

Provider Guide:

Providing In-Person Care for Trio HMO Network Members Assigned to Virtual PCPs

Blue Shield of California has added a virtual primary care option (Accolade Care* to our Trio HMO Networks for members 18 + years of age for all lines of business excluding CalPERS members.

A member who selects the virtual PCP option may be referred to you if in-person care is needed.

As a Blue Shield network provider, you are eligible to accept Trio HMO members for in-person care—with a written referral from Accolade Care. Your provider agreement with Blue Shield allows you to see these members and bill Blue Shield directly (not Accolade Care).

When you provide in-person care, Blue Shield pays fee-for-service (FFS) at the direct contract HMO (DCHMO) rate, or the PPO contracted rate, whichever applies.

* Accolade Care IPA is now Transcarent. The official name change is effective as of Q2 2027.



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Introduction to the Trio HMO Network virtual PCP option

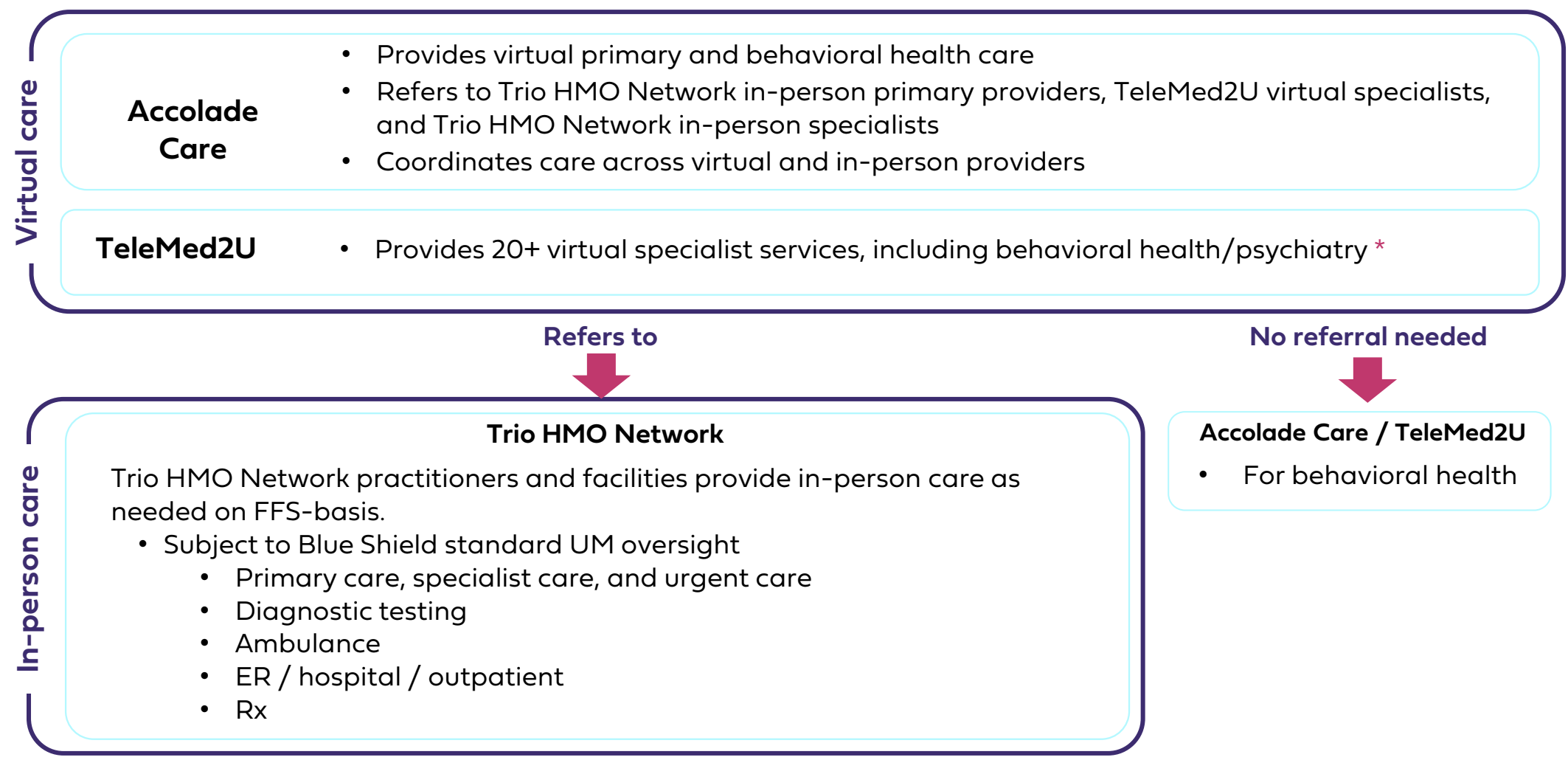
- In addition to existing Trio HMO in-person network providers, Blue Shield provides Trio HMO Network members* with the option to choose a virtual PCP (**Accolade Care**) as their assigned IPA/medical group. Some behavioral health and specialist services are also included, provided by **TeleMed2U**. The Trio HMO Network virtual PCP option is available for members 18 + years of age across all lines of business.
- A member who selects or is assigned to Accolade Care receives primary, behavioral, and specialist care through virtual visits (telehealth video or phone calls).
- Trio HMO Network plan benefits, including copays and deductibles, apply to virtual care services the same as they do for in-person services.
- When in-person care is required for primary or specialist care, Accolade Care will refer to an in-person Trio HMO Network provider. Only the referral from Accolade is required. No authorization is needed for the initial visit.
- For in-person care, Blue Shield pays fee-for-service (FFS) at the direct contract HMO (DCHMO) rate or the PPO contracted rate, whichever applies.
- An Accolade Care member can switch to an in-person PCP anytime.† If they do so by calling Blue Shield, the switch is immediate and capitation for the member is effective retroactive to the first of the month during which the switch is made. If they make the switch online, it goes into effect on the first of the following month per the usual business timeline for switching to a different medical group under an HMO plan. Capitation begins at that time.

* Excludes CalPERS members.

† Note, members cannot change IPAs if they are in their third trimester of pregnancy or currently undergoing a course of care.



The Accolade Care virtual PCP provides the first line of patient care for assigned members, and Accolade Care coordinates referrals and care provided by Trio HMO Network virtual and in-person practitioners.



Overview: Providing in-person care to a Trio HMO Network member assigned to Accolade Care

When an Accolade Care or TeleMed2U virtual provider determines that in-person care is appropriate, a member of the Accolade Care team assists the member by identifying a Trio HMO Network in-person provider.



Referrals

- Accolade Care sends a referral form and health records to the in-person provider.
- Member eligibility and all other relevant information are documented in the referral.
- Member eligibility can be accessed on Provider Connection after log in* or by contacting Blue Shield Provider Services: **(800) 541-6652.†**



Authorizations

- Authorization is **NOT** required for office visits. If an authorization is required for a service that the in-person provider will perform, **the in-person provider** submits directly to Blue Shield for approval.
- Authorization requests can be submitted online at Provider Connection or by FAX.
- Authorization status can be accessed online or by contacting Blue Shield Provider Services: **(800) 541-6652. †**



Claims

- The in-person provider submits claims to Blue Shield either by mail, electronically, or using the SympliSend digital paper.
- Blue Shield pays FFS for referred services to in-person Trio HMO providers and facilities via the standard claims process.
- Claim status can be accessed online or by contacting Blue Shield Provider Services: **(800) 541-6652. †**

* See Appendix for step-by-step instructions re. how to [check eligibility on Provider Connection](#).

† You can also use Provider Connection online chat after log in (6 a.m. - 6:30 p.m. Monday - Friday).

Referral process: Accolade Care patient referral to in-person care



Patient referrals will be sent to the in-person provider's practice by the Accolade Care team, and members of this team will drive both outreach and follow-up related to the referral and associated care.

The referral form includes:

- Patient information and eligibility
- Referring provider with contact information
- Servicing provider/facility
- Referral information
 - Reason for referral and diagnosis code(s)
 - Authorization #: If Accolade Care secures authorization for a service or specialist consult, the authorization number will be included on the referral.
 - **Note:** Authorization is not required for office visits, only the initial referral is needed. If authorization is required for a service that the in-person provider plans to perform, the provider must submit the authorization request directly to Blue Shield.
 - Desired services
 - Referral valid thru date
 - Referring physician signature

* See Appendix for a screenshot of the full [referral form](#).



Blue Shield ID card for a Trio HMO Network Accolade Care member*





1

Subscriber
MEMBER, JW

2

ID# XEO123456789

3

ACCOLADE CARE
JONES, TOM
(888) 222-2222

09/07/2024

Network Name
Group #
Effective
Copays

Trio ACO HMO
X0001000
01/01/2024

Primary Care	\$15	Specialist	\$30
Urgent Care Center	\$15	Teladoc	\$5
Emergency Room	\$150		

Plan Type
RX
RxBIN
RxPCN

HMO
YES
004336
77993333

Platinum 90 Trio HMO



Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. This member has limited benefits outside of California. For more information visit: blueshieldca.com/provider

	Deductible	Out-of-pocket maximum
Individual HMO medical	\$0	\$3,350

CA Medical claims to: Blue Shield of California, P.O. Box 272540, Chico, CA 95927-2540
Pediatric Dental Claims to: Claims Processing, P.O. Box 30567, Salt Lake City, UT 84130-0567

We are here to help:
blueshieldca.com/go

(844) 250-2873 Shield Concierge TTY
(877) 263-9952 Mental Health Customer Svc.
(877) 304-0504 NurseHelp 24/7
(800) 810-2583 To locate providers outside of CA
(800) 541-6652 CA Provider Customer Service (includes hospitals for pre-auth)
(888) 970-0932 Pharmacists Only
(877) 601-9083 Vision Benefits and Claims Inquiries
(888) 702-4171 Pediatric Dental Benefits and Claims Inquiries
(800) 835-2362 Teladoc

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- 1. All Trio HMO Network member IDs begin with "XEO."
- 2. The member's network name always appears here: Trio ACO HMO.
- 3. Accolade Care is listed as the IPA/medical group and the virtual PCP's name is also included on the card.

* See Appendix for step-by-step instructions re. how to [check eligibility on Provider Connection](#).

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Authorization process for providing in-person care to an Accolade Care assigned member

Determine if auth is required

- Authorization is not required for office visits.
- For medical services, see [prior authorization list](#). (No log in required.)
- Use online chat after log in to Provider Connection (6 a.m. - 6:30 p.m. Monday - Friday)
- Call Blue Shield Provider Services 24/7 at **(800) 541-6652**.

Submit auth

- Via Blue Shield's AuthAccel online authorization system: *Provider Connection > Authorizations > Medical Authorization*. (Log in required.)
- By FAX, using the appropriate Blue Shield [authorization form](#) available from Provider Connection. (No log in required.) **Scroll to the Procedure authorization request forms search tool.**

View auth status

- Via Blue Shield's AuthAccel online authorization system: *Provider Connection > Authorizations > Medical Authorization Status*. (Log in required.)
- Use online chat after log in to Provider Connection (6 a.m. - 6:30 p.m. Monday - Friday)
- Call Blue Shield Provider Services 24/7 at **(800) 541-6652**.

* For additional information on authorizations, see [Authorization basics](#) on Provider Connection (no log in required). Step-by-step instructions for how to submit and view medical authorizations are located on the *Medical Authorization* and *Medical Authorization Status* launch pages (log in required) and on the [AuthAccel Online Authorization System training page](#) (no log in required).

Billing for providing in-person care to a Trio HMO Network Accolade Care member

For members assigned to Accolade Care, Blue Shield pays for referred services to in-person Trio HMO Network providers and facilities on a fee-for-service basis via the standard claims process.*

You as the in-person provider bills Blue Shield directly:

Option 1:

Under your affiliated IPA/medical group contract, using the Tax ID of the IPA/ medical group ...

- Blue Shield reimburses FFS in accordance with the terms of the in-person IPA/MG agreement that ensures and allows for treatment of members not assigned to that IPA/MG.

Option 2:

Under your individual provider DCHMO or PPO† Blue Shield agreement and Tax ID ...

- Blue Shield reimburses FFS for services at the provider's contracted rate.

* Members pay the same share of the cost (e.g., copayment, coinsurance) that they would pay with any other in-network provider.

† Blue Shield contracted PPO providers who have not opted out of accepting HMO members.

Claims submission process: Three ways to submit claims*

1. By mail

- The [Claims Routing Tool](#) provides the address where to submit paper claims. (No log in required.)
 - This information is also located on the back of the member's ID card.

2. Electronically

- Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer. (Log in required.) See [EDI, ERA/EFT and Secondary 277CA FAQ](#) for details.
 - 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. SympliSend

- Digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims can be submitted with documentation online in SympliSend after logging in to Provider Connection.
- Go to *Claims* and scroll down to SympliSend. Log-in is required. See the SympliSend [user guide](#) for instructions (no log-in required).

* See Appendix for step-by-step instructions re. how to [check claim status on Provider Connection](#) and/or how to [enroll in or change ERA/EFT designations](#).

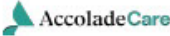
Resources to support you

Contact Accolade Care at 888-305-9433	Questions about care coordination, referrals, referral denials for Accolade Care and TelMed2U patients.
General information about Trio HMO	- Contact your provider relations representative or call Blue Shield Provider Services, 6 a.m. to 6:30 p.m. Monday through Friday at (800) 541-6652 - Live chat with customer service from Provider Connection – log in required.
Blue Shield-related questions	Blue Shield Provider Services, 6 a.m. to 6:30 p.m. Monday through Friday at (800) 541-6652 or live chat from Provider Connection – log in required
Provider Connection Support – no log in required	Provider Connection Reference Guide – detailed information about how to use tools on the website - Provider Connection website registration instructions for Provider, MSO and Billing accounts and additional tutorials. Online text-based website help available from every page.
Authorization resources	- Instructions linked to each AuthAccel launch page (login required) and on the AuthAccel Online Authorization System training – no login required. Blue Shield prior authorization list – no login required. Blue Shield prior authorization forms – no login required.
Claims resources	How to submit claims – no login required. Claims Routing Tool – no login required (where to send paper claims). SympliSend user guide – no login required. Claim issues & disputes – no login required. - Log in not required for Information about how to submit claims and disputes. Log in required for submission and tracking of claims and disputes. - Step-by-step instructions: add documentation to a finalized claim and submit claim disputes/view status.



Appendix

Accolade Care patient referral form



Please forward a copy of your report and recommendations with this referral as a cover sheet via secure email or fax:

Accolade Care
101 Mission St. Suite 800
San Francisco, CA 94105
P- 866-518-1747, F-415-231-5332
Secure Email - support@accoladecare.zendesk.com

Accolade Care Diagnostic / Referral Form

Date of Referral: 10/15/2024

The patient for this referral is a Blue Shield of California (Blue Shield) Trio HMO plan member assigned to a virtual primary care provider (PCP) of Accolade Care, the dba of PlushCare of California. The patient is being referred to you for in-person care. If you have questions about this referral, please contact Accolade Care Support at (866) 518-1747.

Blue Shield eligibility/benefits: Verify this patient's eligibility and benefits on Blue Shield's Provider Connection website (blueshieldca.com/provider) after logging in [or](#) contact Blue Shield Provider Customer Service at (800) 541-6652.

Authorizations: If an authorization is not included in this referral, visit the *Authorizations* section at blueshieldca.com/provider and complete the following steps, as applicable:

1) Link to Blue Shield's *Authorization forms & list* and review the list to determine if an authorization request is necessary for the services you will provide.

2) If authorization is required, submit the request directly to Blue Shield using one of two options:

- Click the *Medical authorization* link after logging in, then complete and submit the request online, [or](#)
- Submit the request via FAX. Click *Authorization forms & list* to find the form. Logging in is not required to access a form.

Questions about authorizations? Contact Blue Shield Provider Customer Service at (800) 541-6652.

Claims: Submit claims with appropriate documentation to Blue Shield either 1) electronically [Payer ID BSC001]; or 2) via the SympliSend digital paper submission portal in the *Claims* section on Provider Connection after logging in (blueshieldca.com/provider); [or](#) 3) by mail: P.O. Box 272540, Chino, CA 95927-2440. Claim status can be checked via the *Claims* section at blueshieldca.com/provider after logging in [or](#) by contacting Blue Shield Provider Customer Service at (800) 541-6652.

Ongoing care: Should this patient require multiple follow-up visits as part of their care plan, please document frequency and duration in their medical record for Accolade Care PCP review.

Name (Last, First):

Date of Birth (M/D/Y):

Phone #:

Email:

Address:

None

Blue Shield member ID#:

Payer Information

Name:

Member #

Referring/Ordering Provider:

Name (Last, First):

Specialty:

Institution/Group Name: Accolade Care

NPI:

Address: 101 Mission St. Suite 800 San Francisco, CA 94105

Phone #: 866-518-1747

Fax #: 14152315332

Servicing/Consulting Provider or Facility:

Name (Last, First):

Specialty:

Institution/Group Name:

NPI:

Address:

Phone #:

Fax #:

Referral Information:

Reason for Referral:

Diagnosis:

Services Desired:

Authorization #:

Referral is Valid Until

Physician Signature:

We provide Virtual Primary Care in all 50 states 24/7/365.
Thank You for seeing our patient.

Checking member eligibility

The *Verify eligibility* tool is available from the home page and from the *Eligibility & benefits* section, after log in.

1. Select the member search type: *SEARCH SINGLE MEMBER* is the default.
2. Select the *Member coverage/card type*. Blue Shield of California/Promise Health Plan is the default.
3. Search for the member by entering either the:
 - Member ID
 - Member Last/First and DOB
4. Click **Search**.

The screenshot shows the 'Verify eligibility' web interface. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted with a blue arrow and a red circle '1') and 'SEARCH MULTIPLE MEMBERS'. Below the tabs, a message states: 'Verify eligibility of a single member. All fields are required unless noted otherwise.' To the right is a 'Help' link. Under 'Member coverage / card type', there are three radio buttons: 'Blue Shield of California / Promise Health Plan' (selected, with a red circle '2'), 'Other Blue Plan', and 'Federal Employee Program'. Below this, there are three search sections separated by 'OR' labels. The first section, 'SEARCH BY SUBSCRIBER ID' (with a red circle '3'), has a 'Subscriber ID' field with a placeholder '9-16 characters', a 'Start over' link, and a 'Search' button. The second section, 'SEARCH BY MEMBER NAME', has 'Last name' (placeholder 'Doe') and 'First name' (placeholder 'John') fields, a 'Date of birth' field with a placeholder 'MM/DD/YYYY' and a calendar icon, a 'Start over' link, and a 'Search' button. The third section, 'SEARCH BY MEMBER SSN, MBI, OR CIN', has three radio buttons: 'Social security number (SSN)' (selected), 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)'. It also has a 'Social security number (last 4)' field with a placeholder 'Last 4 digits', a 'Date of birth' field with a placeholder 'MM/DD/YYYY' and a calendar icon, a 'Start over' link, and a 'Search' button. A large red circle '4' is positioned at the bottom center, with a red line connecting it to the 'Search' buttons in the first two sections. A red arrow points to the right at the bottom right of the page.

Eligibility information continued

- 5. Member eligibility results display. Eligibility displays in **green** when the member is active. For additional information, click:
 - a. **Details:** Comprehensive member information including eligibility, coverage, etc.
 - b. **ID Card:** Electronic copy for viewing, printing, or download.
 - c. **Benefits:** Trio HMO Network plan benefit information.
 - d. **Claims:** *Check claims status* tool.

5

Member name

MEMBER, X

Status

Eligible

a

b

c

d

Details

ID Card

Benefits

Claims

Subscriber ID	Date of birth	Gender	Member address
912345678	04/16/1963	Female	123 MAIN STREET, ANYTOWN, CA 90000
Plan name	Plan type	Coverage effective / start date	Coverage end / redetermination date
Blue Shield of CA ASO PSP	Commercial PPO	01/01/2023	Present
Relationship to subscriber	Subscriber name	PCP name	Office visit copay
Subscriber	MEMBER, X	DOCTOR, X	In-network-20%

Check claims status

Claim status can be checked on Provider Connection (after log in) by using the Check Claims Status tool or via online chat. Status can also be checked by contacting Provider Services 24/7: (800) 541-6652.

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.

1. Enter data into one or more search fields and click **Search**
2. Results will display in the table below the search section, starting with claims status.
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.

SearchOther Blue plans

See the tou

All fields are optional

Member information

Claim information

Provider information

Member ID/Subscriber ID/Patient number

Check/EFT number

Claim/EOB number

Provider
TESTGUY, YIKES A.

Last name

First name

Claim type
None

Claim status

Provider tax ID

Dates of service

Amount paid

\$ 0.00 to \$ 0.00

Provider NPI

Start date

End date

Status change

Start date

End date

Provider number

Hide search

Start over

Search

Showing 1–50 of 31,923 claims: Dates of service: 02/24/2023 | Provider: 2 selected

Export

Print

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
FINALIZED 02/26/2023	111222333444 (denied) (adjusted)	Medical	07/17/2021– 07/17/2021	View EOB	MEMBER, X	12345678901234	Group A	\$133.00	\$0.00	\$0.00	12345678901234

Claim details screen: Clicking the claim number from the search results opens the *Claims detail screen* and provides access to the following information. You can toggle between *Summary* and *Full* view.

Claim 24536

Finalized 10/11/2024

1

2

Information is valid and up to date as of 10/11/2024 at 09:46 p.m.

Medical

Finalized

[View EOB](#)

Possible next steps: [Resolve claim issue or dispute](#)

3

Member information

4

Member nameXXXX

Date of birth04/10/1991

GenderFemale

Relationship to subscriberSubscriber/Insured

Patient account numberXXXX

[View all claims for this member](#)

Member IDXXXX

Group numberXXXX

Plan typeCommercial PPO

Claim details

5

Dates of service08/19/2024–08/19/2024

Claim received10/07/2024

ProviderXXXX

Provider numberXXXX

National Provider Identifier (NPI)XXXX

IPA/Med groupN/A

Network statusExclusive Physician Member - Yes

Amount billed\$176.00

Allowed amount\$176.00

Patient responsibility\$15.00

Deductible\$0.00

Copay\$15.00

Co-insurance\$0.00

Amount paid\$161.00

Summary view

Let's chat

Summary view

- 1. Claim status
- 2. EOB for finalized claim
- 3. Option to file a dispute
 - You will also see a link to add additional documentation to a finalized claim if Blue Shield has requested it.
- 4. Member information
 - Link to view all claims for the member
- 5. Claim details

Full view – contains all the above +

- Payment details
- Service & procedure details
- Claim message
- Claim notes

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Enroll in ERA and EFT online instructions – Provider Connection 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.

3

ProvidersBulk UpdatesRemittance & Payments

EFT
Not enrolled

ERA
JM MEDICAL GROUP

Electronic Funds Transfer

Enroll your organization in EFT or change your banking information

Status

Enrolled

Edit

Last modified by

N/A

Authorized signer

N/A

Date submitted

N/A

Remit address

P O BOX 885904, Los Angeles CA 90088

This EFT information applies to all service locations under this TIN unless they are individually enrolled in EFT

ProvidersBulk UpdatesRemittance & Payments

EFT
Not enrolled

ERA
JM MEDICAL GROUP

Electronic Remittance Advice

Enroll in ERA for your organization or change your vendor

If you would like to receive ERAs, choose a vendor (that is, a clearing house or trading partner).

Select vendor

OFFCE ALLY

This vendor applies to all provider groups under this TIN



Blue Shield of California is an independent member of the Blue Shield Association