

What you'll need to get started:

- A designated Account Manager to register the account.
- Your Billing Service's* Tax ID (TIN) and at least one TIN/Social Security number (SSN) for a provider you are requesting to represent.
 - You can add additional TINs/SSNs after you create the account.
- The Business Associate Agreement (BAA) date. This is the date on which the contract was signed with the provider you represent.

* Billing services are hired by providers to handle billing and claims. They do not deliver healthcare services to members.

Instructions

1. Click **Log In/Register** in the upper right corner of the Provider Connection homepage (www.blueshieldca.com/provider).

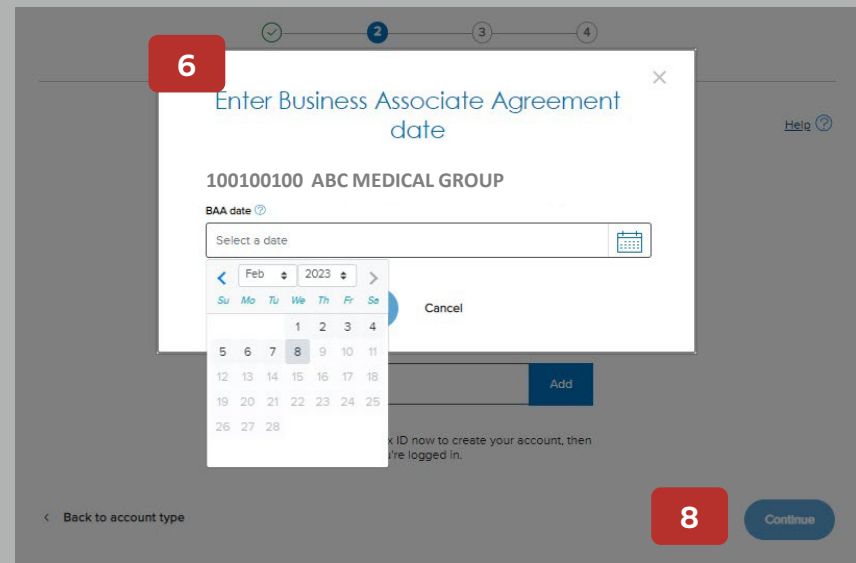
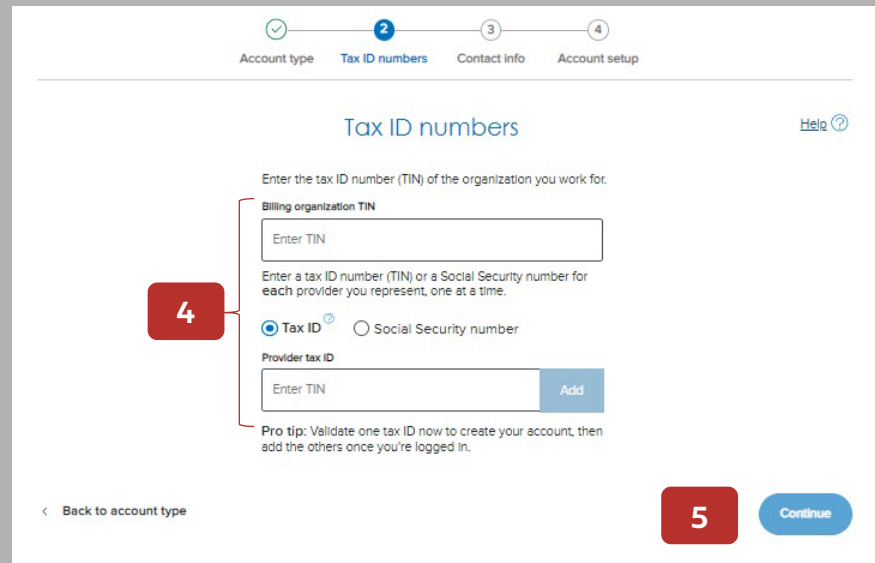
The *Welcome to Provider Connection* screen displays.

2. Click **Create account**.
3. Select *Billing* as the account type and click **Continue**.

The screenshot shows the Provider Connection website interface. At the top right, there is a navigation bar with 'Guidelines & resources', 'News & education', a search bar, and a 'Log in / Register' button. A red circle with the number '1' highlights the 'Log in / Register' button. Below this is the 'Welcome to Provider Connection' screen. It has two main sections: 'Log in' and 'Register as an account manager'. The 'Log in' section has fields for 'Username' and 'Password', a 'Remember my username' checkbox, and a 'Log in' button. The 'Register as an account manager' section has a 'Create account' button, which is highlighted with a red circle and the number '2'. Below the 'Create account' button, there are lists of requirements for registration. At the bottom of the registration screen, there are links for 'Forgot your password?' and 'Forgot your username?'. Below the registration screen is a progress indicator with four steps: 'Account type', 'Tax ID numbers', 'Contact info', and 'Account setup'. Step 1, 'Account type', is highlighted with a red circle and the number '1'. Below the progress indicator is the 'Select your account type' screen. It has three options: 'Provider', 'Billing', and 'MSO'. The 'Billing' option is selected, indicated by a blue checkmark and a blue border around its box. Below the 'Billing' box, there is a description: 'Billing services are hired by providers to handle billing and claims.' At the bottom of the 'Select your account type' screen, there is a 'Back to login' link and a 'Continue' button, which is highlighted with a red circle and the number '3'.

The *Tax ID numbers* screen displays.

4. Enter your Billing Service's Tax ID (TIN) and at least one TIN or Social Security number (SSN) for a provider you are requesting to represent.
 - Remember, you can add more TINs/SSNs after you create the account.
5. Click **Add**.
6. The *Enter Business Associate Agreement (BAA) date* pop-up displays. Select the BAA date and click **Continue**.
 - Remember, the BAA date is the date on which the contract was signed with the provider you represent.
7. The Provider TIN/SSN and name will populate on the *Tax ID numbers* screen. Repeat to add additional provider TINs/SSNs if desired. (Steps not shown.)
8. Click **Continue**.



Instructions

The *Organization contact info* screen displays.

9. Complete the *Organization contact info* and *Your contact info* fields.

10. Click **Continue**.

The *Account setup* screen displays.

11. Establish your Username and Password.

12. Click **Continue**.

9

Account type Tax ID numbers Contact info Account setup

Organization contact info

Organization name*
Prospect Medical Group

Street address*
0 Duval Street

Suite/floor/sup
[Empty]

City*
Key West

State*
FL

ZIP code*
33040

Your contact info

First name*
Jester

Middle name
L

Last name*
Milkywaybar

Email address*
jymem@comcast.net

Phone*
(910) 940-0000

Ext
[Empty]

This is a mobile number

[Add another phone number](#)

Back to tax ID numbers

10

Continue

Account type Tax ID numbers Contact info Account setup

Account setup

Use my email address as my username

Username
[Empty]

Password
[Empty] Show

Your password must include:

- 8-20 characters
- At least 1 lowercase letter
- At least 1 uppercase letter
- A number or symbol (?!#)
- No spaces

Confirm password
[Empty] Show

Back to contact info

12

Continue

The **Terms and conditions** screen displays.

13. Review the terms and conditions, then enter your full name (e-sign) and today's date to indicate agreement.
14. Click **Sign and create account**.

The **Please validate your email address** screen displays.

15. Click the link sent to your email address to validate your account.
 - The link expires, so follow it promptly. (If the link expires, request another one.)
 - Check SPAM if you do not receive this email.

Next steps.

- Blue Shield immediately contacts the providers you have registered to represent.
- When the first provider approves your access, we'll email you. Then you'll be able to access Provider Connection and that provider's TIN.
- You'll receive access to any additional TINs you requested as we get confirmation from those providers. (If they deny your access, we'll let you know that, too.)

13

Terms and conditions [Help](#)

To create an account, you must agree to the following terms and conditions.

Provider agreement for online access

By clicking the **Sign and create account** below, you agree to the following statement:

I am an authorized representative of a provider seeking access to Provider Connection to view claims, authorizations, and eligibility and benefits information for Blue Shield of California subscribers. I understand that Blue Shield of California is not responsible for any unauthorized disclosure or misuse of Taxpayer Identification Numbers (TINs) or Blue Shield provider identification numbers (PINs)

I understand that an account manager's role is to:

- Keep my organization's account information up-to-date
- Create and maintain accounts for others in my organization
- Supply forgotten usernames and passwords for other users
- Place a user account on inactive status (e.g., for a leave of absence)

For security reasons, users may not share login information. Doing so would constitute a violation of state and federal regulations and could place sensitive member data at risk.

Provider connection legal disclosure form for service representatives

The following declarations must remain in the affirmative and must remain factually correct.

Choose you, the provider whom you represent, and/or Blue Shield of California or Blue Shield of

Enter your full name and today's date to agree to our terms and conditions.

Full name / electronic signature [?](#)

Enter your full name

Today's date

Select today's date

[Back to account setup](#) **14** **Sign and create account**

15

You're almost done!

Please validate your email address

We've emailed you a link. Click the link to finish setting up your account.