">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 <i>Claims Routing Tool</i> to determine where to send paper claims
17	Account Managers: Enroll in ERA and EFT online plus check or edit enrollment status
18	Use <i>Check Claim Status</i> to search claims and find EOBs
20	Attach documentation to a finalized claim
21	Submit a dispute online or by mail
22	Use <i>View My Disputes</i> to track disputes and access determination letters
24	Quick links



Blue Shield of California | Blue Shield of 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:**

Click these links for step-by-step instruction.

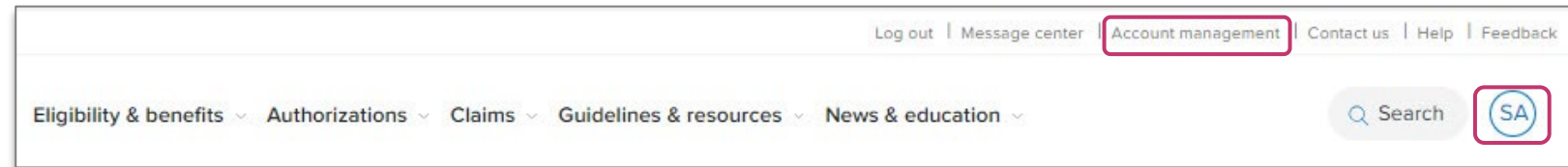
Account type	Required for registration
1. Provider	<ul style="list-style-type: none">• One Tax ID (TIN) or Social Security Number (SSN).• Claims data* for the TIN/SSN you are registering under.
2. MSO	<ul style="list-style-type: none">• MSO's TIN and one TIN/SSN for provider you are representing/registering with.• Claims data* for the provider you are representing/registering with.• Business Associate Agreement (BAA) date for each provider's TIN you are registering.<ul style="list-style-type: none">• BAA date = date the provider signed the contract.
3. Billing Service	<ul style="list-style-type: none">• TIN(s) of the providers for whom you will bill.• BAA date for each provider's TIN/SSN you are registering.

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

Establishing a Provider Connection account (continued)

Account Managers

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



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

Users

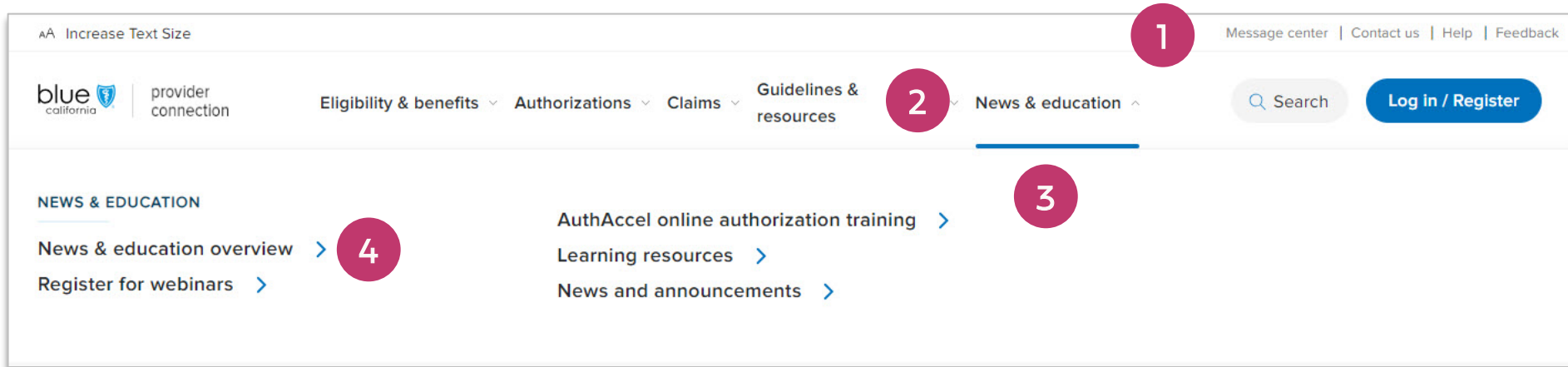
- After set-up by your Account Manager, Blue Shield will email you a temporary password.
- You have 30 days to visit the site and change your password or the account will be deleted.

Account Mangers & Users

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

Provider Connection website navigation*

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



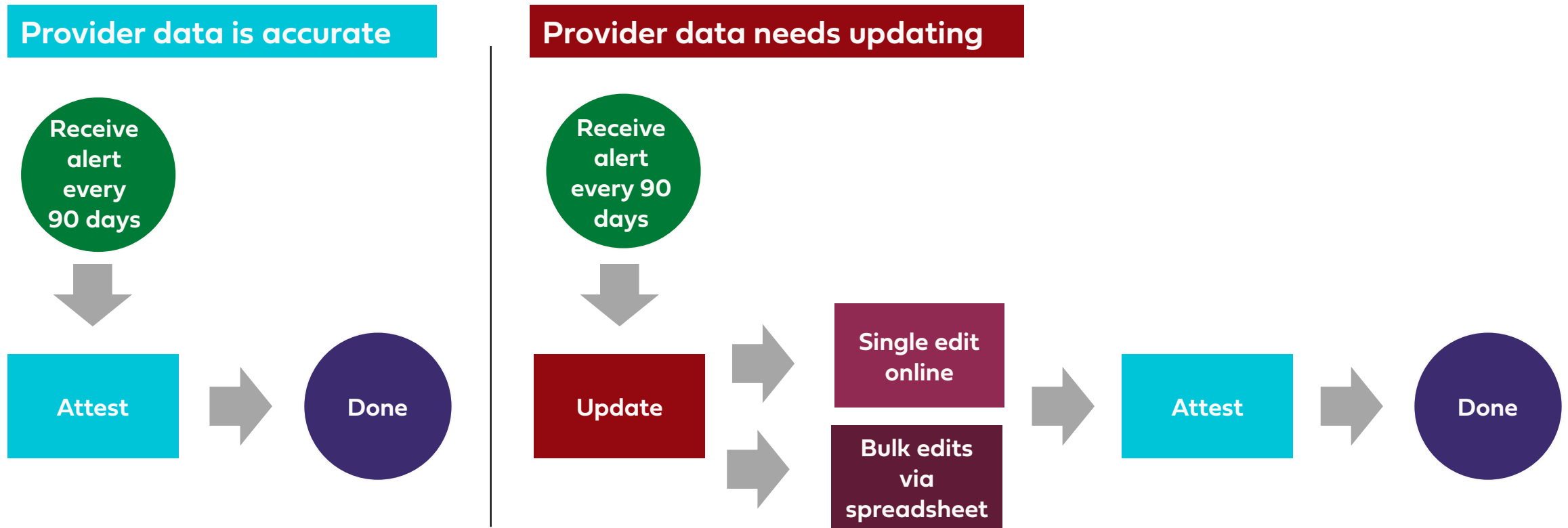
* Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the [Blue Shield Promise Provider Portal](#). Links in the footer of each website allow you to move between the two websites.



Attest & update provider directory information

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

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



* 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

blue of california Promise Health Plan

How to Attest or Update Your Provider Directory Information

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

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

To access Provider Connection

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

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

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

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

Click the bolded section title to go to the topic.

Overview of key steps	2
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Blue Shield of California and Blue Shield of California Promise Health Plan are independent licensees of the Blue Shield Association. L33000-W-BSC-PHP (1/23)

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

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

Provider_General Tab

Field Name	Description														
	<i>Changes to Provider Tax ID Number, Provider Name, Provider Type, or Provider NPI cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment at BSCProviderInfo@blueshieldca.com.</i>														
Provider Tax Identification Number	Tax ID of contracted provider organization														
	<table border="1"> <thead> <tr> <th>Bulk File is for...</th> <th>Tax ID is...</th> </tr> </thead> <tbody> <tr> <td>IPA</td> <td>IPAs Tax ID</td> </tr> <tr> <td>Medical Group</td> <td>Groups Tax ID</td> </tr> <tr> <td>Practitioner</td> <td>Practitioners Tax ID or SSN</td> </tr> </tbody> </table>	Bulk File is for...	Tax ID is...	IPA	IPAs Tax ID	Medical Group	Groups Tax ID	Practitioner	Practitioners Tax ID or SSN						
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IPA	IPAs Tax ID														
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Provider Organization Name	Name of contracted provider organization														
	<table border="1"> <thead> <tr> <th>If Provider Type is...</th> <th>Then Provider Name is...</th> </tr> </thead> <tbody> <tr> <td>Capitated IPA</td> <td>IPA name</td> </tr> <tr> <td>Promise Capitated IPA</td> <td>IPA name</td> </tr> <tr> <td>Practitioner</td> <td>Practitioner or IPA roster member name</td> </tr> <tr> <td>Physician Group Practice</td> <td>Medical group name</td> </tr> <tr> <td>Allied Specialty (Psychologist, Optometrist, etc)</td> <td>Medical group name</td> </tr> <tr> <td>Clinic Outpatient</td> <td>Medical group name</td> </tr> </tbody> </table>	If Provider Type is...	Then Provider Name is...	Capitated IPA	IPA name	Promise Capitated IPA	IPA name	Practitioner	Practitioner or IPA roster member name	Physician Group Practice	Medical group name	Allied Specialty (Psychologist, Optometrist, etc)	Medical group name	Clinic Outpatient	Medical group name
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[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.

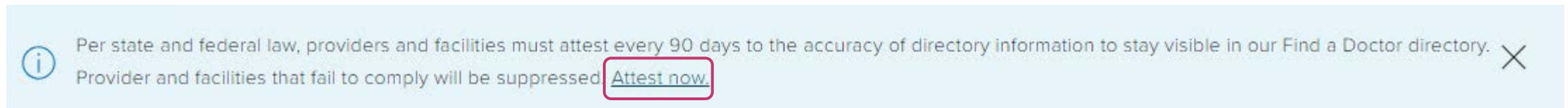
Or email:

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.



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**.

Home > Account Management > Provider & Practitioner Profiles

ATTESTATION 2

Online attestation to data accurac...

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

Provider & Practitioner Profile > Attestation

Review & attest

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

Select tax IDs to submit for attestation

Search tax IDs and organizations

<input type="checkbox"/> TIN ↓	Organization name ↓	# Providers	# Locations	Status ↑	XLSX ⓘ Download
<input type="checkbox"/>	1234567890 XYZ HEALTH NETWORK	1	1	Not attested	

0 selected

Showing 1 tax ID

4 **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.

Attestation statement

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

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

[Cancel](#) **I attest** 5

ATTESTATION

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

Provider & Practitioner Profile > Attestation

Thank you for attesting! The email address we have on file is: xyzhealth.com We'll send future communications to this address. 6

Review & attest

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

Select tax IDs for attestation

Search tax IDs

<input checked="" type="checkbox"/> TIN ↑	Organization name ↓	# Providers	# Locations
<input checked="" type="checkbox"/> 1234567890	XYZ HEALTH NETWORK	2	33

1 selected

Showing 1 tax ID

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

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

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

The screenshot shows the 'Account management' page. A red arrow labeled 'Account Manager' points to the top left. The page has a blue header with 'Account management'. Below the header are four white cards. The 'Provider & practitioner profiles' card is highlighted with a red border. It contains the text: '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.' Below this text is a link: 'Update your provider's information'. The other cards are: 'Manage user accounts' (with link 'Manage your user accounts'), 'Manage your Provider Connection tax IDs' (with link 'Manage your tax IDs'), and 'Account managers with your tax IDs' (with link 'View other account managers with your tax IDs').

The screenshot shows the user navigation bar. A red arrow labeled 'User' points to the left. On the left is the 'blue california' logo and 'Provider Connection'. On the right is a search bar with 'Search Provider Connection'. In the center, there are links: 'Logout | Message center | Provider & practitioner profiles | Manage my profile | Contact us | Help | Feedback'. Below these links are dropdown menus: 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. The 'Provider & practitioner profiles' link is highlighted with a red box.

Update provider information: Single edits

From *Provider & Practitioner Profiles*:

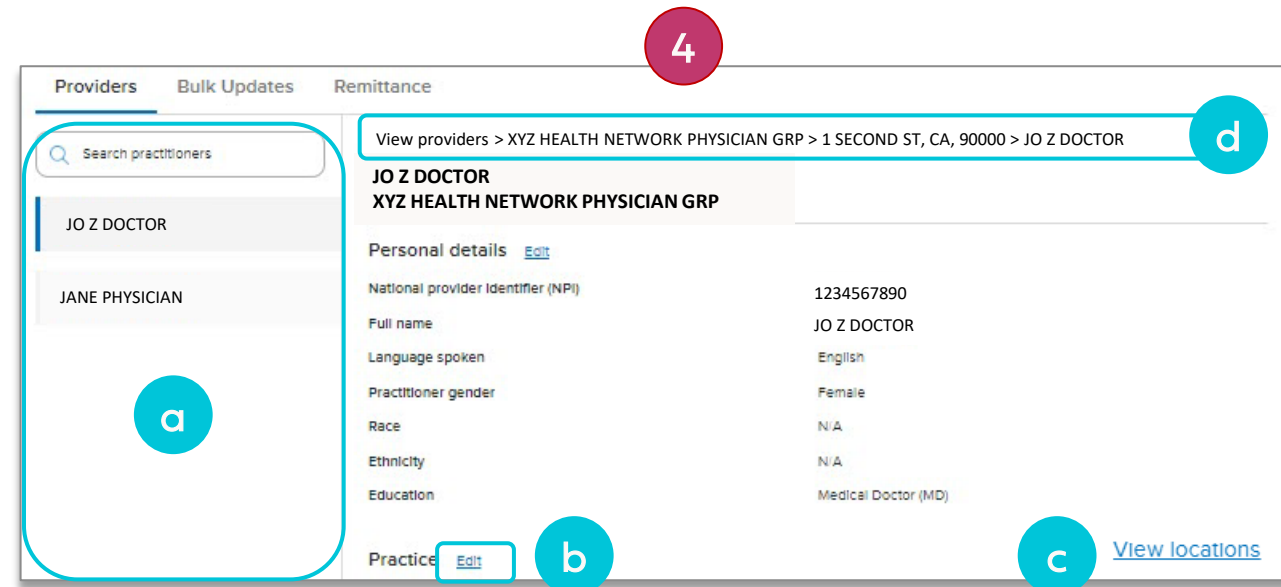
1. Select the Tax ID (TIN) you wish to update and click **Search**.
 - This step is *not* required if you have only one TIN linked to your Provider Connection account.
2. Click the **view** link for the provider record you wish to edit.
3. The *View providers* screen displays.

The screenshot shows the 'PROVIDER & PRACTITIONER PROFILES' page. At the top, there is a breadcrumb trail: Home > Account Management > Provider & Practitioner Profiles. Below this, the title 'PROVIDER & PRACTITIONER PROFILES' is displayed. A search bar is present with the text '123456789 - XYZ HEALTH NETWORK' and a 'Search' button. A red circle with the number '1' is placed over the search bar. To the right, the organization name 'XYZ HEALTH NETWORK' is shown. Below the search bar, there are three tabs: 'Providers', 'Bulk Updates', and 'Remittance'. The 'Providers' tab is active. Underneath, the text 'XYZ HEALTH NETWORK' and 'Manage your organization's demographic data' is displayed. A search bar for providers is also present. A table lists providers with columns for 'Provider name', 'Type', 'Website', and 'Link'. The first row is 'XYZ HEALTH NETWORK MEDICAL CENTER' (Hospital) with a 'View' link. The second row is 'XYZ HEALTH NETWORK PHYSICIAN GRP' (Physician Group Practice) with a 'View' link. The third row is 'XYZ HOSPITAL LOS ANGELES' (Hospital) with a 'View' link. A red circle with the number '2' is placed over the 'View' link for the second row, and a red arrow points down to the next screenshot. The second screenshot shows the 'View providers' screen. The breadcrumb trail is 'View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR'. The title is 'JO Z DOCTOR' and 'XYZ HEALTH NETWORK PHYSICIAN GRP'. There are two sections: 'Personal details' and 'Practice'. The 'Personal details' section includes fields for 'National provider Identifier (NPI)', 'Full name', 'Language spoken', 'Practitioner gender', 'Race', 'Ethnicity', and 'Education'. The 'Practice' section includes an 'Edit' link. A 'View locations' link is at the bottom right. A red circle with the number '3' is placed over the breadcrumb trail.

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
<ul style="list-style-type: none"> • Provider details • Practioner details • Service location details 	<ul style="list-style-type: none"> • Provider details • Location details • Practitioner

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

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

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

Home > Account Management > Provider & Practitioner Profiles

PROVIDER & PRACTITIONER PROFILES

Select organization to display

123456789 - XYZ HEALTH NETWORK **1** Search

Organization name
XYZ HEALTH NETWORK

Providers **Bulk Updates** Remittance

XYZ HEALTH NETWORK **2** Updates

Bulk Updates

Manage your organization's data all at once

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

Download XLSX **3**

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

Attach the XLSX file

Drag and drop your XLSX file here
or
Browse

Uploaded

You're downloading the Excel data file for tax ID

123456789

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

Cancel Continue **4**

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](#)

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](#)

[Download companion guide](#)

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.

The screenshot shows the 'Member rosters' interface. At the top, a blue header contains the title 'Member rosters'. Below the header, a text block explains that physicians and medical groups can view and download lists of Blue Shield of California members who selected them as Primary Care Physician (PCP) or medical group, specific to the Provider ID number (PIN). The interface includes a search bar with the placeholder 'Enter a practice or provider name' and a 'Search' button. To the right of the search bar are buttons for 'Export', 'Filter', and 'Help'. A table displays member data with columns for 'Provider name', 'PIN', 'Provider address', 'IPA / Medical Group', 'Member updates', and five member categories: 'Active members', 'New members', 'Disenrolled members', 'Redetermined members', and 'On hold members'. The 'Member updates' column for 'JOE J DOCTOR' shows 'Updates'. A red box highlights the 'Member updates' column and its 'Updates' button, with a red circle containing the number '1'. Another red box highlights the member category columns and their respective counts (17, 1, 12, 4, 0), with a red circle containing the number '2'. A third red box highlights the search bar and the 'Filter' button, with a red circle containing the number '3'. A red arrow points from the 'Filter' button to a dropdown menu that is open, showing search criteria: 'Provider name', 'Provider address', 'PIN', and 'IPA/Medical group'. At the bottom of the dropdown menu are 'Start over' and 'Show results' buttons.

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.

The screenshot shows the 'Member rosters' interface. At the top, there is a search bar for providers and buttons for 'Export', 'Filter', and 'Help'. Below the search bar is a table with columns for Provider name, PIN, Provider address, IPA / Medical Group, Member updates, Active members, New members, Disenrolled members, Redetermined members, and On hold members. The first row shows 'JOE J DOCTOR' with a PIN of '1000000002' and 17 active members. A red box highlights the 'Updates' button and the number '17'. A red arrow points from the '17' to a detailed view of the 'Active member roster' for 'DOCTOR J'. This detailed view shows the provider's name, PIN, and an 'Export' button. Below this is a table header with columns: #, MEMBER NAME, SUBSCRIBER ID, DATE OF BIRTH, and LOB/PLAN NAME.

Member roster categories detail

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

Verify eligibility (log in required)

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

1. Select the member search type: *SEARCH SINGLE MEMBER* or *SEARCH MULTIPLE 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**.

The screenshot shows the 'Verify eligibility' web interface. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted) and 'SEARCH MULTIPLE MEMBERS'. A red circle with the number '1' points to these tabs. Below the tabs, there is a heading 'Member coverage / card type' with three radio button options: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. A red circle with the number '2' points to the selected option. Below this, there are three search sections separated by 'OR' labels. The first section is 'SEARCH BY SUBSCRIBER ID' with a text input field containing '9-16 characters', a 'Start over' button, and a 'Search' button. The second section is 'SEARCH BY MEMBER NAME' with 'Last name' (input: 'Doe') and 'First name' (input: 'John') fields, a 'Date of birth' field with a calendar icon and 'MM/DD/YYYY' format, a 'Start over' button, and a 'Search' button. A red circle with the number '3' points to the 'SEARCH BY MEMBER NAME' section. The third section is 'SEARCH BY MEMBER SSN, MBI, OR CIN' with three radio button options: 'Social security number (SSN)' (selected), 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)'. Below these are two text input fields: 'Social security number (last 4)' with 'Last 4 digits' and 'Date of birth' with 'MM/DD/YYYY' and a calendar icon. A 'Start over' button and a 'Search' button are at the bottom. A red circle with the number '4' points to the 'Search' button at the bottom of the entire form.

See Appendix for more information about the eligibility details page and benefits 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.

The screenshot shows a member eligibility page. A large green circle with the number '5' is positioned at the top left. A red box highlights the 'Status' field, which shows a green checkmark and the word 'Eligible'. Four callout circles labeled 'a', 'b', 'c', and 'd' are positioned at the top right, pointing to the 'Details', 'ID Card', 'Benefits', and 'Claims' links respectively. The page content is organized into a grid of fields:

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

Options for submitting claims after login

Account Managers: See Appendix for instructions on how to enroll in/edit ERA and EFT selections.

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 & Practitioner 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.

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	4	Medical	07/07/2020-07/07/2020	3	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.

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

Claim 000343
Finalized 11/17/2021

Medical | Finalized | [View EOB](#)

Possible next steps: [Attach supporting documents](#) · [Resolve claim issue or dispute](#)

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

Member information

Member name: Mark, Twain
Date of birth: 01/01/1955
[View all claims for this member](#)

Member ID: [redacted]
Group number: [redacted]

Claim details

Dates of service: 11/01/2021–11/01/2021
Claim received: 11/01/2021
Provider: JOE J DOCTOR

Amount billed: \$1,235.00
Allowed amount: \$121.21
Patient responsibility: \$1,174.40
Amount paid: \$60.60

Payment details

Check/EFT number: 10026867
Check/EFT date: 11/17/2021
Check/EFT status: Check Number Assigned

Check/EFT amount: \$60.60
Payee name: Not Assigned
Payee address: N/A

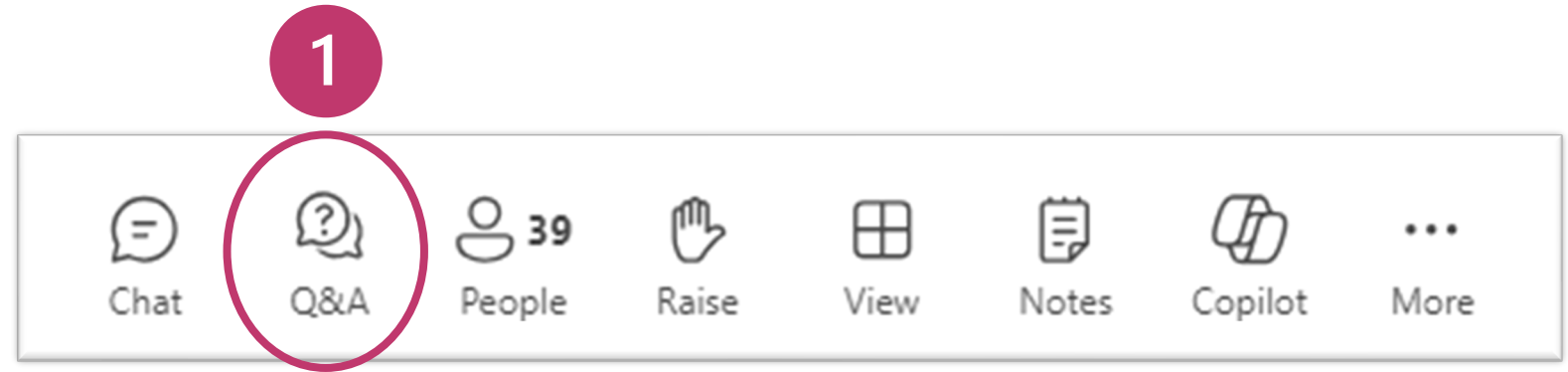
Claim history

Claim number	Claim received	Finalized	Amount billed	Amount paid	Check/EFT amount	Check/EFT date
041562401 (std)	09/10/2020	09/11/2020	\$2,000.00	\$0.00	\$0.00	
041562400 (std)	09/10/2020	09/10/2020	\$100.00	\$0.00	\$0.00	

Service and procedure details

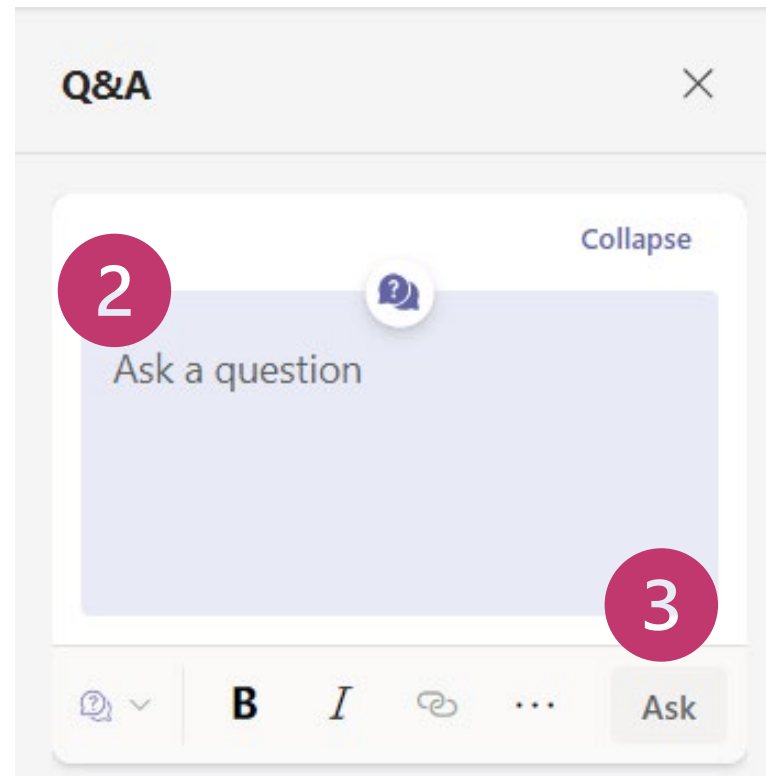
Line #	Dates of service	Place of service	Units	Procedure code	Modifier	Amount billed	Allowed amount	Deductible	Copay	Co-insurance	Amount paid
199	11/01/2021–	Office	1	99219	N/A	\$1,235.00	\$121.21	\$0.00	\$0.00	\$60.61	\$60.60

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**.

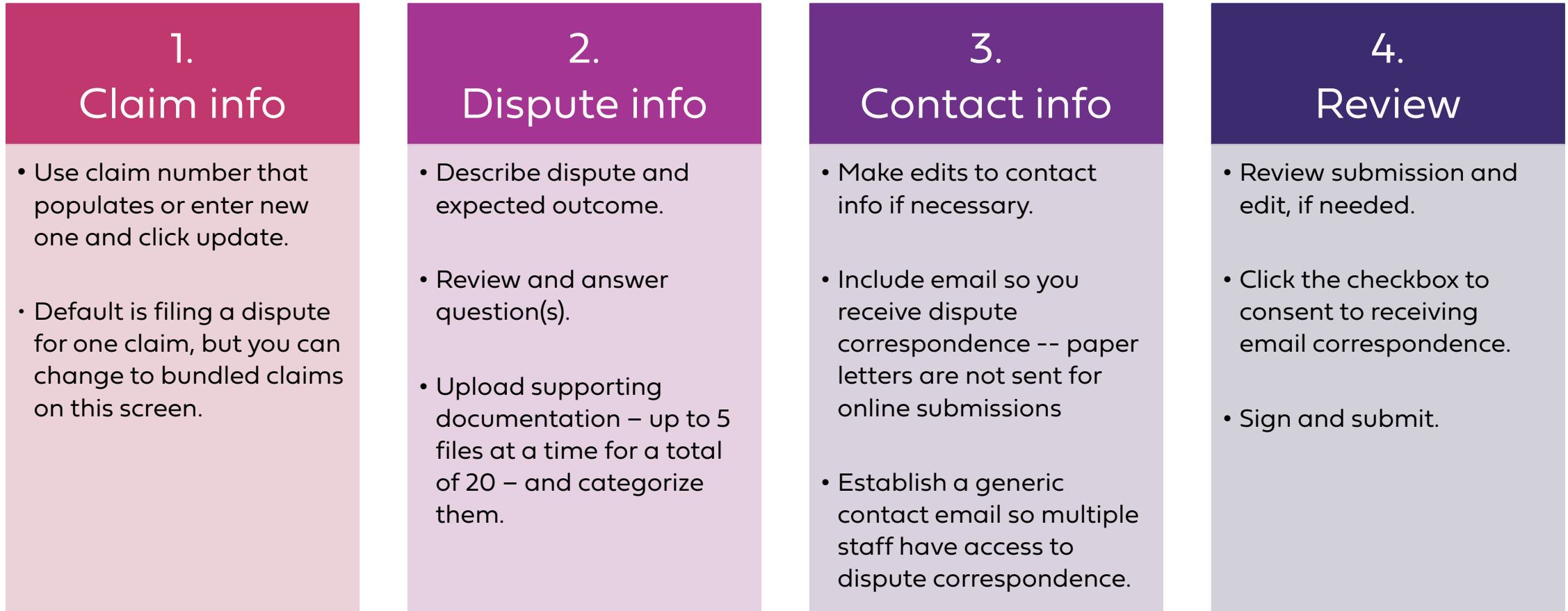


Initiate dispute online from *Check claims status*

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."

The image shows two screenshots of the Blue Shield of California website. The top screenshot is the 'Check claim status' page for claim 123456789101, which is 'Finalized' on 01/04/2023. A red box highlights the 'Possible next steps: Resolve claim issue or dispute NEW' link, with a red circle containing the number 1. A red arrow points down to the second screenshot, which shows the 'Resolving a claim issue' pop-up window for claim 000344476300, finalized on 10/17/2022. The pop-up offers three options: 'Correct a claim', 'Contact Provider Services', and 'Dispute a claim decision'. The 'Dispute a claim decision' option is highlighted with a red box and a red circle containing the number 3. Within this option, the 'our online dispute form' link is highlighted with a red box and a red circle containing the number 2. A 'Cancel' button is visible at the bottom of the pop-up.

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*



* 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**.

DISPUTE A CLAIM DECISION

Claim info **2** Dispute info Contact info Review

Dispute information

Describe your dispute and the steps we can take to resolve it.

* Required

Please describe your dispute and why you believe our claim decision is incorrect.

Dispute description *
Describe the nature of your dispute.

36/1500

Please describe the steps you expect we can take to resolve your dispute.

Expected outcome *
Provide an expected outcome.

Is this dispute related to a claim in which Blue Shield of California is **not** the provider?
 No

Is this facility dispute related to trauma, stop loss, transplants, implant or drug?
 No

Attach supporting documents *
(PDF, DOC, XLS, 50MB max, up to 20 files total)
All documents will be scanned for viruses.

1

Drag and drop up to 5 files at a time or

Select files

1. EXAMPLE - Itemized bill for Patient XYZ.pdf (198.20 KB) Itemized bill Remove

2. EXAMPLE - Med record for Patient XYZ.pdf (198.20 KB) Medical record Remove

2

Attach documents (4 of 4)

What type of document are you attaching?

supporting-doc-4.docx (11.91 KB)

Other

Enter document type *
another type

3

Cancel Attach

Step 4: Reviewing your submission

DISPUTE A CLAIM DECISION

Claim info Dispute info Contact info **Review**

Review

You're almost done. Review the information below and enter your e-signature when you're ready to submit your dispute.

Claim information Edit	Dispute information Edit
Claim # 000345348900	Description Your claim decision is incorrect because...
Provider XO Medical FA123456	Expected outcome The next steps needed are...
Tax ID 557470219	Supporting documents (1) All documents will be scanned for viruses
Member name Member X	1. Approved_bulk_template_PRV_Prov...xlsx (37.88 KB) Medical record
Date of birth 11/30/1971	
Subscriber Name Member X	
Subscriber ID ANS919121585	
Dates of service 09/23/2022-09/23/2022	
Amount billed \$50.00	
Amount paid \$0.00	

Contact information Edit
Contact name Chris Donald
Contact phone (974) 937-4374
Contact email chrid@gmail.com
Address 123 Calle Amistad San Clemente, CA 92673

2 * Required
Enter your full name and today's date.
 I agree to receive dispute correspondence by email

3 Full name/Electronic signature
Today's date

A copy of your completed form will download after you sign and submit.


[Back to contact info](#) **4** Sign and submit

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.

DISPUTE A CLAIM DECISION

1 Claim info 2 Dispute info 3 Contact info 4 Review

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

Enter claim number(s) Upload a file 2

Enter your claim # *
000345348900 Update

ⓘ Dispute(s) exist for this claim:
233050000002 (11/01/2023)
233040000011 (10/31/2023)
[Show more](#) ▾

Claim details

Claim #	000345348900
Member name	Member X
Subscriber ID	ANS919121585
Dates of service	09/23/2022–09/23/2022
Amount billed	\$50.00

[View more](#) ▾

Do you have similar claims to bundle with this dispute? * ⓘ

1 No. I'm disputing one claim decision.
Yes

Continued next page.

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**.

Do you have similar claims to bundle with this dispute? * ?

No. I'm disputing one claim decision.

Yes **1**

You can enter up to 50 claims. If you have more, [upload a file](#).

Enter claim numbers *
230000674000

2

3

Add >

< Cancel

Claim #	Plan type	Service from	Member name	Billed amount
1. 000345354800	Medi-Cal Promise	09/11/2022	Last, First	\$1,900.00

Next

! One or more claims can't be included with this dispute. If you've added claims of different plan types, you'll be asked to remove them before proceeding.

You can enter up to 50 claims. If you have more, [upload a file](#).

Enter claim numbers *

Add >

< Cancel

Claim #	Plan type	Service from	Member name	Billed amount
1. 000345354800	Medi-Cal Promise	09/11/2022	Last, First	\$1,900.00
2. 230000674000	Commercial	09/01/2023	Lastn, Firstn	\$1,000.00

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.

DISPUTE A CLAIM DECISION

1 — 2 — 3 — 4
Claim info — Dispute info — Contact info — Review

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

1

Enter claim number(s) **Upload a file**

Claim information


Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

Enter claim number(s) **Upload a file**

All claims in a bulk dispute must be for the same or similar issue. We also ask that you bundle claims separately for different plan types, for example Commercial, Medicare and Promise Medi-Cal. BlueCard and Federal Employee Program (FEP) claims may be bundled only if they're for services provided to the same member.

Attach a **comma delimited** CSV file with up to 500 claim numbers. [Get CSV instructions](#)

Drag and drop a pre-formatted CSV file here or

 **2** **Select a file**

44claims-Medi-Cal-SierraHospital.csv (0.62 KB) Claims List ×

3 **Claim list accepted**

We processed your file and were able to match **44 out of 44 claims** on your list to our plan records. You submitted:

- 44 Promise Medi-Cal claims

Continued next page.

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:

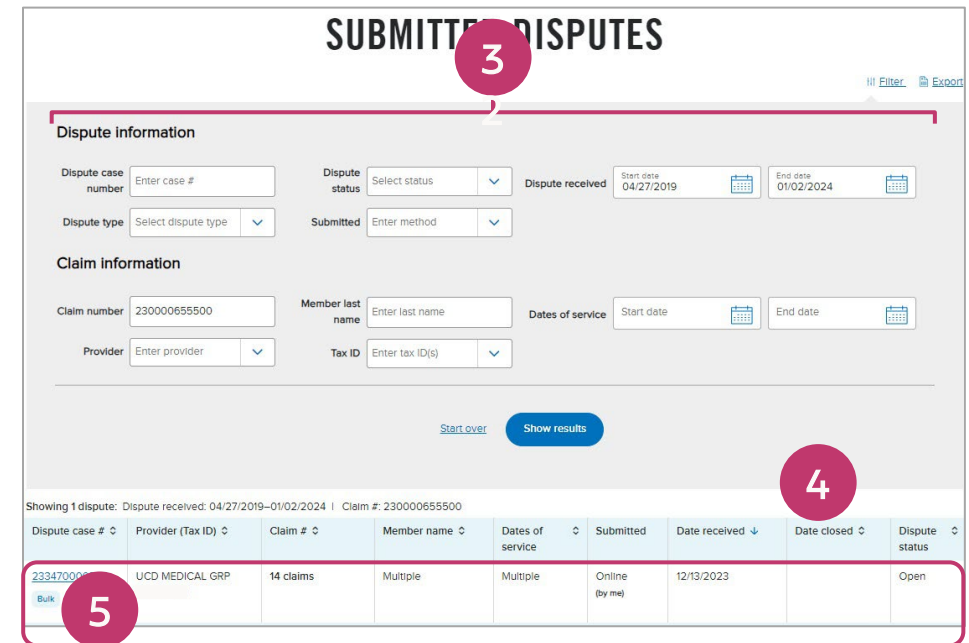
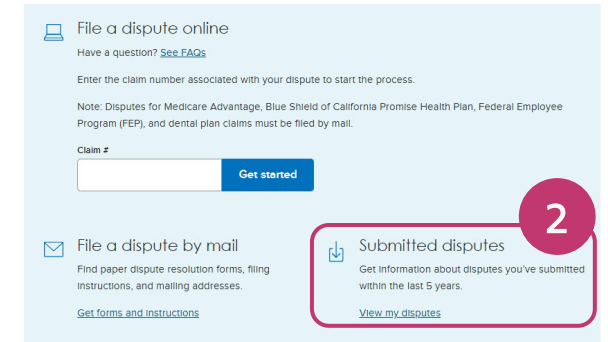
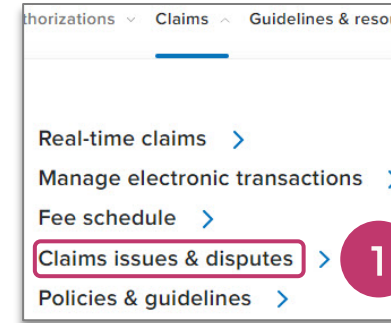
- a. Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).
- b. Click the **X** to remove the original CSV file with the errors and activate the *Select a file* button.
- c. Drag/drop or select to upload the corrected CSV file. If no additional messages display, the *Next* button will activate.

“Some fixes are needed” example

The screenshot shows a web interface for bulk claim submission. At the top, a pink banner reads "Some fixes are needed" example. Below it, a grey box contains a cloud upload icon, a blue circle with a white 'C', and the text "Drag and drop a pre-formatted CSV file here or" with a "Select a file" button. Below this, a file list shows "1577claims - 1col - with notes.csv" (80.12 KB) with a "Claims List" link and a close button (X). A blue circle with a white 'b' is next to the close button. Below the file list, a message titled "Some fixes are needed" states: "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:" followed by a bulleted list: "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", and "2 Promise CalMediConnect claims – this claim can't be disputed online". At the bottom, a blue circle with a white 'a' is next to the text "Download the CSV file to see notes." and a "Download CSV" button.

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.



Continued next page.

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-

Uploaded documents (1)
Supporting documents submitted on Provider Connection appear here. [Add documents](#)

Added on 12/13/2023

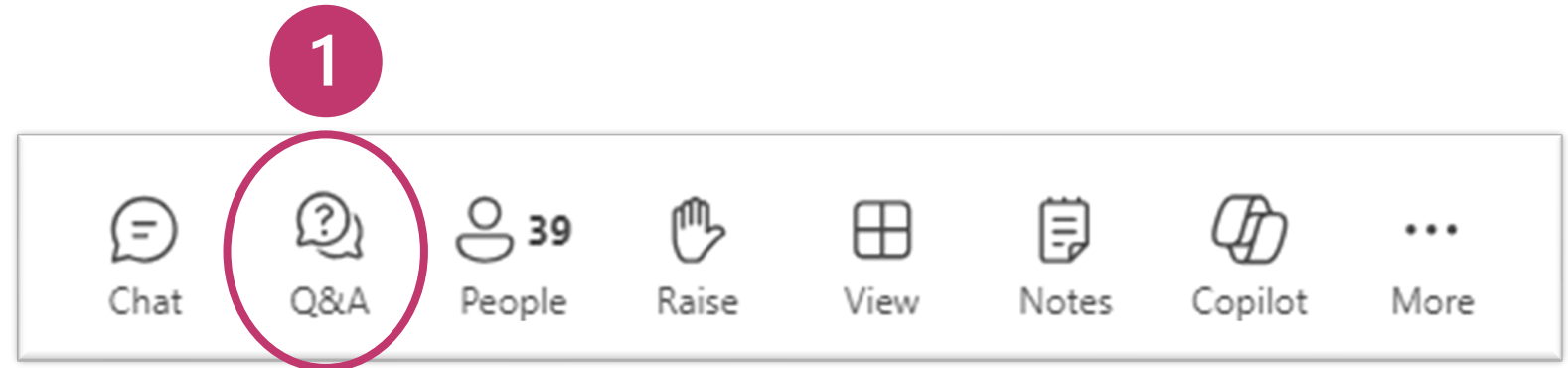
1. [03-03-PDF-test-doc-2.pdf \(9.6 MB\)](#) Medical record **c**

Date received 12/13/2023 Status Open

Letter **Date issued**

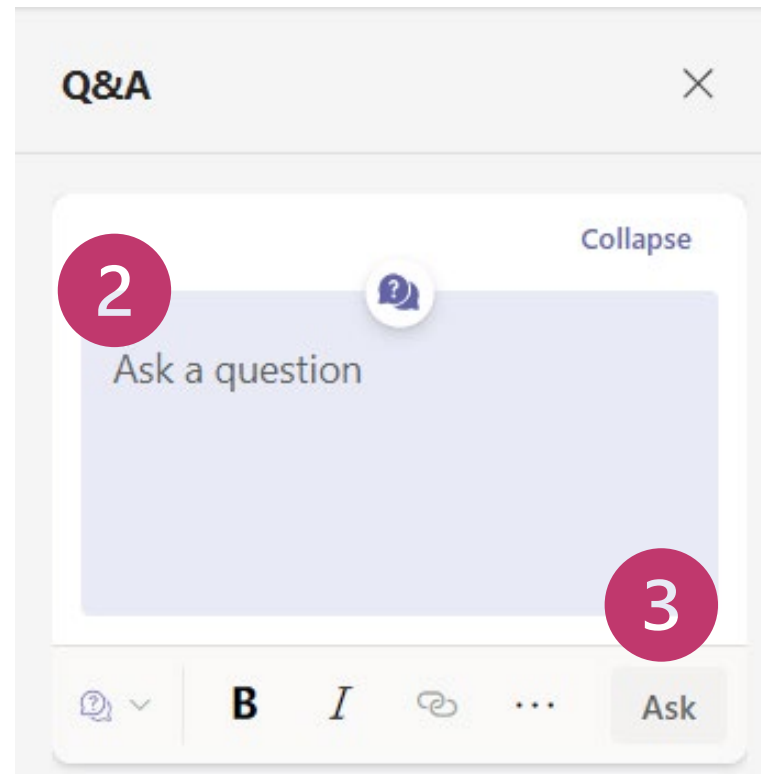
[Acknowledgement \(PDF\)](#) 12/13/2023 **d**

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • How to attest & update provider demographic data
AuthAccel Online Authorization System training – no login required.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Blue Shield Promise prior authorization list and forms – no log in required.
Claim issues & disputes	<ul style="list-style-type: none"> • Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.
Provider Connection News & Education section	<ul style="list-style-type: none"> • 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: MEMBER, A Status: **Eligible** [Print](#) [Benefits](#) [Claims](#)

Subscriber ID XEF91	Date of birth 01/01/1990	Gender Female	Member address STREET NO.1, Berkeley, CA, 94710
Plan name Get Covered PPO	Plan type Commercial PPO (Fully insured)	Coverage effective / start date 01/01/2019	Coverage end / redetermination date Present
Relationship to subscriber Subscriber	Subscriber name MEMBER, A	PCP name N/A	Office visit copay In-network-0%

Network status ⓘ
✓ In network
4343001 -- PALOMAR CITY MED CTR

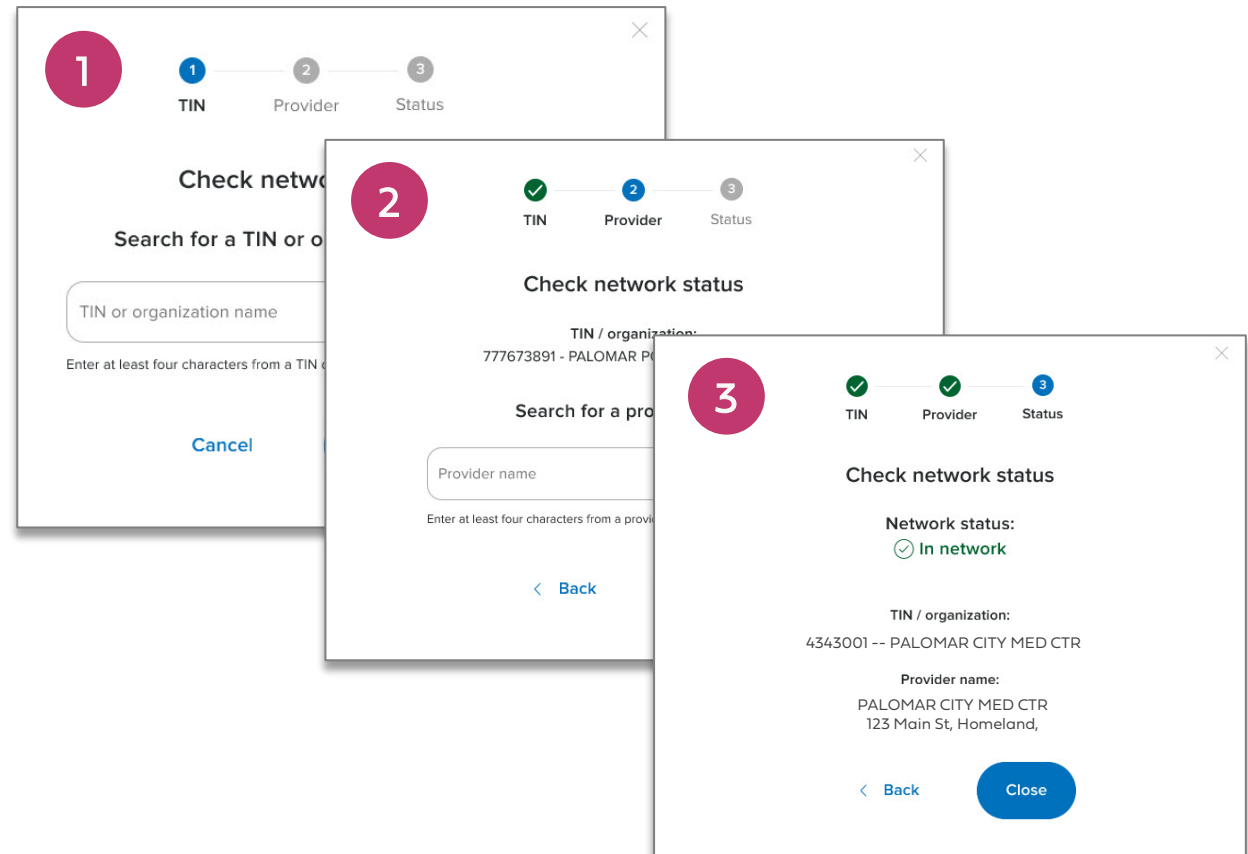
Network status ⓘ
✗ Out of network
4343001 -- PALOMAR CITY MED CTR

Member network status continued

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



1. Identify the appropriate Tax ID by selecting or searching in the pop-up that presents. Click **Continue**.
 - Select = (1-5 Tax IDs)
 - Search = (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: MEMBER, G Status: Eligible

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

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

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

PCP name: N/A Office visit copay: 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](#).

The screenshot shows the AuthAccel online authorization system interface. At the top, there are four tabs: 'MEDICAL REQUEST' (highlighted with a red box), 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. Below the tabs, there are two informational boxes with close buttons (X). The first box states: 'Blue Shield Promise medical authorizations can now be submitted in AuthAccel. The status of previously submitted requests can also be viewed online. For instructions, read how to submit a medical authorization.' The second box states: 'Use AuthAccel to determine if a Blue Shield commercial/FEP authorization is required. Launch AuthAccel and submit your request. If authorization is not required by Blue Shield or is delegated, you can receive documentation from the system. For instructions, read how to submit a medical authorization.' Below these boxes is the 'Request medical authorization' section. It includes a paragraph: 'To request medical authorization via the AuthAccel online authorization system, select the requesting provider's tax ID number (TIN) and click Access AuthAccel. If you don't see your TIN in the menu, contact us.' A note follows: 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' There is a dropdown menu for 'Requesting provider's TIN' with 'Select TIN' and a downward arrow. Below the dropdown are two buttons: 'Access AuthAccel' (blue) and 'Cancel' (grey). On the right side, there is a sidebar with 'INSTRUCTIONS' (highlighted with a red box) containing a link: 'Read how to submit a medical authorization (PDF, 329 KB)'. Below that is a 'QUICK LINKS' section with several links: 'AuthAccel system updates and support tools', 'Authorization basics for providers', 'Clinical policies and guidelines', 'AuthAccel frequently asked questions (PDF, 277 KB)', and 'Verify member's eligibility & benefits'.

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.)

Home > Authorizations > Medical authorization status

MEDICAL REQUEST MEDICAL REQUEST STATUS PHARMACY REQUEST PHARMACY REQUEST STATUS

Medical authorization status

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

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

Requesting provider's TIN

943281660

Access AuthAccel Cancel

INSTRUCTIONS

- [Read how to view medical authorization status \(PDF, 272 KB\)](#)

QUICK LINKS

- [AuthAccel support tools](#)
- [Authorization basics for providers](#)
- [Prior authorization lists](#)
- [AuthAccel frequently asked questions \(PDF, 277 KB\)](#)
- [Verify member's eligibility & benefits](#)

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.

The image displays two screenshots of the Blue Shield of California provider portal interface, illustrating steps 3 and 4 of the enrollment process.

Step 3 Screenshot: The 'Remittance & Payments' tab is active. The left sidebar shows 'EFT' (Not enrolled) and 'ERA' (JM MEDICAL GROUP). The main content area is titled 'Electronic Funds Transfer' and includes the instruction 'Enroll your organization in EFT or change your banking information'. A table shows the status as 'Enrolled' with an 'Edit' button. Other fields include 'Last modified by', 'Authorized signer', 'Date submitted', and 'Remit address' (P O BOX 885904, Los Angeles CA 90088). A note at the bottom states: 'This EFT information applies to all service locations under this TIN unless they are individually enrolled in EFT'.

Step 4 Screenshot: The 'Remittance & Payments' tab is active. The left sidebar shows 'EFT' (Not enrolled) and 'ERA' (JM MEDICAL GROUP). The main content area is titled 'Electronic Remittance Advice' and includes the instruction 'Enroll in ERA for your organization or change your vendor'. A note states: 'If you would like to receive ERAs, choose a vendor (that is, a clearing house or trading partner)'. A dropdown menu is labeled 'Select vendor' with 'OFFCE ALLY' selected. A note at the bottom states: 'This vendor applies to all provider groups under this TIN'.



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