

Frequently asked questions about provider directory updates

The 2021 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.

Additional resources:

- For instructions on how to update and attest to your directory information, see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

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 being asked to attest to their directory information every 90 days, even if there are no changes, and promptly submit updates if any changes have been made. Failure to attest will result in directory suppression until attestation is completed.

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 consolidated our processes to be compliant with all of them, across all lines of business.

4. How is Blue Shield helping providers maintain their information in its provider directory?

We have enhanced our [Provider Connection](#) online tools to support the process of updating provider information. We automated the process to make it faster, easier, and less susceptible to error.

For instructions on how to update and attest to your directory information see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

Frequently asked questions about provider directory updates

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

Previously, the verification process varied according to provider type, and relied on email and other manual processes. To comply with the CAA mandate, all providers are required to validate and attest online every 90 days, regardless of provider type. Any updates to provider group information can be submitted online by the account manager or assigned user.

There are two ways to update data:

- 1) Make single updates directly on Provider Connection in the *Provider and practitioner profiles* section.
- 2) Download your data using the *Provider Data Validation* spreadsheet on Provider Connection, make necessary updates or changes, and upload the spreadsheet for processing. **Note:** Providers are not required to email their quarterly rosters to Blue Shield. Additionally, pre-populated spreadsheets will no longer be sent by Blue Shield via email or fax.

For detailed instructions, see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

6. Can I submit my provider directory attestation/updates by email?

To comply with federally required turnaround times and provide you with the best service possible, attesting and updating via Provider Connection is required.

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 Provider Connection account is established, the Account Manager can set up user profiles. Blue Shield will email each user a temporary password. Users have 30 days to visit the site and change their password or the account will be deleted. Note that most organizations can have at least two account managers. See the [quick-reference tutorials](#) section for detailed instructions on how to establish a Provider, MSO, or Billing Provider Connection account.

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.

Frequently asked questions about provider directory updates

9. How do I locate the name of my Account Manager?

If you already have a user profile, click the round "badge" that contains your initials. It is located at the right of the main navigation. Scroll to the *My account manager* section to see the name and contact information of your 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 [quick-reference tutorials](#) section in the Education section of the [blueshield.com/provider](#) website for detailed instructions, including the information needed to establish each account type: Provider, MSO, or Billing.

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?

All contracted providers with Blue Shield are required to display their information in our online directory. Failure to attest to their information every 90 days may result in suppression from the directory. Maintaining data in our directory is essential for ensuring the accuracy of claims and actuarial processes.

12. When is my organization expected to verify our information for the directory?

All providers are required to attest to the accuracy of their directory information every 90 days. Each time you attest, it triggers a reset of the automated 90-day cycle.

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

Attestation is conducted at the contracted entity level. The Provider Connection Account Manager or designated user can attest to the accuracy of the information pertaining to all the providers within their group simultaneously.

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

Individual practitioners who are affiliated with a group but also have their own independent contractual agreement with Blue Shield will need to attest to their information separately.

14. Will my organization's information really be suppressed from the *Find a Doctor* provider directory if we don't attest?

As a participant in the Blue Shield of California or Blue Shield of California Promise Health Plan network, you must verify your directory information at a minimum of every 90 calendar days to meet both state and federal requirements. If we do not receive a response from you after multiple reminders, we will suppress your information from the directory as required by the mandate.

Frequently asked questions about provider directory updates

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

Yes. You will still be able to treat plan members. However, it may present challenges for new patients to choose you as their healthcare provider.

16. How do I get my organization's information reinstated in the directory?

[To reinstate your information in our directory, log in to Provider Connection](#) to view your provider directory data, submit updates when necessary, and attest to the accuracy of your information. For detailed instructions, see [Provider data management](#) in the Education section of the blueshield.com/provider website – no log in required.

17. Will I receive any notifications that my information is going to be suppressed?

Blue Shield will send the following notifications to all providers in our networks:

- First notification at 90 days
- Second notification 43 days later
- Third notification 64 days later
- Final notification 78 days later

In the event of email delivery failure, we utilize fax to resend notifications. Should fax delivery also fail, we would then resend notifications via postal mail.

If none of these notifications reach you, we recommend the following:

- 1) Check your spam folder in your email inbox or review your recently received faxes.
- 2) Update your contact details in Provider Connection.
- 3) Designate additional users to receive notifications and attest to your information.
- 4) Update your contact information by calling the Provider Information and Enrollment team at (800) 258-3091, from 6 a.m. to 6:30 p.m., Monday through Friday.

18. Can I designate additional people to update and attest?

Yes, account managers can give additional users the ability to update their organization's provider directory information and attest to its accuracy. For instructions on how to do this, see [Provider data management](#) in the Education section of the blueshield.com/provider website.

Designating additional users who can update, and attest ensures your organization remains in compliance and does not have its information suppressed.

19. How often can I update my organization's information?

You can update your information as often as you need to.

Frequently asked questions about provider directory updates

20. I am a Medi-Cal provider and am exempt from the CAA provider directory requirements. Why am I being asked to verify my information every 90 days?

To ensure compliance with SB 137 and CAA mandates for all provider types, Blue Shield Promise has consolidated our provider directory verification processes. We have implemented online capabilities to facilitate compliance with SB 137 for Medi-Cal providers. All plan providers should utilize Provider Connection to update information and attest.

21. Can I upload or email you my organization's information using my own spreadsheet format?

Our automated processing system is compatible with the *Blue Shield Provider Data Validation* spreadsheet exclusively. Updates or changes to provider directory information must be submitted using the designated spreadsheet available for download on Provider Connection. Please ensure the completed spreadsheet is uploaded to the portal for processing.

22. Why did I receive a notification that my upload failed? What should I do?

Spreadsheet uploads may fail for a variety of reasons such as invalid or incomplete data, invalid data combinations, or formatting errors. Please review your submission for errors and resubmit. If you receive another failure notification, please contact the Provider Information and Enrollment team at (800) 258-3091, from 6 a.m. to 6:30 p.m., Monday through Friday.

23. 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.

24. 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. Live online chat service is also available.