

Provider Connection website overview – April 2024

blueshieldca.com/provider

The screenshot shows the homepage of the Provider Connection website. At the top, there is a navigation bar with the Blue Shield of California logo, the text "Provider Connection", and several menu items: "Eligibility & benefits", "Authorizations", "Claims", "Guidelines & resources", and "News & education". A search bar is located on the right side of the navigation bar. Below the navigation bar is a large hero section with a light green background. On the left side of the hero section, there is a blue shield icon. In the center, the text reads "Powerful provider tools and resources at your fingertips". Below this text is a blue button that says "Log in / Create account". On the right side of the hero section, there is a black and white photograph of a smiling woman. Below the hero section is a section titled "Online dispute process enhancements". The text in this section states: "You can now file disputes online for Blue Shield Medicare and Blue Shield Promise Medi-Cal claims. We've also revised the process for submitting bulk disputes." Below this text is a link that says "See what's new". At the bottom of the page, there is a section titled "Need help with Provider Connection:" followed by two links: "Blue Shield Provider Connection Guide" and "Provider Connection training". Below this section are three blue buttons with white icons and text: "Eligibility & benefits" (with a heart and plus icon), "Authorizations" (with a heart icon), and "Claims" (with a document icon).

Here is what we'll cover today: How to...

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
 - Submit disputes online
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.



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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.

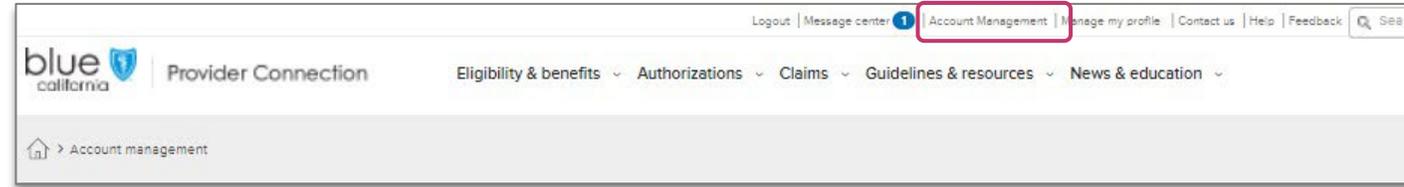
Click these links for step-by-step instructions.

* 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.

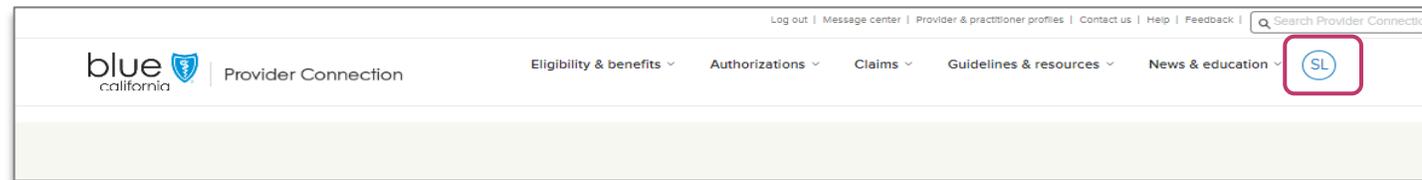


Users

- 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.

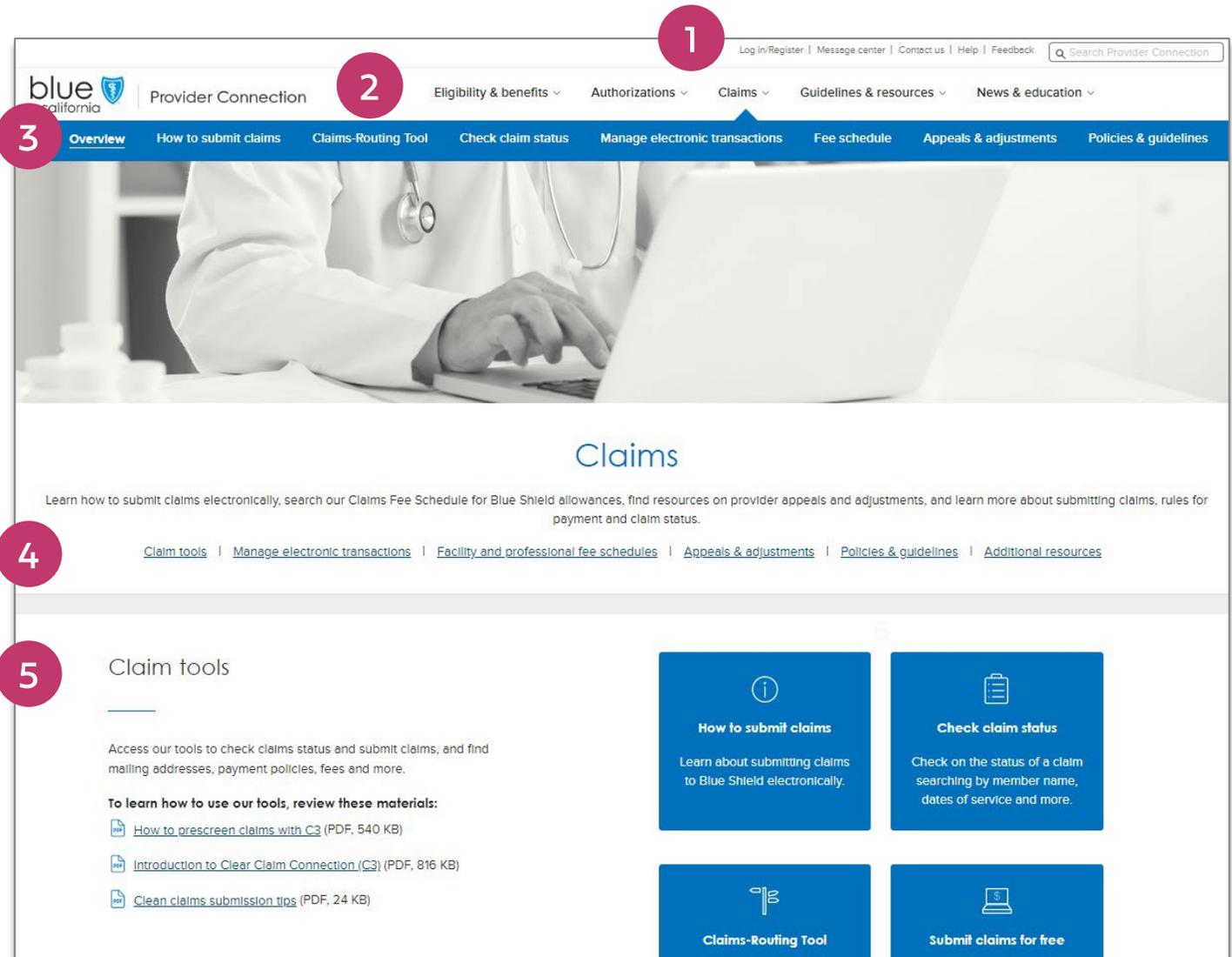
Account Managers & Users

- 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..



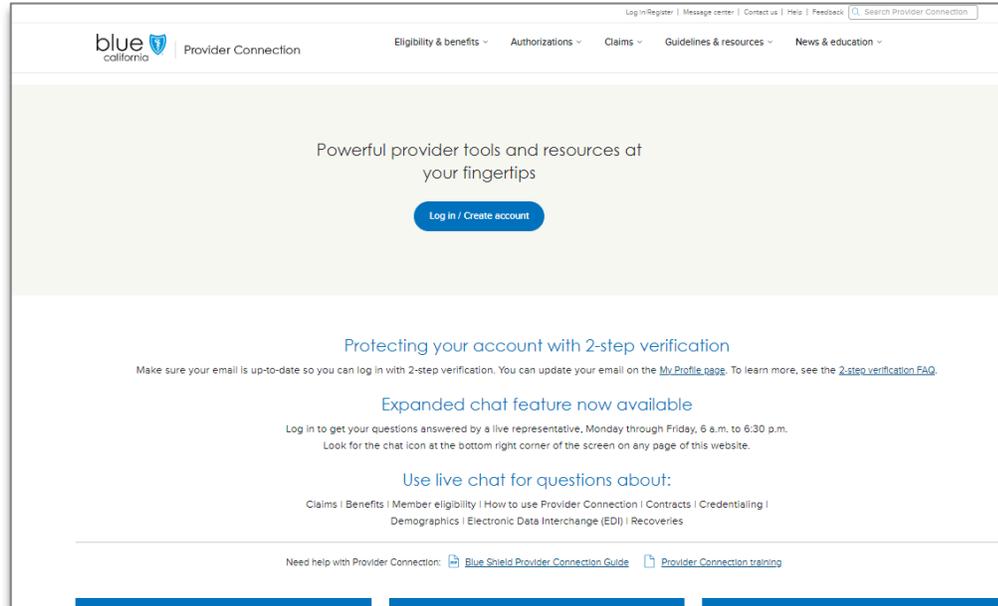
How to navigate Provider Connection

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.

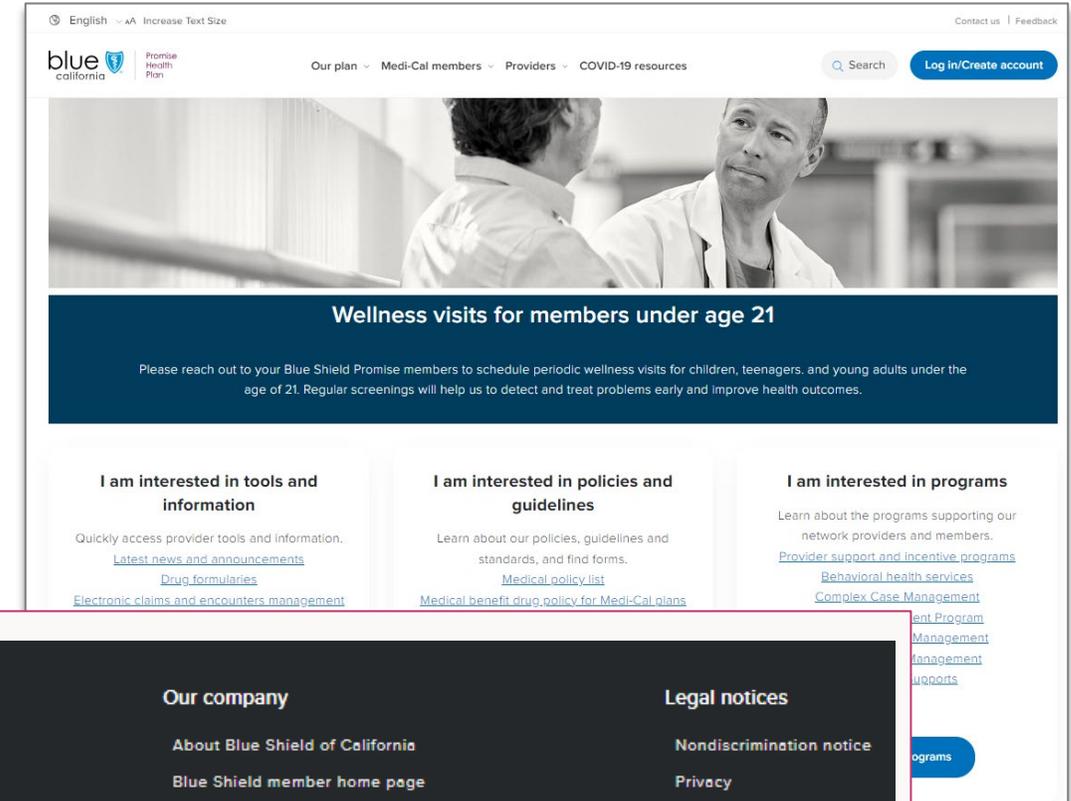


Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the Blue Shield Promise Provider Portal. Links in the footer of each page on the websites allow you to move between the two.

Provider Connection



Blue Shield Promise Provider Portal



Footer

Provider tools

- [Become a Blue Shield Provider](#)
- [Sign up for webinars](#)
- [Provider manuals](#)
- [Provider referral](#)
- [News and announcements](#)
- [Contact us](#)

Quick links

- [About Provider Connection](#)
- [Register for Provider Connection](#)
- [Forgot username/password](#)
- [Change password](#)
- [Compatible browsers](#)
- [Blue Shield Promise provider resources](#)

Our company

- [About Blue Shield of California](#)
- [Blue Shield member home page](#)
- [Blue Shield news](#)

Legal notices

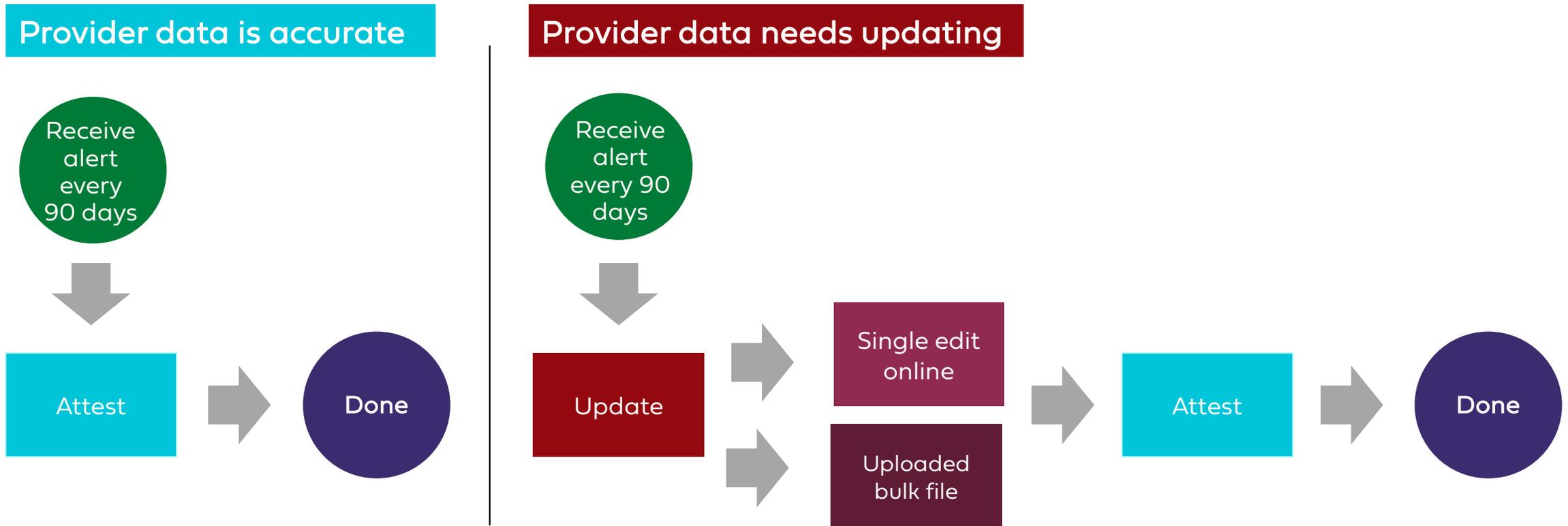
- [Nondiscrimination notice](#)
- [Privacy](#)
- [Terms of use](#)

Attest and update provider directory information

The federal CAA mandate requires providers to attest to their data every 90 days, even if it has not changed, and update it whenever it changes.



The process starts when a Provider Connection Account Manager or designated user receives an attestation alert online. Notifications are also sent by email, fax, or postal mail.



* Account Managers, see [attest/updates instructions](#) for how to assign provider data access to designated user(s).

Training & support– no log in required

Provider data management

How to attest or update your provider directory information

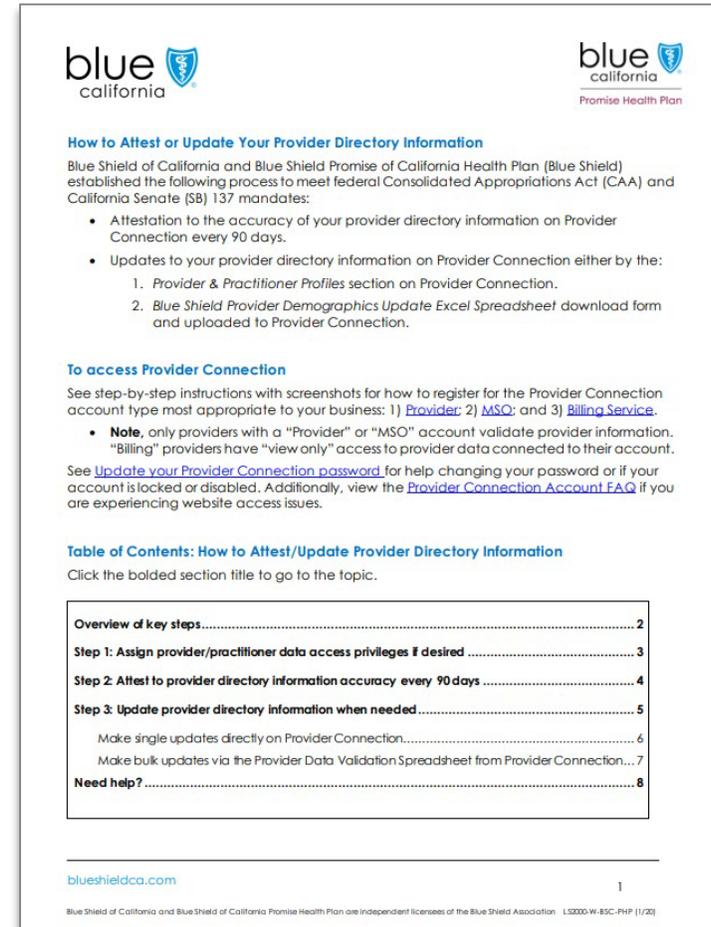
Per federal and state law, contracted providers, facilities, and practitioners must attest to the accuracy of their provider directory information every 90 days and update that information if it changes. Blue Shield providers are required to attest and update via the Provider Connection website. This 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



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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.

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Blue Shield of California and Blue Shield of California Promise Health Plan are independent licensees of the Blue Shield Association. L50000-W-BSC-PHP (1/20)

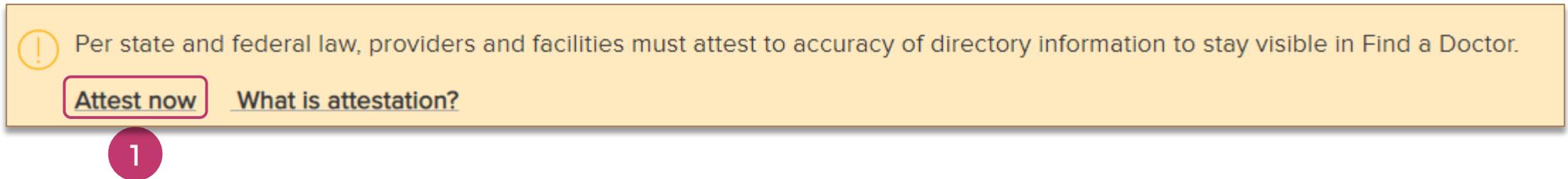
Print-based instructions

- Attest & update process overview
- Assign a user access to provider demographic info
- Step-by-step directions
- Clickable table of contents

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.



* In addition to the yellow banner, Blue Shield sends a series of automated notifications on a rolling 90-day schedule.

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

ATTESTATION 2

Online attestation to data accurac...

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

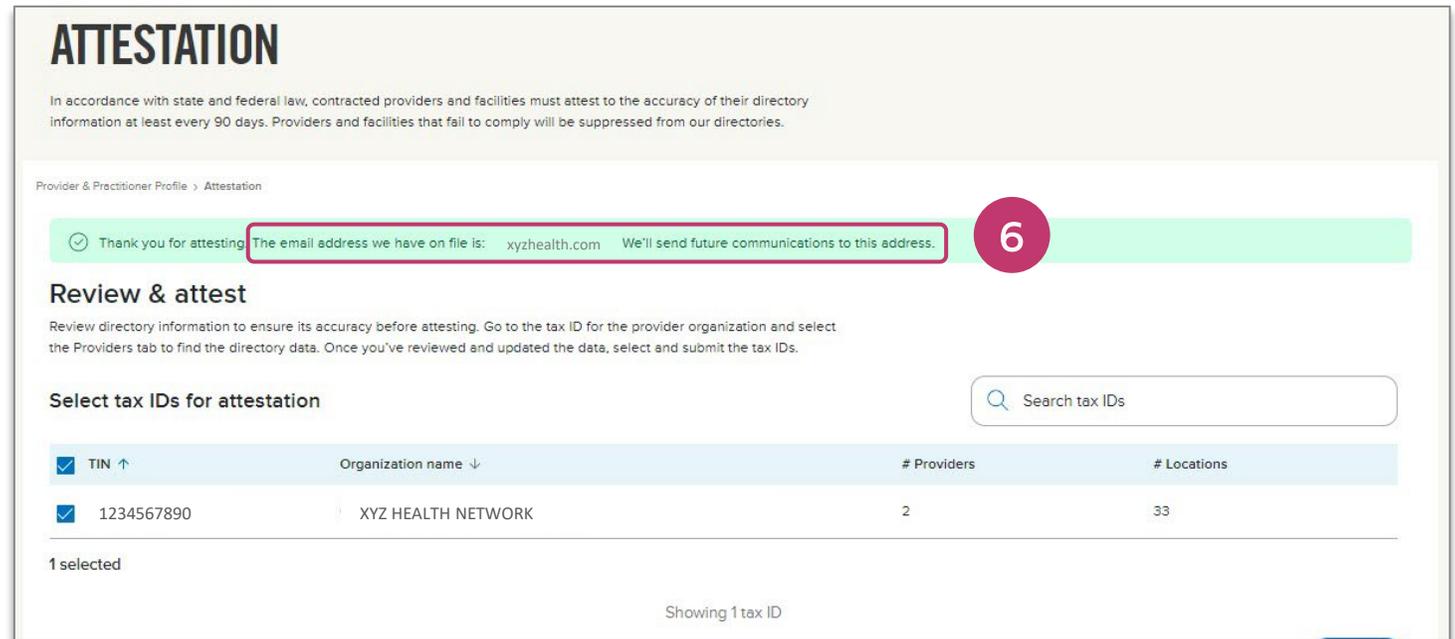
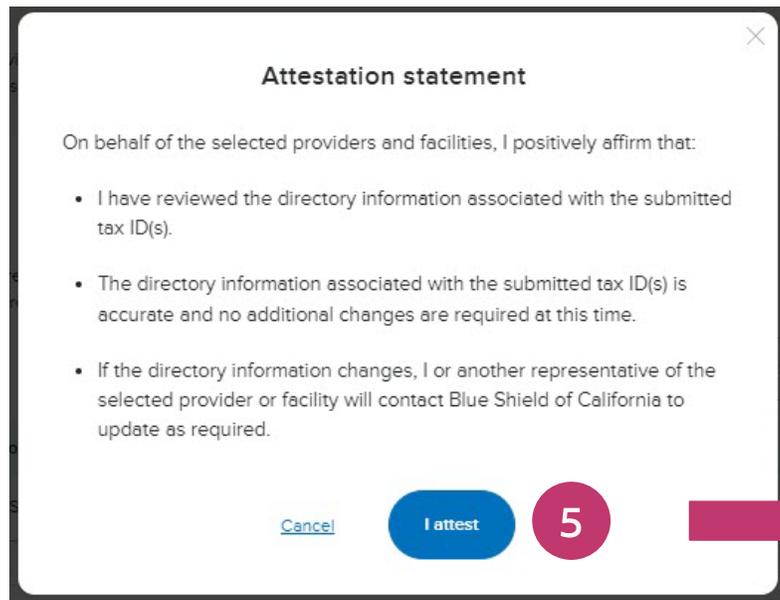
0 selected

Showing 1 tax ID

4 [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.



* Account Managers can attest to the accuracy of their provider data at any time from their *Account Management* page. This option is not available to designated users.

Update provider information by **single edits** and **bulk upload**

- Both options are in the *Provider & Practitioner Profiles* section located on the *Account Management* page.
- For designated users, the link is on their home page.

The screenshot shows the 'Account management' page. A red arrow on the left points to the 'Account Manager' role. The page contains four main sections: 'Manage user accounts', 'Manage your Provider Connection tax IDs', 'Account managers with your tax IDs', and 'Provider & practitioner profiles'. The 'Provider & practitioner profiles' section is highlighted with a red rounded rectangle. It includes the text: 'Update this information regularly! It appears on your provider's page in our Find a Doctor search. Our members rely on this information, including office hours and whether a doctor is accepting new patients.' Below this text is a link: 'Update your provider's information'.

The screenshot shows the user navigation bar. A red arrow on the left points to the 'User' role. The navigation bar includes the 'blue california' logo, the text 'Provider Connection', and a top navigation menu with links: 'Logout | Message center | Provider & practitioner profiles | Manage my profile | Contact us | Help | Feedback'. A search box is on the right with the text 'Search Provider Connection'. Below the top navigation is a secondary menu with links: 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. The 'Provider & practitioner profiles' link in the top navigation is highlighted with a red box.

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 page title 'PROVIDER & PRACTITIONER PROFILES' is displayed. A search bar is present with the text '123456789 - XYZ HEALTH NETWORK' and a 'Search' button. A red circle with the number '1' is placed over the search bar. To the right, the organization name 'XYZ HEALTH NETWORK' is shown. Below the search bar, there are three tabs: 'Providers', 'Bulk Updates', and 'Remittance'. The 'Providers' tab is active. Underneath, the text 'XYZ HEALTH NETWORK' and 'Manage your organization's demographic data' is displayed. A search bar for providers is also present. A table lists providers with columns for 'Provider name', 'Type', 'Website', and 'Link'. The first row is 'XYZ HEALTH NETWORK MEDICAL CENTER' (Hospital) with a 'View' link. The second row is 'XYZ HEALTH NETWORK PHYSICIAN GRP' (Physician Group Practice) with a 'View' link. The third row is 'XYZ HOSPITAL LOS ANGELES' (Hospital) with a 'View' link. A red circle with the number '2' is placed over the 'View' link for the Physician Group Practice, and a red arrow points down to the next screenshot. The second screenshot shows the 'View providers' screen. The breadcrumb trail is 'View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR'. The page title is 'JO Z DOCTOR' and 'XYZ HEALTH NETWORK PHYSICIAN GRP'. There are two sections: 'Personal details' and 'Practice'. The 'Personal details' section includes fields for 'National provider Identifier (NPI)', 'Full name', 'Language spoken', 'Practitioner gender', 'Race', 'Ethnicity', and 'Education'. The 'Practice' section includes a 'View locations' link. A red circle with the number '3' is placed over the breadcrumb trail.

Home > Account Management > Provider & Practitioner Profiles

PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK **1** 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

Providers Bulk Updates Remittance

Search practitioners **3** View providers > XYZ HEALTH NETWORK PHYSICIAN GRP > 1 SECOND ST, CA, 90000 > JO Z DOCTOR

JO Z DOCTOR
XYZ HEALTH NETWORK PHYSICIAN GRP

Personal details [Edit](#)

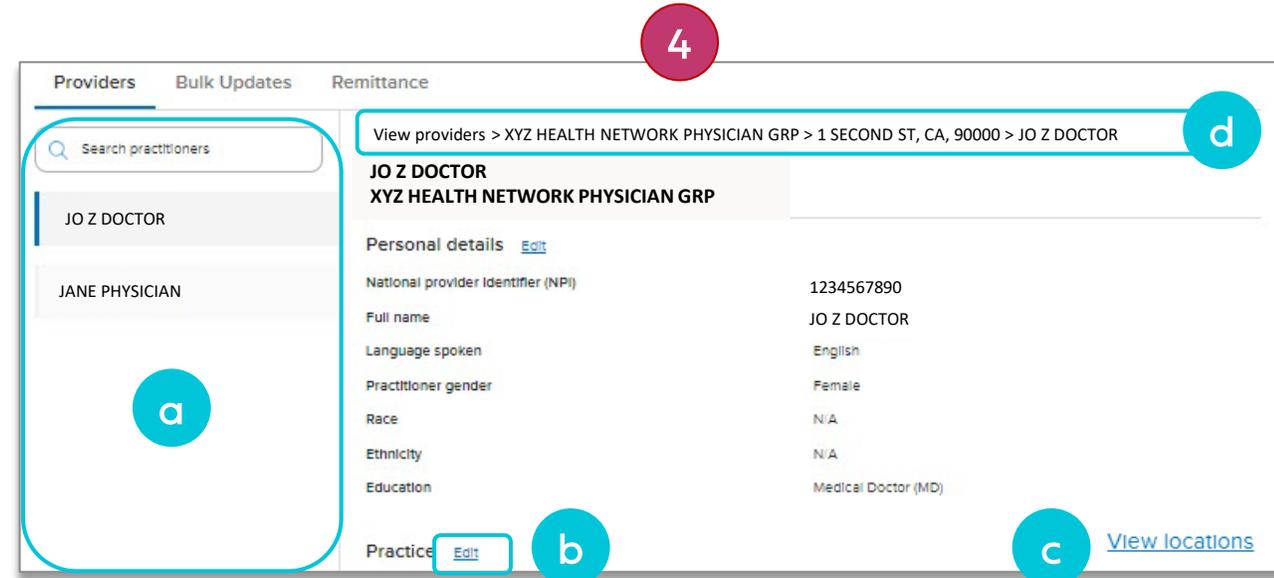
National provider Identifier (NPI)	1234567890
Full name	JO Z DOCTOR
Language spoken	English
Practitioner gender	Female
Race	N/A
Ethnicity	N/A
Education	Medical Doctor (MD)

Practice [Edit](#) [View locations](#)

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 up to three levels* of data you can edit. Use link in the right corner to drill down from level to level.



Capitated Provider levels	Non-Capitated Provider levels
<ul style="list-style-type: none"> • Provider details • Practitioner details • Service location details 	<ul style="list-style-type: none"> • Provider details • Location details • Practitioner

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

* Some capitated 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 is a search bar for 'Organization name' with 'XYZ HEALTH NETWORK' entered. A dropdown menu shows '123456789 - XYZ HEALTH NETWORK' selected, with a red circle '1' next to it. Below the search bar are tabs for 'Providers', 'Bulk Updates', and 'Remittance', with 'Bulk Updates' highlighted and a red circle '2' next to it. Under the 'Bulk Updates' tab, there is a 'Download XLSX' button with a red circle '3' next to it. A red arrow points from this button to a pop-up dialog box. The dialog box has a title 'You're downloading the Excel data file for tax ID' and a text input field containing '123456789'. Below the input field, it says 'This might take a few minutes. Thanks for your patience.' At the bottom of the dialog are 'Cancel' and 'Continue' buttons, with a red circle '4' next to the 'Continue' button. To the right of the dialog, the 'Upload your updated Excel file' section is visible, showing a 'Browse' button and an 'Upload' button.

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.

The screenshot shows a web interface for 'PROVIDER & PRACTITIONER PROFILES'. At the top, there is a breadcrumb trail: 'Home > Account Management > Provider & Practitioner Profiles'. Below this is a search bar with a dropdown menu showing '123456789 - XYZ HEALTH NETWORK' and a 'Search' button. To the right, the 'Organization name' is 'XYZ HEALTH NETWORK'. There are three tabs: 'Providers', 'Bulk Updates' (which is selected), and 'Remittance'. Below the tabs, the page title is 'XYZ HEALTH NETWORK > Bulk Updates' and the sub-header is 'Bulk Updates'. A description reads: 'Manage your organization's data all at once'. There are two main sections. The left section is titled 'Download all provider data under this tax ID' and contains a 'Download XLSX' button. The right section is titled 'Upload your updated Excel file' and contains a 'Browse' button and an 'Upload' button. A red circle with the number '5' is overlaid on the 'Upload' button.

ProvDataVal instructions (Tab 1)

1. Changes to the spreadsheet are called out at the top.
2. Definitions and instructions for delta file provided.
3. Instructions (column name, description, and guidance) provided for both tabs:
 - a. PROVIDER_GENERAL tab in yellow.
 - b. PRACTITIONER_GENERAL tab in gray.

Select the type of change:

- **Add** when adding a new service location or practitioner.
- **Term** when removing or changing an address.
- **Update** when editing non-address related information like office hours.

1

- * 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_000000001_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." 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. <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_000000001_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.

2

3

Field Name	Description	Guidance
PROVIDER_GENERAL TAB INSTRUCTIONS		
Provider Tax Identification (TIN)	TIN of contracted provider organization	If incorrect, contact BSCProviderInfo@blueshieldca.com.
Provider Name	Name of contracted provider organization.	If incorrect, contact BSCProviderInfo@blueshieldca.com.
Provider Type	Provider type corresponding to taxonomy.	If incorrect, contact BSCProviderInfo@blueshieldca.com.
Provider NPI	Provider organization NPI (Type 2 NPI).	If incorrect, contact BSCProviderInfo@blueshieldca.com.
Organization Website	Provider organization website for member-facing interactions.	Follow this format when entering the URL: https://www.website.com . - Add the URL to all rows containing data.

a

PRACTITIONER_GENERAL TAB INSTRUCTIONS		
32 Provider Tax Identification (TIN)	TIN of contracted provider organization entity.	If incorrect, contact BSCProviderInfo@blueshieldca.com.
34 Provider Name	Name of contracted provider organization entity.	If incorrect, contact BSCProviderInfo@blueshieldca.com.
35 Provider Type	Provider type of contracted entity corresponding to	If incorrect, contact BSCProviderInfo@blueshieldca.com.
36 Last Name	Practitioner's name listed on their license or certification.	- The last name entered in this field is compared to last name on practitioner's medical license or certification. - Entry in this field must match license/certification exactly.

b

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 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) and 'SEARCH MULTIPLE MEMBERS'. A red circle with the number '1' points to these tabs. Below the tabs, there is a heading 'Member coverage / card type' with three radio button options: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. A red circle with the number '2' points to these options. Below this, there are three search panels, each with a red border and a red circle with a number '3' pointing to it. The first panel is 'SEARCH BY SUBSCRIBER ID' with a text input for 'Subscriber ID' (placeholder: '9-16 characters') and a 'Search' button. The second panel is 'SEARCH BY MEMBER NAME' with inputs for 'Last name' (placeholder: 'Doe'), 'First name' (placeholder: 'John'), and 'Date of birth' (placeholder: 'MM/DD/YYYY' with a calendar icon), and a 'Search' button. The third panel is 'SEARCH BY MEMBER SSN, MBI, OR CIN' with radio buttons for 'Social security number (SSN)' (selected), 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)'. It also has inputs for 'Social security number (last 4)' (placeholder: 'Last 4 digits') and 'Date of birth' (placeholder: 'MM/DD/YYYY' with a calendar icon), and a 'Search' button. A red circle with the number '4' points to the 'Search' buttons in all three panels. A 'Help' link is visible in the top right corner.

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 related to eligibility, coverage, deductibles, etc.
 - b. ID Card: Electronic copy for viewing, printing or download.
 - c. Benefits: Online benefits tools for Blue Shield plans and a link to the Medi-Cal Member Handbook EOC for Blue Shield Promise plans.
 - d. Claims: *Check claims status* tool.

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

Member network status New

For the following six networks, the eligibility results screen tells you if you are in or out of the member's network:

1. PPO DMHC
2. PPO DOI Blue Shield Life
3. IFP EPPO
4. CalPers EPO
5. PPO GMAPD
6. PPO IMAPD

Note:

- For members not in one of the above networks, providers will be directed to *Find a Doctor* to determine network status.
- For capitated members, providers will be directed to contact the IPA.

Member name: MEMBER, A Status: **Eligible** [Print](#) [Benefits](#) [Claims](#)

Subscriber ID	Date of birth	Gender	Member address
XEF91	01/01/1990	Female	STREET NO.1, Berkeley, CA, 94710

Plan name	Plan type	Coverage effective / start date	Coverage end / redetermination date
Get Covered PPO	Commercial PPO (Fully insured)	01/01/2019	Present

Relationship to subscriber	Subscriber name	PCP name	Office visit copay
Subscriber	MEMBER, A	N/A	In-network-0%

Network status ⓘ
✓ In network
4343001 -- PALOMAR CITY MED CTR

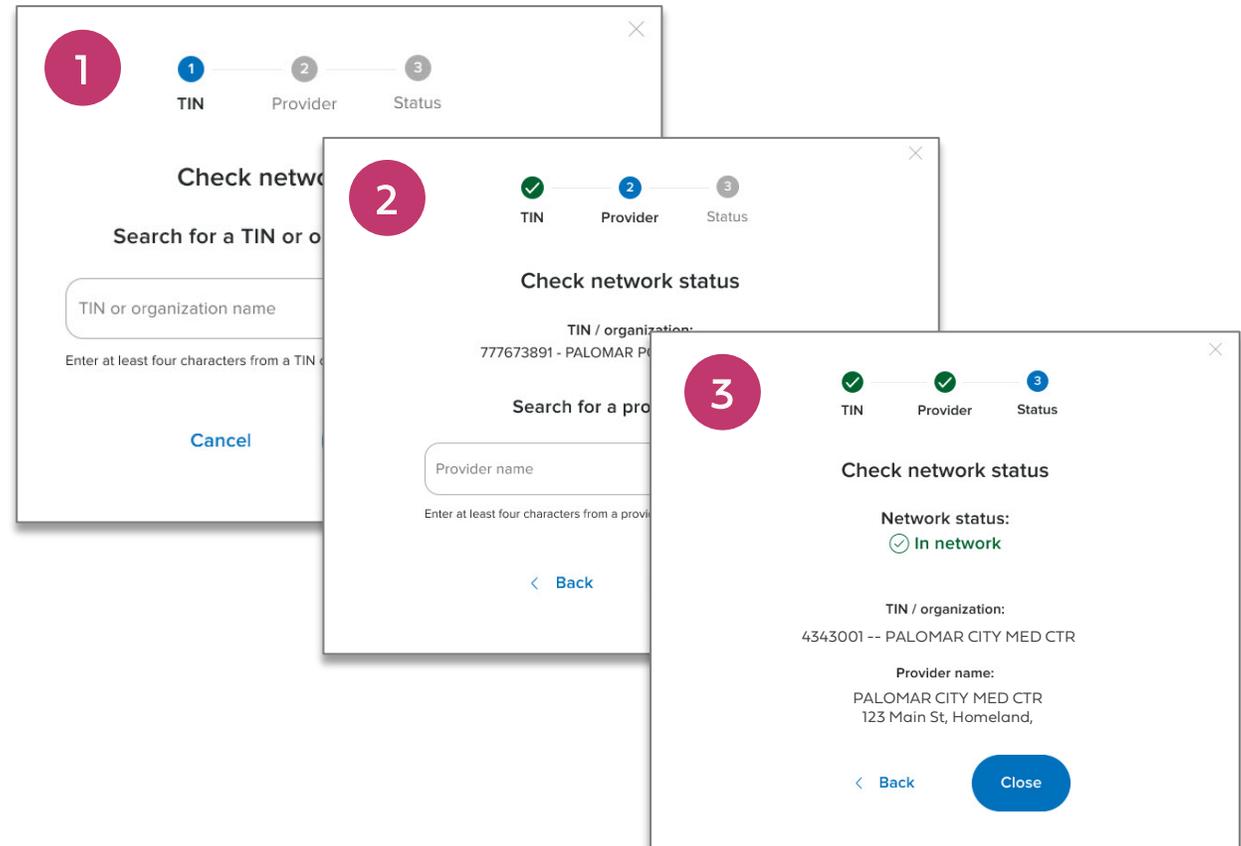
Network status ⓘ
✗ Out of network
4343001 -- PALOMAR CITY MED CTR

Member network status continued

If you have more than one Tax ID registered with Blue Shield, a **Check status** link will present. Clicking this link launches a three-step process.



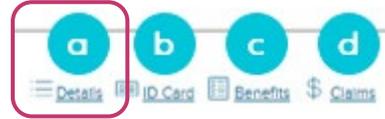
1. Identify the appropriate Tax ID by selecting or searching in the pop-up that presents. Click **Continue**.
 - Select = (1-5 Tax IDs)
 - Search = (5+ Tax IDs)
2. Identify the appropriate provider by selecting or searching in the pop-up that presents. Click **Continue**.
 - Select = (2-5 providers/practitioners)
 - Search = (5+ providers/practitioners)
3. The network status displays



Note: The system will save up to four recent searches as a default.

Eligibility results

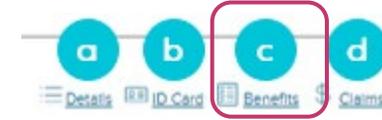
Eligibility details screen



Click the + sign to expand sections:

- Special programs eligibility
- Current coverage information, plus future and historical if applicable.
- Current total deductibles, copayments and out-of-pocket maximums display by individual and family categories.
 - The *Visits Accumulator* presents here for **Commercial** members only. It tracks visits to specialty providers when their plan covers a set number of visits per plan year. Specialty visits covered by third parties such as ASH are not tracked by the tool.
- Current PCP and IPA/medical group

Benefits



Options for locating Commercial, Medicare, Small Group & IFP* benefit information:

- The *Benefit summary* view is the default – lists benefits in alpha order on the right.
- The *Benefit categories* view expands/collapses in left navigation pane. Detail provided on the right.
 - The *Search* field activates when *Benefit categories* view is clicked.
- Click *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

1. Search prior authorization code lists on Provider Connection. (Log in required.)

- **Medi-Cal** *Prior Authorization Code Lists* located on the [Prior authorization list](#) page.
- **Commercial, FEP, and Medicare** [prior authorization list](#). (Accessible from the [Prior authorization page](#).)

2. Use AuthAccel for **Commercial and FEP** members. (Log in required.)

- AuthAccel, our online authorization system, can tell you if Blue Shield does not require authorization for a 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.

3. Contact Provider Customer Service.

- Use online chat after log in to Provider Connection – available from every page.
- Call Blue Shield of California at **(800) 541-6652** or Blue Shield of California Promise Health Plan at **(800) 468-9935**

Submit medical authorizations 24/7 – including mental health

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 displays the AuthAccel online authorization system interface. At the top, there are four tabs: 'MEDICAL REQUEST' (highlighted with a red box), 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. Below the tabs, there are two informational boxes with close buttons (X). 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 is the 'Request medical authorization' section. It includes a paragraph: '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 is a dropdown menu labeled 'Requesting provider's TIN' with 'Select TIN' and a downward arrow. At the bottom of this section are two buttons: 'Access AuthAccel' (blue) and 'Cancel' (grey). On the right side, there is a sidebar with two sections: 'INSTRUCTIONS' (highlighted with a red box) containing a link 'Read how to submit a medical authorization (PDF, 329 KB)', and 'QUICK LINKS' containing several 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. (Log in required.)

- 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](#).

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 Provider Connection online chat available from every page. (Log in required.)

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.

How to ask a question

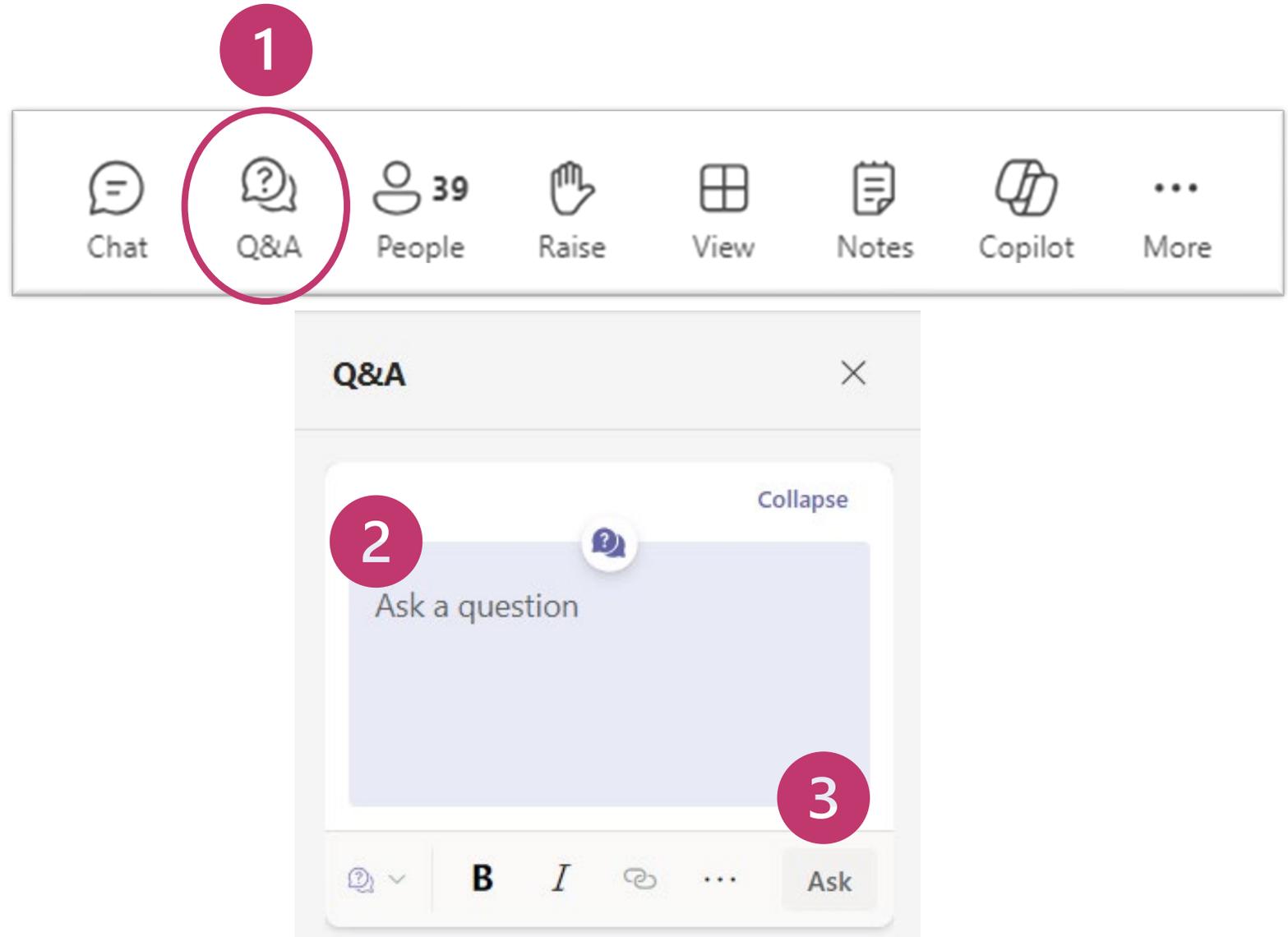
To ask a question:

1. Click **Q&A** on the top menu bar.
2. Type your question.
3. Click **Ask**.

We can answer general questions on today's webinar.

For issues specific to your organization, contact Provider Customer Service or Provider Information and Enrollment.

Contact information is provided at the end of this presentation.



Options for submitting claims after login*

Claim tools section

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.

3 
Submit via SympliSend
Upload first time paper claims with attachments and respond to Itemization requests for claims in process.

- 1. By mail:** The [Claims Routing Tool](#) tells you where to submit paper claims. No log in is required.
- 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](#).
 - Account Managers view your organization's payment preferences at *Account Management > Provider & Practitioner Profiles > Remittance & Payments tab*.
- 3. On Provider Connection via SympliSend:** Submit digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims.
 - Go to *Claims > Claim Tools > Submit Via SympliSend*. See [user guide](#) for instructions.
 - Provider disputes CAN'T be submitted via SympliSend. Submit online in Provider Connection or by mail.

* 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 five 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.

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	4	Medical	07/07/2020-07/07/2020	3	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.

The screenshot displays the 'Claim details' screen for claim 000343, finalized on 11/17/2021. The page is annotated with eight callouts:

- 1** Claim status: Medical | Finalized | [View EOB](#)
- 2** Download EOB: [Download EOB](#)
- 3** File a dispute or attach documentation to finalized claim: Possible next steps: [Attach supporting documents](#) · [Resolve claim issue or dispute](#)
- 4** View all claims for this member: [View all claims for this member](#)
- 5** Toggle between full and summary view: [Full view](#)
- 6** View payment details: [View payment details](#)
- 7** This section presents when there is history such as claim adjustments and/or related claims: Claim history [Show](#)
- 8** This section includes line-item detail as well as claim messages and notes: Service and procedure details

Member information

Member name: Mark, Twain
Date of birth: [REDACTED]
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

Payment details

Check/EFT number: 10026867
Check/EFT date: 11/17/2021
Check/EFT status: Check Number Assigned

Financial Summary

Amount billed	\$1,235.00
Allowed amount	\$121.21
Patient responsibility	\$1,174.40
Amount paid	\$60.60

Claim history

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

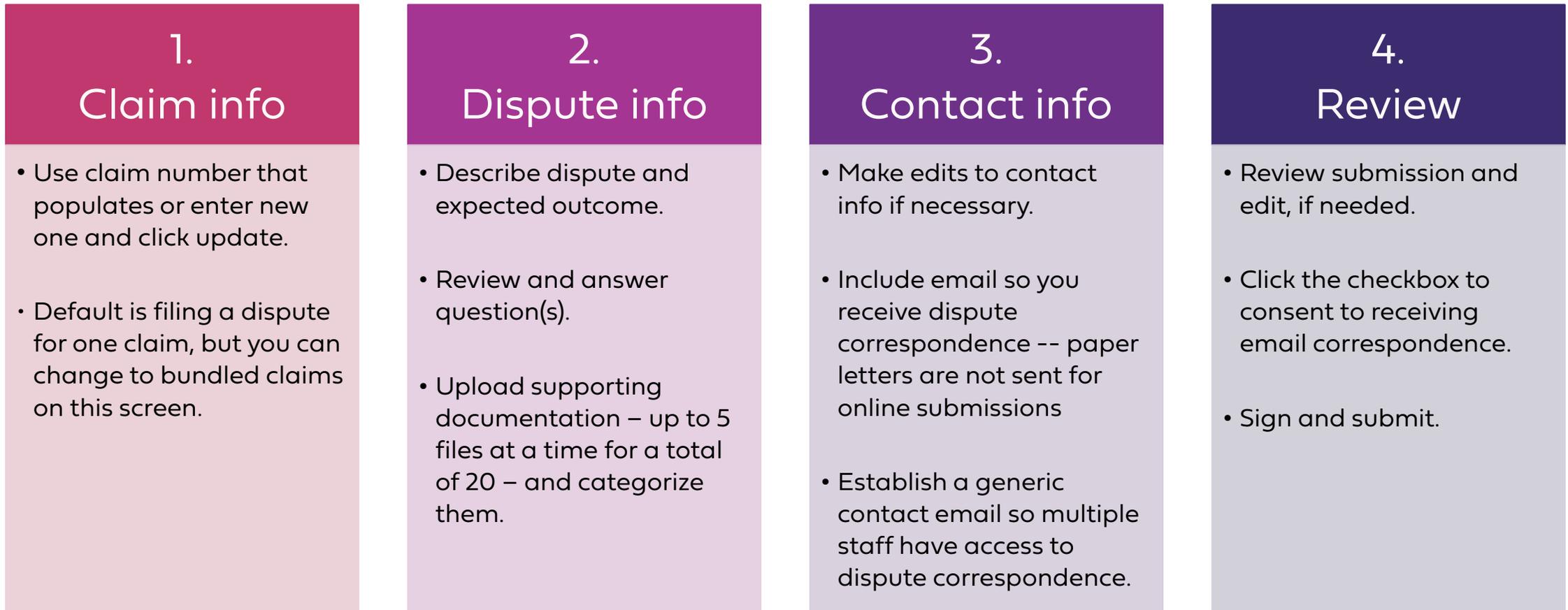
Line #	Dates of service	Place of service	Units	Procedure code	Modifier	Amount billed	Allowed amount	Deductible	Copay	Co-insurance	Amount paid
199	11/01/2021–	Office	1	99219	N/A	\$1,235.00	\$121.21	\$0.00	\$0.00	\$60.61	\$60.60

Initiate dispute online from *Check claims status*

1. File directly from the *Claim detail* page by clicking **Resolve claim issue or dispute**.
2. The *Resolving a claim issue* pop-up displays. It includes other options for consideration before you initiate a dispute.
3. To continue filing your dispute online, click **Online dispute form**.
 - Note, if this is a claim type that cannot be disputed online, the link will say, "file a dispute by mail."

The image shows two screenshots from the Blue Shield of California website. The top screenshot is the 'Check claim status' page for claim 123456789101, finalized on 01/04/2023. It shows a 'Possible next steps' section with a link 'Resolve claim issue or dispute' highlighted in a red box and labeled with a red circle containing the number 1. A red arrow points down to the second screenshot, which is a 'Resolving a claim issue' pop-up window for claim 000344476300, finalized on 10/17/2022. The pop-up offers three options: 'Correct a claim', 'Contact Provider Services', and 'Dispute a claim decision'. The 'Dispute a claim decision' option is highlighted with a red box and labeled with a red circle containing the number 3. Within this option, the link 'our online dispute form' is highlighted with a red box and labeled with a red circle containing the number 2. A 'Cancel' button is visible at the bottom of the pop-up.

Disputes can be filed for a single claim or multiple claims in a bulk dispute for the same type of issue. There are four steps in the online dispute process*



* For detailed instructions with screenshots, see [Submit claims disputes online and view status.](#)

Step 2: Entering dispute information

1. Drag/drop or select supporting documents in the order you would like them reviewed.

- Select up to five (5) files at a time for a total of 20 files.

	File types	File size (per file)
All plan types except BlueCard	PDF, Excel, Word	50 MB
BlueCard	PDF	10 MB

2. A pop-up box displays for each uploaded file.

- Select a type for each document. Options are:
 - Medical record
 - Contract/pricing
 - Itemized bill
 - Other, with a field to add a description

3. Click **Attach**.

DISPUTE A CLAIM DECISION

1 2 3 4

Claim info **Dispute info** Contact info Review

Dispute information

Describe your dispute and the steps we can take to resolve it.

* Required

Please describe your dispute and why you believe our claim decision is incorrect.

Dispute description *

Describe the nature of your dispute.

36/1500

Please describe the steps you expect we can take to resolve your dispute.

Expected outcome *

Provide an expected outcome.

Is this dispute related to a claim in which Blue Shield of California is **not** the provider?

No

Is this facility dispute related to trauma, stop loss, transplants, implant or device?

No

Attach supporting documents *

(PDF, DOC, XLS, 50MB max, up to 20 files total)
All documents will be scanned for viruses.

Drag and drop up to 5 files at a time or

Select files

1. EXAMPLE - Itemized bill for Patient XYZ.pdf (198.20 KB)

2. EXAMPLE - Med record for Patient XYZ.pdf (198.20 KB)

Itemized bill Remove

Medical record Remove

Attach documents (4 of 4) 2

What type of document are you attaching?

supporting-doc-4.docx (11.91 KB)

Other

Enter document type *

another type

Cancel
Attach 3

Step 4: Reviewing your submission

DISPUTE A CLAIM DECISION

Claim info Dispute info Contact info **Review**

Review

You're almost done. Review the information below and enter your e-signature when you're ready to submit your dispute.

Claim information Edit	Dispute information Edit
Claim # 000345348900	Description Your claim decision is incorrect because...
Provider XO Medical FA123456	Expected outcome The next steps needed are...
Tax ID 557470219	Supporting documents (1) All documents will be scanned for viruses
Member name Member X	1. Approved_bulk_template_PRV_Prov...xlsx (37.88 KB) Medical record
Date of birth 11/30/1971	
Subscriber Name Member X	
Subscriber ID ANS919121585	
Dates of service 09/23/2022-09/23/2022	
Amount billed \$50.00	
Amount paid \$0.00	

Contact information Edit
Contact name Chris Donald
Contact phone (974) 937-4374
Contact email chrid@gmail.com
Address 123 Calle Amistad San Clemente, CA 92673

2 * Required
Enter your full name and today's date.
 I agree to receive dispute correspondence by email

3 Full name/Electronic signature
Today's date

A copy of your completed form will download after you sign and submit.

[Back to contact info](#) **4** Sign and submit

1. If edits are needed, click **Edit** to return to a specific step and make changes. Click **Next** to return.
2. Click **checkbox** to consent to receiving electronic correspondence by email.
 - **Medicare note:** Not contracted with Blue Shield and submitting a Medicare dispute for a denied claim – A **waiver of liability checkbox** will also display, which you must check.
3. Enter your full name and date. Your e-signature must be an EXACT match of the name entered in the *Contact Information* section.
4. Click **Sign and submit**.

Submitted

- A confirmation screen displays with a case number for the submitted dispute.
 - For each dispute you file whether initial or final, a new case number is assigned.
- A digital PDF copy of the dispute generates within 15 minutes of submission.
- All dispute-related correspondence is available online under *Submitted disputes*.
- The *View all disputes* button will take you directly to *Submitted disputes*.

DISPUTE A CLAIM DECISION



Dispute submitted

Thank you for submitting your dispute of 436 bundled claims.

Your new case number is
230760000271

It will take up to 15 minutes for us to create your dispute form PDF.
When it's ready, you can see it on the Submitted disputes page.

We'll notify you at the email provided when:

- Your acknowledgment letter is ready to view on Provider Connection (2 business days)
- Your dispute has been resolved and your determination letter is ready (45 business days)

Note: All supporting documents will be scanned for viruses. If they fail our scan, we'll notify you and send instructions on submitting them successfully.

[View all claims](#) [View all disputes](#)

Bulk submission bundling rules

The option to bundle claims is in Step 1: Claim Info.

- To bundle, you have two options:

1. Click **Yes**: Enter or copy/paste claim numbers up to 50 claims.
2. Click **Upload a file**: Create and upload a CSV file up to 500 claims.

- Bundling rules:

- **Bundle claims by plan type.**
 - **Exception:** Non-contracted providers cannot submit Medicare claims via a bulk file – Submitted individually
- **All claims in a bulk dispute must be for the same or similar issue.**
 - **Exception:** FEP and BlueCard bulk submissions – All claims must be for the same or similar issue AND same member.

DISPUTE A CLAIM DECISION

1 Claim info 2 Dispute info 3 Contact info 4 Review

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

Enter claim number(s) Upload a file 2

Enter your claim # *
000345348900 Update

ⓘ Dispute(s) exist for this claim:
233050000002 (11/01/2023)
233040000011 (10/31/2023)
[Show more](#) ▾

Claim details

Claim #	000345348900
Member name	Member X
Subscriber ID	ANS919121585
Dates of service	09/23/2022–09/23/2022
Amount billed	\$50.00

[View more](#) ▾

Do you have similar claims to bundle with this dispute? * ⓘ

1 No, I'm disputing one claim decision.
Yes

Continued next page.

Bulk submission: Enter or copy/paste claim numbers up to 50

1. Change the default from No to **Yes** – *I have claims to bundle*.
2. The *Enter claim numbers* field displays. Enter or copy/paste claim numbers in the left-hand column.
3. Click **Add**. Each claim populates on the right.
 - a. A yellow banner will display if your claim attachment does not comply with the bulk bundling rules. You can click the **X** to remove non-compliant claim(s), or they will be removed for you when you click **Next**.

Do you have similar claims to bundle with this dispute? * ?

No. I'm disputing one claim decision.

Yes **1**

You can enter up to 50 claims. If you have more, [upload a file](#).

Enter claim numbers *
230000674000

2

3

Add >

< Cancel

Claim #	Plan type	Service from	Member name	Billed amount
1. 000345354800	Medi-Cal Promise	09/11/2022	Last, First	\$1,900.00

Next

! One or more claims can't be included with this dispute. If you've added claims of different plan types, you'll be asked to remove them before proceeding.

You can enter up to 50 claims. If you have more, [upload a file](#).

Enter claim numbers *

4

Add >

< Cancel

Claim #	Plan type	Service from	Member name	Billed amount
1. 000345354800	Medi-Cal Promise	09/11/2022	Last, First	\$1,900.00
2. 230000674000	Commercial	09/01/2023	Lastn, Firstn	\$1,000.00

Next

Bulk submission: Create and upload a CSV file up to 500 claims

Create a CSV file of claims you are disputing.

1. Click the **Upload a file** tab.
2. Drag/drop or select to upload the CSV file containing the claim numbers you are disputing.
 - **CSV instructions:** In Excel, export or save your file as a CSV (comma-separated values) file.
 - Include claim numbers in the first column and a header row at the top.
 - In the header, label the first column *Claim number* or *ICN*.
 - Claim numbers from the first column of your list will be checked against our records.
3. The *Claim list accepted* message displays.

DISPUTE A CLAIM DECISION

1 — 2 — 3 — 4
Claim info — Dispute info — Contact info — Review

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

1

Enter claim number(s) **Upload a file**

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

Enter claim number(s) **Upload a file**

All claims in a bulk dispute must be for the same or similar issue. We also ask that you bundle claims separately for different plan types, for example Commercial, Medicare and Promise Medi-Cal. BlueCard and Federal Employee Program (FEP) claims may be bundled only if they're for services provided to the same member.

Attach a **comma delimited** CSV file with up to 500 claim numbers. [Get CSV instructions](#)

Drag and drop a pre-formatted CSV file here or

 **2** **Select a file**

44claims-Medi-Cal-SierraHospital.csv (0.62 KB) Claims List ×

3 **Claim list accepted**

We processed your file and were able to match **44 out of 44 claims** on your list to our plan records. You submitted:

- 44 Promise Medi-Cal claims

Continued next page.

Bulk submission: Create and upload a CSV file up to 500 claims

Note, if the attached claims do not comply with bundling rules, a **“Some fixes are needed” message displays.**

To address:

- a. Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).
- b. Click the **X** to remove the original CSV file with the errors and activate the *Select a file* button.
- c. Drag/drop or select to upload the corrected CSV file. If no additional messages display, the *Next* button will activate.

“Some fixes are needed” example

Drag and drop a pre-formatted CSV file here or [Select a file](#)

[1577claims - 1col - with notes.csv](#) (80.12 KB) [Claims List](#) ×

Some fixes are needed

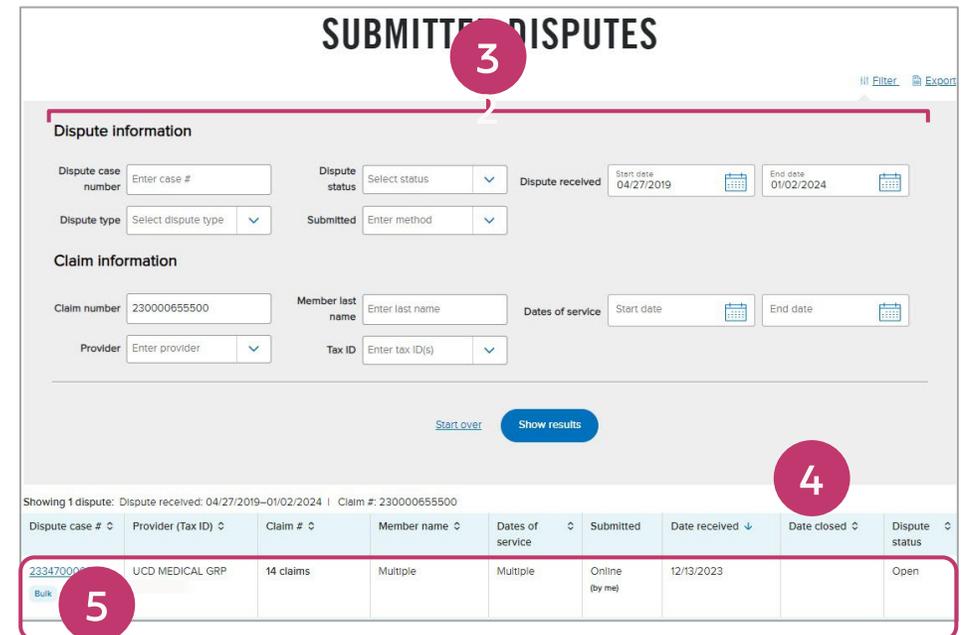
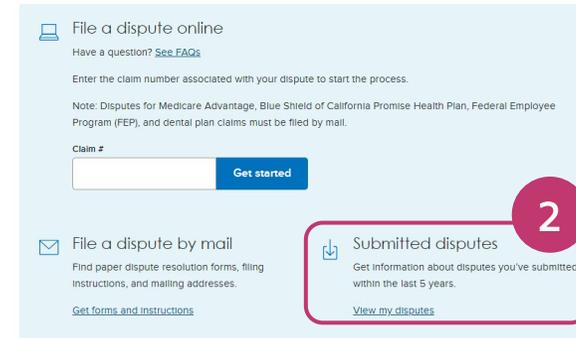
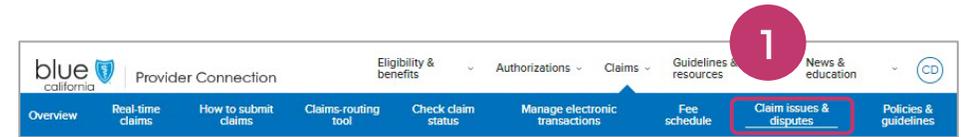
We matched **1577 out of 1577 claims** on your list to our plan records. But some of the claims are for different plan types and we cannot process them as part of the same dispute. Here is a breakdown of the different plan types. You'll need to reupload them separately. You submitted:

- **1513** Commercial claims – *limit to under 500 for a bulk submission*
- **5** Shared Advantage claims
- **11** Medicare claims
- **44** Promise Medi-Cal claims
- **1** Medicare claim – *requires signed waiver of liability and must be submitted separately*
- **1** Promise Medicare claim – *this claim can't be disputed online*
- **2** Promise CalMediConnect claims – *this claim can't be disputed online*

Download the CSV file to see notes. [Download CSV](#)

View status of submitted disputes

1. Click **Claim issues & disputes** from the *Claims* section's blue sub-menu bar after log in.
2. Click **View my disputes**.
3. Enter data related to the dispute(s) in one or more search fields and click **Show results**.
4. Results display under the light blue banner.
5. Click the dispute case number to access dispute case details including letters.



Continued next page.

View status of submitted disputes

- 6. The *Dispute case details* screen displays all information and documentation connected to the dispute case number you selected.
 - a. Dispute form and claim list (if bulk submission).
 - b. Claim numbers included in the dispute submission.
 - c. Supporting document uploaded by you with option to add additional documents to an open claim.
 - d. Correspondence and determination.

6 Dispute case 233470000307 OPEN Bulk

Last updated 12/13/2023

Dispute details

Documents [Dispute form \(PDF\)](#) **a**
[Claim list \(CSV\)](#)

Total number of claims 14

Claim numbers [230000667600](#), [230000655500](#), [230000603700](#), [230000655700](#), [230000554200](#), [230000504700](#), [230000438000](#), [230000440800](#), [230000443000](#), [230000455000](#), [230000445200](#), [230000443100](#), [230000462900](#), [230000438300](#) **b**
[Show less](#) ^

Provider name UCD MEDICAL GRP
Provider ID PG00
Tax ID 0503-

Uploaded documents (1)

Supporting documents submitted on Provider Connection appear here: [Add documents](#) **c**

Added on 12/13/2023

1. [03-03-PDF-test-doc-2.pdf \(9.6 MB\)](#) Medical record **d**

Date received 12/13/2023 Status Open
Letter **Date issued**
[Acknowledgement \(PDF\)](#) 12/13/2023

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.
Provider Data Management	<ul style="list-style-type: none"> • How to attest & update provider demographic data
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.



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