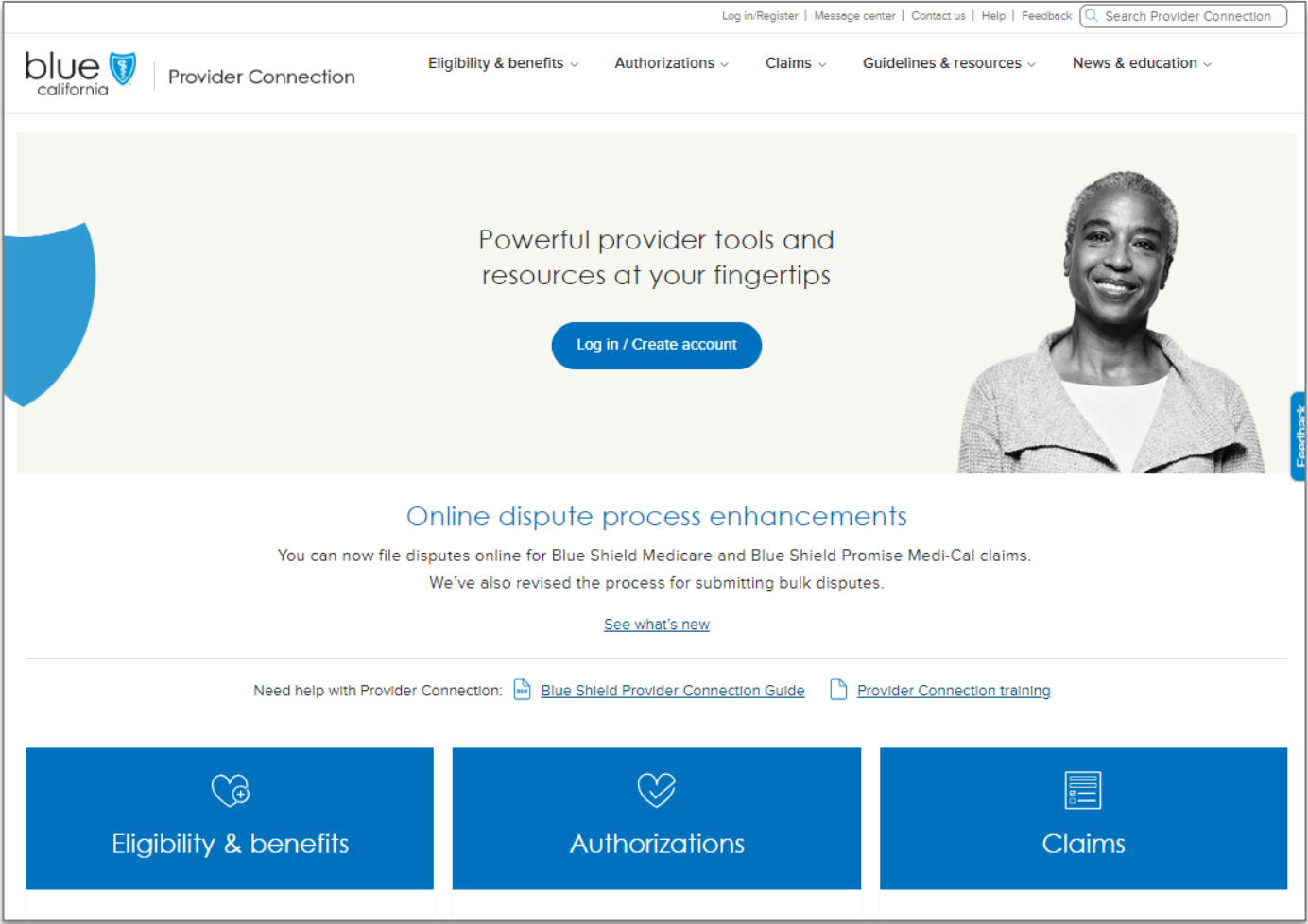


Provider Connection

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](#)


04/2023


Provider Connection Reference Guide

The Provider Connection website gives you easy access to the tools and information you need to serve Blue Shield and Blue Shield Promise members as well as to support your practice.

Use this reference guide to learn more.



blue california 

blue california 
Promise Health Plan

Instructions for common tasks, and links to helpful resources



[Provider Connection training](#)

Provider Connection training

These training and support tools are designed to help you get the most out of Blue Shield's Provider Connection website.








Provider Connection Reference Guide

Instructions for how to access and use most website tools plus direct links to resources on the website.

-  [Provider Connection Reference guide for all providers](#) (PDF, 4.4 MB)
-  [Provider Connection Account FAQ](#) (PDF, 681 KB)

Quick-reference tutorials

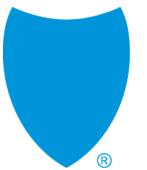
Instructions and visuals for each step needed to complete a task.

-  [Register for a Provider Connection Provider account](#) (PDF, 674 KB)
-  [Register for a Provider Connection MSO account](#) (PDF, 736 KB)
-  [Register for a Provider Connection Billing account](#) (PDF 632 KB)
-  [Update your Provider Connection password](#) (PDF 246 KB)
-  [Verify eligibility and benefits](#) (PDF 168 KB)
-  [Check claims status and view EOBs](#) (PDF 244 KB)
-  [How to view, print, or download member ID cards](#) (PDF 40 KB)

Learn how to integrate digital member ID cards into your workflow.

Step-by-step instructions with visuals for registration, password update, and other key tasks.

Website registration 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:**

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.

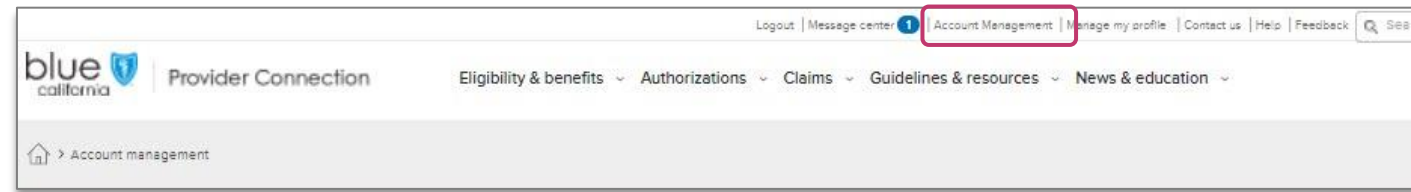
Click these links for step-by-step instructions.

* 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.

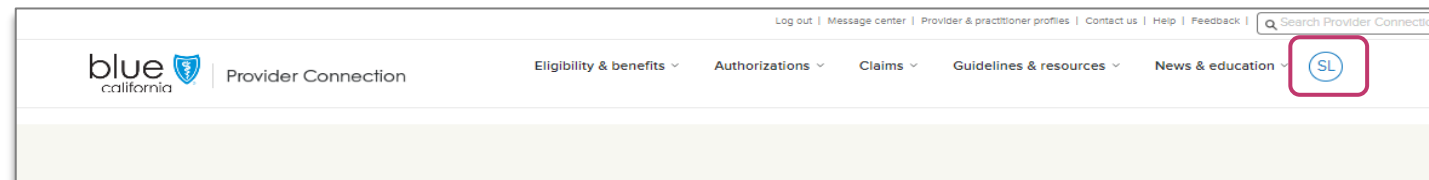


Users

- 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.

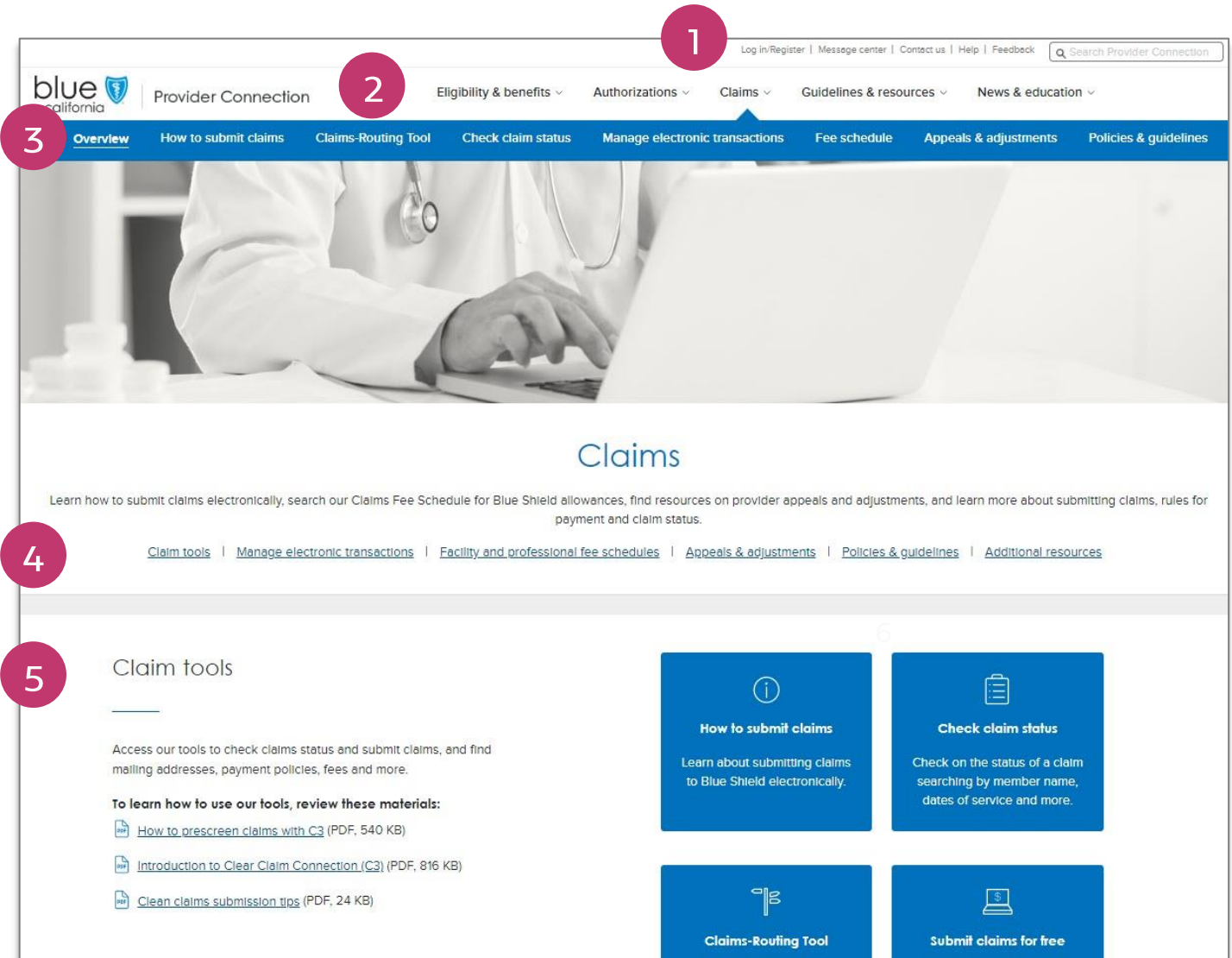
Account Managers & Users

- 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..



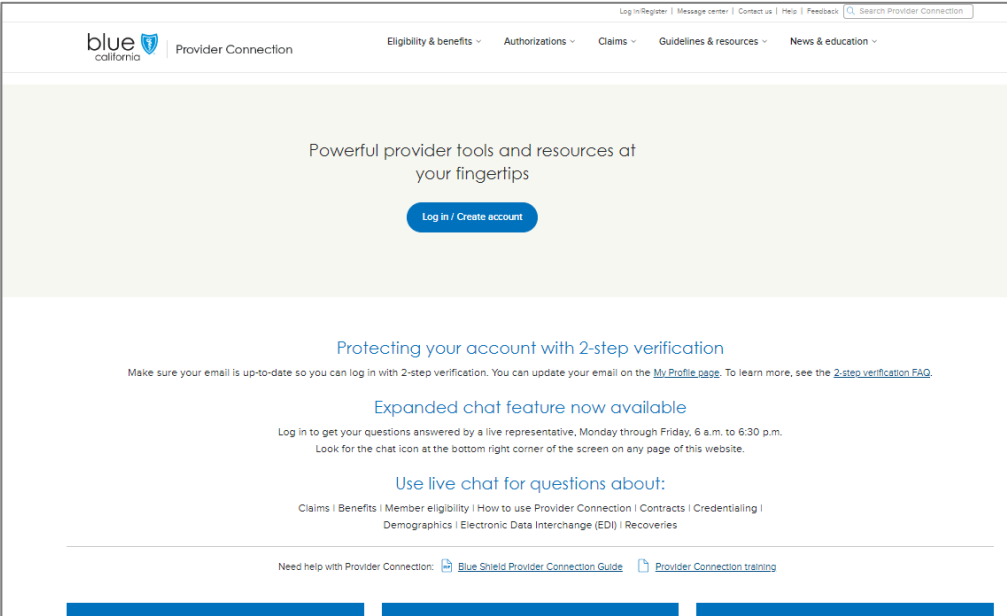
How to navigate Provider Connection

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.

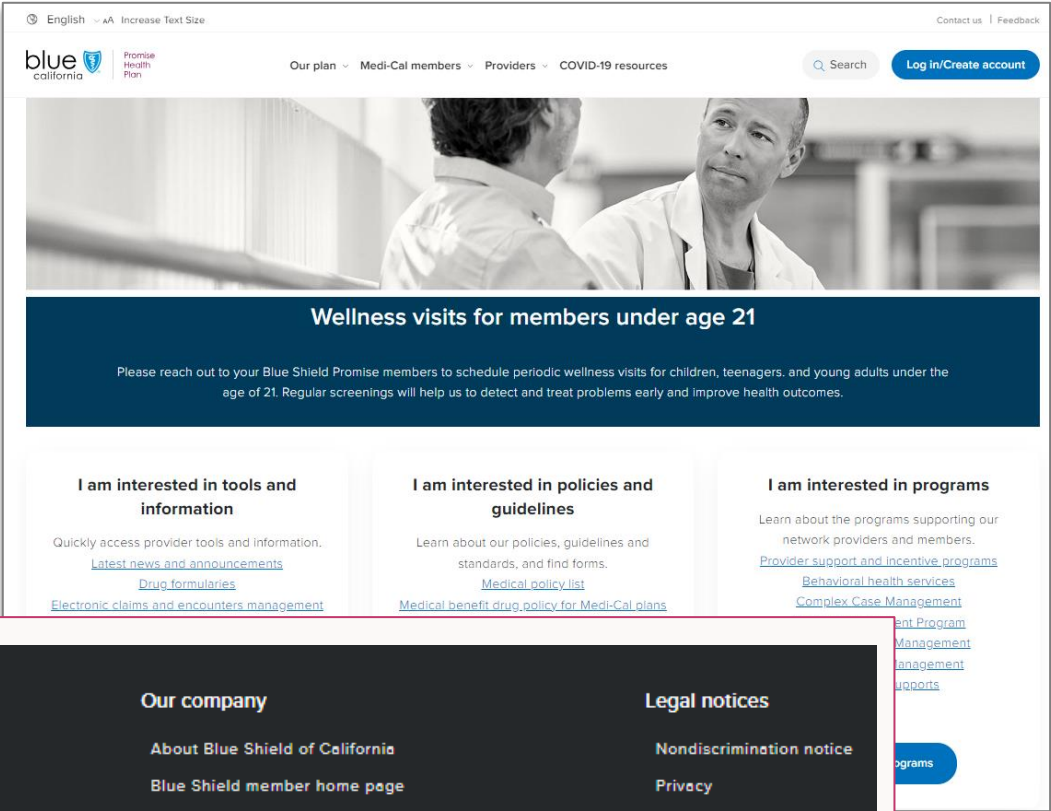


Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the Blue Shield Promise Provider Portal. Links in the footer of each page on the two websites allow you to move between the two.

Provider Connection



Blue Shield Promise Provider Portal



Footer

Provider tools	Quick links	Our company	Legal notices
Become a Blue Shield Provider	About Provider Connection	About Blue Shield of California	Nondiscrimination notice
Sign up for webinars	Register for Provider Connection	Blue Shield member home page	Privacy
Provider manuals	Forgot username/password	Blue Shield news	Terms of use
Provider referral	Change password		
News and announcements	Compatible browsers		
Contact us	Blue Shield Promise provider resources		

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 & Practitioner Profiles* pages.
 - B. Bulk data file download/upload from the *Provider & Practitioner 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)

[Provider Data Management](#)

- Print-based instructions
- Video demonstration



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
Step 1: Assign provider/practitioner data access privileges if desired	3
Step 2: Attest to provider directory information accuracy every 90 days	4
Step 3: Update provider directory information when needed	5
Make single updates directly on Provider Connection.....	6
Make bulk updates via the Provider Data Validation Spreadsheet from Provider Connection...	7
Need help?	8

[blueshieldca.com](#)

1

Blue Shield of California and Blue Shield of California Promise Health Plan are independent licensees of the Blue Shield Association. L50030-W-ESC-PHP (1/23)

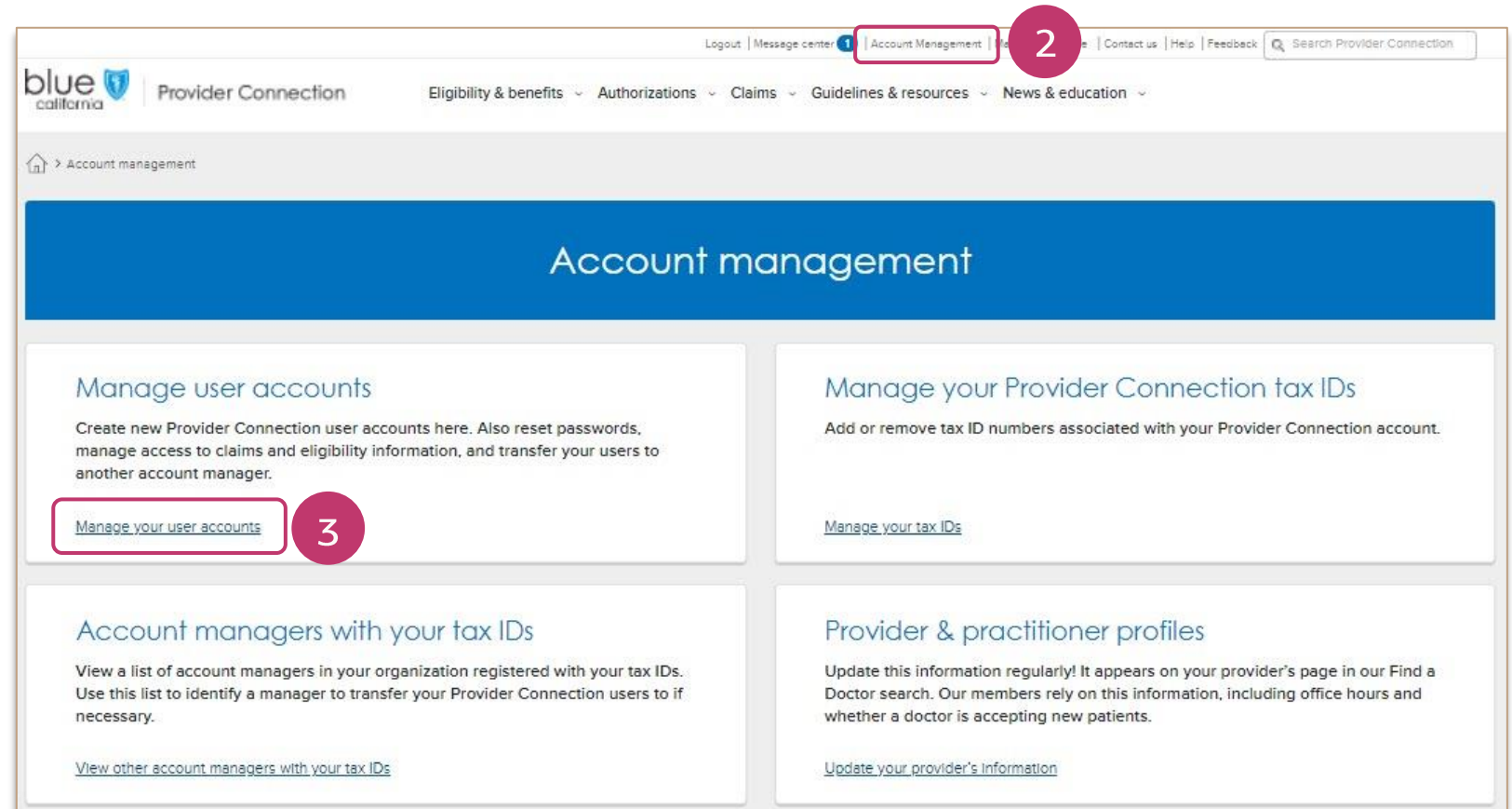
[Print-based instructions](#)

- 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.

4 Manage user accounts

The tables below show any pending user accounts followed by all other accounts. Select a user to update their tax IDs, claims access, and account status.

Create user account Help ?

Active and disabled accounts

Filter results Transfer selected accounts Delete selected accounts Print Download

NAME	USERNAME	CLAIMS	REAL-TIME CLAIMS	PROVIDER & PRACTITIONER DATA	CREATED	STATUS	
<input type="checkbox"/> Person, User	user123	Yes	No	No	10/07/2019	Active	View

5 Account information

Contact information

Name
Person, User
Address
Main St.
City, State, 90000

Username
Person, User
Email
personuser@comcast.net

Phone
211-292-9090

User permissions Help

Claims

Real-time claims

Provider & practitioner data

Account administration

Account status


Active

Deactivated

Reset password

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.

 Provider Connection

Logout | Message center | **Provider & practitioner profiles** | Manage my profile | Contact us | Help | Feedback

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

Home > Account Management > Provider & Practitioner Profiles

PROVIDER & PRACTITIONER PROFILES

Select organization to display

123456789 - XYZ HEALTH NETWORK

Search

Organization name

XYZ HEALTH NETWORK

Providers | Bulk Updates | Remittance

XYZ HEALTH NETWORK

Manage your organization's demographic data

Search providers

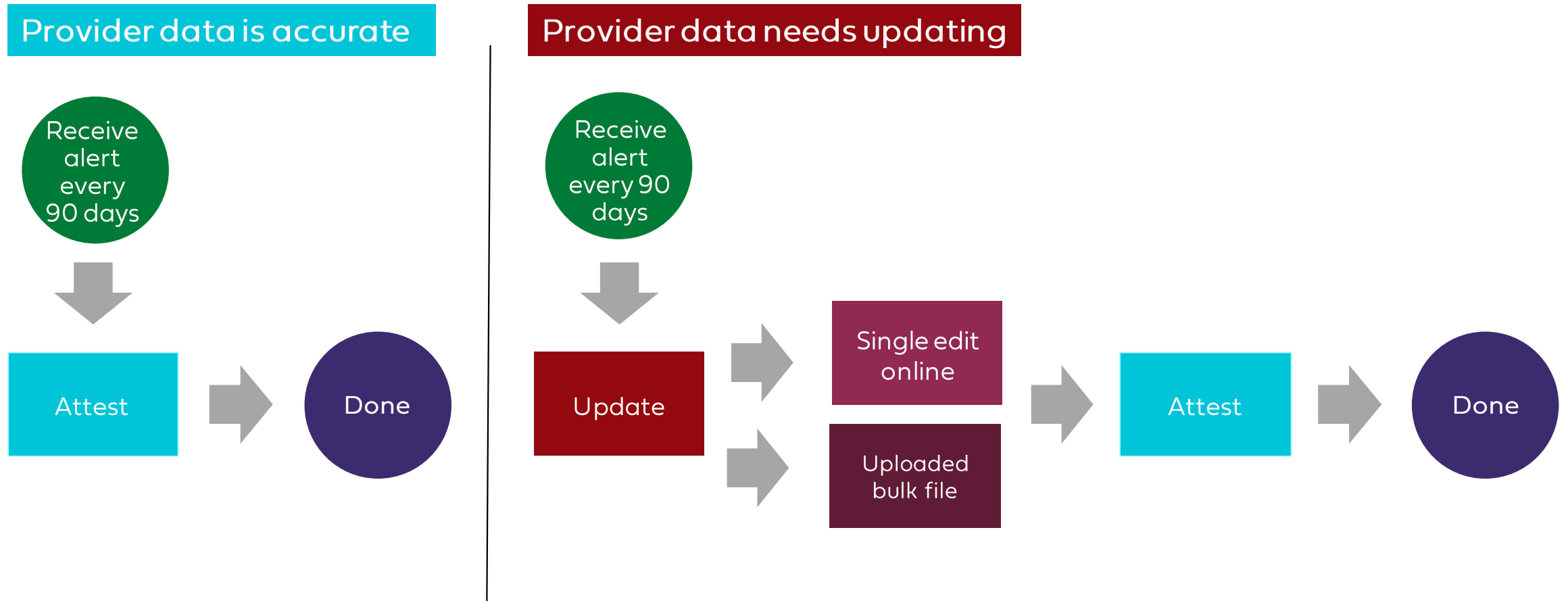
Provider name	Type	Website	Link
XYZ HEALTH NETWORK MEDICAL CENTER	Hospital		View
XYZ HEALTH NETWORK PHYSICIAN GRP	Physician Group Practice		View
XYZ HOSPITAL LOS ANGELES	Hospital		View
XYZ HOSPITAL SAN DIEGO	Hospital		View

Showing 4 providers

BLUE SHIELD OF CALIFORNIA

14

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.



Per state and federal law, providers and facilities must attest to accuracy of directory information to stay visible in Find a Doctor.

Attest now

[What is attestation?](#)

1

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

Online attestation to data accurac...

ATTESTATION2

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 ⓘ	
<input type="checkbox"/>	1234567890	XYZ HEALTH NETWORK	1	1	Not attested	Download

0 selected

Showing 1 tax ID

4Submit

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**



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.

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.

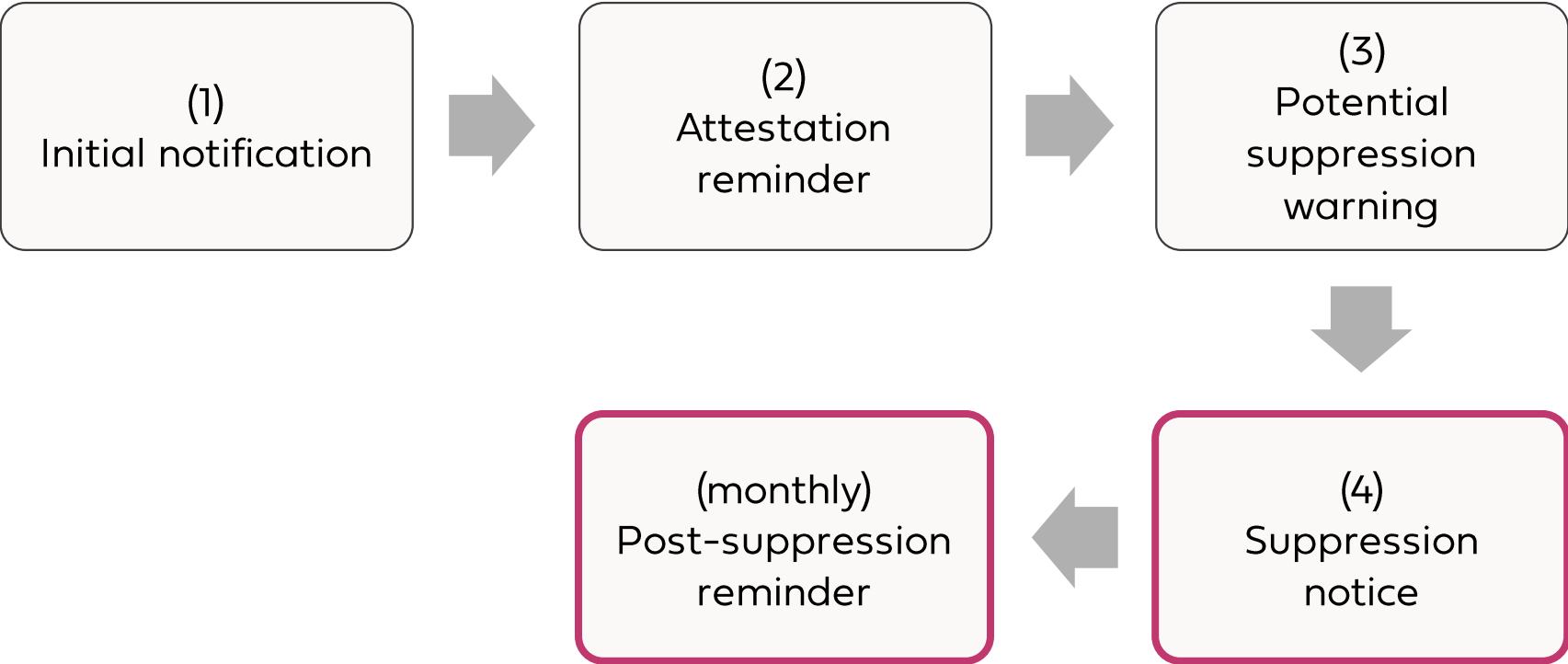
Select tax IDs for attestation

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

1 selected

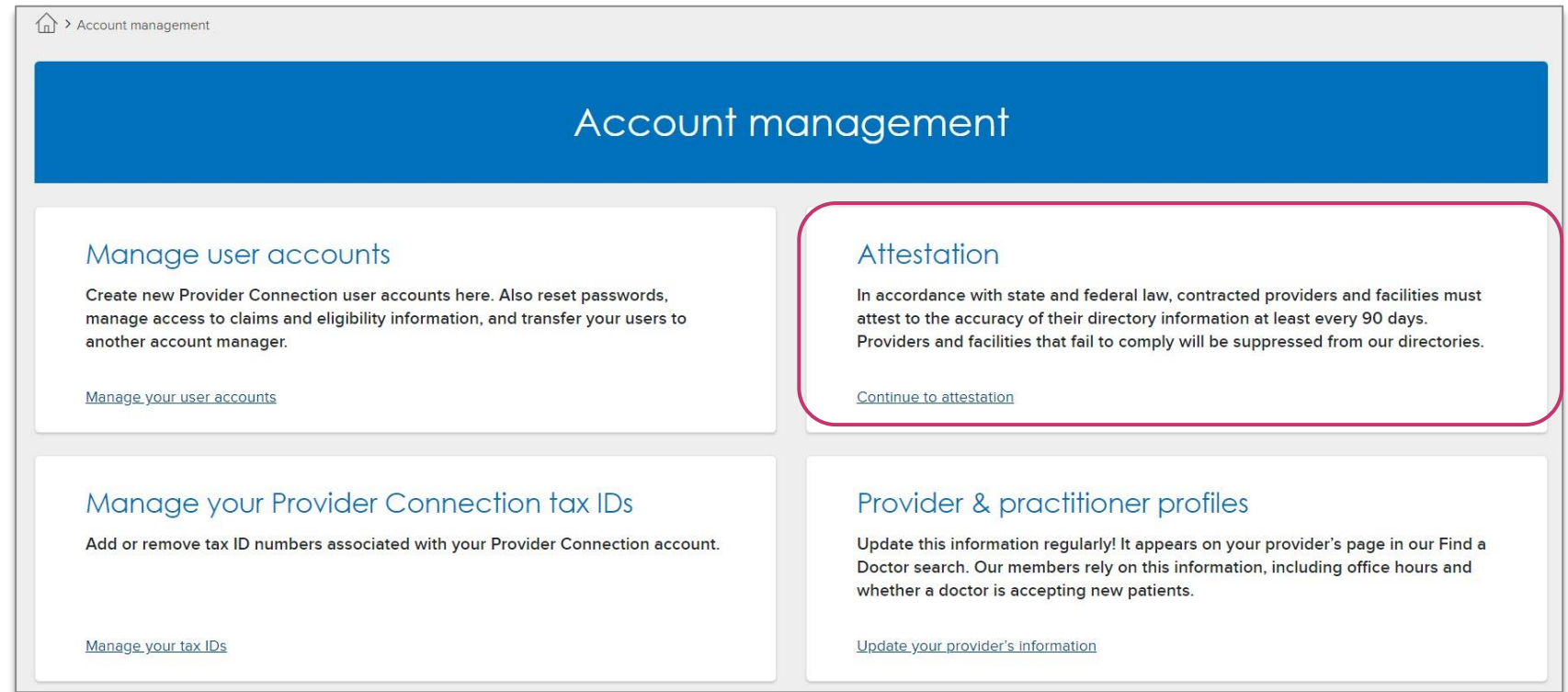
Showing 1 tax ID

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



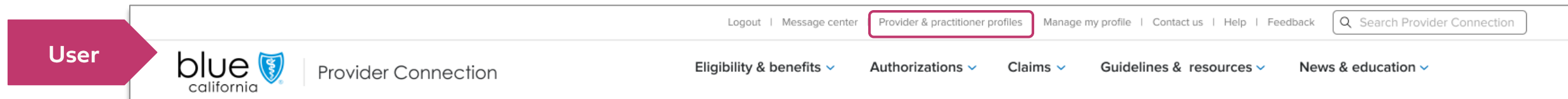
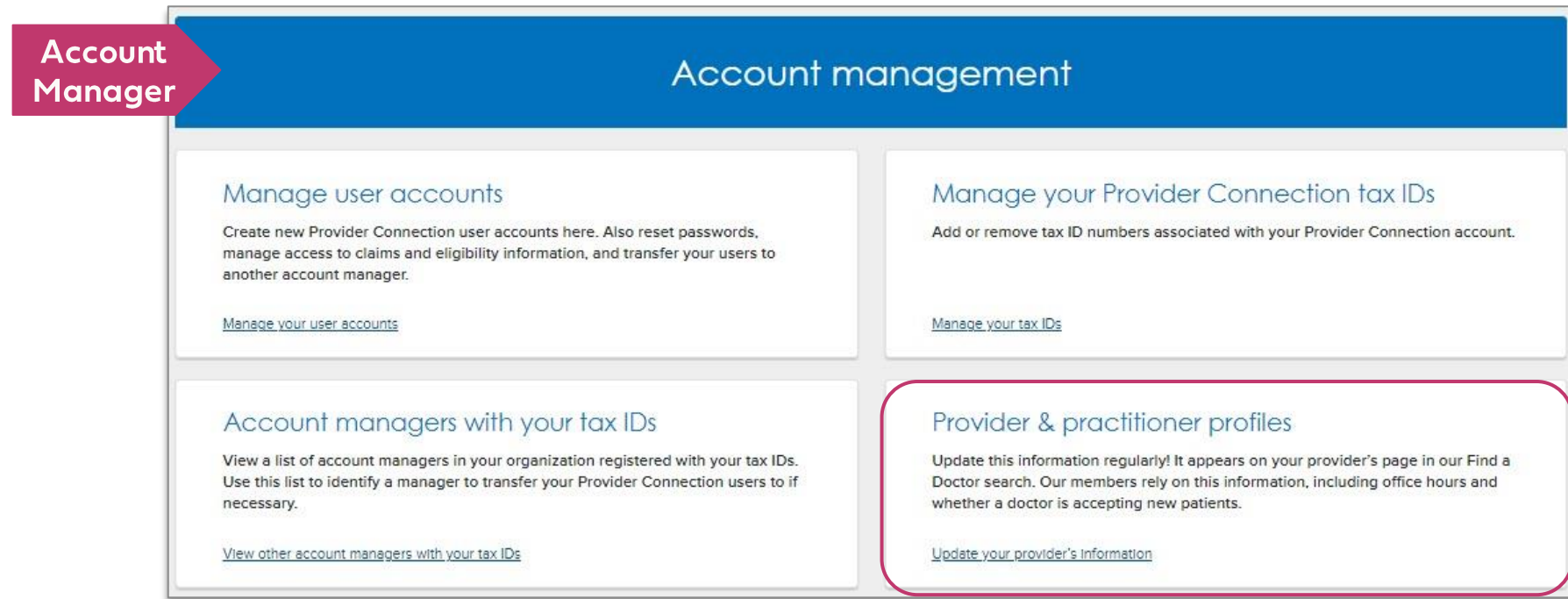
Account Managers can attest at any time*

- 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.



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 main heading is 'PROVIDER & PRACTITIONER PROFILES'. There are two search fields: 'Select organization to display' with a dropdown menu showing '123456789 - XYZ HEALTH NETWORK' (marked with a red circle '1') and a 'Search' button, and 'Organization name' with the text 'XYZ HEALTH NETWORK'. Below these are three tabs: 'Providers', 'Bulk Updates', and 'Remittance'. The 'Providers' tab is active. Under the 'Providers' tab, there is a section for 'XYZ HEALTH NETWORK' with the subtext 'Manage your organization's demographic data'. To the right of this section is a search bar labeled 'Search providers'. Below this is a table with columns: 'Provider name', 'Type', 'Website', and 'Link'. The table lists three providers: 'XYZ HEALTH NETWORK MEDICAL CENTER' (Hospital), 'XYZ HEALTH NETWORK PHYSICIAN GRP' (Physician Group Practice), and 'XYZ HOSPITAL LOS ANGELES' (Hospital). The 'View' link for 'XYZ HEALTH NETWORK PHYSICIAN GRP' is highlighted with a red box and a red circle '2'. A large red arrow points from this link down to the next screenshot. The second screenshot shows the 'View providers' screen. It has the same tabs as the first screenshot. The 'Providers' tab is active. There is a search bar labeled 'Search practitioners'. Below this is a list of providers: 'JO Z DOCTOR' and 'JANE PHYSICIAN'. The 'JO Z DOCTOR' provider is selected. To the right of the list, there is a breadcrumb trail: 'View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR'. Below this is the provider's name 'JO Z DOCTOR' and the organization 'XYZ HEALTH NETWORK PHYSICIAN GRP'. There are two sections: 'Personal details' and 'Practice', each with an 'Edit' link. The 'Personal details' section contains the following information: National provider Identifier (NPI) 1234567890, Full name JO Z DOCTOR, Language spoken English, Practitioner gender Female, Race N/A, Ethnicity N/A, and Education Medical Doctor (MD). The 'Practice' section is empty. At the bottom right, there is a 'View locations' link. A red circle '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.
- d) Use the breadcrumb or *Back* button to navigate between levels.

The screenshot shows a web interface for managing providers. At the top, there are three tabs: 'Providers', 'Bulk Updates', and 'Remittance'. A red circle with the number '4' is positioned above the 'Providers' tab. On the left side, there is a search bar labeled 'Search practitioners' and a list of providers: 'JO Z DOCTOR' and 'JANE PHYSICIAN'. A blue circle with the letter 'a' is placed over this list. The main content area displays the details for 'JO Z DOCTOR' under the heading 'XYZ HEALTH NETWORK PHYSICIAN GRP'. The details are organized into sections: 'Personal details' (with an 'Edit' link), 'National provider identifier (NPI)' (1234567890), 'Full name' (JO Z DOCTOR), 'Language spoken' (English), 'Practitioner gender' (Female), 'Race' (N/A), 'Ethnicity' (N/A), and 'Education' (Medical Doctor (MD)). At the bottom, there is a 'Practice' section with an 'Edit' button (callout b) and a 'View locations' link (callout c). A breadcrumb trail at the top of the main content area reads 'View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR', with a blue circle 'd' highlighting it.

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	<ul style="list-style-type: none">• Assign practitioner• Edit admin office data• View practitioners
Practitioner details	<ul style="list-style-type: none">• Edit:<ul style="list-style-type: none">• Personal details• License• DEA registration• Affiliations• View service locations
Service location details	<ul style="list-style-type: none">• Edit:<ul style="list-style-type: none">• Location details• Practice details• Unassign service location

Level	Non-Capitated Providers
Provider details	<ul style="list-style-type: none">• Edit website• View locations
Location details	<ul style="list-style-type: none">• Assign a practitioner• Edit location details• Delete a service location• View practitioners
Practitioner	<ul style="list-style-type: none">• Edit:<ul style="list-style-type: none">• 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*

The screenshot shows the 'PROVIDER & PRACTITIONER PROFILES' page. At the top, there's a breadcrumb trail: 'Home > Account Management > Provider & Practitioner Profiles'. Below this is a section for selecting an organization. A dropdown menu is set to '123456789 - XYZ HEALTH NETWORK' (marked with a red circle 1), and a search button is next to it. To the right, there's a text input field for 'Organization name' containing 'XYZ HEALTH NETWORK'. Below this is a tabbed interface with 'Providers', 'Bulk Updates' (marked with a red circle 2), and 'Remittance'. The 'Bulk Updates' tab is active, showing a sub-header 'XYZ HEALTH NETWORK Bulk Updates' and a description 'Manage your organization's data all at once'. There are two main sections: 'Download all provider data under this tax ID' and 'Upload your updated Excel file'. The 'Download' section has a 'Download XLSX' button (marked with a red circle 3) and a red arrow pointing to a pop-up box. The 'Upload' section has a 'Browse' button and an 'Upload' button. The pop-up box (marked with a red circle 4) says 'You're downloading the Excel data file for tax ID 123456789. This might take a few minutes. Thanks for your patience.' and has 'Cancel' and 'Continue' buttons.

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.

Home > Account Management > Provider & Practitioner Profiles

PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK Search Organization name: XYZ HEALTH NETWORK

Providers Bulk Updates Remittance

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 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](#)

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](#)

[Upload](#)

5

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 PRACTITIONER tabs when making changes to data.

*** New data request added for Gender Affirming Care (7/2023): See lines 25-27 (provider) and lines 62-64 (practitioner)**

*** See line 47 (Practitioner 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:

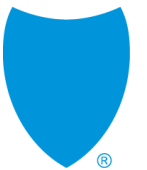
- Instructions: Spreadsheet instructions.
- PROVIDER_GENERAL: This tab is pre-populated. Use it to add/update/term service location data.
- PRACTITIONER_GENERAL: This tab is pre-populated. Use it to add/update/term individual practitioner data.
- VALIDATION_CONTACTS: This tab is pre-populated. Use it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

File type	Description	Process
Full File	Replace provider directory information in this spreadsheet with a complete set of your current data. <ul style="list-style-type: none">• 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. <ul style="list-style-type: none">• A full file will be compared to existing Blue Shield data.• Leave "Service Location Add/Term/Update" and "Service Location Term Date" columns blank:<ul style="list-style-type: none">• 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." <p>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.</p>
Delta File	Follow the instructions below to update provider directory information contained in this spreadsheet. <ul style="list-style-type: none">• 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.

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

Service Location Add/Term/Update (Delta File only)	Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none">• Add• Term• Update	For PROVIDER ORGANIZATION, indicate type of change: <ul style="list-style-type: none">• 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.
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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 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 with a blue arrow and a red circle 1) and 'SEARCH MULTIPLE MEMBERS'. Below the tabs, a heading reads '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 (placeholder: '9-16 characters') 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 (placeholder: 'MM/DD/YYYY' with a calendar icon), 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 (placeholder: 'Last 4 digits') and a 'Date of birth' field (placeholder: 'MM/DD/YYYY' with a calendar icon), both with 'Search' buttons. A large red circle 4 is at the bottom center, pointing to the 'Search' buttons in the third section.

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.

5

Status

✓ Eligible

Details

ID Card

Benefits

Claims

Member name	MEMBER, G		
Subscriber ID	Date of birth	Gender	Member address
9077	02/10/1946	Female	1000 ALTON AVE LOS ANGELES, CA
LOB	Region	Coverage effective / start date	Coverage end / redetermination date
Blue Shield Promise Medi-Cal - LA	HEALTHCARE LA IPA	01/01/2019	02/2020
Recipient	PCP name	Participating provider group	
N/A	DOCTOR, B	HEALTH CARE LA IPA	

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.

Member eligibility details

Last updated at 01:08 pm, 04/08/2022

1

Member name

Member, Our

Status

Eligible

ID Card

Benefits

Claims

Subscriber ID

XEA90

Date of birth

09/30/1959

Gender

Female

Member address

000 First Ave, Oakland, CA, 90000

Plan name

Blue Shield of CA ASO PSP

Plan type

Commercial PPO

Coverage effective / start date

01/01/2022

Coverage end / redetermination date

Present

Relationship to subscriber

Subscriber/Insured

Subscriber name

Our Member

PCP name

N/A

Office visit copay

In-network-20%

Member information

Member phone

555-555-5555

Language

Not Selected

Subscriber dues paid to

N/A

2

PCP and IPA / Physician group

3

Coverage details

4

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.

Benefit summary	1	Benefit summary
Benefit download		
Pre-existing conditions		
Benefit categories		

Chiropractic and Acupuncture		
Benefit	Network	Copay
Chiropractic/Acupuncture		
Chiropractic	Participating Providers	20% per Visit
Chiropractic	Non-Participating Providers	40% per Visit

<input type="text" value="Search categories"/>	<input type="button" value="Search"/>	3	General - General Subcategory - Benefit Maximums
Benefit summary			
Benefit download	4		
Pre-existing conditions			
Benefit categories		2	
⊖ General			
⊖ General Subcategory			
Benefit Maximums			
Custom Benefits			

Annual Medical Deductible	MILLS, JANET L	Applies to Annual Out of Pocket Maximum
Preferred & Non Preferred Provider	\$1750	Yes
Maximum	\$0	

Calculated over 12 months beginning January 1
For additional information about plan deductibles see Custom Benefits

Annual Out of Pocket Maximum	MILLS, JANET L
Preferred & Non Preferred Provider	\$4500
Maximum	\$0

For additional information about out-of-pocket maximums see Custom Benefits

* 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](#).

The screenshot shows the AuthAccel online authorization system interface. At the top, there is a navigation bar with four tabs: "MEDICAL REQUEST" (highlighted with a red box), "MEDICAL REQUEST STATUS", "PHARMACY REQUEST", and "PHARMACY REQUEST STATUS". Below the navigation bar, there are two informational boxes. 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, the main heading is "Request medical authorization". The text below the heading says: "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." Below the note, there is a dropdown menu labeled "Requesting provider's TIN" with the text "Select TIN" and a downward arrow. Below the dropdown menu, there are two buttons: "Access AuthAccel" (highlighted with a red box) and "Cancel". On the right side of the interface, there is a sidebar with two sections. The "INSTRUCTIONS" section contains a link: "Read how to submit a medical authorization (PDF, 329 KB)". The "QUICK LINKS" section contains five 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.

Options for [submitting claims](#) after login*


1



Claims-Routing Tool

Find out where to submit your claims.

2



Submit claims via Office Ally

Submit, correct and resubmit claims and manage payments online using Office Ally.

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.

The screenshot shows the 'Check claim status' page. At the top, there are tabs for 'Search', 'Other Blue plans', and 'Appeal status'. The 'Search' tab is active. Below the tabs, there are three main sections: 'Member information', 'Claim information', and 'Provider information'. Each section contains several input fields. A red box labeled '1' highlights the 'Search' button at the bottom right. A red box labeled '2' highlights the 'Claim status' column header in the results table. A red box labeled '3' highlights the 'EOB' column header. A red box labeled '4' highlights the claim number '910219805-02'. A red box labeled '5' highlights the 'Start over' button.

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	910219805-02	Medical	07/07/2020- 07/07/2020		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: [REDACTED]

[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: \$1174.40

Amount paid: \$0.00

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: [REDACTED]

Claim history

Hide ^

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

Additional activities available from the [Claims](#) section – log in required

Claim details screen

Claim 000343395800

Finalized 11/17/2021

Medical | Finalized | [View EOB](#)

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

Member information

File a dispute or attach documentation to finalized claim

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

Online Activities	For all plan types
Attach documents to a finalized claim	<ul style="list-style-type: none">• 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.	

Click links for step-by-step instructions.

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	<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.
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.



Blue Shield of California and Blue Shield of California Promise Health Plan
are independent licensees of the Blue Shield Association