

Frequently asked questions about provider directory updates

The 2020 Consolidated Appropriations Act (CAA) includes several healthcare provisions aimed at increasing healthcare transparency. One of these provisions requires that health plans maintain an accurate and up-to-date directory of their in-network providers and facilities, and to make that directory accessible to members and customers.

Blue Shield of California (Blue Shield) has created the following answers to questions we anticipate you may have as we work together to comply with this CAA mandate. These answers also apply to Blue Shield of California Promise Health Plan (Blue Shield Promise) participants.

1. What are health plans required to do to comply with the CAA provider directory requirements?

Health plans such as Blue Shield are required to establish:

- A verification process to confirm provider directory information at least every 90 days
- A directory suppression process for non-responsive providers
- A process for updating the provider directory within two business days of receiving new demographic information from a provider
- A protocol for responding to member network questions within one business day and retaining communications for at least two years

2. What are healthcare providers and facilities being asked to do to comply with the CAA provider directory requirements?

Providers and facilities are required to confirm or attest to their directory information at least every 90 days and submit timely updates should demographic information change. Per the provision, non-responsive providers/facilities may eventually be suppressed from the directory until they confirm their information.

3. Does the CAA mandate replace California Senate Bill 137 (SB 137)? Does it apply to all lines of business?

The CAA has more stringent requirements than SB 137 in some areas (for example, the legal obligation to verify directory data every 90 days). Because plans and providers will be expected to comply with all state and federal regulations, we are consolidating our processes to be compliant with all of them, across all lines of business.

4. How is Blue Shield going to help providers maintain their information in its provider directory?

We are enhancing our [Provider Connection](#) online tools to support the process of updating provider information. Instructions will be provided for how to update your provider directory information and attest.

There will be three ways to update:

- 1) Make changes directly on Provider Connection in the *Provider & Practitioner Profiles* section;
- 2) Download your data via a new (forthcoming) *Provider Data Validation Spreadsheet* and upload revisions to the site; and
- 3) Via secure file transfer protocol (SFTP) if you have an established connection.

Alternate methods of attestation may also be allowed during a limited transition period. However, once the new features are made available on Provider Connection, we will no longer send pre-populated spreadsheets to you automatically. You will need to download your information from Provider Connection.

5. How will the new verification process differ from what was done to comply with SB 137?

Formerly, the verification process varied according to provider type, and was done using email and other manual processes. Going forward, to comply with the CAA mandate, all providers will be asked to validate, update if necessary, and attest to their directory information online every 90 days, regardless of provider type.

We will no longer send directory information spreadsheets to you via email or fax.

There will be three ways to update data:

- 1) Make changes directly on Provider Connection in the *Provider & Practitioner Profiles* section;
- 2) Download your data via a new (forthcoming) *Provider Data Validation Spreadsheet* and upload revisions to the site; and
- 3) Via secure file transfer protocol (SFTP) if you have an established connection.

6. Will you reject my provider directory attestation/updates if I submit by email?

For a limited time, Blue Shield will still accept attestation/updates submitted on the forthcoming *Provider Data Validation Spreadsheet* via the Provider Information and Enrollment standard intake email. However, processing time and accuracy may be compromised as we must manually address these submissions. To comply with federally required turnaround times and provide you with the best service possible, attesting and updating via Provider Connection is preferred.

7. How can I set up my organization to use Provider Connection?

If your organization is not currently set up to use Provider Connection, please identify an account manager for your organization and have them [register an account](#). Once the account is established, the account manager can issue usernames and passwords for others in your organization. Note that most organizations can have at least two account managers.

8. How can I tell if my organization has an existing account on Provider Connection?

If you are unable to determine internally if your organization has a registered Provider Connection account, contact Provider Services at **(800) 541-6652**. There isn't a specific menu selection for Provider Connection, so feel free to choose any option. For security purposes, you will be asked to provide information about two different claims submitted within the last 90 days.

If your organization does not have an existing account, consider registering and becoming the account manager for your organization.

9. How do I locate the name of my account manager?

If you already have a user profile, click the “Manage my profile” link at the very top of the page and find the section labeled “My Account Manager.”

If you do not have a user profile, please call Provider Services at **(800) 541-6652**. For security purposes, you will be asked to provide information about two different claims submitted within the last 90 days.

10. What information or documentation is needed to establish a Provider Connection account?

Please refer to the [Provider Connection Reference Guide](#) or the [Blue Shield Promise Provider Connection Reference Guide](#) to see what is needed to register for your specific account type.

11. What if my organization has requested to be suppressed from the directory? Are we expected to attest? Can we still request to be suppressed?

Per legal guidance, all providers with a contracted relationship with Blue Shield will be required to display their information in our online directory moving forward. Beginning Q2 2022, no providers will be excluded from our directory unless they have failed to verify their information in a timely manner. Regardless of what is shown in our directory, keeping current and accurate data on record will enable higher accuracy of claims and actuary processes.

12. Can I still treat plan members if my provider directory information is suppressed?

If your information is suppressed from our Find a Doctor provider directory, you will still be able to serve plan members. However, it will be more difficult for new patients to select you as a provider.

13. When will my organization be expected to verify our information for the directory?

Once the attestation capability launches on Provider Connection, you will be asked to attest to the accuracy of your directory information every 90 days on a rolling basis.

14. In the case of provider groups, is attestation needed for each individual provider linked to the group, or can a group administrator attest one time for all providers in the group?

Attestation is made at the contracted entity level. A group administrator can attest to the accuracy of the information about all the providers in their group at the same time.

Practitioners who are not affiliated with a group and have their own contractual agreement will need to attest to their information separately.

15. Whom should I contact if I have questions or concerns about the provider directory information Blue Shield shares about my organization?

To discuss the information shared about your organization in the Blue Shield [Find a Doctor](#) online directory, please contact the Provider Information and Enrollment team at **(800) 258-3091**, from 6 a.m. to 6:30 p.m., Monday through Friday.

16. Whom should I contact if I need technical help using Provider Connection?

To request technical help, please [contact technical support online](#) or call Provider Customer Services at **(800) 541-6652** from 6 a.m. to 6:30 p.m., Monday through Friday.