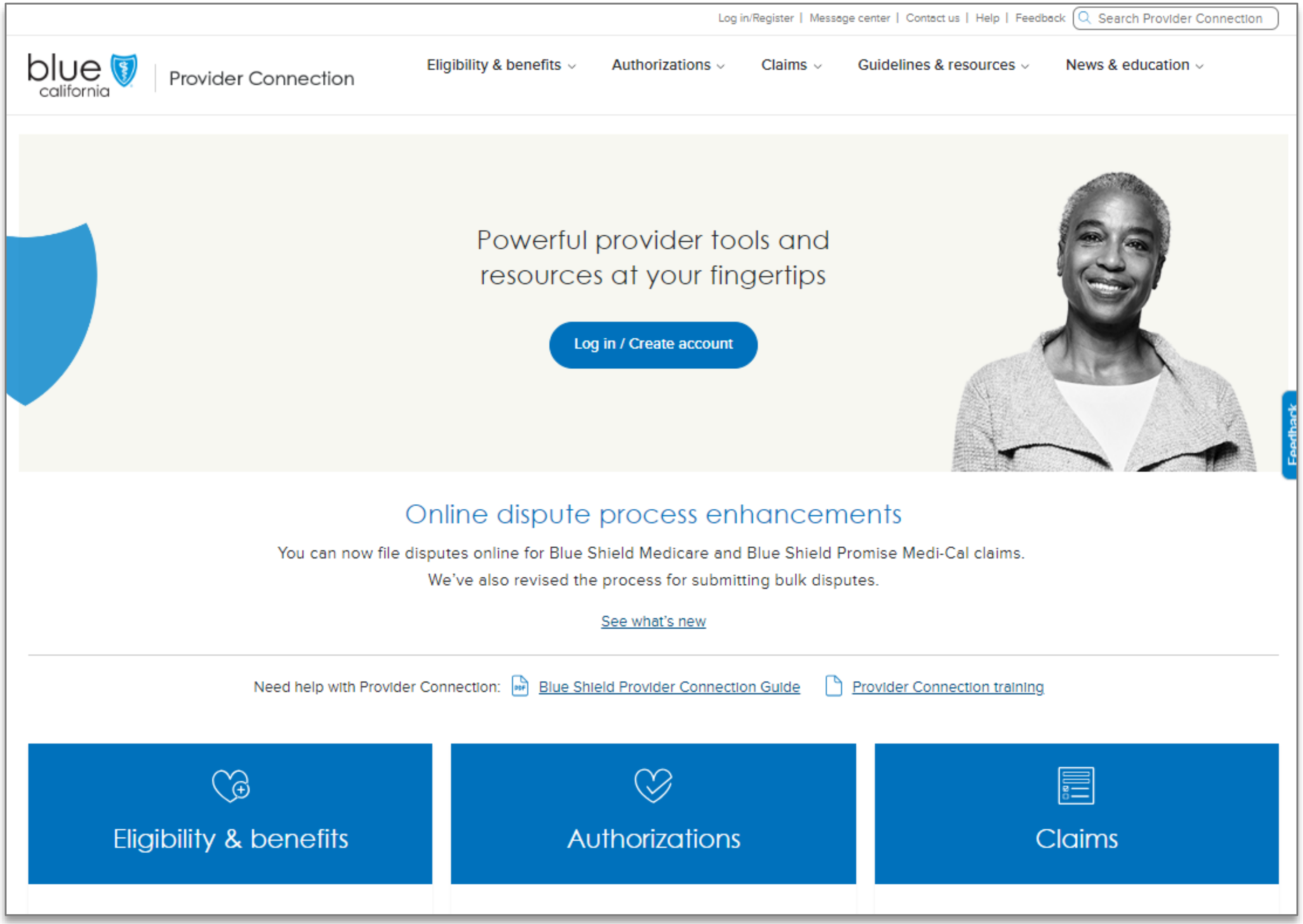
Provider Connection

blueshieldca.com/provider

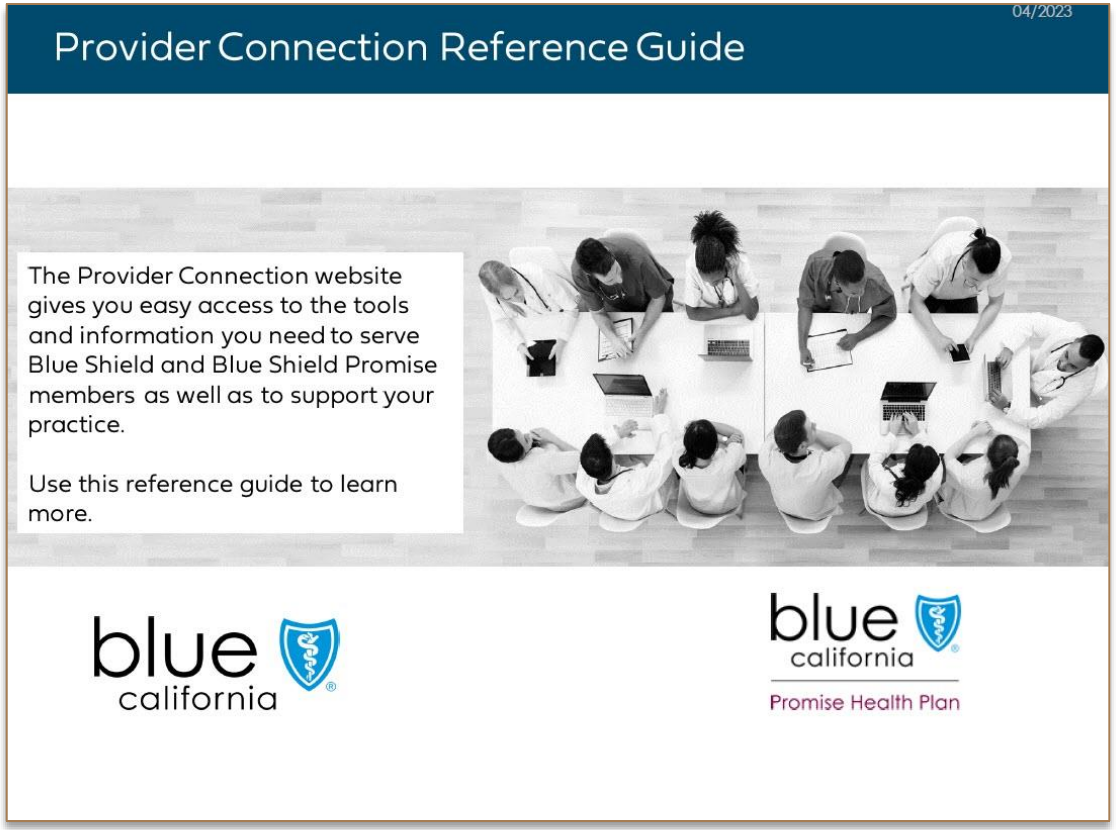


Agenda

1. Register and navigate the Provider Connection website.
2. Attest and update provider directory information.
3. How to use online tools:
    - Check eligibility and benefits
    - Submit/view authorizations
    - Check claims status / find EOBs
    - Other claims activities
4. Get help with Provider Connection.

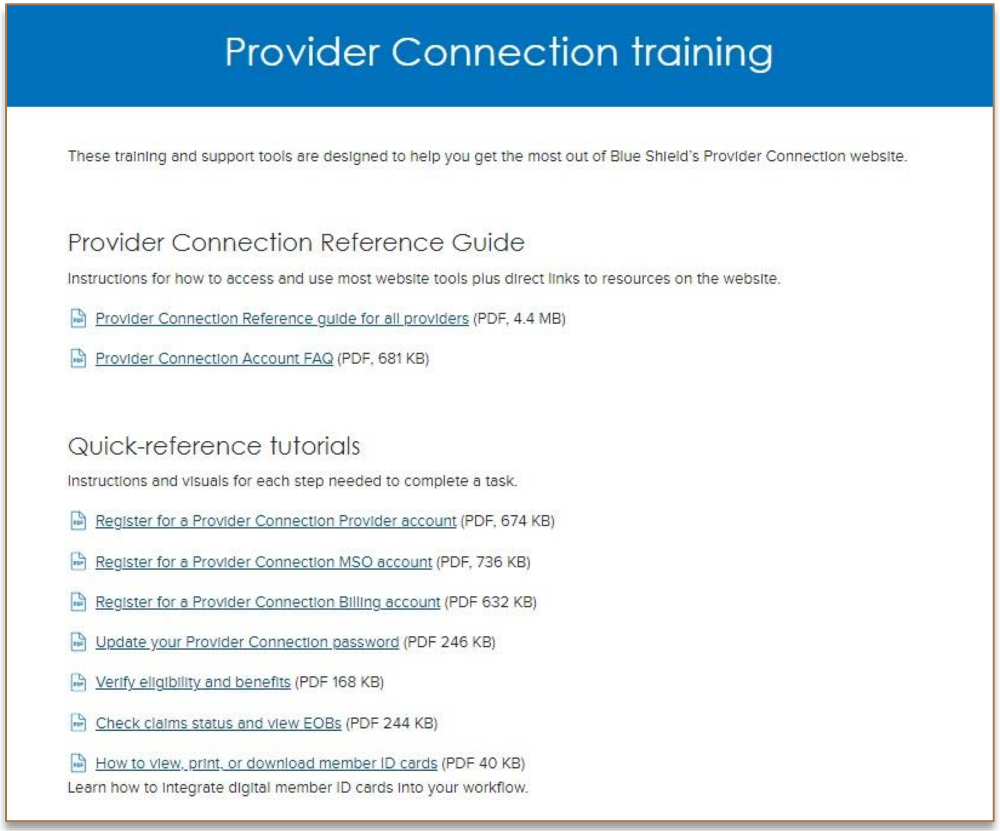
Provider Connection support on home and Education pages – no log in required

[Provider Connection Reference Guide]



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 and 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 instructions.

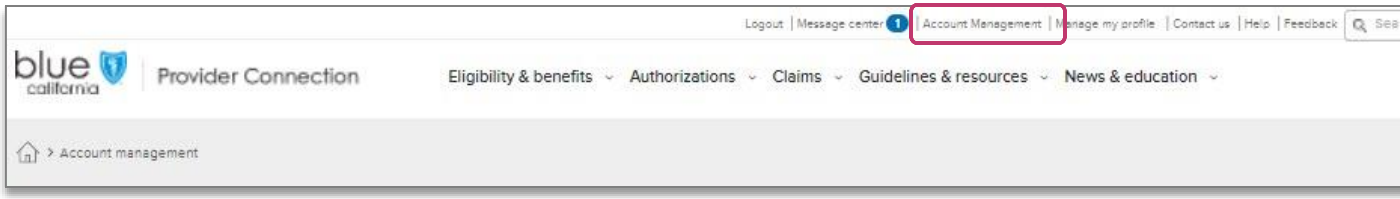
Account type	Required for registration
1. Provider	• One Tax ID (TIN) or Social Security Number (SSN). • Claims data* for the TIN/SSN you are registering under.
2. MSO	• MSO's TIN and one TIN/SSN for provider you are representing/registering with. • Claims data* for the provider you are representing/registering with. • Business Associate Agreement (BAA) date for each provider's TIN you are registering. • BAA date = date the provider signed the contract.
3. Billing Service	• TIN(s) of the providers for whom you will bill. • BAA date for each provider's TIN/SSN you are registering.

* 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 Tax ID/SSN being registered. If there are no claims within the last three months, the system will ask for the subscriber ID 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.

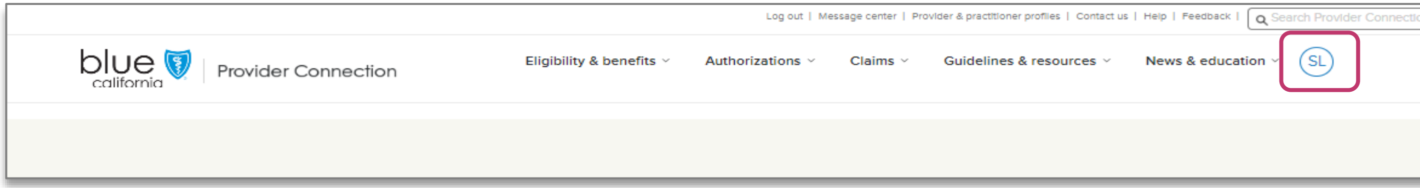


Users

- 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.

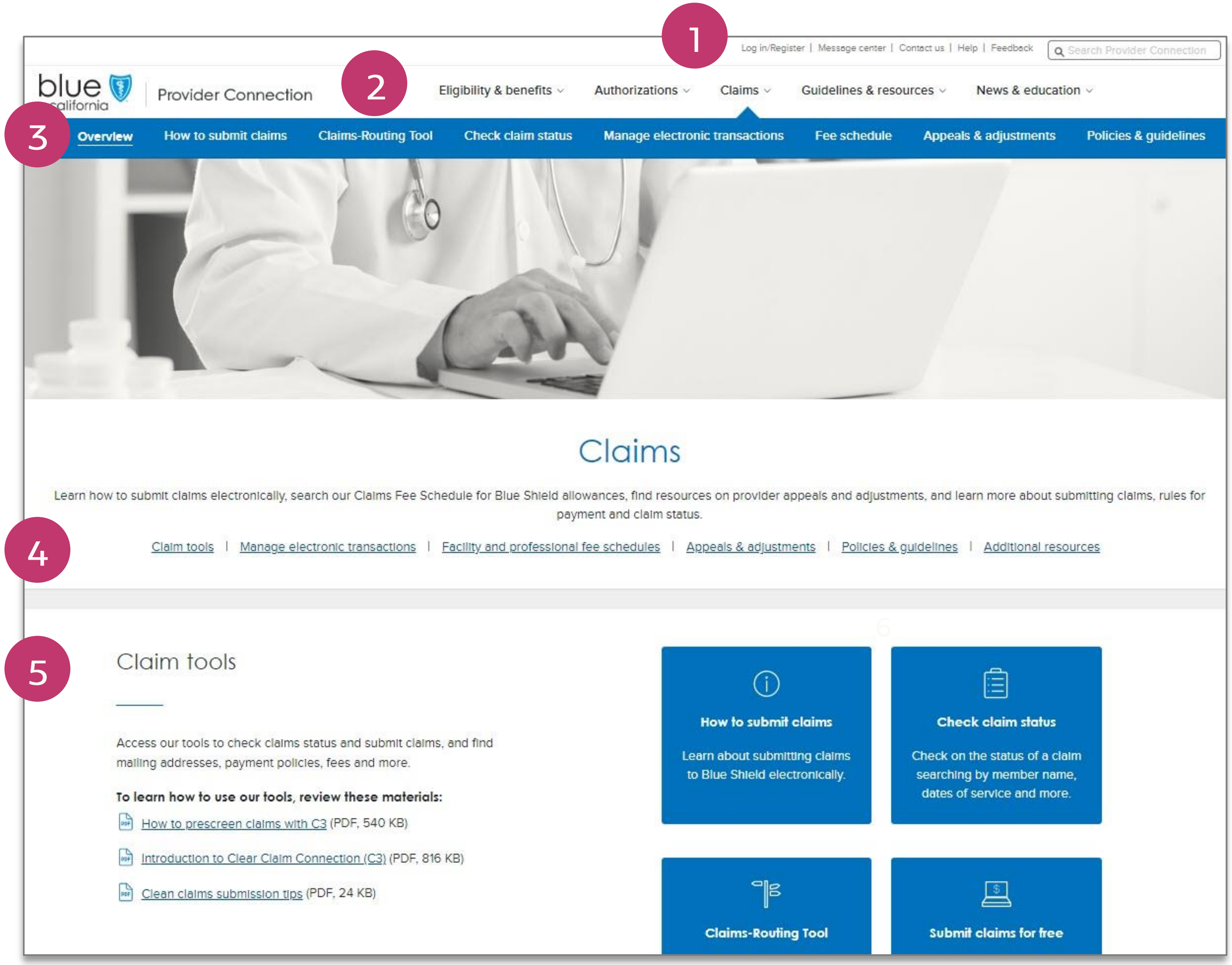
Account Mangers & Users

- After log in, a “badge” with your initials appears in the white menu 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..



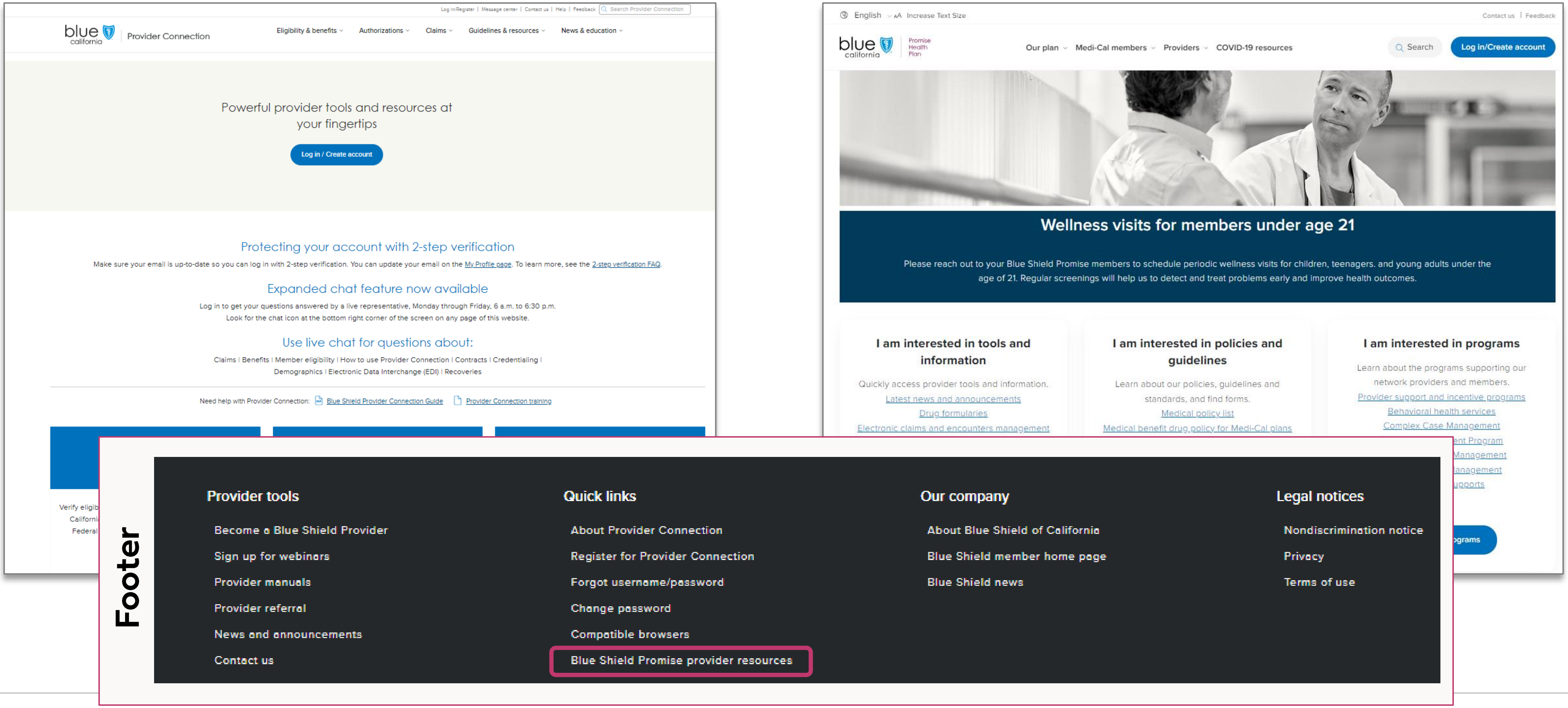
How to navigate Provider Connection

1. **Top level navigation:** General site actions like *Login/register*, *Help*, and *Search*.
2. **White menu bar:** Navigational links to the five site sections and the home page. The arrow indicates the section you are in.
3. **Blue sub-menu bar:** Direct navigational links for the most-used content and tools within the specific section.
4. **Category headings:** High-level clickable table of contents for how information is organized on the page. Clicking a category heading will drop you down to a category.
5. **Categories:** Contains quick links to tools and resources when appropriate, and clickable boxes that will take you to your desired information.



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 page on the two websites allow you to move between the two.

[Provider Connection](#) | [Blue Shield Promise Provider Portal](#)



Attest and update provider directory information

Fully automated provider directory validation process

Provider Connection "provider" and "MSO" account types attest and update as follows:

1. Online attestation to data accuracy every 90 days.
2. Directory updates at any time via:
   A. Single edits on the *Provider & Practioner Profiles* pages.
   B. Bulk data file download/upload from the *Provider & Practioner Profiles* page using the *Provider Data Validation Spreadsheet.*

Training & support– no log in required

Provider data management

How to attest or update your provider directory information

Per federal and state law, contracted providers, facilities, and practitioners must attest to the accuracy of their provider directory information every 90 days and update that information if it changes. Blue Shield providers are required to attest and update via the Provider Connection website. This document explains how to do both, as well as how to establish a Provider Connection account for your organization and/or troubleshoot access issues.

- Step-by-step instructions (PDF, 209 KB)
- Instructional video (14 min)

blue california

blue 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.

Provider Data Management

- Print-based instructions
- Video demonstration

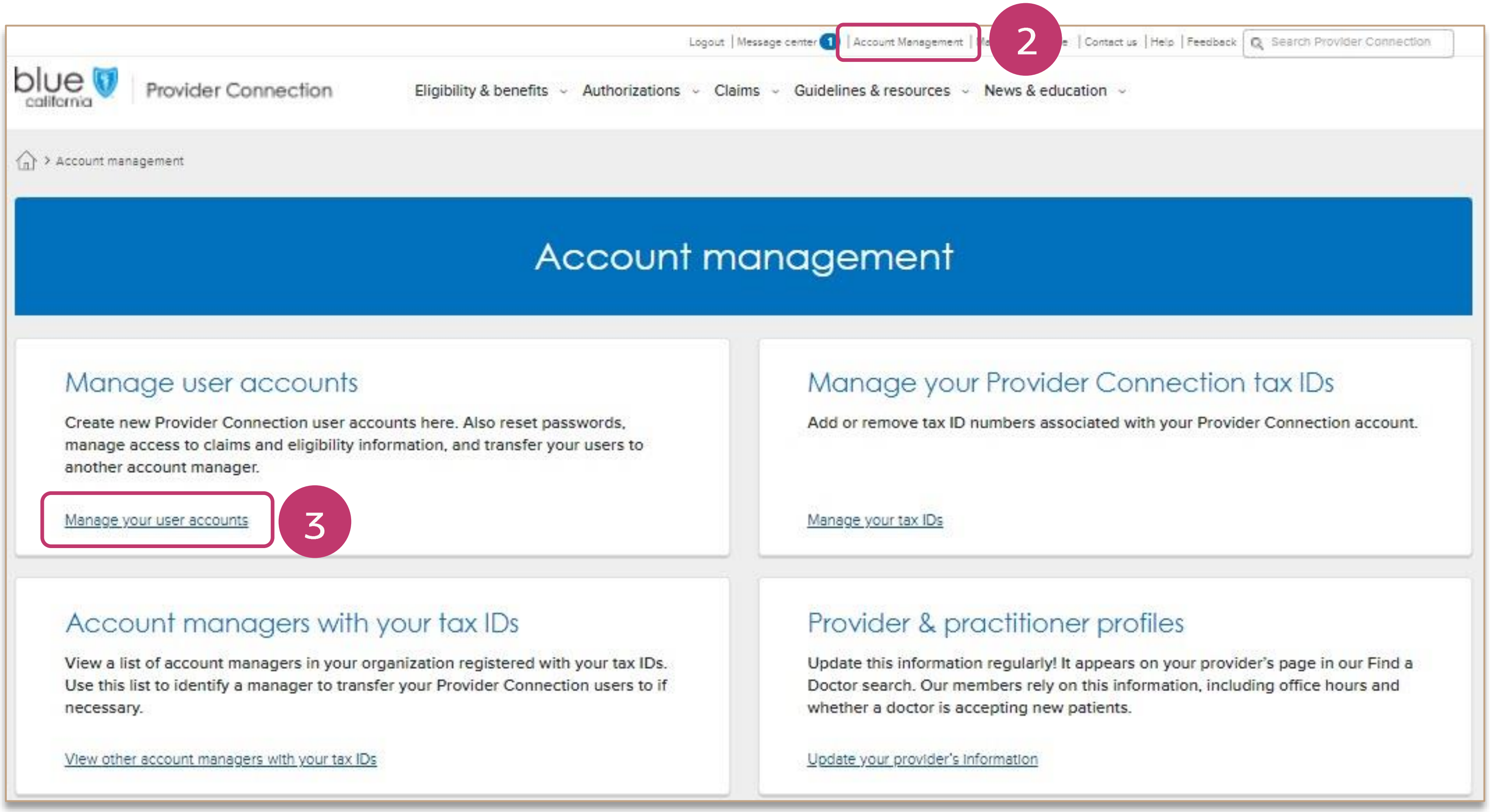
Print-based instructions

- Attest & update process overview
- Step-by-step directions
- Clickable table of contents

Provider data access for designated users

Account Managers can assign provider demographic data access to designated users.

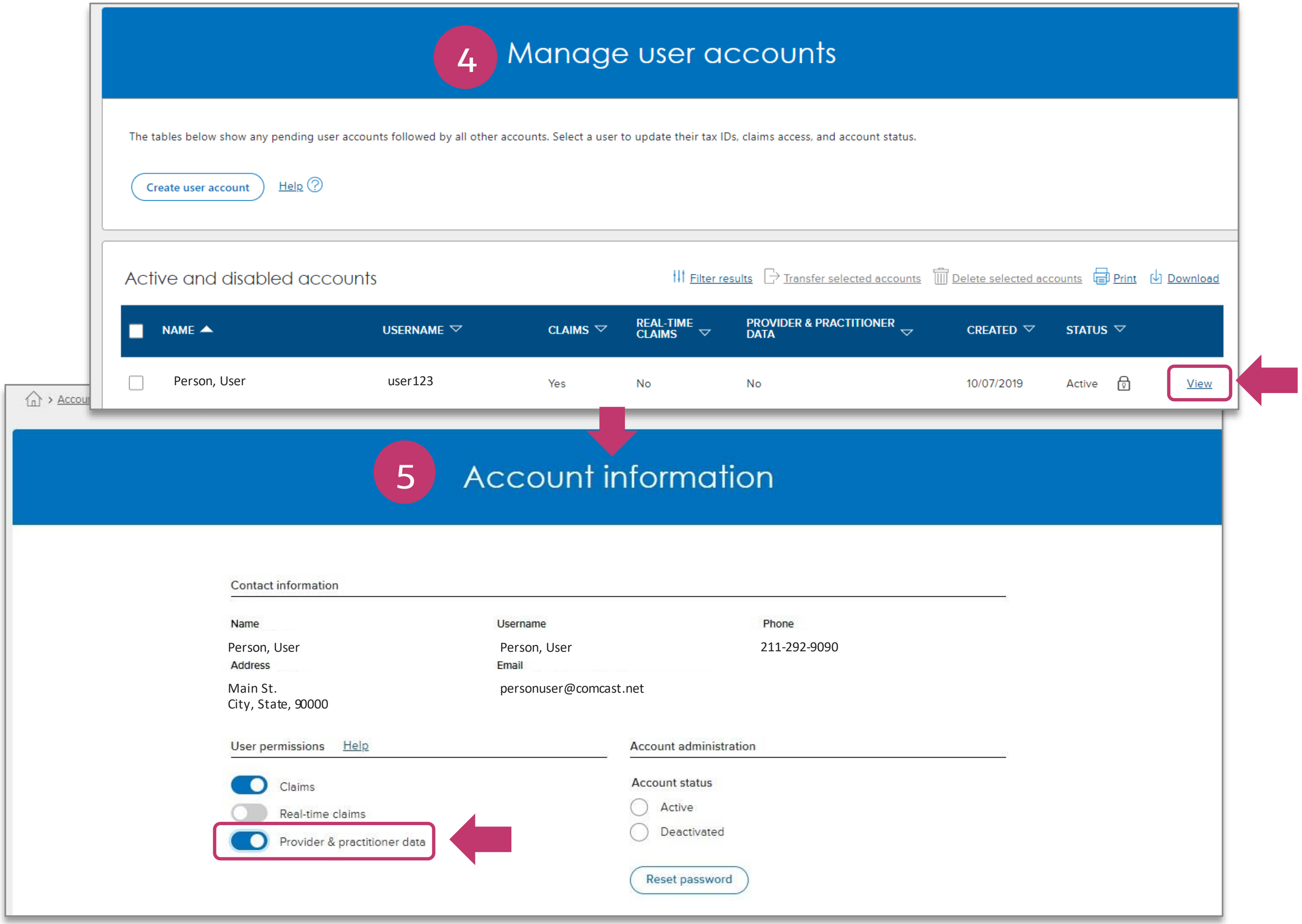
1. Log into Provider Connection.
2. Click **Account Management.**
3. Click the **Manage your user accounts** link.



Provider data access for designated users continued

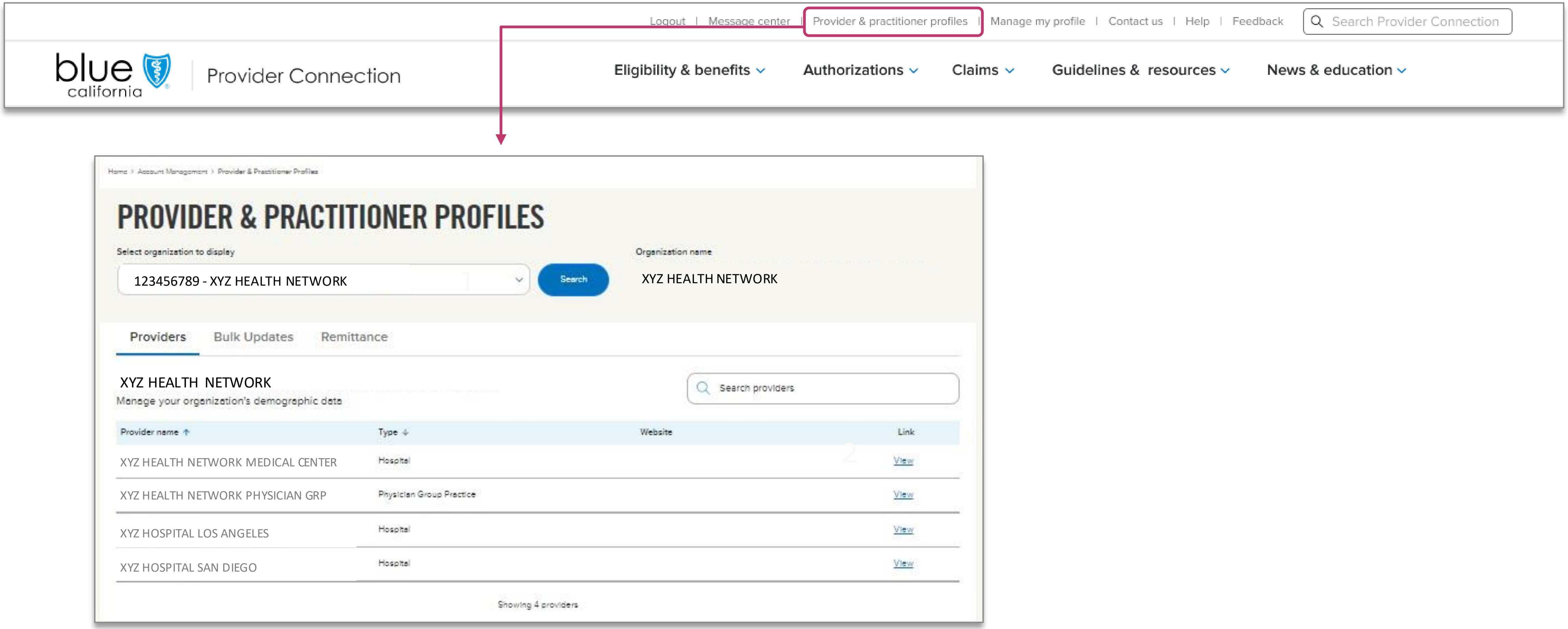
4. Click the **View** link for specific user.

5. Move *Provider & practitioner data* toggle to the right.

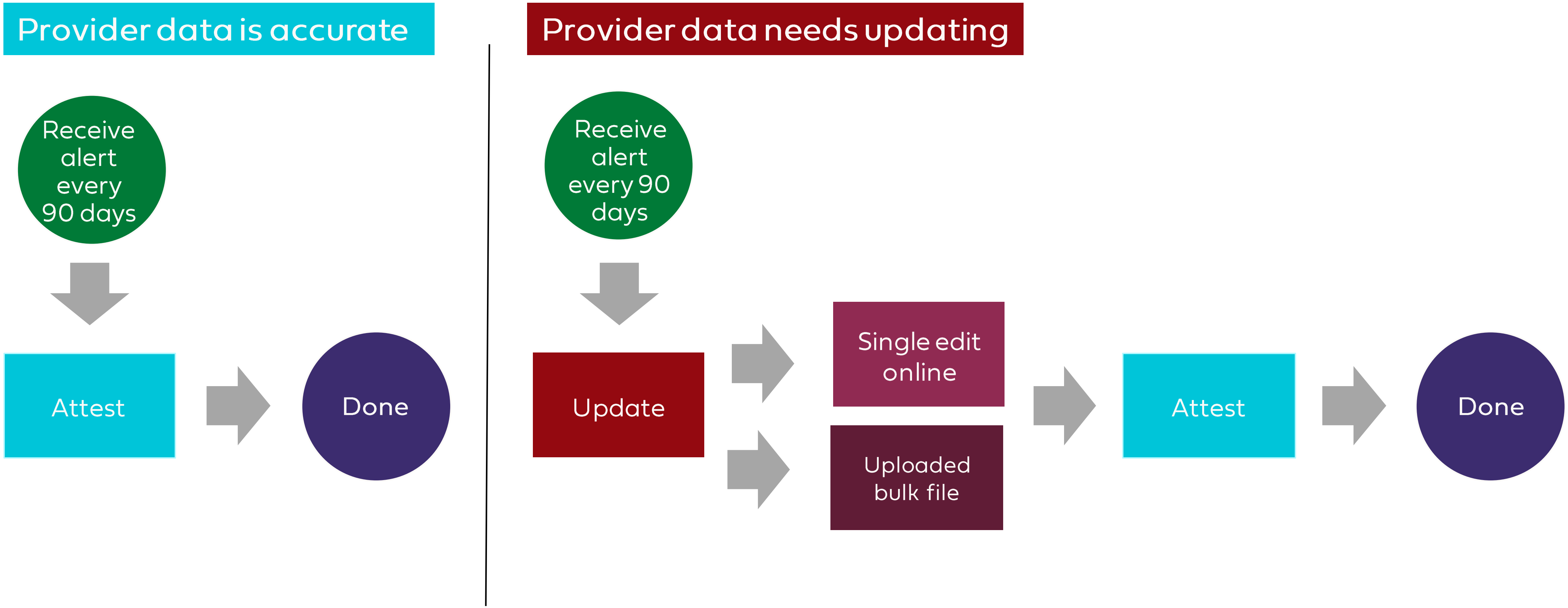


Provider data access for designated users continued

When designated user logs in after access is granted, they will see a link to *Provider & Practitioner Profiles* in their top navigation bar.



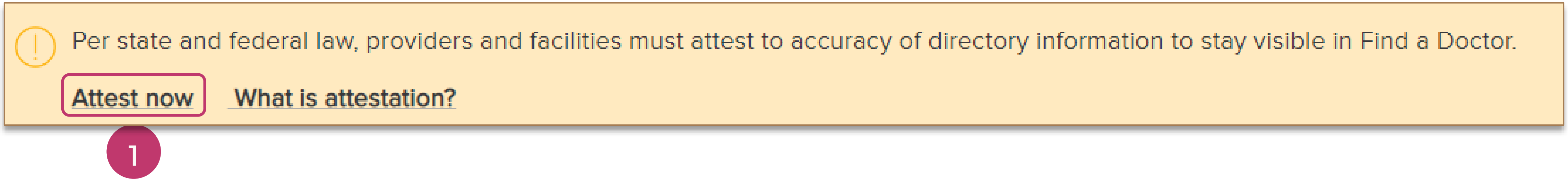
High-level provider directory validation process



Online attestation to data accuracy every 90 days

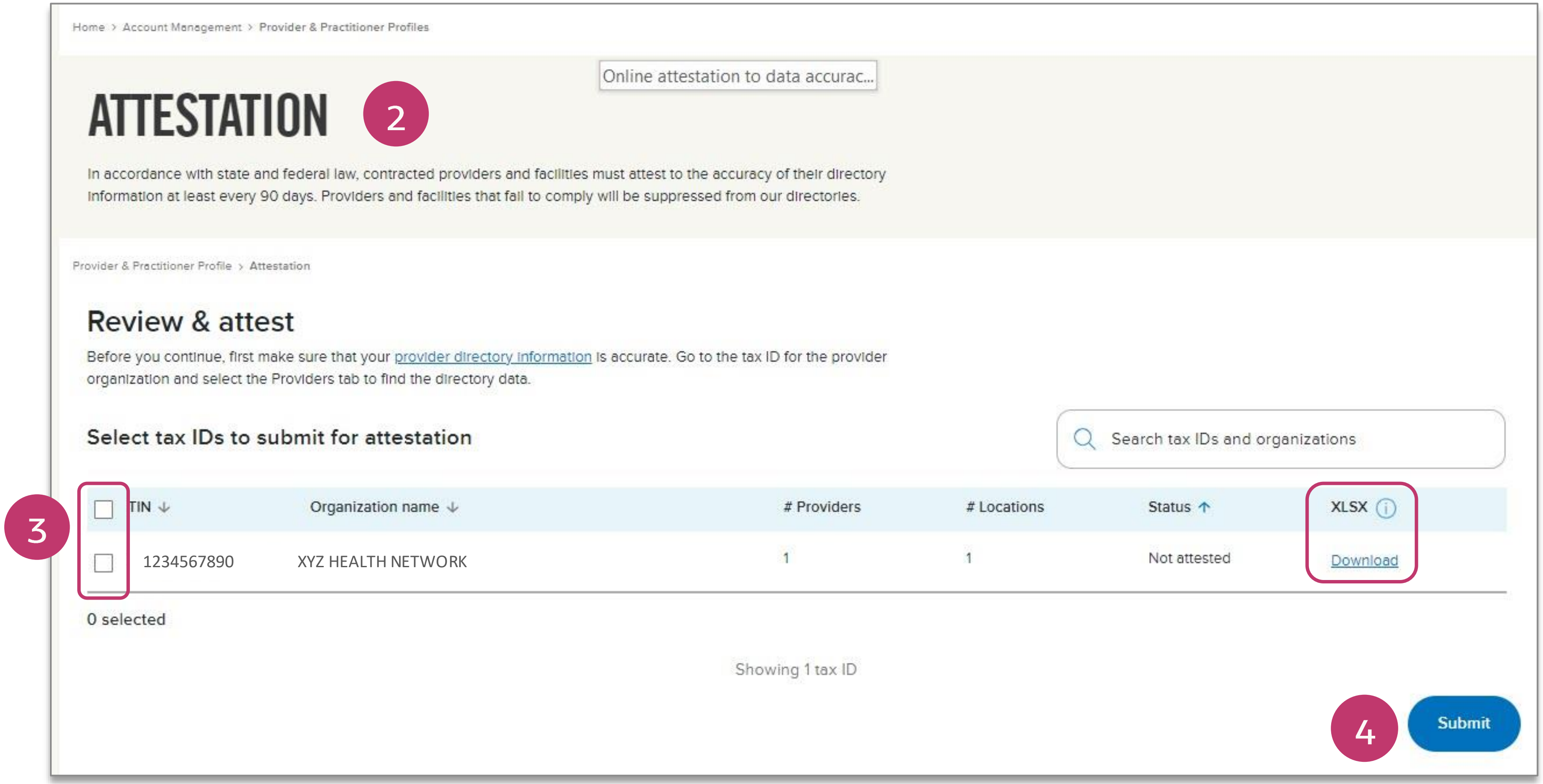
A yellow alert banner displays on Account Managers/designated users' Provider Connection home page when it is time to attest. It also appears on their *Provider & Practitioner Profiles* page.

1. Click **Attest now** in the yellow banner at the top of the home page or from the *Provider & Practitioner Profiles* page.



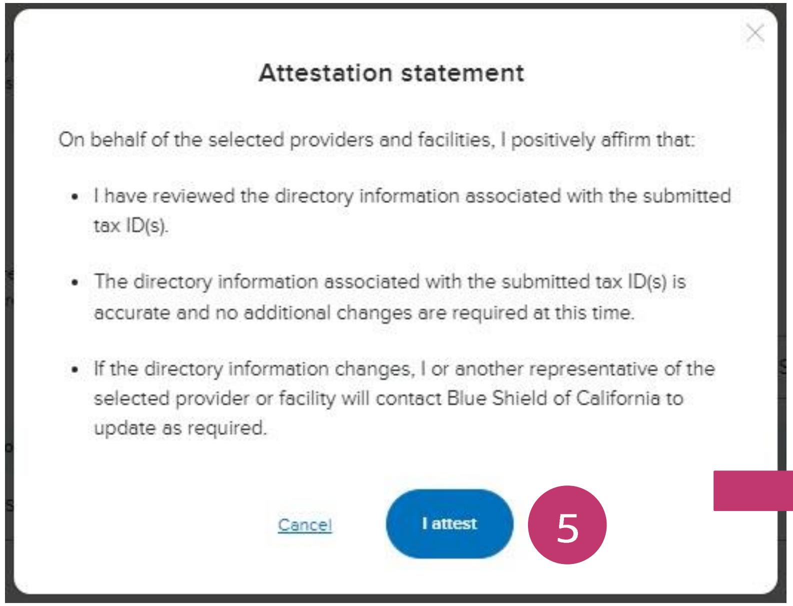
Online attestation to data accuracy every 90 days continued

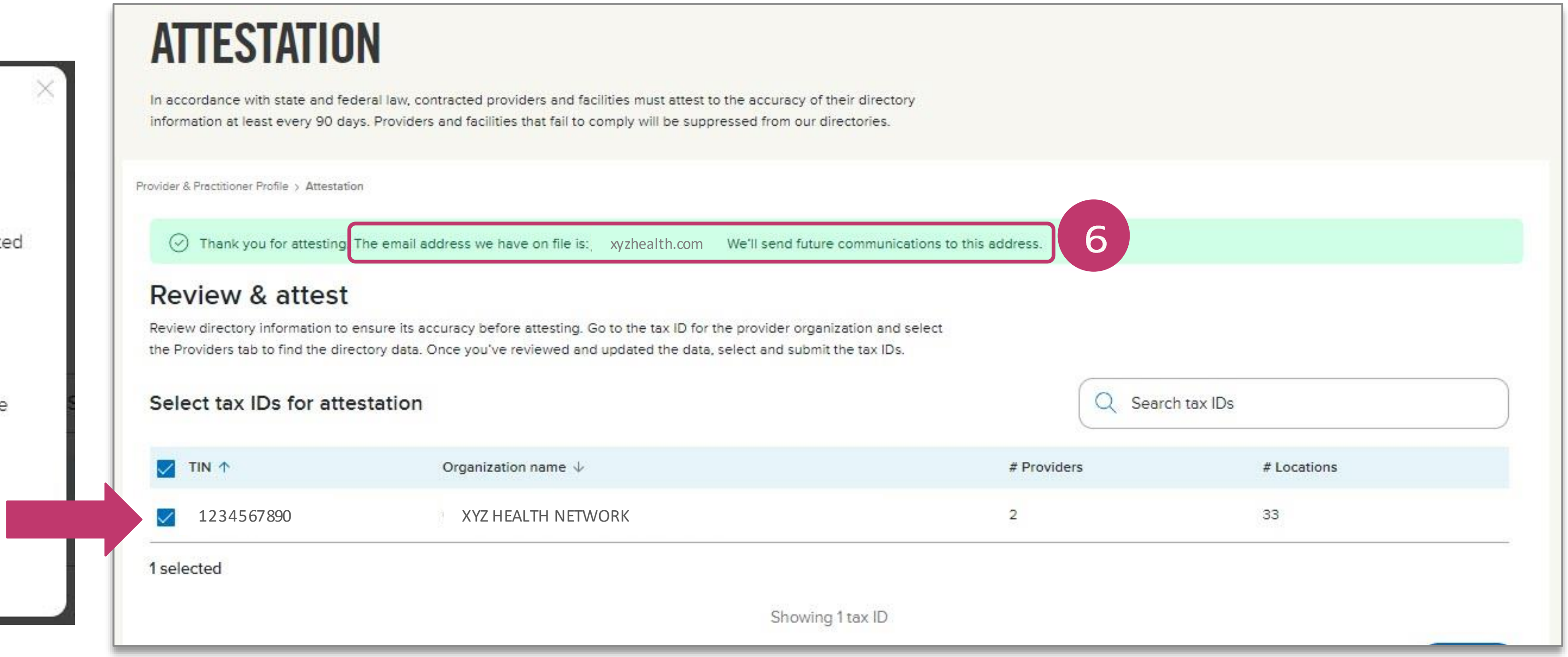
2. The attestation screen displays with all Tax IDs (TINs) associated with your account.
3. Click the checkbox next to each TIN after validating information on file is accurate or click the *TIN* checkbox if attesting to accuracy of all TINs.
   * To view data prior to attesting, download the XLSX file from the *Attestation* window or click **Provider & Practitioner Profiles** in the breadcrumb to view data in Provider Connection.
4. Click **Submit**.



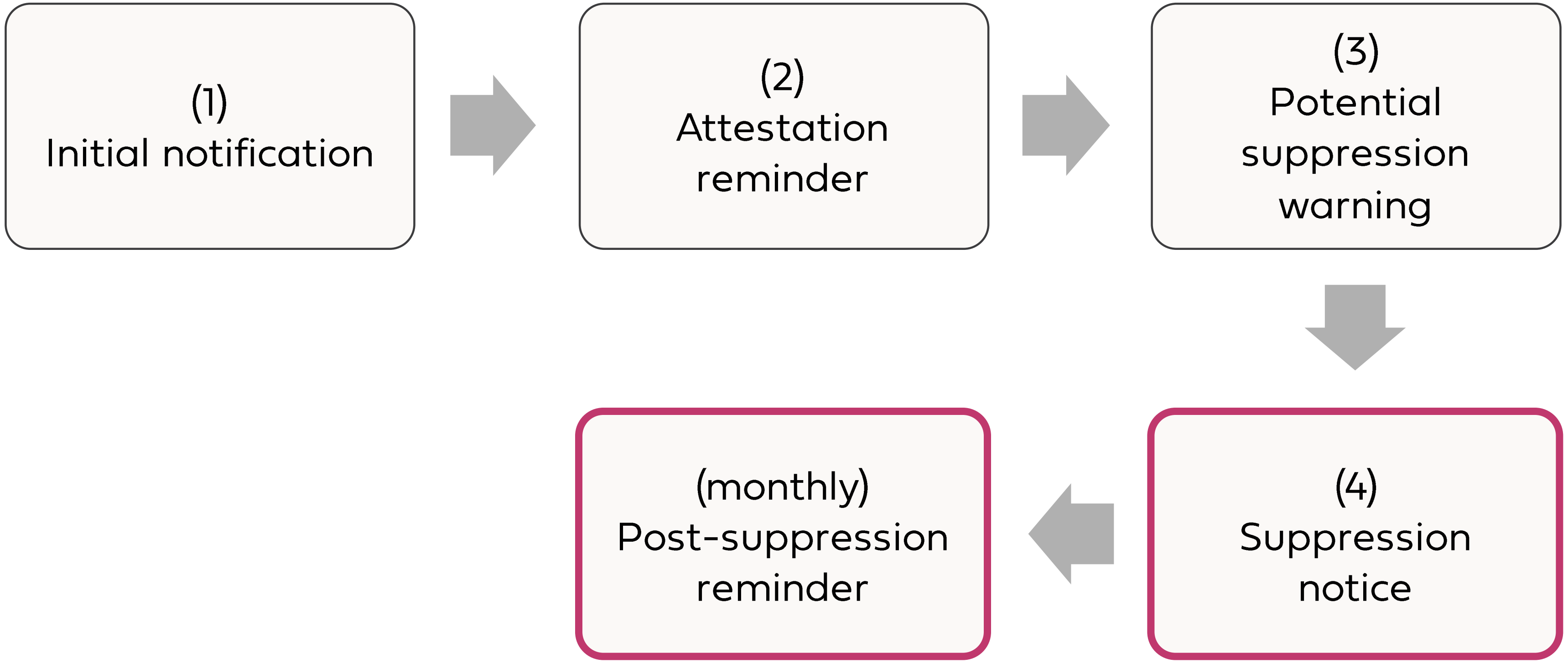
Online attestation to data accuracy every 90 days continued

5. An *Attestation Statement* presents. Click **I attest** to continue.
6. A green banner displays when the attestation process completes.
    - If the email address referenced in the confirmation is incorrect, please update your profile information.



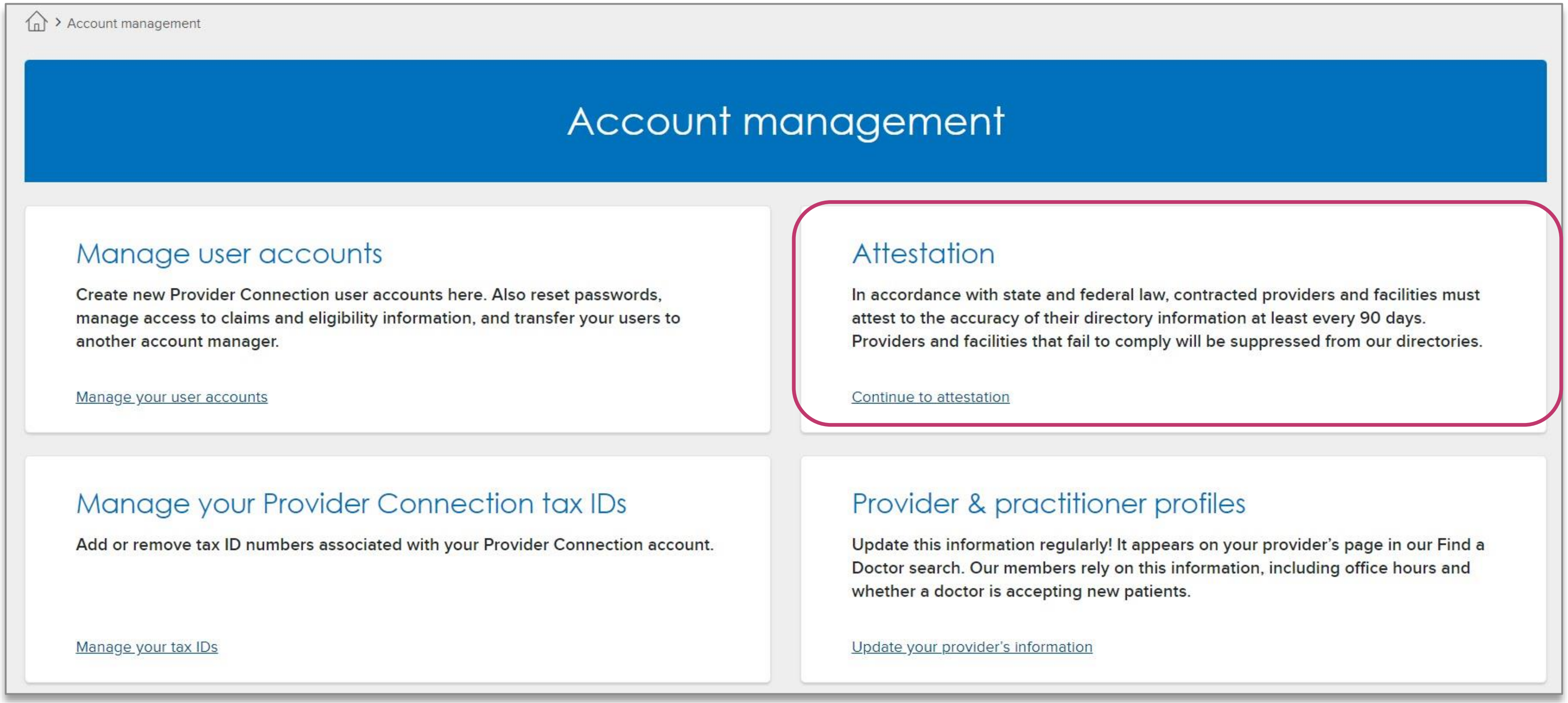


In addition to the yellow banner, you will receive automated “attest now” and reminder notifications – via email, fax, or postal letter – on a rolling 90-day schedule



Account Managers can attest at any time*

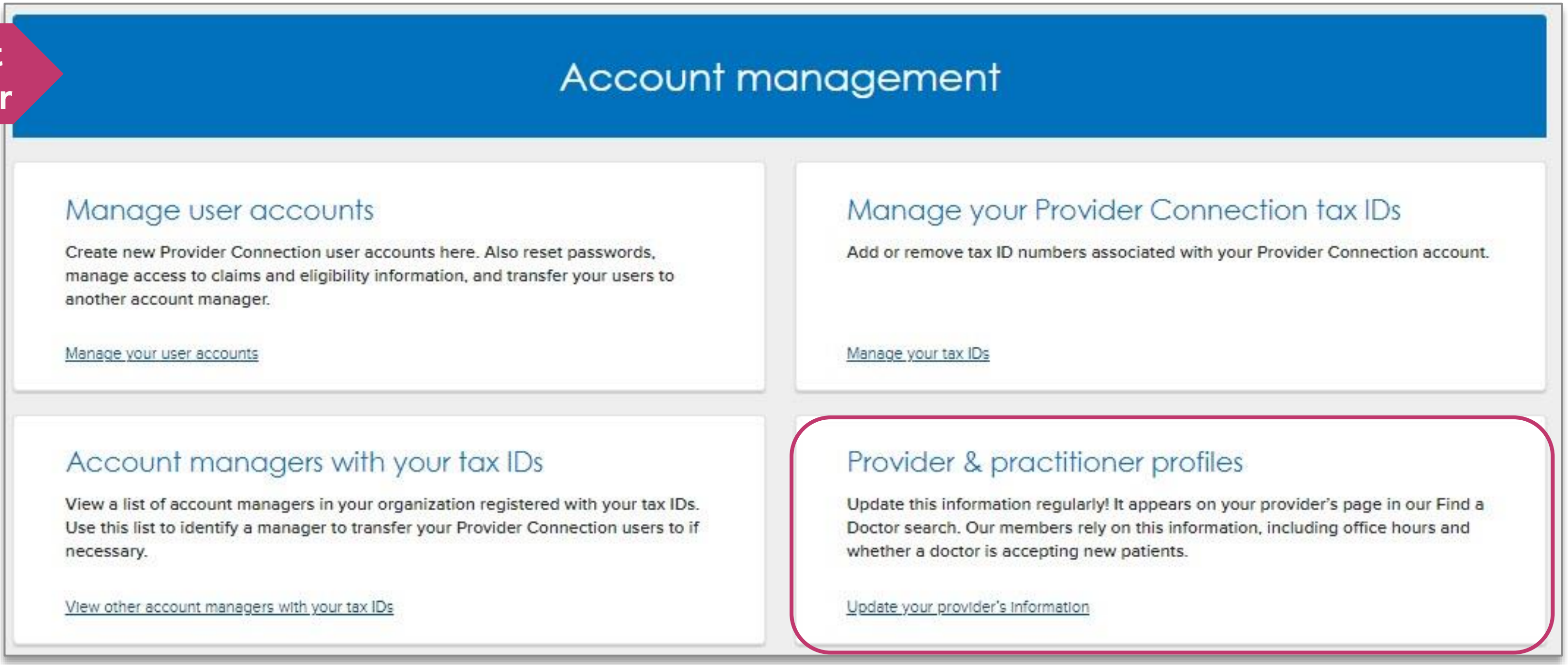
- Account Managers can attest to the accuracy of their provider data at any time – no need to wait for notification from Blue Shield.
- This option is not available to designated users.



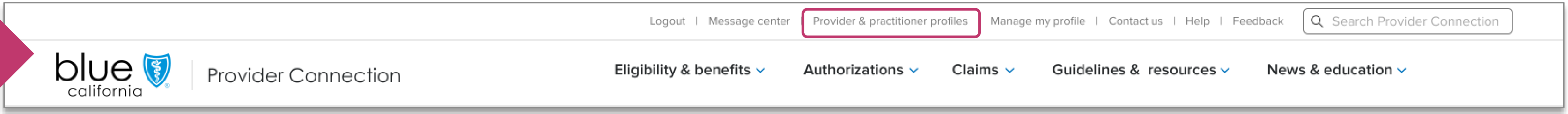
Update provider information by single edits and bulk upload

Both activities are conducted in the *Provider & Practitioner Profiles* section located under on the *Account Management* page. For designated users, it is on their home page.

Account Manager



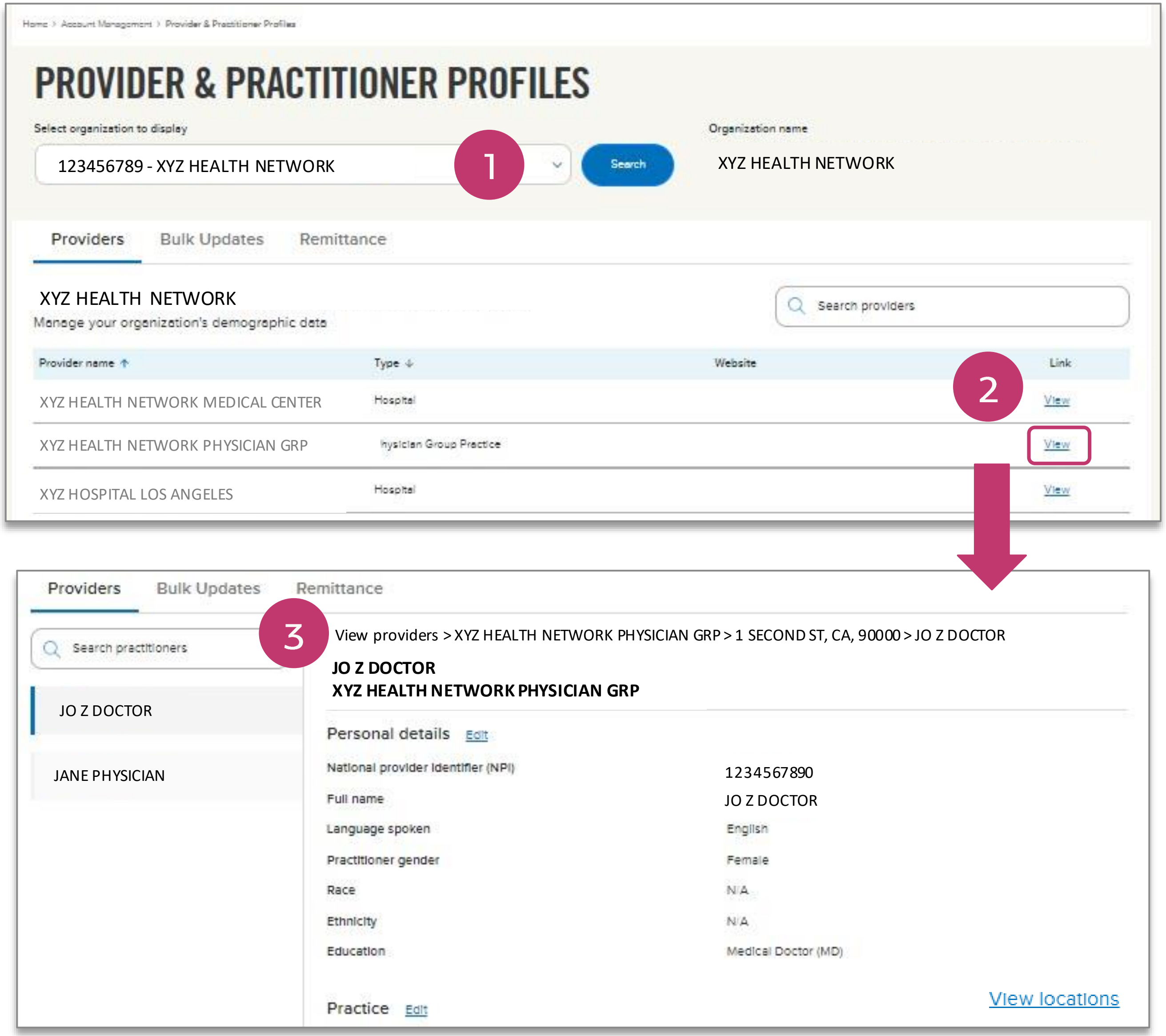
User



Update provider information: Single edits

From *Provider & Practitioner Profiles*:

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



Update provider information: Single edits continued

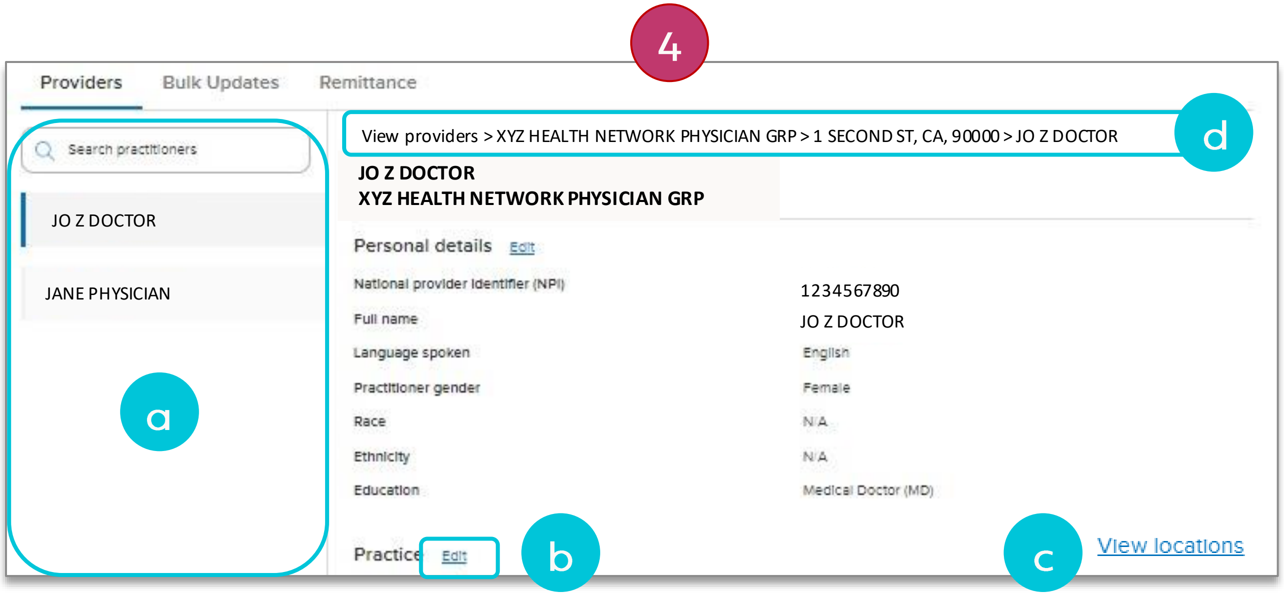
4. *View providers* interface

   a) Search functionality and navigation located on the left.

   b) Click **Edit** to make changes and the **Save** button to save them.

   c) Depending on your organization's type and structure, there are typically three levels of data you can edit. Use link in the right corner to drill down from level to level.

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



Update provider information: Single edits continued

Depending on your organization type and structure, there are typically three levels of data you can edit.*

Level	Capitated Providers
Provider details	• Assign practitioner • Edit admin office data • View practitioners

Practitioner details	• Edit:
	    • Personal details
	    • License
	    • DEA registration
	    • Affiliations
	• View service locations

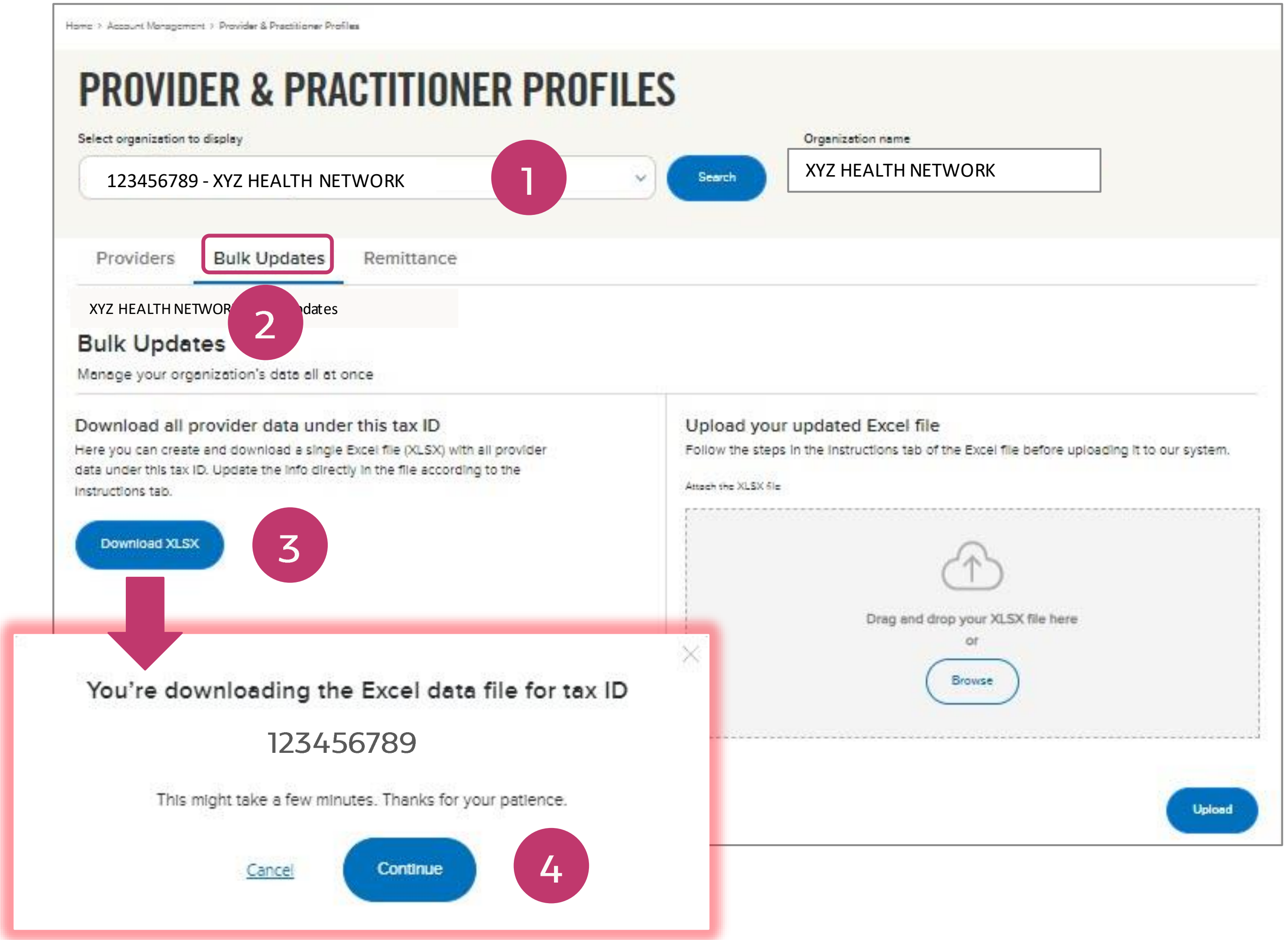
Service location details	• Edit:
	    • Location details
	    • Practice details
	• Unassign service location

Level	Non–Capitated Providers
Provider details	• Edit website • View locations
Location details	• Assign a practitioner • Edit location details • Delete a service location • View practitioners

Practioner	• Edit:
	    • Personal details
	    • Practice details
	    • License
	    • DEA registration
	    • Affiliations
	• Unassign practitioner

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

Update provider information via *Provider Data Validation Spreadsheet*



From *Provider & Practitioner Profiles*:

1. Select the Tax ID (TIN) you wish to update and click **Search**.
   - This step is *not* required if you have only one TIN linked to your Provider Connection account.
2. Click the **Bulk Updates** tab.
3. Click **Download XLSX**.
4. A pop-up box displays. Click **Continue**. Save the file that downloads.

Update provider information via *Provider Data Validation Spreadsheet* continued

The (Excel) file downloads as ProvDataVal_TIN_0000000001.xlsx.* **There are four tabs in the spreadsheet:**

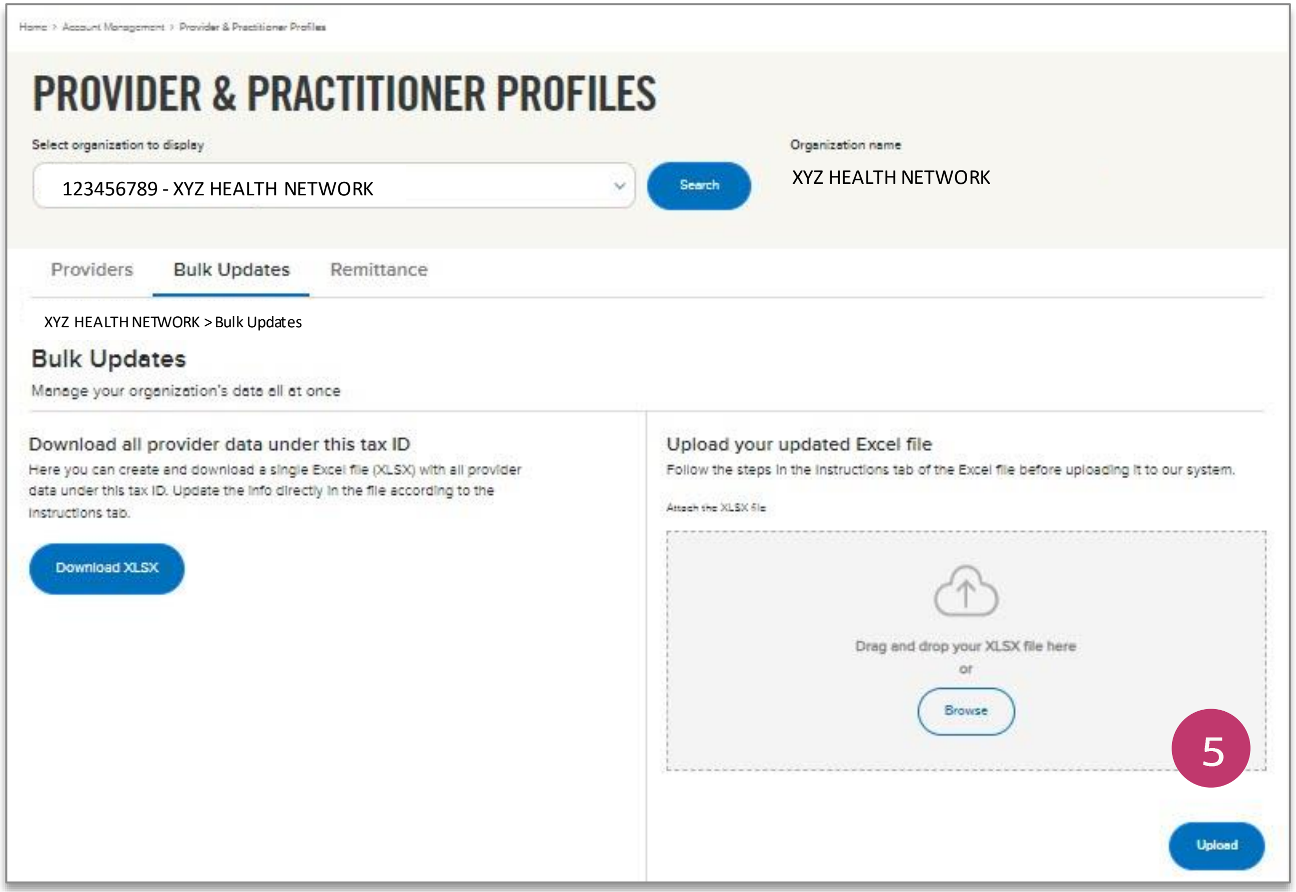
1. **Instructions:** How to complete and save the spreadsheet.
2. **PROVIDER_GENERAL:** Pre-populated, used to add/update/term service location data.
3. **PRACTITIONER_GENERAL:** Pre-populated, used to add/update/term individual practitioner data.
4. **VALIDATION_CONTACTS:** Pre-populated, used to provide updated email(s) for the person(s) responsible for completing the spreadsheet.

File	Description	Naming convention
Delta	Make changes to the pre-populated records as needed.	ProvDataVal_TIN_0000000001 _Delta_File.xlsx
~~Full~~	~~Replace pre-populated data with full set of current data – retaining spreadsheet field names and providing all required data except Service Location Add/Term/Update and Service Location Term Date.~~	~~ProvDataVal_TIN_0000000001 _Full_File.xlsx~~

Provider data for only one Tax ID is allowed per ProvDataVal file submission.

Update provider information 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.



ProvDataVal instructions (Tab 1)

1. Changes to the spreadsheet are called out at the top.
2. Definitions and instructions for delta file.
3. Instructions (column name, description, and guidance) provided for both tabs:
    1. PROVIDER_GENERAL tab in yellow.
    2. PRACTITIONER_GENERAL tab in gray.
4. **Most important:** Remember to select ADD, TERM, or UPDATE in the PROVIDER and/or PRACTIONER tabs when making changes to data.

1

* New data request added for Gender Affirming Care (7/2023): See lines 25-27 (provider) and lines 62-64 (practitioner)
* See line 47 (Practioner Language) for updated instructions (6/2023).

Overview
This spreadsheet displays demographic data for providers/practitioners contracted with Blue Shield of California and Blue Shield of California Promise Health Plan (Blue Shield) under the Tax ID (TIN) you selected. When updates to provider directory information are needed, they can be made in this spreadsheet and uploaded to Provider Connection as a full file (replace all data) or delta file (changes only), using the appropriate naming convention and process described below.

If you do not wish to download a spreadsheet each time you submit a directory update, you can save this file as a template and use it to submit a delta or a full file. However, you must retain the field names and data elements in the file and follow the appropriate naming convention and process described below.

After uploading the spreadsheet to Provider Connection, click 'Attest' from the Provider & Practitioner Profiles section. The attestation pop-up window displays with all TINs associated with your provider account. Click the attestation checkbox for the TIN you updated in this spreadsheet. This indicates to Blue Shield that the provider data is accurate.

There are four tabs in this spreadsheet:
- Instructions: Spreadsheet instructions.
- PROVIDER_GENERAL: This tab is pre-populated. Use it to add/update/term service location data.
- PRACTITIONER_GENERAL: This tab is pre-populated. Use it to add/update/term individual practitioner data.
- VALIDATION_CONTACTS: This tab is pre-populated. Use it when it is necessary to provide updated email(s) for the person(s) responsible for completing the spreadsheet.

2

File type	Description	Process

Full File	Replace provider directory information in this spreadsheet with a complete set of your current data.
	• You must retain all field names and data elements in this file.
	• Do not add additional columns or change header rows.
		Save with "_Full_File" in the file name: EX: ProvDataVal_TIN_0000000001_Full_File.xlsx
		
		When submitting a full file, Blue Shield conducts the field-by-field analysis to determine necessary.
		• A full file will be compared to existing Blue Shield data.
		• Leave "Service Location Add/Term/Update" and "Service Location Term Date" columns blank:
		  • If data is in the full file and not in Blue Shield's records, it will be considered an "ADD."
		  • If data is in the Blue Shield records and not in the full file, it will be considered a "TERM."
		
		Note: If a TIN is not present for the provider record, the record will reject. If a NPI is not present for a practitioner record, the row will reject.

Delta File	Follow the instructions below to update provider directory information contained in this spreadsheet. • You must retain all field names and data elements in this file. • Do not add additional columns or change header rows.	Save with "_Delta_File" in the file name: EX: ProvDataVal_TIN_0000000001_Delta_File.xlsx Note: If a TIN is not present for the provider record, the record will reject. If a NPI is not present for a practitioner record, the row will reject.

3

Field Name	Description	Guidance
PROVIDER_GENERAL TAB INSTRUCTIONS		
Provider Tax Identification (TIN)	TIN of contracted provider organization	If incorrect, contact BSCProviderInfo@blueshieldca.com.

a

32	PRACTITIONER_GENERAL TAB INSTRUCTIONS		
33	Provider Tax Identification (TIN)	TIN of contracted provider organization entity.	If incorrect, contact BSCProviderInfo@blueshieldca.com.

b

Service Location Add/Term/Update (Delta File only)	Click in the cell to activate the drop-down menu and select either: • Add • Term • Update	For PROVIDER ORGANIZATION, indicate type of change: • ADDs: Select when adding a new service location. In a blank row, complete all fields. • TERMs: Select when removing a service location or changing a service location's address. • UPDATEs: Select when editing non-address related information like phone, fax, office hours, etc.

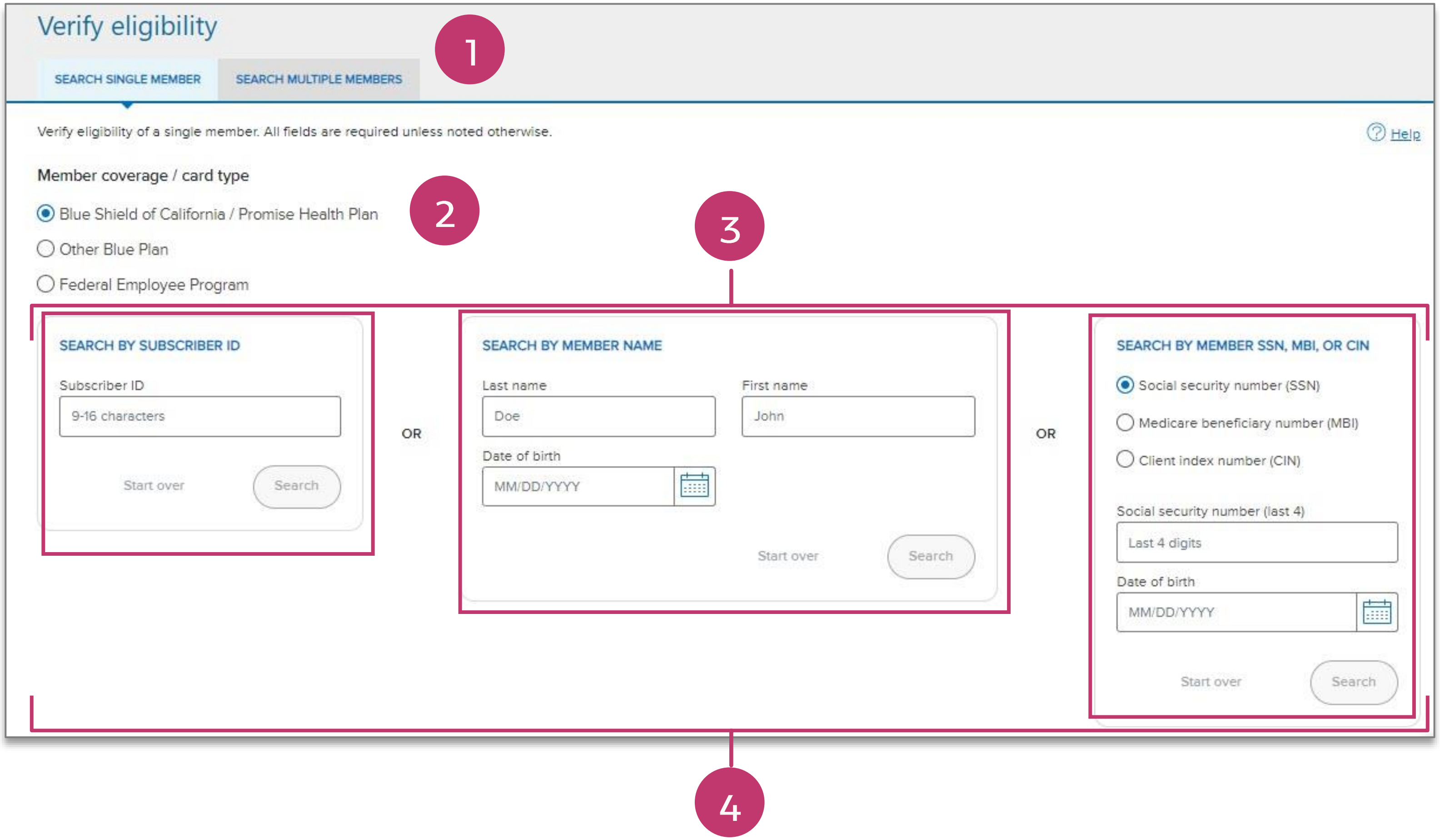
4

Authenticated tools

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 of California or Promise Health Plan member.

1. Select the member search type: *SEARCH SINGLE MEMBER* or *SEARCH MUTLIPLE MEMBERS.*
2. Select the *Member coverage/card type.*
3. Search for the member by entering either the:
   - Member ID
   - Member Last/First and DOB
   - Medicare Beneficiary ID (MBI)
   - Social Security Number (SSN)
   - Client Index Number (CIN)
4. Click **Search**.



Verify eligibility results

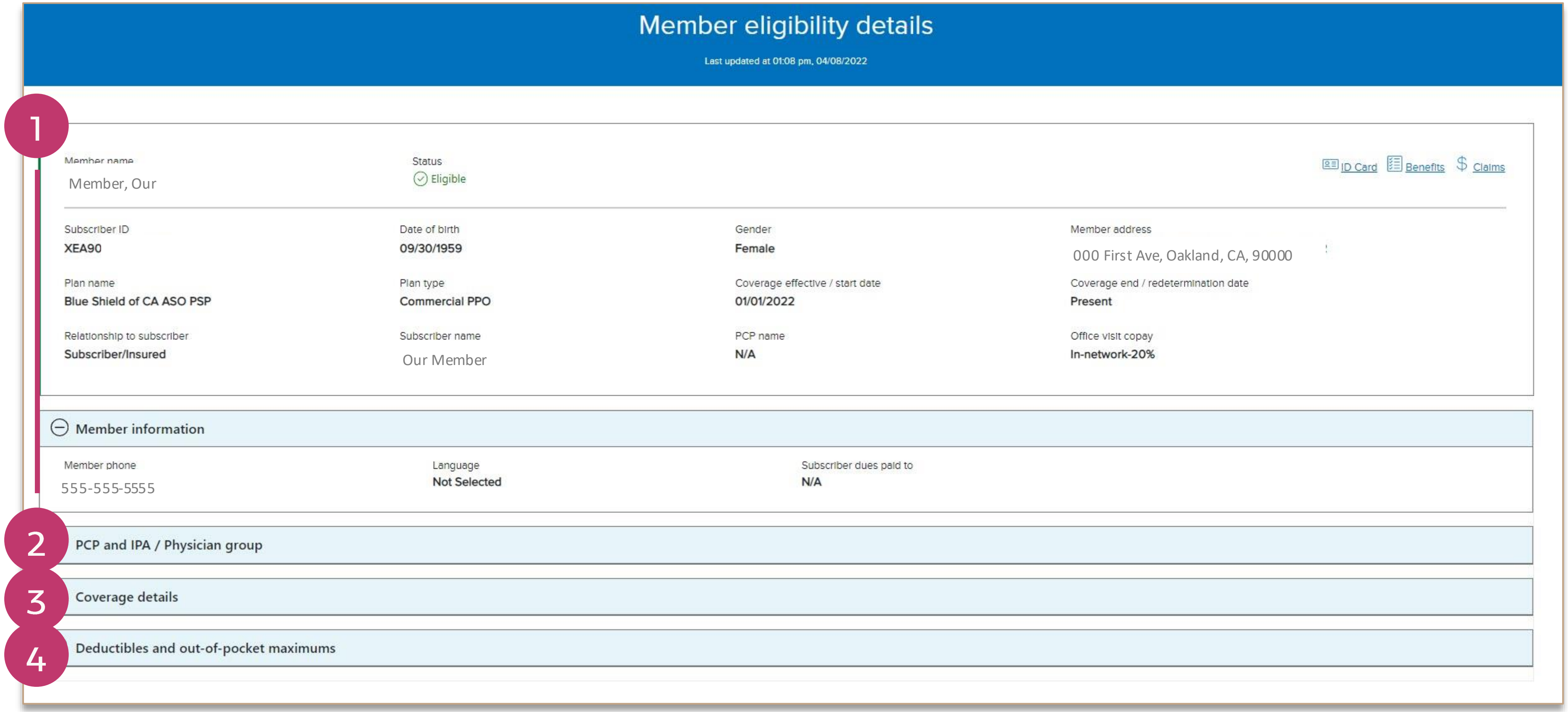
5. Member eligibility results display. Eligibility displays in green when the member is active. For additional information, click:
   - a) **Details:** Comprehensive member information including historical and future eligibility.
   - b) **ID Card:** Electronic copy for viewing, printing or download.
   - 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.

Eligibility details screen

1. General member information.

Click the + sign to expand these sections:

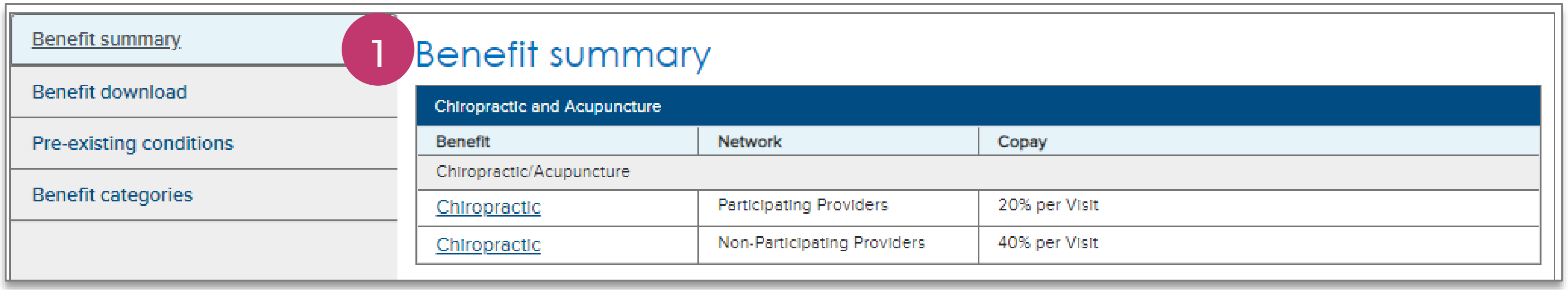
2. Current PCP and IPA/medical group, plus future and historical if applicable.
3. Current coverage information, plus future and historical if applicable.
4. Current deductibles and out-of-pocket maximums.

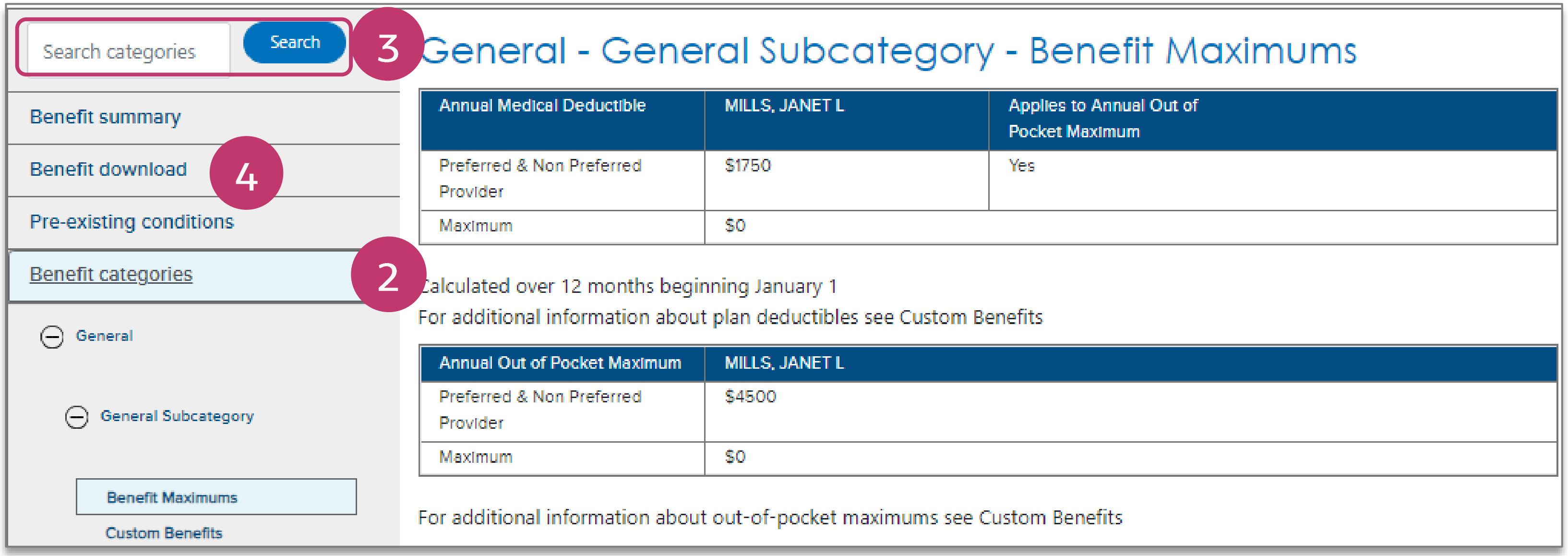


- Blue Shield Commercial Only: *Visits Accumulator* tool that tracks a commercial member's current and historical visits to specialty providers when their plan covers a set number of visits per plan year. Includes chiropractor, acupuncture, occupational therapy (OT), physical therapy (PT), respiratory therapy (RT) and combined visits

Member benefits – Commercial, Medicare, Small Group & IFP*

1. Benefit summary view is the default – lists in alpha order.
2. *Benefit categories* view expands in left navigation pane.
3. The *Search* field activates when *Benefit categories* view is clicked.
   - Benefits are not listed by ICD-10 codes.
4. *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.

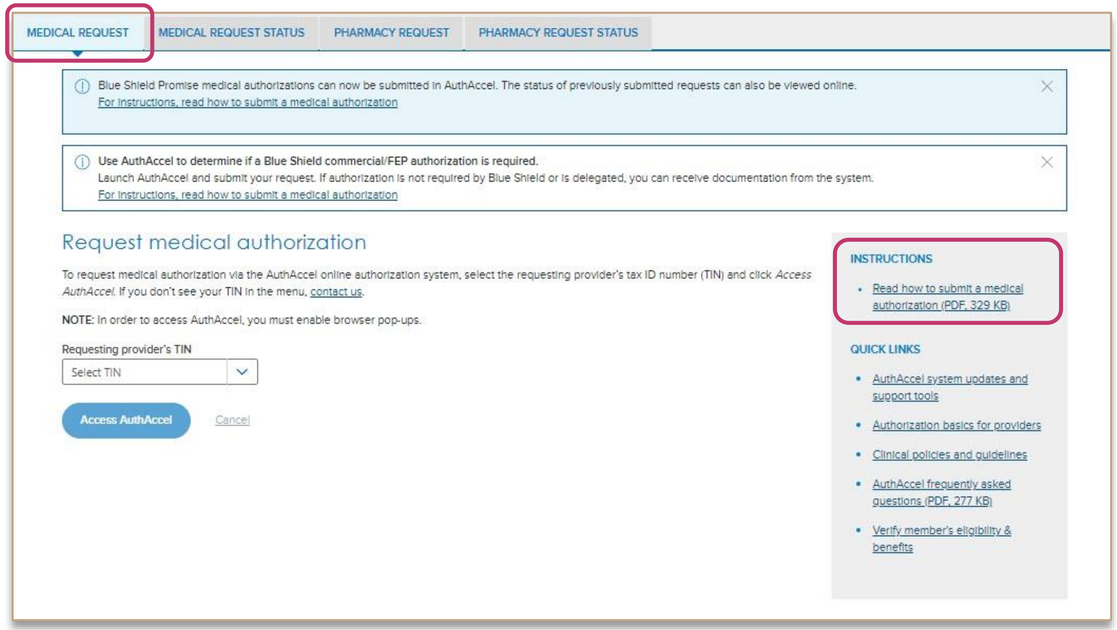
Determine if medical authorization is required

- **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

1. **Via the Blue Shield's AuthAccel online authorization system available from the Authorization section on Provider Connection.** (Log in required.)

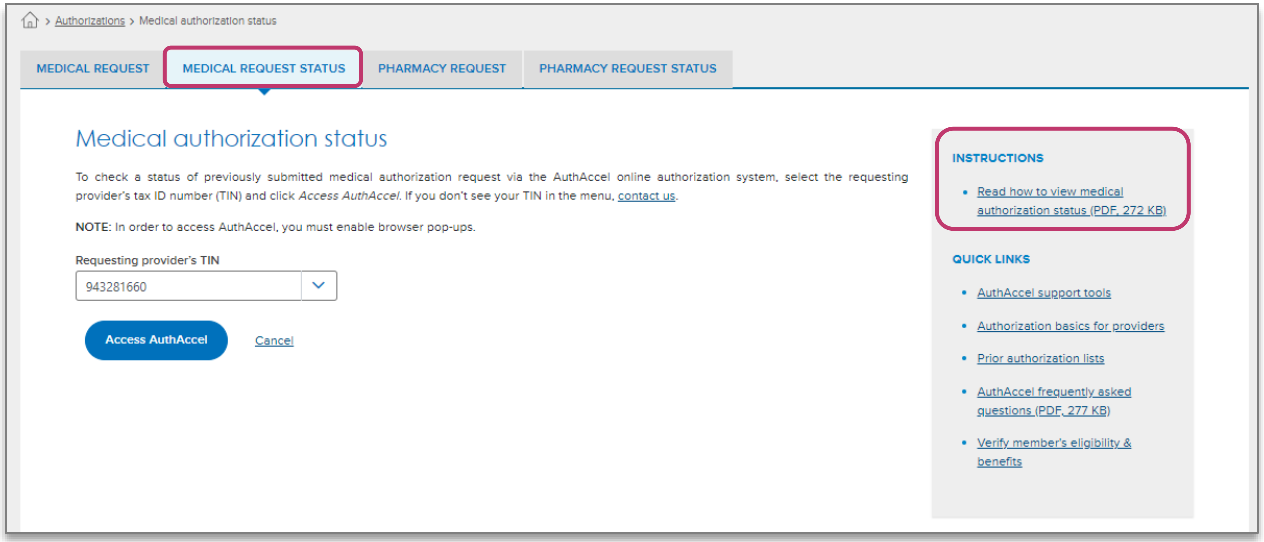


   - "How to" instructions are located on the medical request launch page and on the AuthAccel Online Authorization System training page.

2. **By fax:**
   - Blue Shield Promise authorization request form for Medi-Cal (Log in NOT required.)
   - Blue Shield authorization forms for Medicare, Commercial and FEP. (Log in NOT required.)

Determine authorization status

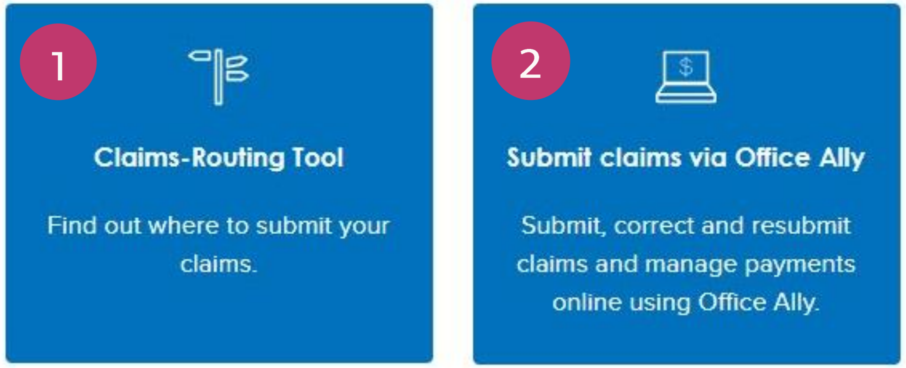
1. **View status via AuthAccel.**
   - Launch with Tax ID under which you submitted the authorization.
     - Servicing providers and facilities can view authorization status under their own Tax ID(s), when they are linked to the request.
   - "How to" instructions are located on the medical and pharmacy request status launch pages and on the [AuthAccel Online Authorization System training page](). (Log in required.)



2. **Use online chat after log in to Provider Connection** – available from every page.

3. **By phone**
   - Contact Blue Shield Promise Provider Customer Service at **(800) 468-9935** or Blue Shield Provider Customer Service at **(800) 541-6652**, 8 a.m. to 5 p.m. Monday through Friday.

Options for submitting claims after login*



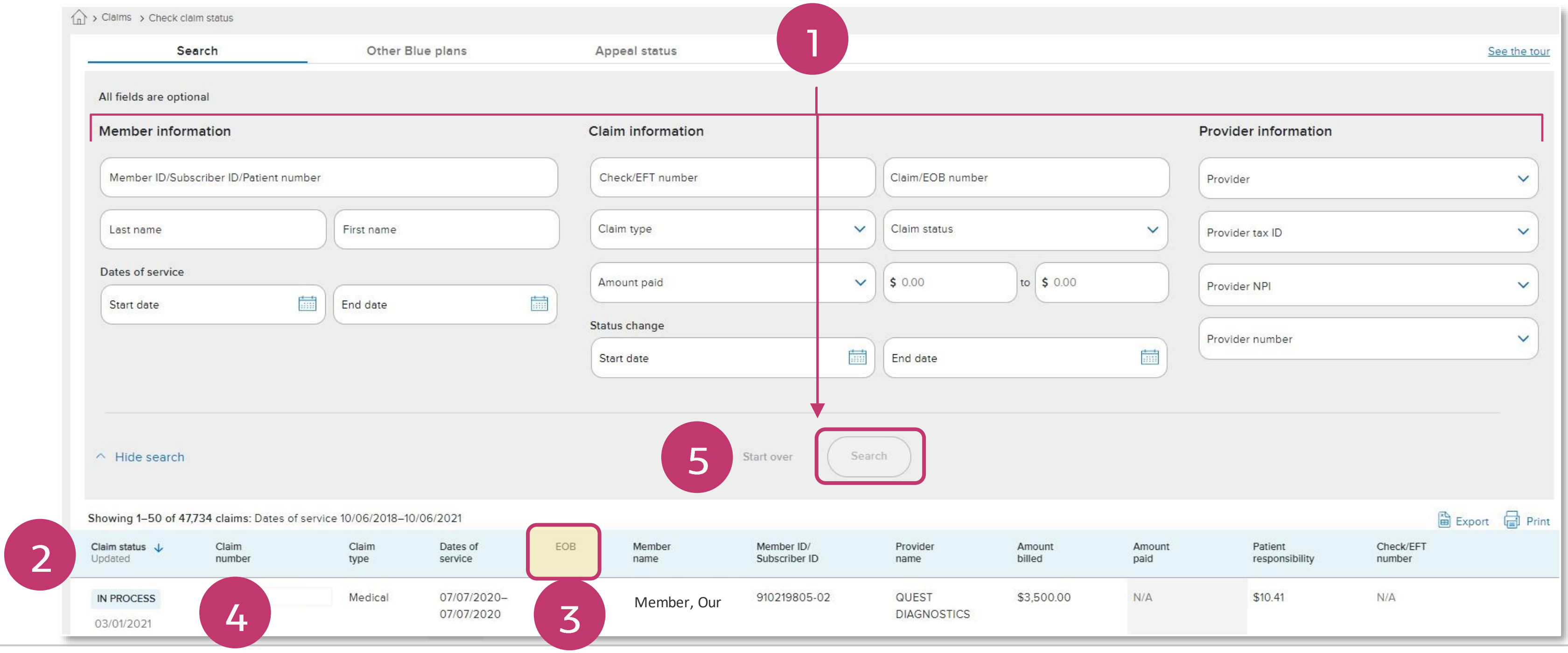
1. By mail:
   - The Claims Routing Tool tells you where to submit paper claims. No log in is required to use this tool. You will need a member ID number with prefix and date of service. In some cases, you may need NPI.
2. Electronically: Via Office Ally or another clearing house.
   - Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer. See the EDI, ERA/EFT and Secondary 277CA FAQ .

* For additional information on claims, How to submit claims on Provider Connection – no login required.

Check claims status (log in required)

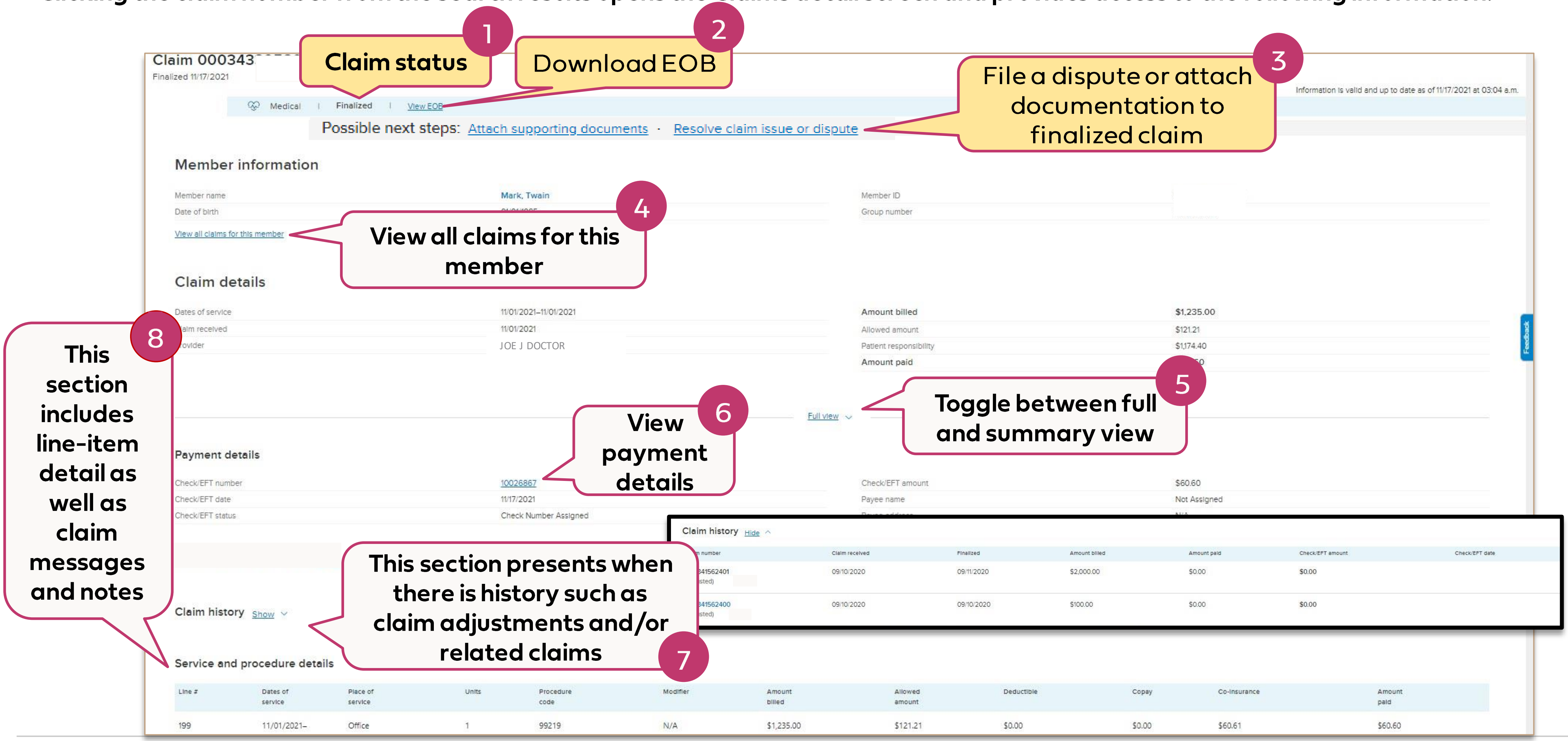
Check claims status is available from the home page and from the Claims section after log in. All claims connected to your username and login will display if you are the Account Manager or have been granted access by your Account Manager. Use to locate claims and related EOBs. It will display claims from the last three years with most recent at the top.

1. Enter data into one or more search fields: Member, Claim, and/or Provider Information. Click **Search**.
2. Results will display in the table below the blue header. To sort results in alphabetical or ascending/descending order by column, click the desired column header and the up/down arrow once it presents.
3. EOBs are downloadable once the claim is finalized.
4. Click the claim number to see more detailed information. **EOBs are also available from this link.**
5. To conduct a new search, click **Start over** to clear the search fields.



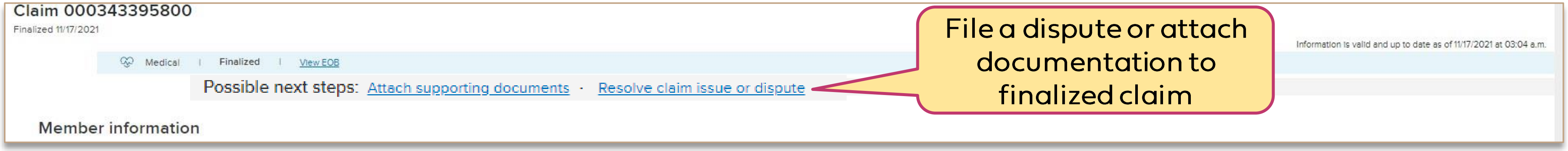
Claim details screen

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



Additional activities available from the Claims section – log in required

Claim details screen



File a dispute or attach documentation to finalized claim

Click links for step-by-step instructions.

Online Activities	For all plan types
Attach documents to a finalized claim	• Blue Shield Promise Medi-Cal • Blue Shield Medicare • Federal Employee Program (FEP) • Blue Shield Commercial • Shared Advantage® • BlueCard®
File a provider dispute online and view the status of all provider disputes, no matter how submitted.	

Blue Shield is continuing to refine and improve the online provider dispute workflow so you will see some additional changes before the end of the year.

Resources to support you

Action	Support
Provider Connection Support – no log in required	• Provider Connection Reference Guide • Provider Connection website registration instructions for Provider, MSO and Billing accounts and additional tutorials. • Online text-based website help available from every page – no log in required.
AuthAccel Online Authorization System training – no login required.	• Instructions are also linked to each AuthAccel launch page (login required)
Blue Shield Customer Care at (800) 541-6652 **Blue Shield Promise Customer Care** at (800) 468-9935 Live chat from Provider Connection – log in required.	• General help with website if you can't find answers in the resources above. • Removal or disabling of an Account Manager for your organization. • Provider and Tax ID association for one of your claims.
Provider Information & Enrollment at (800) 258-3091 bscproviderinfo@blueshieldca.com	• Provider network inquiries and applications • Credentials (Can also email credentialling dept at bscinitialapp@blueshieldca.com)
Blue Shield prior authorization list Blue Shield prior authorization forms	• Blue Shield (including Medicare) prior authorization list and forms – no log in required.
Blue Shield Promise prior authorization list Blue Shield Promise prior authorization forms	• Blue Shield Promise prior authorization list and forms – no log in required.
Claim issues & disputes	• Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.
Provider Connection News & Education section	• View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.