Blue Shield Provider Connection Reference Guide
for Blue Shield of California Promise Health Plan providers

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

Use this reference guide to learn more.

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If you are viewing this guide online, the linked page numbers below take you to instructions for key activities you can do on Blue Shield's website. Use the *Directory* button at the bottom of each page to return to this page. **To use many of the Provider Connection links provided in this guide, you must be logged in to the website.**

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Provider Connection website overview

Background: Below is a **high-level snapshot of how to navigate** the <u>Provider Connection</u> website. There are multiple ways to navigate within the site.

Instructions:

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 information on the page. Clicking a category heading will drop you down to a category.

5. **Categories:** Contain quick links to tools and resources when appropriate, and clickable boxes that take you to your desired information.

Tools for Blue Shield Promise providers
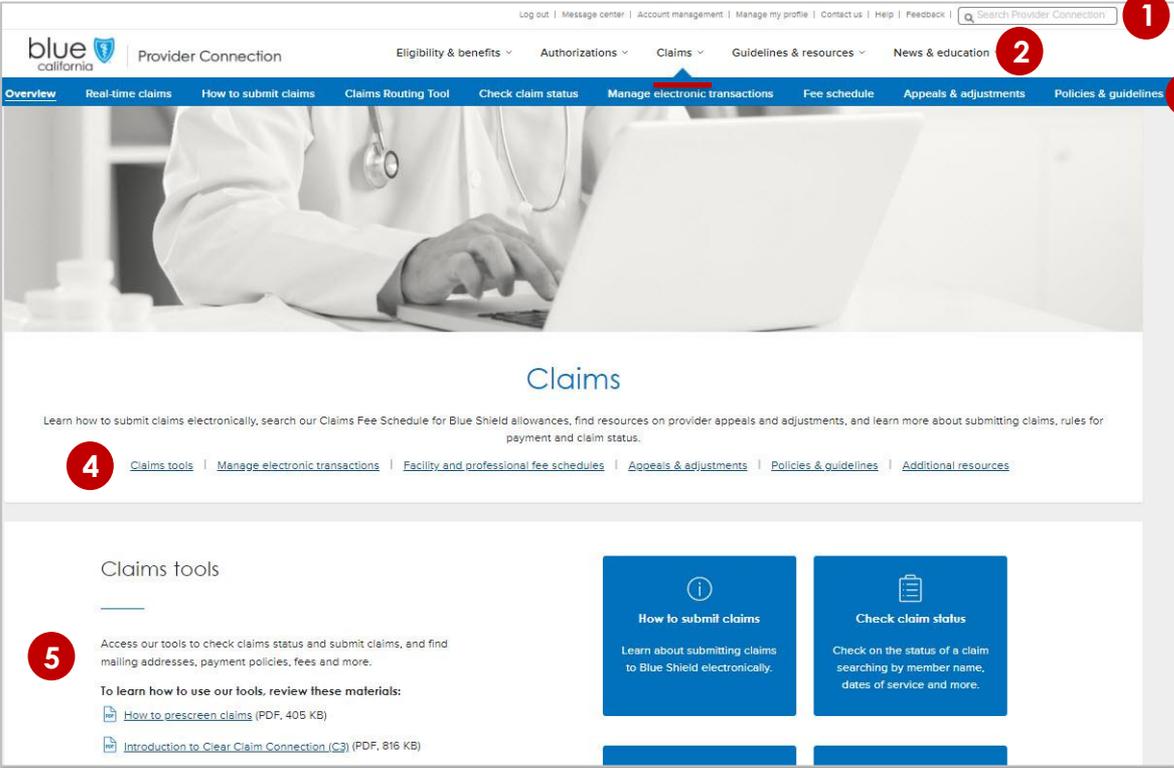
Background: Below is a high-level snapshot of tools you can access from Provider Connection. **Tools that require log in (authentication) are bolded.** Blue Shield Promise resources that do not require login are integrated throughout Provider Connection. They are also available from the Blue Shield of California Promise Health Plan (Blue Shield Promise) website: blueshieldca.com/promise/providers. Links in the footer of each page allow you to move between the two websites.

- **Check claims and dispute status**
- **Download EOBs**
- Access claims routing tool
- Manage electronic transactions

- **Verify member eligibility**
- **View benefits information**
- **Generate member rosters**

- Register for webinars
- Access learning resources
- View news and announcements

- Log in/Register
- Access quick links

Log out | Message center | Account management | Manage my profile | Contact us | Help | Feedback | 🔍 Search Provider Connection

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

- **Submit medical authorizations**
- **View medical & Rx authorization status**

Tips:
- The Help menu, and *Search Provider Connection* can be accessed from every page on website.
- Live chat with Provider Customer Care is available from every page on the website, after login.

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Directory

Register for Provider Connection as an Account Manager

Background: If your organization is new to Provider Connection, you must establish an account. The person executing the initial registration is considered an Account Manager. When the maximum allowed number of Account Managers have registered, Provider Connection will display a message.

You will need a designated Account Manager to register the account plus the following, depending on your account type.

Account type	Required for registration
1. Provider	• A provider Tax ID (TIN) or Social Security Number (SSN). • Additional provider TINs/SSNs can be added after you create the account. • Claims data*
2. MSO	• The MSO's TIN and a TIN/SSN for a provider you are representing/registering with. • Additional provider TINs/SSNs can be added after you create the account. • Claims data* • Business Associate Agreement (BAA) [†] date for the provider you are representing.
3. Billing Service	• The Billing Service's TIN and the TIN/SSN for provider(s) for whom you will be billing. • Additional provider TINs/SSNs can be added after you create the account. • BAA[†] date for each provider you are representing/registering with.

*   **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 full name and date of birth of an eligible Blue Shield member.

†   BAA date is the date the provider you are representing signed the contract.

Tip: Once established, the Account Manager(s) – not Blue Shield – sets 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.

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Background: If your organization is new to Provider Connection, you must establish an account. The person executing the initial registration is considered an Account Manager. When the maximum allowed number of Account Managers have registered, Provider Connection will display a message.

Registration steps:

- Click **Log In/Register** in the upper right corner of the Provider Connection homepage.

- The *Welcome to Provider Connection* screen displays. Click **Create account**.

- The system directs you through process to create the initial account:

  1. Choosing the account type: Provider, MSO, or Billing.

  2. Entering Tax IDs (TINs) or Social Security Numbers (SSNs).

  3. Entering claims or member information for Provider and MSO account types.

  4. Entering contact information for your organization and yourself.

  5. Selecting your username and password.

  6. Reviewing and e-signing the terms and conditions statement.

  7. Verifying your email.

Before the Account Manager can log in and add users to an account, the following must take place:

Account type	Action
Provider & MSO	• Blue Shield verifies the email address by sending the Account Manager a link that allows the Account Manager to login and access the website.

Billing Service	• Blue Shield verifies the email address by sending the Account Manager a link.
	• Blue Shield immediately contacts the providers you have registered to represent.
	   • When the first provider approves your access, we'll email you. Then you'll be able to access Provider Connection and that provider's TIN.
	   • You'll receive access to any additional TINs you requested as we get confirmation from those providers. (If they deny your access, we'll let you know that, too.)

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Background: Provider Connection gives an Account Manager administrative privileges to manage information and access for their business.

How it works:

- When you are the Account Manager, you will see the *Account management* link in the task bar when you log in.

- **Click *Account management* to access the page below, which provides directions for everything you need to do to execute activities that fall within the role.**

Background: Blue Shield has consolidated our provider directory accuracy processes to be compliant with both the 2021 Consolidated Appropriations Act (CAA) and California Senate Bill (SB) 137 requirements. Our goal is to implement **one automated process across all lines of business using Provider Connection.**

Process
- Online attestation to data accuracy every 90 days. Blue Shield will alert a provider when it is time to attest.
- Directory updates at any time either by:
  - Single edits on the *Provider & Practioner Profiles* page.
  - Bulk data file download/upload from the *Provider & Practioner Profiles* page using the Provider Data Validation Spreadsheet. Note, Blue Shield will no longer send providers a pre-populated spreadsheet with their data.

Who can execute this process
- Provider Connection Provider or MSO Account Managers and users to which they give provider demographic information access. See next page how to assign user access.
  - Billing Managers have view-only access.

Go to [Provider data management](#) to download step-by-step instructions on how to attest and update provider directory information in compliance with federal and state mandates.

Account Manager assign user access to provider & practitioner demographic information
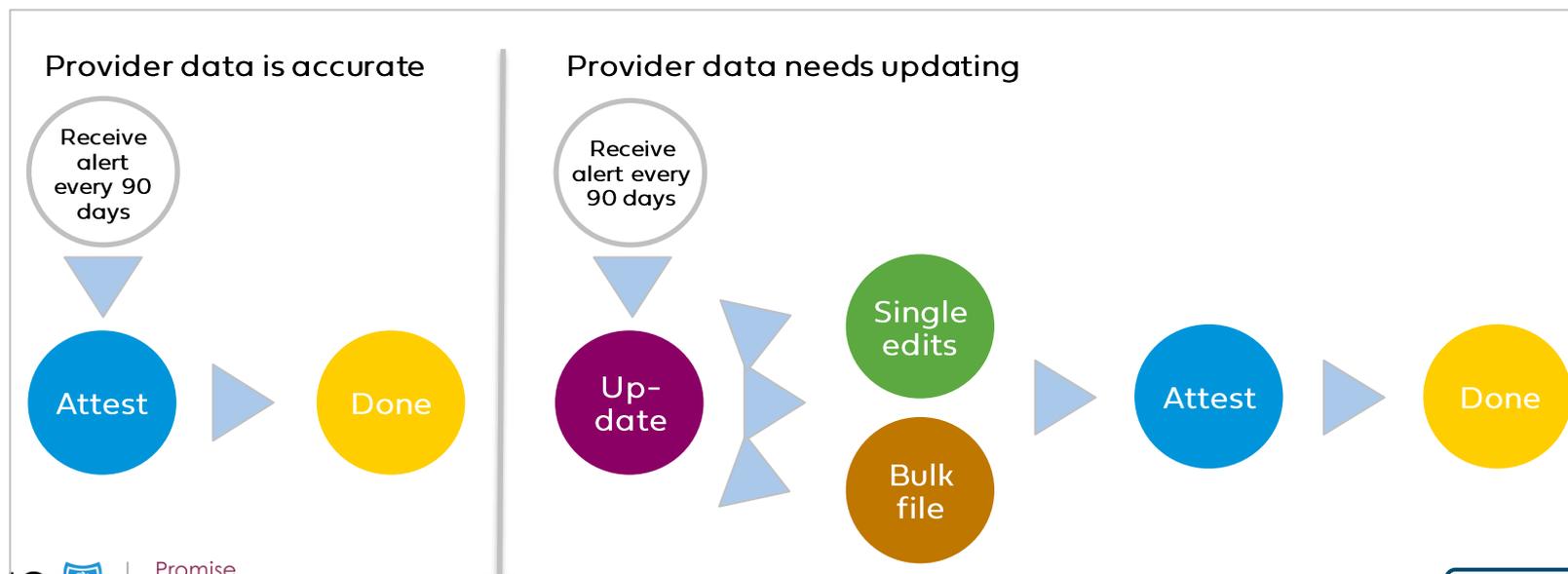
Background: Account Managers can assign provider demographic data access to designated users so that the most appropriate staff members validate/update/attest to provider directory information.

Instructions:

1. From the *Account management* page, click **Manage your user accounts** located under the *Manage user accounts* section.

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

3. That user's *Account information* will display.

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

5. When the user logs in after access is granted, they will see a link to *Provider & practitioner profiles* in their top navigation bar.

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 ⑦

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 ▽	
☐	Person, User	user123	Yes	No	No	10/07/2019	Activ	View

(2)

(3)

🏠 > Account management > Manage user accounts > Account Information

Account information

Contact information

Name
Person, User

Main St.
City, State, 90000

Username
Person, User

personuser@comcast.net

Phone
999-999-9999

User permissions   Help

🔵 Claims
⚪ Real-time claims
(4) 🔵 Provider & practitioner data

Account administration

Account status
○ Active
○ Deactivated

Reset password

Logout | Me... ...enter | **(5)** Provider & practitioner profiles | Manage my profile | Contact us | Help | Feedback   🔍 Search Provider Connection

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

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Directory

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Background: All users have a *Manage my profile* page where they can do things like update their username/password, change their email, set their email preferences, and locate their Account Manager. It is available from every page.

How it works:

After you log in, a "badge" with your initials appears in the white menu bar. Click this badge to access the *Manage my profile* page.

- From the *Manage my profile* page, you may edit your profile, manage email subscriptions, and change your password.

  ▪ Your profile includes your name, email, address and phone number, username, and current password.

  ▪ Email preferences: Blue Shield offers subscriptions to improve your online experience, which you can change or cancel. However, you can't opt out of information related to policies and procedures, or legally required communications.

  ▪ User group: You may also sign up to be included in the Provider connection website user group.
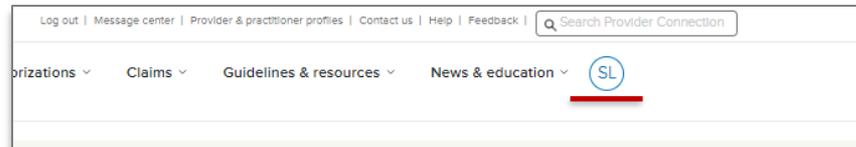
Log out | Message center | Provider & practitioner profiles | Contact us | Help | Feedback | 🔍 Search Provider Connection

...rizations ∨   Claims ∨   Guidelines & resources ∨   News & education ∨   SL

Manage my profile

Name	Edit ✏
Test User1	

Email	Edit ✏
..........@gmail.com	

Address & phone	Edit ✏
Business address 601 12th Street Oakland, CA 94607	
Phone (510) 555-1212	

Email preferences   Edit ✏

Select the Provider Connection tools you'd like to receive information about. Note that even if you choose not to receive these emails, you will continue to receive information related to policies and procedures, as well as legally required communications from Blue Shield.

✓ Patient eligibility and benefits
✓ Claims billing and payment reconciliation
✓ Pre-authorization process, requests, and requirements
✓ Maintaining my Provider Connection account
✓ Occasional surveys

Help us improve Provider Connection! Blue Shield occasionally conducts in-person and online user research and testing to help improve the website. Sign up to be invited to participate.

✓ Include me in the website user group

Username	Edit ✏
TestUser1	

Password	Edit ✏
....	

Tip: The <u>Message Center</u> is where reports are sent that cannot be generated in real time, such as requests for BlueCard claims information.

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Background: The [Verify eligibility](#) tool lets you confirm that a patient is a Blue Shield, Blue Shield Promise or FEP member. Data in the tool is supported for up to two years prior to the date you search. It is updated daily.

Instructions:

1. From the Provider Connection home page, click *Eligibility & benefits* from the white navigation bar.
2. Click *Verify eligibility* from the blue navigation bar.

To search for multiple members

1. Click the **SEARCH MULTIPLE MEMBERS** tab.
2. You may enter up to 10 Subscriber IDs.

3. The *Verify eligibility* tool opens and defaults to **SEARCH SINGLE MEMBER**.
4. To search for a single member, you may search by *Subscriber ID* **or** by *Member Name* & *Date of Birth* **or** by *Medicare beneficiary ID* & *Date of Birth*.
5. Click *Search*.

Tip: If no record displays, check that the data has been entered correctly and try again.

1. **Status:** Eligibility is **Green** if active.

2. **Details:** Detailed information including historical and future eligibility.

3. **ID Card:** Click to download or print a copy of the member's ID card.

4. **Benefits:** Displays benefit information for the member's plan via a link to the Medi-Cal Member Handbook EOC.

5. **Claims:** Links to *Check claims status* tool.

Note: When verifying eligibility for Blue Shield TotalDual (HMO D-SNP) members with matching Medi-Cal through Blue Shield Promise ("full duals"), two of the above results panels will present, one for Medicare (primary) and one for Medi-Cal (secondary). When this is the case, the member ID card will be active on the Medicare results screen and inactive on the Medi-Cal.

Tip: For additional information about benefits, go to Benefit summaries to download/view a spreadsheet with detailed benefits for the Blue Shield Medicare plan and for each Blue Shield commercial plan.

Background: Member rosters are lists of Blue Shield Promise members who have selected a physician as a Primary Care Physician (PCP) or medical group. This list shows all providers associated with your account by PIN.
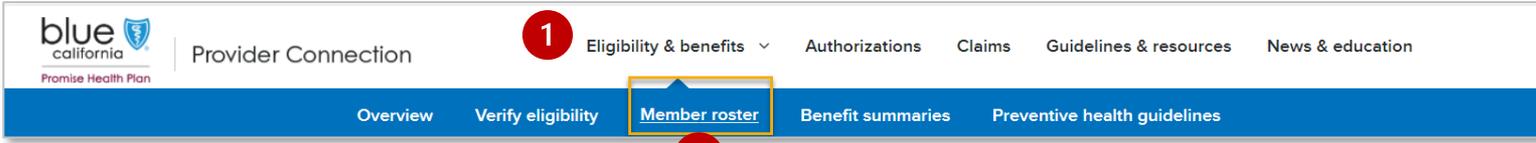
Instructions:

1. From the Provider Connection home page, click *Eligibility & benefits* from the white navigation bar.
2. Click *Member roster* from the blue sub-menu bar.
3. The member updates column displays either New or Updates (member disenrolled or moved to another PCP).
4. Click the linked number to view and/or export data.
5. Click *Export* to download an Excel spreadsheet with full member details.
   - Disenrolled Members Roster includes disenrollment dates.
   - Redetermined Members Roster displays members with upcoming redetermination dates within the next 90 days.
   - On Hold Members Roster displays members who missed their redetermination date and are within the 90-day grace period.
6. Click filter to and view/download by provider name, address, PIN or IPA/medical group.
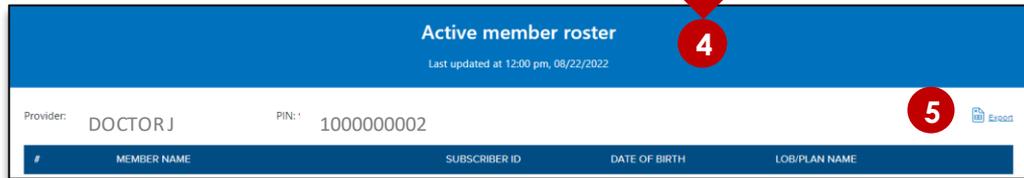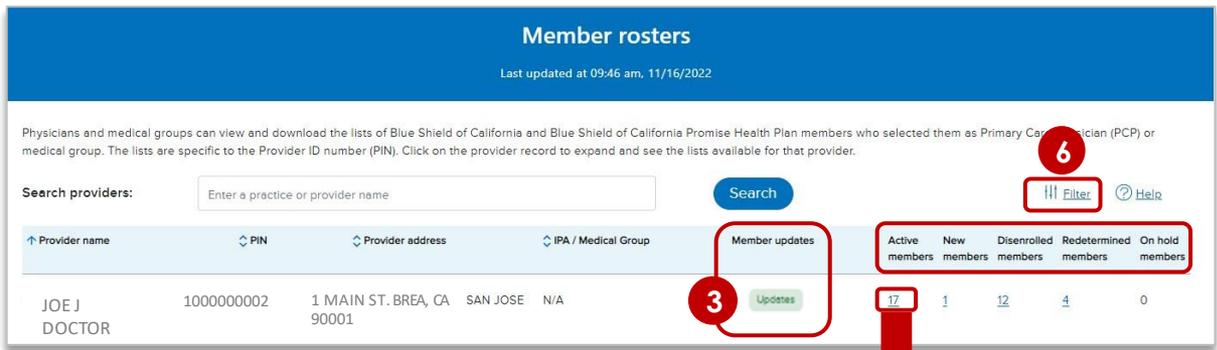
Background: The *Find a Doctor* tool lets you verify your participation in a member's plan network. Additionally, you can verify the participation of other providers and facilities to ensure you make network referrals. The process starts by first verifying the member's plan.

How it works:

1. Log in to Provider Connection. Scroll down to the *Quick Links* section on the home page, under *Blue Shield of California network Referrals* click the *Verify now button*.
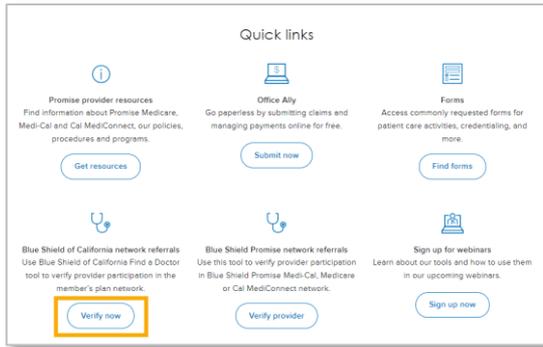
2. You will be redirected to the *Find a Doctor* tool where you can initiate a search as a guest. Click *Continue*.
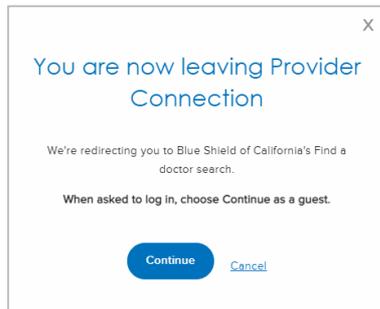
3. Select the provider type from the grid.
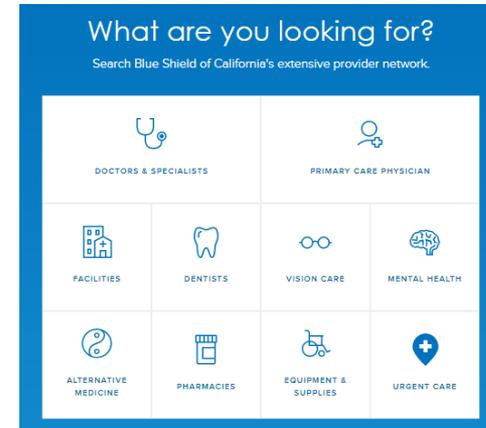
4. In order to find a provider in your member's network, click *Continue as a guest*.
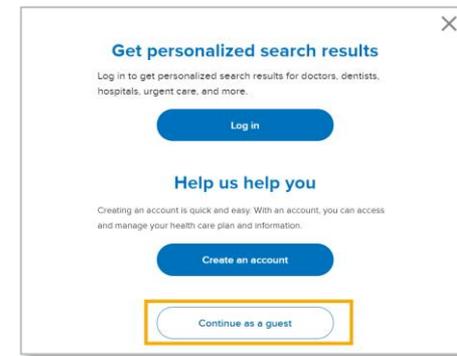
Tip: To access *Find a Doctor* directly, go to https://www.blueshieldca.com/fad/search.

Background: The *Find a Doctor* tool lets you verify your participation in a member's plan network. Additionally, you can verify the participation of other providers and facilities to ensure you make network referrals. The process starts by first verifying the member's plan.

5. Enter location information by entering city and state or click *Use Current Location*.

Where are you located?

🔍 Oakland, CA, USA|

📍 Use Current Location   🌐 Search Outside U.S.

Continue
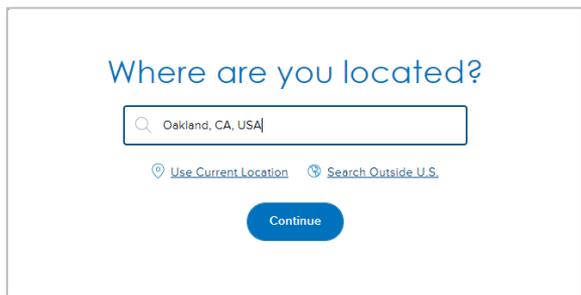
5. The *Get personalized search results* page will appear, click *Select a plan* to set your member's plan information.

Get personalized search results

Select a plan to show providers in that network

Select a plan

Show popular plans

Show all results

Need help selecting a Blue Shield plan? Learn about our plans here.
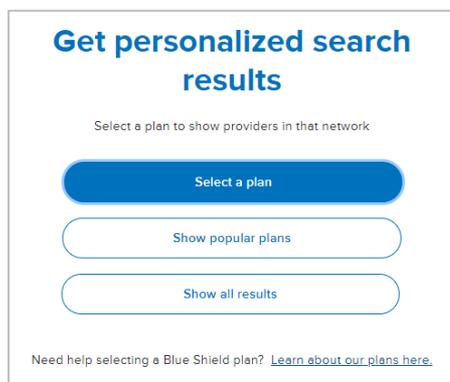
7. The *Find your plan* page appears. Set the member plan information using the drop-down lists for Plan year, Plan type and Subplan (if applicable). Click *Continue with this plan*.

- Once the member's plan is set, only providers and facilities in the member's network will appear when you conduct a search in *Find a Doctor*.

Find your plan

Plan year
Select the year you want your coverage to start

2021   ⌄

Plan type

2021 Individual and Family PPO Plan (Including Covered C ⌄

Subplan

Blue Shield Bronze 60 HDHP PPO   ⌄

Continue with this plan
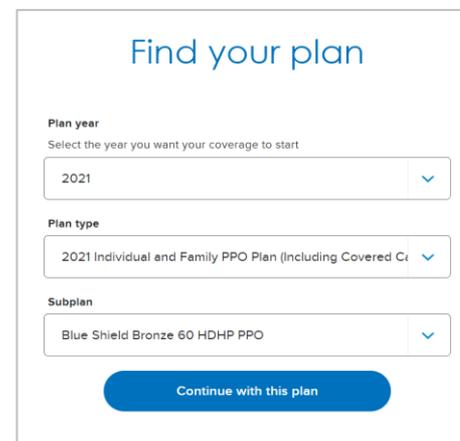
Tip: Go to Provider data management to download step-by-step instructions on how to attest and update provider directory information in compliance with Federal and State mandates.

Background: The *Find a Doctor* tool lets you verify your participation in a member's Blue Shield plan network as well as the participation of other physicians, facilities, etc. Remember, once the member's plan is set, only providers and facilities that are in the member's network will appear when you conduct a search.

How it works:

Once you have set the member's plan, you will be able to search for doctors in-network.

- Click the *Doctor Name* button and enter your last name in the *Search* field. Click *Search*.

- If your name is listed in the search results, you are in the member's plan network.

Referrals:

Use these same steps to determine if a physician you are referring to is in the member's plan network.

1. Select *Doctor Type* or *Doctor Name* (if known).
2. For *Doctor Type*, enter the specialty in the search field (there is a type ahead feature) or click the down arrow to view the list.
3. Select the specialty or specialties and click *search*.
4. The results will display in a list as well as on a map.

4. Click a doctor's name to view more information.
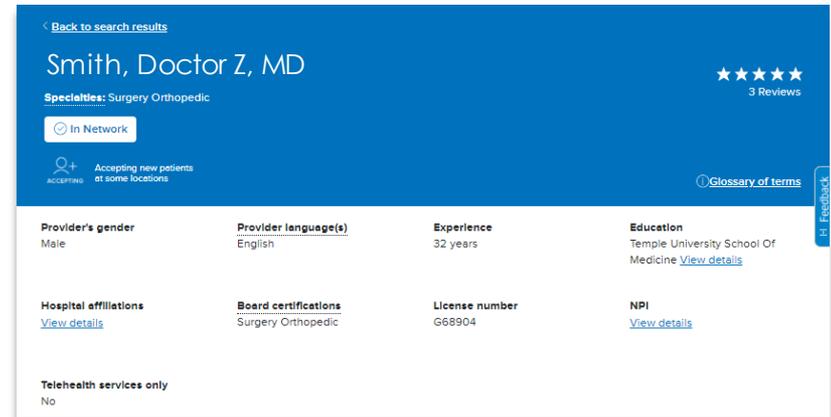
To see a full list of contracted plans for yourself or a provider to which you are referring, open the individual physician's record, scroll to the bottom of the screen, and click *Plans Accepted by Provider*. A list of contracted plans will display.

Background: The *Find a Doctor* tool lets you verify your participation in a member's Blue Shield plan network as well as the participation of other physicians, facilities, etc. Remember, once the member's plan is set, only providers and facilities that are in the member's network will appear when you conduct a search.

How it works:

1. Once you have set the member's plan, you will be able to search for facilities in-network. Click *Facilities* from the grid.
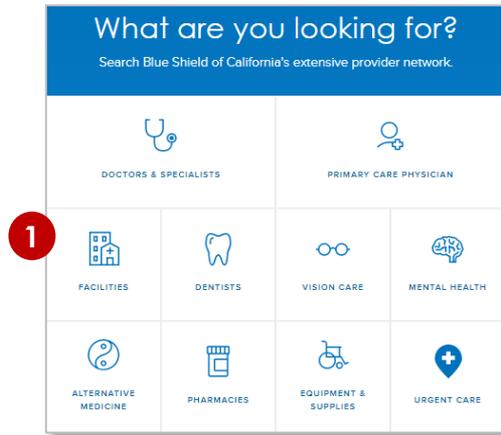
2. Select *Facility Type* (default).
3. Click the down arrow from the drop-down list to view a list of specialties **or** type the specialty (there is a type ahead feature) in the *search* field. Click *search*.

   a) You can also click the *Facility Name* button and enter the full or partial name in the *Search* field. Click *search*.

4. A list of facilities displays along with a map. If a facility is listed in the search results, it is in the member's plan network.
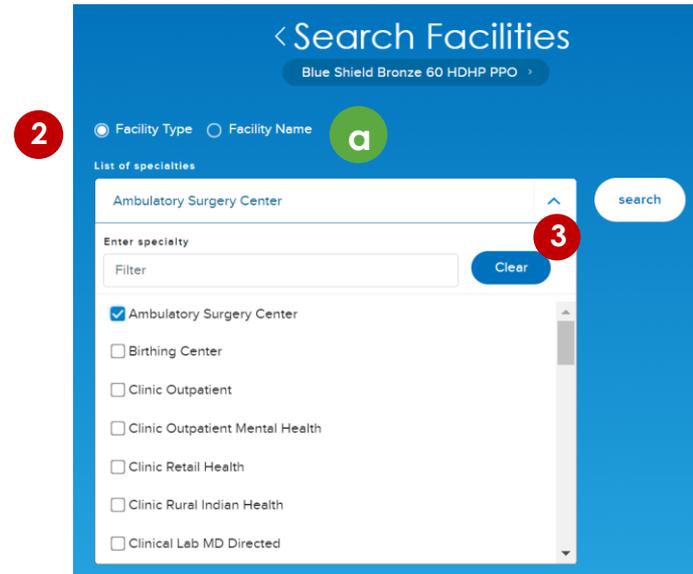
Use the Find a Doctor tool's filter and sort functionality

Background: The *Find a Doctor* tool lets you apply multiple search criteria via the *Filter & Sort* link. Remember, once the member's plan is set, only providers and facilities that are in the member's network will appear when you conduct a search.

How it works:

1. Click the *Filter & Sort* link to access additional search fields. Fields present based on whether your search is for a provider or facility type and will include some or all the options below.

   a) Fields with a drop-down arrow contain lists from which you will select.

   b) The address field will prepopulate based on the member's plan, but this can be changed.

   c) Open fields such as *Medical Group* and *Hospital Admitting Privileges* feature search-as-you-type functionality.

   d) Check box filter for *Accepting New Patients*.

   e) Results can be sorted by *Nearest* or *Alphabetical*.

Background: Medical authorizations can be submitted online, by phone or fax. Rx requests can be submitted by fax or via Surescripts® or CoverMyMeds® EHR platforms. Authorization status for all requests can be viewed online via AuthAccel. See Authorization basics for providers for an overview of the authorization process at Blue Shield/Blue Shield Promise.

Orientation:

The Authorizations section houses the AuthAccel online authorization tool.

1. To request a medical authorization online or to view medical auth status, click one of these links.

2. To view pharmacy auth status, click this link.

3. Instructions for submitting and viewing medical requests (and viewing Rx requests) in AuthAccel are located on the left. Additionally, they are linked to each launch page as well as the AuthAccel Online Authorization System Training page.

4. Click Policies & guidelines then click the Medical policies & procedures box. Click View medical policy list for Blue Shield of California Promise to search medical and medication policies and requirements.

5. Click Prior authorization forms & list to access fax forms, and to learn about services requiring third-party authorization (e.g., National Imaging Associates [NIA]). Click the blue box for Blue Shield Promise forms or for the authorization list.

Background: Claims can be submitted by mail or electronically. The Claims section contains tools and resources to help you with both, and the website gives you access to 36 months of claims, explanations of benefits (EOBs), and payment history.

Orientation:

1. Claims routing tool, which tells you where to submit paper claims for a member. See instructions in this guide for how to use.

2. *Check claim status* -- See instructions in this guide for how to use.

3. Information on how to submit claims and receive payments electronically using Electronic Data Interchange (EDI). See instructions in this guide for helpful details about this section.

4. *Claims issues & disputes*, where disputes can be filed online for Commercial, Shared Advantage, and BlueCard claims, but not for Blue Shield Promise, Medicare Advantage, and FEP claims. These must still be filed by mail. Access forms, instructions, etc., for filing disputes by mail. All lines of business except for ITS HOST, FEP, Medicare Advantage and Dental can conduct an online status check for submitted disputes. See instructions in this guide for how to use.

5. Resources and information for provider claims submission Policies & guidelines.
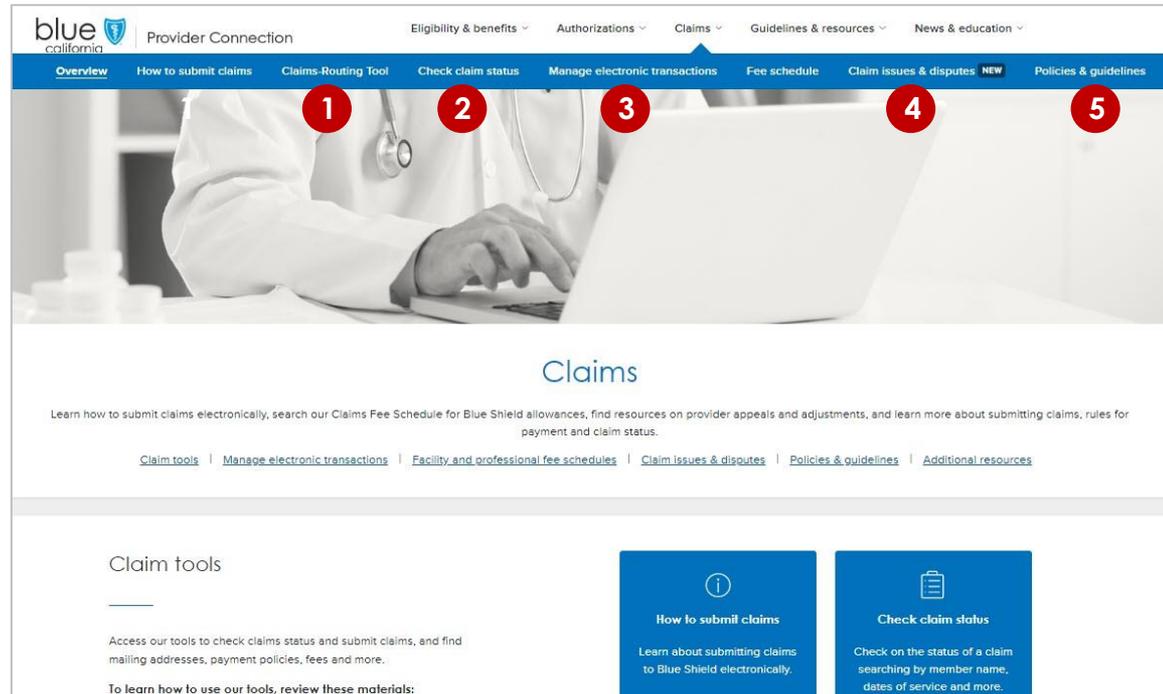
Background: The *Claims Routing Tool* tells you where to submit **paper** claims for a Blue Shield of California. It can also be used to determine where to send BlueCard claims for out-of-state Blue plan members. No log in is required to use this tool.

Instructions:

1. No log in is required to use this tool. Go to Provider Connection and click Claims from the white navigation bar.
2. Click *Claims Routing Tool* from the blue navigation bar. The *Claims Routing Tool* displays.
   - Required fields are marked by an asterisk (*).
3. Enter the member's 3-character prefix i.e., the first three letters of the member's ID number.
4. Enter the date of service and click *Search*.
   a) If requested, enter the member's ID number without the 3-character prefix and click Search.
      » Depending on the plan type, this field may request an NPI vs. a member ID.
5. The "send to" address will present, as will a phone number for customer service should you need assistance.

Check Claims Status – Search claims and find EOBs

Background: Check claims status is available from the home page and from the Claims section. It contains two tabs: 1) *Search*; 2) *Other Blue plans*. The *Appeal status* tab links to the *Submitted disputes* tool on the Claims issues & disputes page.

Instructions: You must be linked to the Tax ID and Provider ID (TIN/PIN) of the claim for which you are searching.

1. Click *Check claims status*. The *Search tab* displays with claims from the last three years with most recent at the top.
2. Enter data into one or more search field and click *Search*.
3. Results will display below the blue header row. To sort results in alphabetical or ascending/descending order, click the desired column header and the up/down arrow once it presents.
4. Click the blue text links to see more detailed information about the member or claim or to view/download the EOB.
5. To clear the search and conduct a one, click *Start over*.

Tip: When using the *Other Blue plans* tab to conduct a search for member claims, all fields are required unless marked optional. Results will be sent to the user's Message Center.

Background: Clicking the claim number from the *Check claims status* search results opens the *Claims detail screen* and provides access to the following information. Once a claim has been reviewed and finalized, the *EOB* and *Resolve a Claim Issue or Dispute* links will be active.

1 Claim status

2 Download EOB

3 File a dispute

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

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

Medical | Finalized | View EOB

Possible next steps: Resolve claim issue or dispute **NEW**

Member information

Member name	Mark, Twain
Date of birth	
View all claims for this member	

Member ID	XEA9
Group number	W30000100

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	$1,174.40
Amount paid	

Full view ∨

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

Claim history Hide ^

number	Claim received	Finalized	Amount billed	Amount paid	Check/EFT amount	Check/EFT date
41562401	09/10/2020	09/11/2020	$2,000.00	$0.00	$0.00	
41562400	09/10/2020	09/10/2020	$100.00	$0.00	$0.00	

Claim history Show ∨

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

blue california | Promise Health Plan

Background: Disputes can be initiated from the 1) *Check claims status* search results *Claims detail screen* once the claim has been finalized (see previous page) or from the 2) *Claims issues & disputes* section.

Or

Note, Blue Shield Promise disputes must be submitted by mail.

Background: The *Submitted disputes* link is available from the *Claims issues & disputes* section. It contains all disputes submitted by mail for Commercial, Shared Advantage, and Blue Shield Promise, as well as all disputes submitted online for Commercial, Shared Advantage, and BlueCard. It does not display ITS HOST, FEP, Medicare Advantage or Dental claims.

1. Click *Claims issues & disputes* from the blue sub-menu bar.
2. Click *View my disputes*.
3. Select the *Submitted by mail* tab.
4. Results display under the light blue banner.
   - Click the claim number to view more information about a dispute.
   - Click links under the *Document* column to view dispute-related letters and documentation.
5. Click *Filter* to search for a dispute.
6. Enter data related to the dispute(s) in one or more fields and click *Show results*.
   - When filtering, be sure to adjust the *Dispute received date* if necessary.

Background: EDI is the exchange of business transactions in a standardized format from one computer to another. Using EDI, you can receive claims payment information electronically (electronic remittance advice or ERA) and you can have claims payments deposited directly into your business account (electronic funds transfer or EFT).

Instructions:

1. Determine if your organization is already enrolled in EDI by clicking *check My* payment preferences on the Manage electronic transactions page in the Claims section.
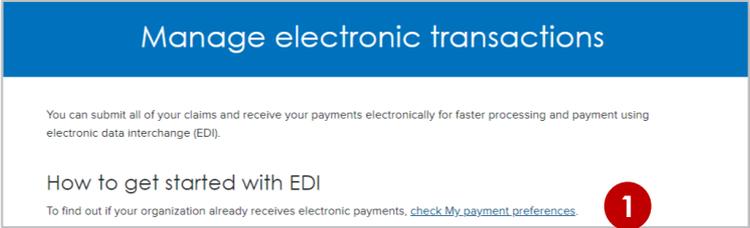
2. To navigate…

   a) Click *Filter results* to open filtering options.

   b) Filtering can be done by one or more Tax IDs (TINs) <u>and/or</u> Provider IDs (PINs), <u>or</u> by individual provider name. Results will display below. Click *Clear all* to restore all data.

   c) "No" in the EFT or ERA column means that the TIN/PIN is not enrolled in EDI. Click *Change this* to learn how to enroll.
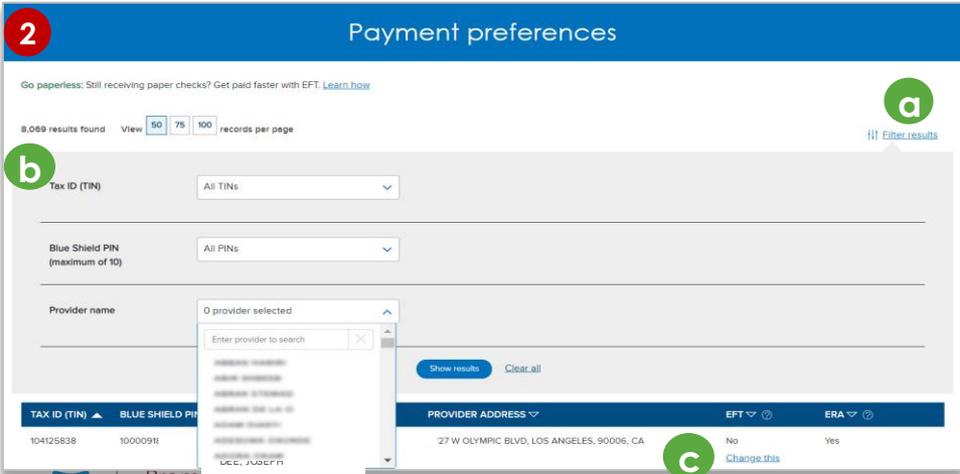
Tips:
- If you aren't currently enrolled in EDI, follow the instructions provided on the Manage Electronic Transactions page or go to the next page in this guide.

- Contact the EDI Help Desk at EDI_BSC@blueshieldca.com or **(800) 480-1221** if you have questions or need help completing your forms.

Background: Manage Electronic Transactions available from the *Claims* section, has all the information you will need to establish and manage electronic transactions with Blue Shield.

Orientation:

1. The how to enroll in EDI (electronic data interchange) page provides step-by-step instructions for identifying and selecting an EDI clearinghouse (appropriate if you submit fewer than 1,500 claims per month) **or** if you submit more than 1,500 claims per month, for establishing a direct connection (secure file transfer or SFTP) with Blue Shield.

   - There is a downloadable list of approved EDI clearinghouses, and a direct link to Office Ally, a clearinghouse that offers free setup and training.

   - The ePayments Provider Authorization form is available from this page as is step-by-step instructions for enrolling online.

2. Click Payment Preferences to determine if your organization already receives electronic payments. See instructions in this guide.

3. The FAQs for EDI, ERA, and EFT page provides helpful information about electronic claims transactions, such as how to indicate specific elements on electronic claims (e.g., NPI, self-referral codes, corrected claims)

4. Inquiries with PHI, member or claim details, can be submitted securely online using Submit an EDI Inquiry.

5. Quick links to instructions and other helpful resources.

Manage electronic transactions

Learn how to submit claims and receive payments using Electronic Data Interchange (EDI) for faster processing and payment.

ⓘ How to get started with EDI

⊘ EDI, EFT and ERA frequently asked questions

To learn how to use our tools, review these materials:

Intro to EDI, EFT and ERA - recorded webinar (59 min)

Intro to EDI, EFT and ERA (PDF, 424 KB)

EDI, EFT and ERA frequently asked questions (PDF, 135 KB)

1 **Enroll in EDI** — Enroll in EDI for your organization, either through a clearinghouse or directly with Blue Shield.

2 **Payment preferences** — Review payment information we currently have on file for your account.

4 **Submit an EDI inquiry** — Submit inquiries related to Electronic Data Interchange.

EDI Companion Guides — Access our companion guides for Blue Shield trading partners.

HIPAA 5010 and ICD10 implementation — Read about changes to HIPAA standard transactions and codes.

HIPAA5010 testing — Test your transactions.

How do I get access to Provider Connection if I am not a contracted provider?
If you are not a contracted provider, you must contact Provider Information and Enrollment (Phone: **(800) 258-3091** / Fax: **(916) 350-8860**). There is a form you must complete to become a certified provider. Once submitted and approved, you will be able to establish a Provider Connection account.

How many Account Managers can my organization have?
After you establish the first Account Manager account on the website, Blue Shield determines the number of Account Managers your organization can register based on your data. Most organizations can have at least two. When the maximum allowed number of Account Managers have registered, Provider Connection displays a message.

How do I tell if my organization has an existing Provider Connection account?
If you do not have a username/login for Provider Connection and you are unable to determine internally if your organization has a registered Provider Connection account, contact Provider Customer Care at **(800) 541-6652**. There isn't a specific menu selection for Provider Connection, so feel free to choose any option.

To determine if your organization has an existing account, and to secure the name of the individual who manages that account, have the following information when you call Provider Customer Care:

- The Tax Identification Number (TIN) or Social Security Number (SSN) or Blue Shield Provider Identification Number (PIN) for the account in question

- Claim information submitted in the last 90 days for **two different Blue Shield or Blue Shield Promise members** under that TIN/SSN or PIN. For each claim, provide:
    - Claim ID or Member ID
    - Patient's first and last name
    - Service date
    - Total billed amount

How do I get a username/login if I am not the Account Manager?
Contact your organization's Provider Connection Account Manager(s). Once they create a new user profile for you, 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.

How do I locate the name of my Provider Connection Account Manager?

If you have a username/login for Provider Connection, log in to the site. 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 for your Account Manager.

If you do not have username/login and you are unable to determine internally the Account Manager(s) for your organization's Provider Connection account, see question number 5.

How does my organization remove/replace an existing Account Manager?

The best practice is for the departing Account Manager to transition users to an existing Account Manager or newly registered Account Manager.

When this is not the case, you must request the removal/replacement of a departing Account Manager in writing on company letterhead. Include the following information:

- The Tax Identification Number (TIN) or Social Security Number (SSN) used on the existing account.
- The full name of the departing Account Manager. Additionally, it is helpful to have that Account Manager's username and email address.
- The full name and email address of the new Account Manager plus the desired username.
   - Note, the new Account Manager cannot use the previous Account Manager's email address.

Send the request as a PDF to providerCC@blueshieldca.com or fax to **(844) 246-8928.**

The new Account Manager receives an email notification after Blue Shield processes the written request. If necessary, Provider Customer Care can help transfer users from the old Account Manager to the new Account Manager.

How do I reset my Provider Connection password?

Provider Connection passwords expire every 90 days. The system displays an alert message starting 10 days prior to expiration. Account Managers and users can reset their own passwords before they expire. To reset your password, log in to the site. Click the round "badge" that contains your initials. It is located at the right of the main navigation. Scroll to the *Password* section and click **Edit**.

Note the following:

- If a user's password is expired or locked, the Account Manager can reset it.
    - A username locks after multiple unsuccessful login attempts.
- If an Account Manager's password is expired or locked; contact Provider Customer Care at **(800) 541-6652** to reset.

How do I unlock my TIN and/or reinstate my disabled account?

A provider's Tax Identification Number (TIN) or Social Security Number (SSN) locks after multiple unsuccessful **registration** attempts. A Provider Connection account disables after six months of inactivity.

To unlock a TIN/SSN or reinstate a disabled Provider Connection account, contact Provider Customer Care at **(800) 541-6652**. There isn't a specific menu selection for Provider Connection, so feel free to choose any option.

You need the following information.

- The TIN/SSN for the account in question.
- Claim information submitted in the last 90 days for two different Blue Shield or Blue Shield Promise members under that TIN/SSN. For each claim you need:
    - Claim ID or Member ID
    - Patient's first and last name
    - Service date
    - Total billed amount
- If your organization does not have claims within the last three months, you must provide the first name, last name, and date of birth of two eligible Blue Shield members.

How do I get help working on Provider Connection?

Provider Connection includes an online Help section located in the upper right corner of the website, plus downloadable **Provider Connection Reference Guides** for Blue Shield providers and for Blue Shield Promise providers. These guides are linked on the home page and in the News & Education section of the site.

If you have issues with Provider Connection, contact Provider Customer Care at **(800) 541-6652**. There isn't a specific menu selection for Provider Connection, so feel free to choose any option.

Additionally, you can access the technical support form online from the website (no login required). Response time for this form is typically between 24 to 48 hours.