

Provider Connection for Blue Shield of California providers

[Log out](#) | [Message center](#) | [Account management](#) | [Manage my profile](#) | [Contact us](#) | [Help](#) | [Feedback](#) |



Provider Connection

[Eligibility & benefits](#) ▾

[Authorizations](#) ▾

[Claims](#) ▾

[Guidelines & resources](#) ▾

[News & education](#) ▾

Powerful provider tools and resources at
your fingertips



[Find information about working with us to provide care for our members during the COVID-19 public health emergency.](#)

Welcome to Provider Connection

Find out what's new for **Blue Shield** and **Blue Shield of California Promise Health Plan** providers. Discover improved tools and helpful resources to support your practice.



[Get Blue Shield providers' guide](#)



[Get Blue Shield Promise providers' guide](#)



Agenda

1. Register for a Provider Connection account/account management interface
2. Navigate the Provider Connection website
3. Online tools: How to
 - Update provider demographic information
 - Create a member roster
 - Check eligibility / locate benefits
 - Submit medical authorizations online
 - Check claims status / find EOBs
4. Get help with Provider Connection

This presentation and a link to the recording will be emailed to you within five (5) business days.



Provider Connection Reference Guide for Blue Shield providers

- Step-by-step instructions for common tasks
- Links to helpful resources
- Website/account management registration FAQ

Provider Connection Reference Guide: 11/2021
How the Blue Shield website can work for you



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

Use this reference guide to learn more.

blue 
california

[Click to access](#)



Recommended browsers

- For the best experience, use the latest version of [Google Chrome](#) or [Microsoft Edge](#) to access Provider Connection.
 - Internet Explorer, Firefox and Safari browsers are no longer supported.



Register for a Provider Connection account



Provider Connection has two recognized roles

Account tips included in the [Blue Shield Provider Connection Reference Guide](#)



Account Manager

- Registers the website account
- Creates, modifies, transfers, and deletes users
- Manages all facets of the account
- Most providers can have at least two



User

- No limit to number of unique users an Account Manager can create
- Users should only be created once and can only be connected to one Account Manager at a time



Provider Connection has three types of provider accounts

Registering an MSO or Billing account? See [Blue Shield Provider Connection Reference Guide](#)

1. Provider
2. Billing
3. MSO

1 Account type 2 Tax ID numbers 3 Contact info 4 Account setup

Select your account type [Help ?](#)

Provider
Providers deliver healthcare services to our plan members. They include doctors, hospitals, medical groups, and pharmacies.

Billing
Billing services are hired by providers to handle billing and claims.

MSO
Management services organizations (MSOs) contract with providers to handle many administrative services. Some MSOs own and manage the medical practices they represent.

[Back to login](#) [Continue](#)

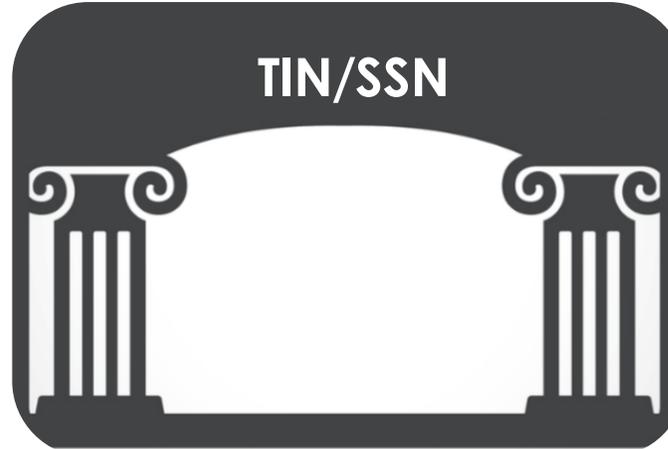


What you will need to register as a “Provider”



Account Manager

Designated Account Manager to register the account.



One Tax ID (TIN) or Social Security Number (SSN).

- The Account Manager can add more TINs from the *Manage your Provider Connection Tax IDs* page. This page is accessible to the Account Manager under their *Account Management* tools once the account is active.



Check/EFT amount for one claim paid in the last three months under the registering TIN/SSN, AND ONE of the following:

- Check/EFT number **or**
- Member ID **or**
- Claim number

No claims within the last three months? The system asks for the full name and birth date of an eligible Blue Shield member.



Where to register/log in

The image shows three overlapping screenshots of the Provider Connection website. The top screenshot shows the navigation bar with 'Log in/Register' highlighted by a red box and a red circle with the number '1'. Below it is the 'Welcome to Provider Connection' page, where the 'Register as an account manager' section is highlighted by a red box and a red circle with the number '2'. The bottom screenshot shows the 'Select your account type' page, where the first step of a four-step process, 'Account type', is highlighted by a red box and a red circle with the number '3'. The 'Provider' option is selected with a blue checkmark.

1. Click [Log In/Register](#) in the upper right corner of the Provider Connection homepage.
2. The *Welcome to Provider Connection* screen displays. Click **Create account**.
 - Remember, have your check/EFT information.
3. The system directs you through the four-step process starting with account type. There is a *Help?* link on each page.

After you register, Blue Shield verifies your email address by sending you a link that allows you to log in to the website.



Account Managers have a page on Provider Connection where they can access all account management tools.

This page is only viewable to the Account Manager.

The screenshot shows the 'Account management' page on the blue shield california Provider Connection website. The page features a blue header with the title 'Account management' and a navigation menu with options like 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. The main content area is divided into eight white panels, each with a title, a brief description, and a link to a specific tool or page. The panels are: 'Manage user accounts', 'Manage your Provider Connection tax IDs', 'Account managers with your tax IDs', 'Provider & practitioner profiles', 'Billing managers with your tax IDs', 'Payment preferences', 'Account manager's responsibilities', and 'Your in-network plans'. The 'Account Management' link in the top navigation bar is highlighted with a red box.

blue shield california Provider Connection

Logout | Message center | **Account Management** | Manage my profile | Contact us | Help | Feedback | Search Provider Connection

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

Account management

Account management

Manage user accounts
Create new Provider Connection user accounts here. Also reset passwords, manage access to claims and eligibility information, and transfer your users to another account manager.
[Manage your user accounts](#)

Manage your Provider Connection tax IDs
Add or remove tax ID numbers associated with your Provider Connection account.
[Manage your tax IDs](#)

Account managers with your tax IDs
View a list of account managers in your organization registered with your tax IDs. Use this list to identify a manager to transfer your Provider Connection users to if necessary.
[View other account managers with your tax IDs](#)

Provider & practitioner profiles
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.
[Update your provider's information](#)

Billing managers with your tax IDs
Approve (or deny) a billing manager's access to your tax IDs here. Also view a complete list of billing managers registered with the tax IDs in your Provider Connection account.
[View billing managers with your tax IDs](#)

Payment preferences
Review the payment preferences for your provider accounts. If any still receive payment by check, learn how to switch to electronic fund transfer and electronic remittance.
[View how Blue Shield pays your provider](#)

Account manager's responsibilities
Account management by task: Learn where to create and manage user accounts, keep provider information up-to-date, grant access to claims information, and more. We also direct you to help with those tasks.
[Learn about what account managers do](#)

Your in-network plans
View a list of Blue Shield plans that are in network for your providers. Sort by plan name or network.
[View in-network plans](#)



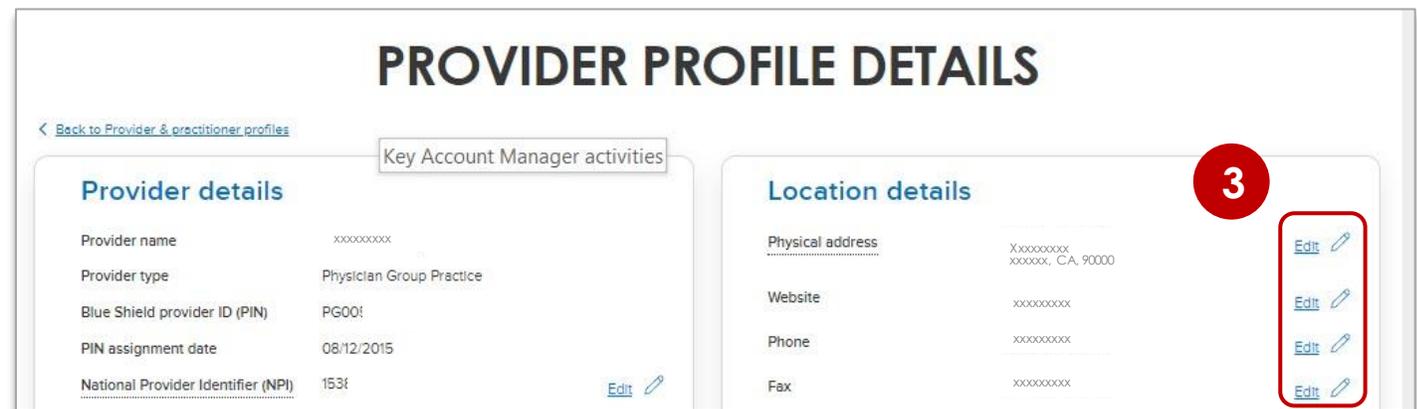
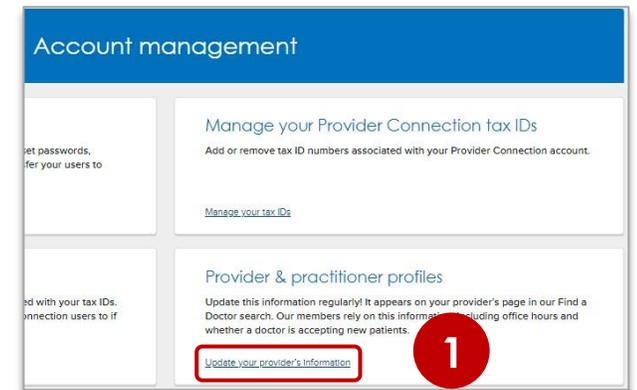
Key Account Manager activities

	Section	What you can do
1	Manage user accounts	<ul style="list-style-type: none">• Create new user accounts• Reset passwords• Manage user access to claims and other information• Transfer users to another Account Manager
2	Manage your Provider TINs	<ul style="list-style-type: none">• Add or remove Tax IDs (TIN) associated with your Provider Connection account
3	Payment preferences	<ul style="list-style-type: none">• Review the payment preferences that you have set for your provider accounts• Learn how to establish EDI capabilities
4	Your in-network plans	<ul style="list-style-type: none">• View a list of Blue Shield plans that are in network for your providers
5	Provider & practitioner profiles	<ul style="list-style-type: none">• Update your provider demographic information that displays in our <i>Find a Doctor</i> online tool and is both state and federally mandated.



Update your provider demographic information

1. From the *Account management* page, click **Update your provider's information** located under the *Provider & practitioner profiles* section.
2. All providers assigned to the account will display. Click the **view** link next to the provider record you wish to update.
3. The *Provider Profiles Details* screen displays. Click the **pencil** icon to update a data point.
4. A pop-up window displays. Enter or select the new information and click the button to save. Repeat as necessary to upload all directory changes.
 - Some changes will display in Provider Connection within 30 minutes. Other changes require review by Blue Shield and will take longer.



* For questions related to updating your provider demographic information with Blue Shield/Blue Shield Promise, contact Provider Information and Enrollment: email: BSCPvdrllnformationEnrollment@blueshieldca.com.



Coming soon: Expanded ability to update provider information

Update provider information:

- Download a pre-populated Excel spreadsheet from Provider Connection, make changes to your data, and upload back to the site.
- Copy a full file of your provider data to the new Blue Shield Excel spreadsheet and submit on Provider Connection – Blue Shield will determine what's different.

Attest to data accuracy:

- Attest to data accuracy on Provider Connection by clicking a button.
 - Attestation will be required every 90 days per federal law, established by the Consolidated Appropriations Act (CAA).
- **More information will be communicated shortly.**



All users, including Account Managers, have a page on Provider Connection where they can manage their profile.

This page is only viewable to the user.

The screenshot shows the 'Manage my profile' page in the Blue Shield of California Provider Connection system. The page is divided into several sections for editing user information:

- Name:** X Heat hpro. Edit icon.
- Email:**@sfmw.org. Edit icon.
- Address & phone:**
 - Business address: 1234 M edicine Way, San Francisco, CA 94012
 - Phone: 415-332-3434Edit icon.
- Username:**@sfmw.org. Edit icon.
- Password:** Edit icon.
- My account manager:** Name: X M edicinepro.
- Email preferences:** 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 surveysHelp 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
- My provider connection tax IDs:** There is 1 tax ID associated with this account. To make any changes to your TIN, contact your Account Manager.



Navigation & online tools



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. Category:** Contains quick links to tools and resources when appropriate, and clickable boxes that will take you to your desired information.

The screenshot shows the Blue Shield of California Provider Connection website. The page is titled "Claims" and features a navigation bar with the following elements:

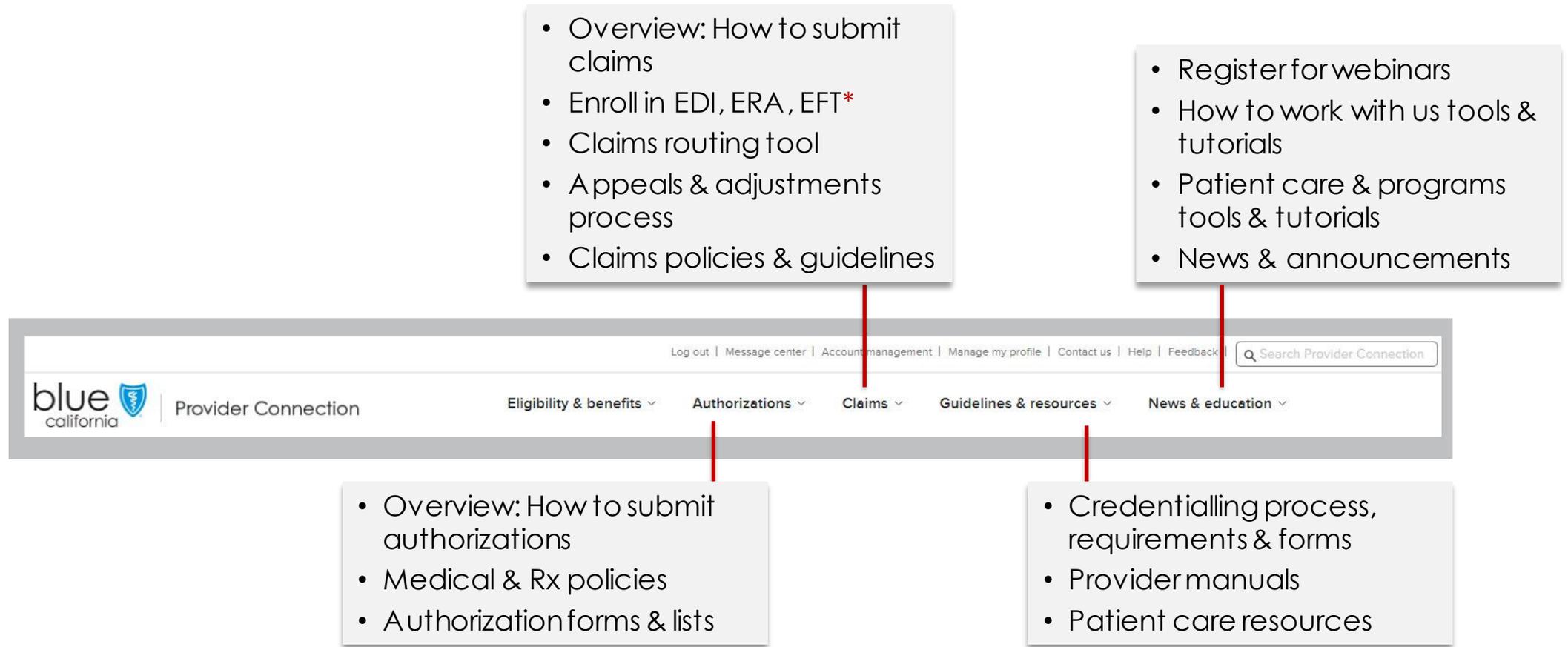
- 1. Top level navigation:** A search bar in the top right corner with the text "Search Provider Connection".
- 2. White menu bar:** A horizontal bar with the following links: "Eligibility & benefits", "Authorizations", "Claims", "Guidelines & resources", and "News & education".
- 3. Blue sub-menu bar:** A dark blue bar with the following links: "Overview", "How to submit claims", "Claims-Routing Tool", "Check claim status", "Manage electronic transactions", "Fee schedule", "Appeals & adjustments", and "Policies & guidelines".
- 4. Category headings:** A horizontal bar with the following links: "Claim tools", "Manage electronic transactions", "Facility and professional fee schedules", "Appeals & adjustments", "Policies & guidelines", and "Additional resources".
- 5. Category:** A section titled "Claim tools" with the following content:
 - Access our tools to check claims status and submit claims, and find mailing addresses, payment policies, fees and more.
 - To learn how to use our tools, review these materials:
 - [How to prescreen claims with C3](#) (PDF, 540 KB)
 - [Introduction to Clear Claim Connection \(C3\)](#) (PDF, 816 KB)
 - [Clean claims submission tips](#) (PDF, 24 KB)

The page also features four blue buttons with icons and text:

- How to submit claims:** Learn about submitting claims to Blue Shield electronically.
- Check claim status:** Check on the status of a claim searching by member name, dates of service and more.
- Claims-Routing Tool:** (Icon of a stethoscope)
- Submit claims for free:** (Icon of a document)



Resources available on Provider Connection without logging in



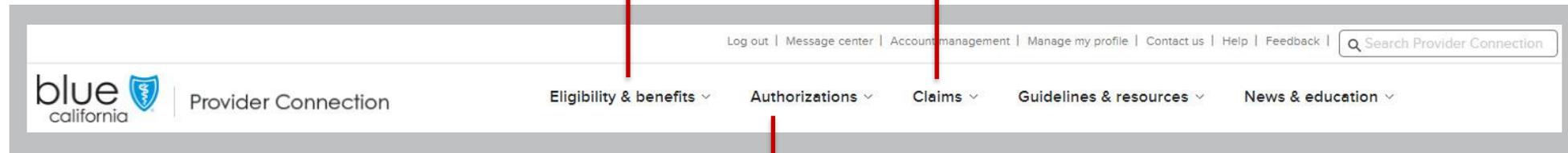
* Electronic data interchange (EDI) allows the exchange of computer-processable healthcare data in a standardized format and secure manner among healthcare professionals, healthcare institutions, and patients. Electronic remittance advice (ERA) is an electronic version of the explanation of benefits (EOB) for claims payments. Electronic funds transfer (EFT) transmits funds for claims payments directly from a health plan into your bank account.



Tools available on Provider Connection after login

- **Verify Blue Shield coverage**
- **View detailed benefits**
- **Access member ID cards**
- **Generate member rosters**
- Check FEP and Other Blues plan member eligibility

- **Check claims status**
- **Download EOBs**
- Check appeals status
- View professional services fee schedule
- Access Real-Time Claims tool*



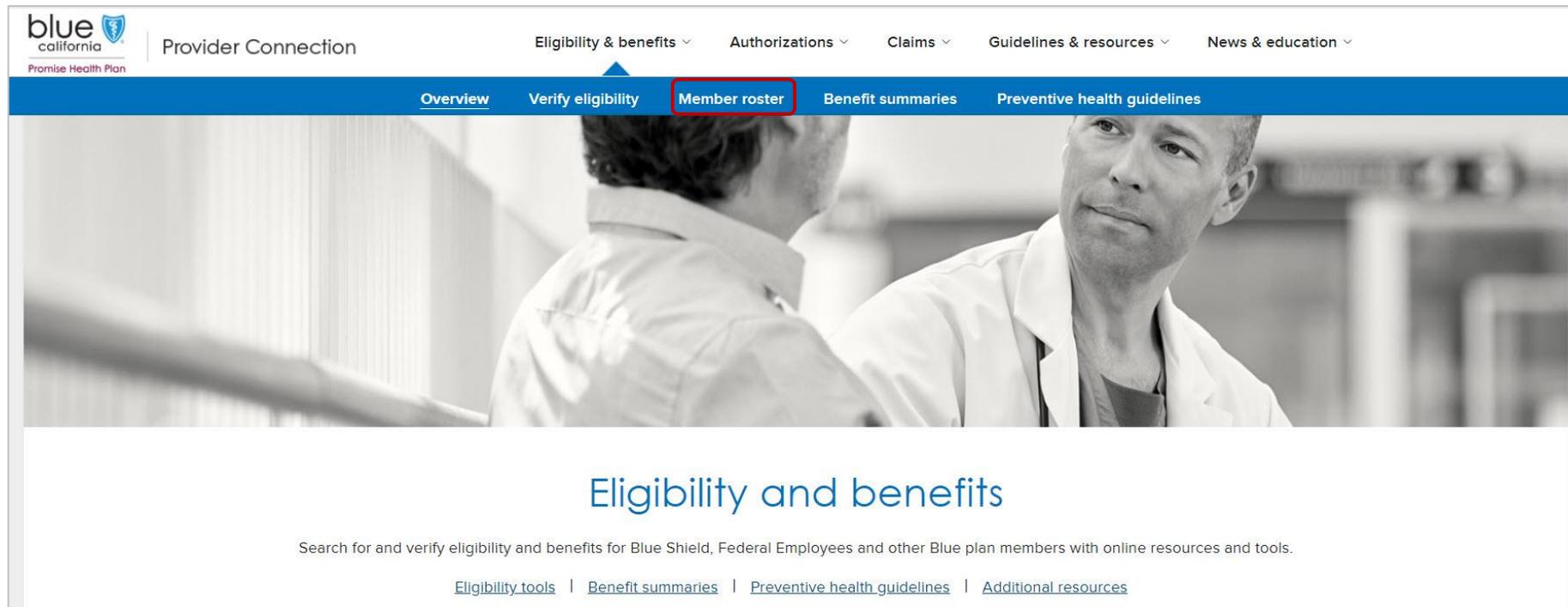
- **Submit medical requests**
- **View medical & Rx authorization status**

* Real-Time Claims is an online estimator and claims submission tool that adjudicates most claims in 3-9 seconds, offering price transparency and payment assurance through rapid estimates. Access to the tool is granted by your organization's Provider Connection Account Manager. [See the Real-Time Claims Reference Guide](#) for more information.

Member roster

Step-by-step instructions
in [Blue Shield
Provider Connection
Reference Guide](#)

- The *Member Roster* tool, located in the *Eligibility & benefits* section lets you view and download a list of Blue Shield and/or Blue Shield Promise members who selected you as their primary care physician (PCP) or medical group.
- Account Managers and users receive an email alert on the first day of the month if there are changes to your member roster(s).



Member roster: Member updates column

Member rosters
Last updated at 01:49 pm, 03/21/2022

Physicians and medical groups can view and download the lists of Blue Shield of California and Blue Shield of California Promise Health Plan members who selected them as Primary Care Physician (PCP) or medical group. The lists are specific to the Provider ID number (PIN). Click on the provider record to expand and see the lists available for that provider.

Search providers: [Search](#) [Help](#)

PROVIDER NAME	PIN	PROVIDER ADDRESS	IPA / MEDICAL GROUP	MEMBER UPDATES
DOCTOR NAME	100000000000	320 ALISAL RD # 400 Solvang 93463 CA	N/A	UPDATES 1
2 Active Members 23		New Members 0	Disenrolled members 3	Redetermined members 0
DOCTOR NAME	100000000000	90 Via Juana Rd Santa Ynez 93460 CA	N/A	
DOCTOR NAME	100000000000	90 Via Juana Rd Santa Ynez 93460 CA	NORTH SANTA BARBARA BSC ADMN	UPDATES
DOCTOR NAME	100000000000	320 ALISAL RD # 400 Solvang 93463 CA	NORTH SANTA BARBARA BSC ADMN	NEW

* The list or lists that display are specific to the Provider ID (PIN). If you have more than one PIN registered with Blue Shield/Blue Shield Promise, you will see a listing for each PIN.

- The *Member Roster* tool includes a MEMBER UPDATES column displaying one of two labels:

- NEW = Member(s) has selected you as a primary care physician.
- UPDATES = Member has disenrolled or moved to another primary care physician.

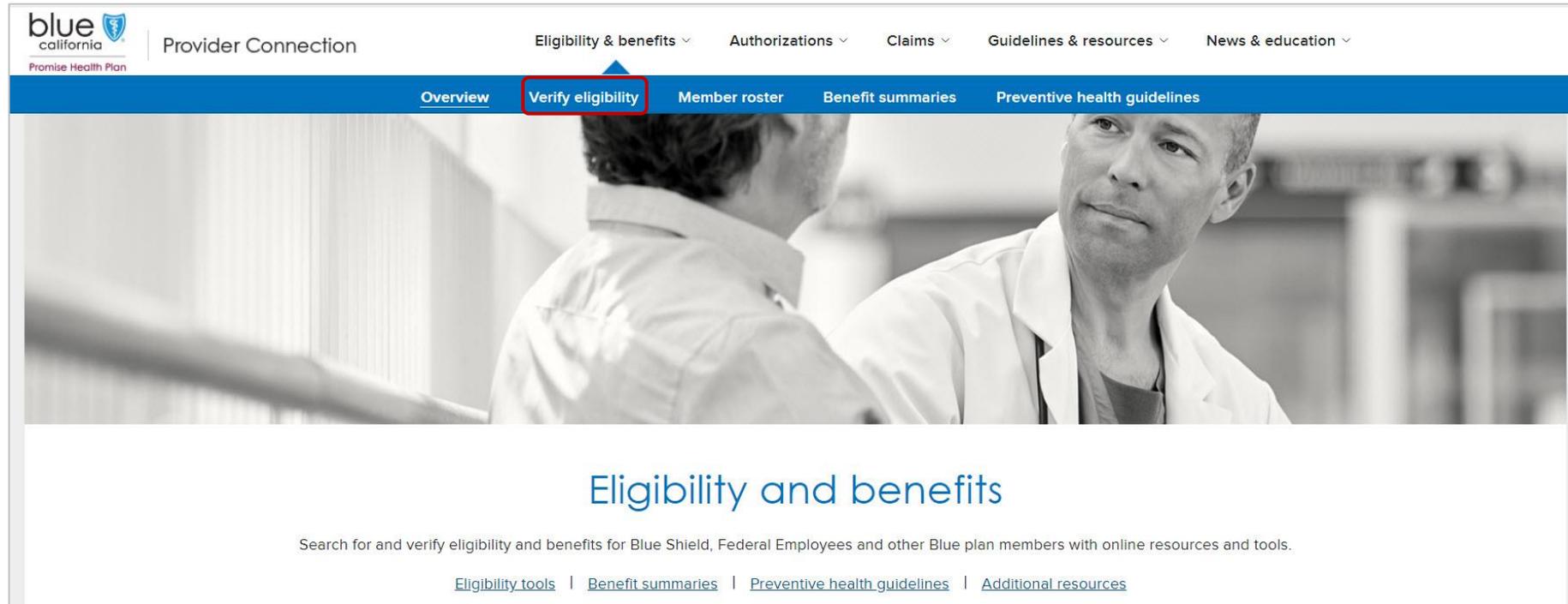
- To view member detail:
 - Click the down arrow so it points up.
 - Click the linked number under the active, new, disenrolled, or redetermined members columns to view and/or export to your computer



Verify eligibility

Step-by-step instructions
in [Blue Shield
Provider Connection
Reference Guide](#)

The [Verify eligibility](#) tool is available from the home page and from the *Eligibility & benefits* section. It lets you confirm that a patient is a Blue Shield of California or Blue Shield Promise member. Two years of data is available from this tool at any one time.



Verify edibility instructions

1. Select the member search type: *SEARCH SINGLE MEMBER* **or** *SEARCH MUTLIPE MEMBERS*.
2. Select the *Member coverage/card type*.
3. Search for the member by entering the *Subscriber ID* **or** the *Member Name (Last name then First name)* and *Date of birth (MMDDYYYY)*.
 - *The tool cannot search by Medicare, Medi-Cal, or Care1st IDs.*
4. Click **Search**.

The screenshot shows the 'Verify eligibility' web form. At the top, there is a breadcrumb trail: 'Eligibility and benefits > Verify eligibility > Single search'. The main heading is 'Verify eligibility'. Below this, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted with a red circle '1') and 'SEARCH MULTIPLE MEMBERS'. A note states: 'Verify eligibility of a single member. All fields are required unless noted otherwise.' and a 'Help' link is visible. Under 'Member coverage / card type', there are three radio button options: 'Blue Shield of California / Promise Health Plan' (selected, highlighted with a red circle '2'), 'Other Blue Plan', and 'Federal Employee Program'. Below this, there are two search sections. The first is 'SEARCH BY SUBSCRIBER ID' with a text input for 'Subscriber ID' (placeholder: '9-16 characters') and a 'Search' button. The second is 'SEARCH BY MEMBER NAME' with three inputs: 'Last name' (placeholder: 'Doe'), 'First name' (placeholder: 'John'), and 'Date of birth' (placeholder: 'MM/DD/YYYY' with a calendar icon). A red circle '3' is placed between these two sections with the word 'OR' below it. A red line connects the 'Search' buttons of both sections to a red circle '4' at the bottom center of the page.

Verify eligibility results

5. Member eligibility results display. Eligibility displays in **green** when the member is active. For additional information, click:
 - a) **Details:** Comprehensive member information including historical and future eligibility.
 - b) **ID Card:** Electronic copy for viewing, printing or download.
 - c) **Benefits:** Link to clickable, searchable benefits list and detail
 - d) **Claims:** Link to the *Check claims status* tool.

Member name
MEMBER, G

Status
✓ Eligible

Subscriber ID: 9077 Date of birth: 02/10/1946 Gender: Female Member address: 000 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

Navigation links: [Details](#) [ID Card](#) [Benefits](#) [Claims](#)



Eligibility details screen

1. General member information.

Click the + sign to expand these sections:

2. Current PCP and IPA/medical group, plus future and historical if applicable.

3. Current coverage information, plus future and historical if applicable.

4. Current deductibles and out-of-pocket maximums,

plus a *Visits Accumulator* tool that tracks a commercial member's current and historical visits to specialty providers when their plan covers a set number of visits per plan year.

- Chiropractor, acupuncture, occupational therapy (OT), physical therapy (PT), respiratory therapy (RT) and combined visits

Member eligibility details

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

1

Member name	Status	ID Card Benefits Claims	
Member, Our	Eligible		
Subscriber ID	Date of birth	Gender	Member address
XEA90	09/30/1959	Female	000 First Ave, Oakland, CA, 90000
Plan name	Plan type	Coverage effective / start date	Coverage end / redetermination date
Blue Shield of CA ASO PSP	Commercial PPO	01/01/2022	Present
Relationship to subscriber	Subscriber name	PCP name	Office visit copay
Subscriber/Insured	Our Member	N/A	In-network-20%

2

3

4

Member information

Member phone	Language	Subscriber dues paid to
555-555-5555	Not Selected	N/A

PCP and IPA / Physician group

Coverage details

Deductibles and out-of-pocket maximums



Member benefits – Benefit summary view

1. Click **Benefits** from the eligibility results screen.
2. The page opens to the *Benefit summary view*. Benefit categories are listed in alpha order.
 - Benefits are not listed by ICD-10 codes.

Member name: MEMBER, G | Status: Eligible | Details | ID Card | Benefits | Claims

Subscriber ID: 907 | Date of birth: 02/10/1946 | Gender: Female | Member address: 4184 DALTON AVE, LOS ANGELES, CA 90062

Coverage period: 01/01/2022-Present | Plan name: Blue Shield of CA ASO PSP | Product ID: M0028409 | Print Benefit summary | Help

Benefit summary

Benefit download

Pre-existing conditions

Benefit categories

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

Emergencies and Urgent Care		
Benefit	Network	Copay
Ambulance		
Surface Ambulance	Participating Providers	20% per Trip/Ambulance
Surface Ambulance	Non-Participating Providers	20% per Trip/Ambulance
Emergency Care		
Emergency Room Hospital	Participating Providers	\$150 plus %20 per Visit
Emergency Room Hospital	Non-Participating Providers	\$150 plus %20 per Visit

Family Planning		
Benefit	Network	Copay
Family Planning		



Member benefits – Benefit summary view (continued)

3. Click a link to drill down to details about that benefit.
4. Details present and the view changes to *Benefit categories*.
5. Click **Benefit summary** to return to this view.

Coverage period: 01/01/2022-Present Plan name: Blue Shield of CA ASO PSP Product ID: M0028409 [Print Benefit summary](#) [Help](#)

[Benefit summary](#)

[Benefit download](#)

[Pre-existing conditions](#)

[Benefit categories](#)

Benefit summary

Chiropractic and Acupuncture

Benefit	Network	Copay
Chiropractic/Acupuncture		
Chiropractic 3	Participating Providers	20% per Visit
Chiropractic	Non-Participating Providers	40% per Visit

Emergencies and Urgent Care

Benefit	Network	Copay
Ambulance		
Surface Ambulance	Participating Providers	20% per Trip/Ambulance
Surface Ambulance	Non-Participating Providers	20% per Trip/Ambulance

Search

[Benefit summary](#)

[Benefit download](#)

[Pre-existing conditions](#)

[Benefit categories](#)

- + General
- + Bariatric Surgery Services
- Chiropractic and Acupuncture
 - Chiropractic/Acupuncture
 - Acupuncture
 - Chiropractic

Chiropractic and Acupuncture - Chiropractic/Acupuncture - Chiropractic Service

Special Deductibles or Maximums
Maximum Benefit Visits per calendar year: 60

Copayment:

Network	Copayment	Subject to Annual Medical Deductible?	Applies to Annual Copayment Maximum?
Participating Providers	20% per Visit	Yes	Yes
Non-Participating Providers	40% per Visit	Yes	Yes

Additional information about this service:
Chiropractic and acupuncture services are limited to a combined visit maximum per person, per calendar year. Benefits are provided for medically necessary Chiropractic services. The Chiropractic benefit includes the initial and subsequent office visits, an initial examination, adjustments, conjunctive therapy and x-ray services up to the calendar year benefit maximum. Dollar, visits and maximum payment limits ONLY apply to spinal manipulation services (98940-98943).

Category
Special Deductibles or Maximums
Maximum Benefit Visits per calendar year: 60

4



Member benefits – Benefit categories with search

Benefit categories provides another view into benefit information.

1. This view includes search functionality.
2. The page opens with the *General* benefits category expanded.
3. Click the + sign to expand a benefit category.
 - A – sign means the category is fully expanded.
 - Click any link to view benefit details.
 - Click the – sign to collapse a category.

The screenshot shows a web interface for viewing benefit categories. On the left is a navigation sidebar with a search bar (1) and a list of categories. The 'Benefit categories' link is highlighted with a red box (2). Under 'General', several subcategories are listed with minus signs, indicating they are expanded. Under 'Bariatric Surgery Services', two subcategories are listed with plus signs, indicating they are collapsed (3).

Bariatric Surgery Services - Residents of Designated Counties - Ambulatory Surgery Center Services

Service

Copayment:

Network	Copayment	Subject to Annual Medical Deductible?	Applies to Annual Copayment Maximum?
Participating Providers	20% per Surgery	Yes	Yes
Non-Participating Providers	Not covered	No	No

Additional information about this service:
Bariatric surgery is covered when pre-authorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; Coverage is not available for bariatric services from any other Participating provider and there is no coverage for bariatric services from Non Participating providers.

Category

Additional information about this Category:
There are no additional details for the category.

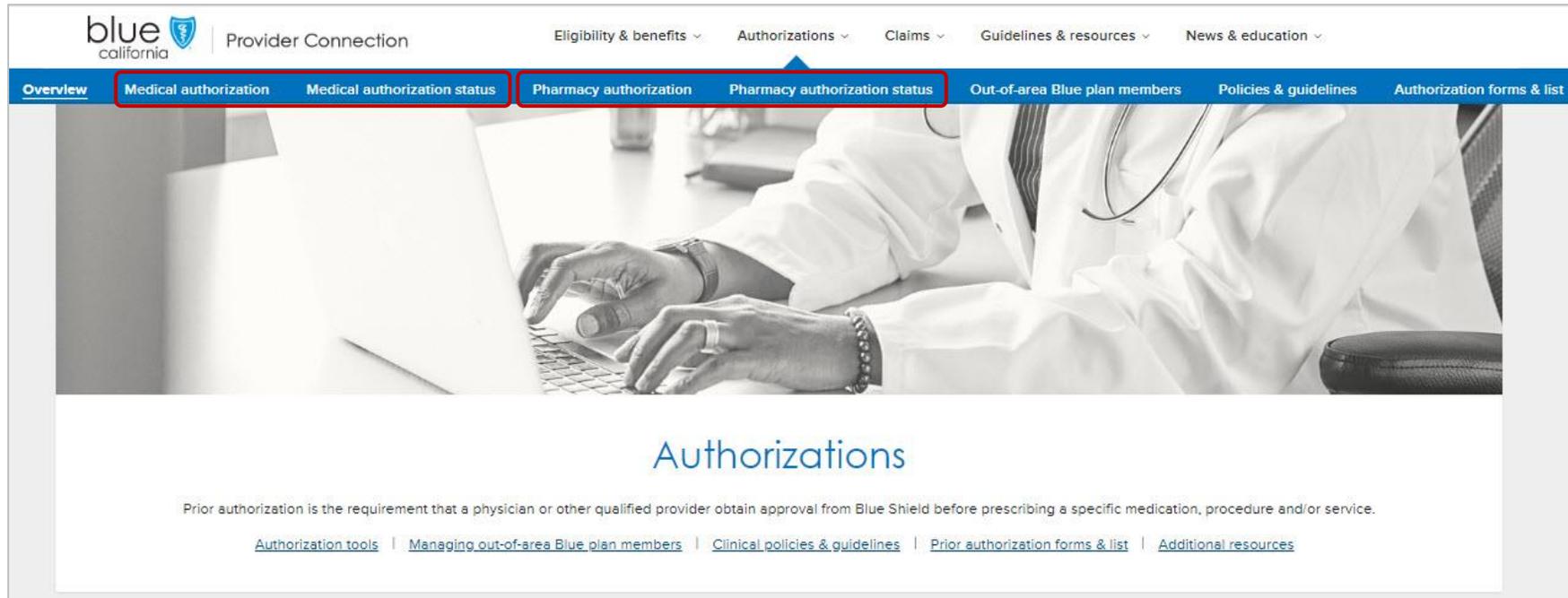


Submit and view medical/Rx authorizations online

AuthAccel, Blue Shield's online authorization system, is available from the home page and from the [Authorization](#) section. With AuthAccel you can:

- Submit and view medical and Rx requests for Commercial/FEP and Medicare members
- Submit medical requests and view medical and Rx requests for Medi-Cal members

Once logged in to Provider Connection, navigate to the *Authorizations* section and make your selection from the blue sub-menu bar.



Access AuthAccel instructions

Once logged in to Provider Connection, navigate to the *Authorizations* section and select [Medical authorization](#), [Medical authorization status](#), [Pharmacy request](#), or [Pharmacy authorization status](#) from the blue sub-menu bar.

- After making your initial selection, you can move between options by clicking the tabs.
1. Select the Tax ID under which you wish to submit or view the authorization from the drop-down list.
 - Servicing providers and facilities can also view authorization status under their own Tax ID(s), when they are linked to the request.
 2. Click **Access AuthAccel** and the system will open in a new window.
 3. Each AuthAccel launch page has downloadable step-by-step instructions for how to work in the system.

The screenshot shows the AuthAccel interface for requesting a medical authorization. At the top, there is a sub-menu bar with four tabs: 'MEDICAL REQUEST', 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. Below the tabs, there are two informational pop-ups. The first pop-up 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 pop-up 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'. The main content area is titled 'Request medical authorization' and contains the following text: '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](#).' Below this text is a note: 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' The form for 'Requesting provider's TIN' has a dropdown menu with 'Select TIN' and an 'Access AuthAccel' button. On the right side, there is a sidebar with 'INSTRUCTIONS' (highlighted with a red circle and the number 3) and 'QUICK LINKS'. The 'INSTRUCTIONS' link is 'Read how to submit a medical authorization (PDF, 329 KB)'. The 'QUICK LINKS' section includes: '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'.



Check claims status

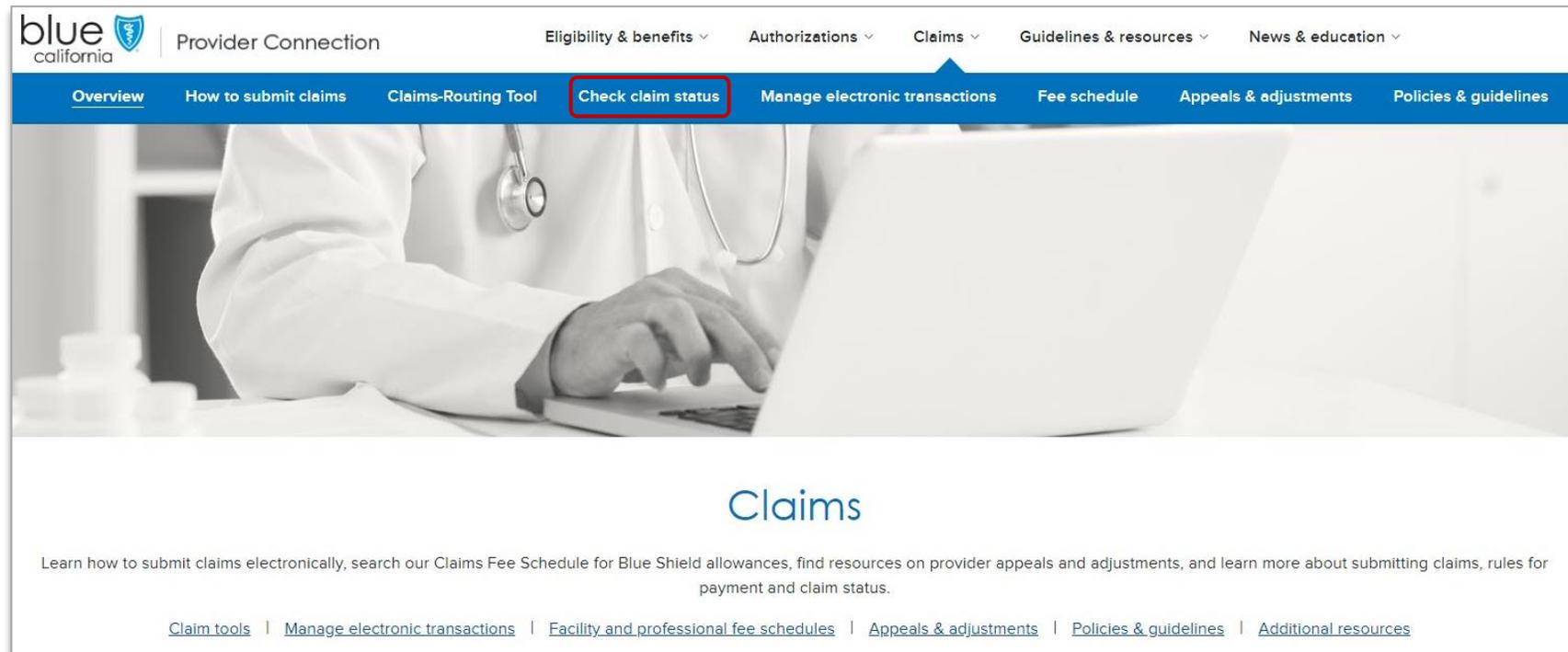
Step-by-step instructions in [Blue Shield Provider Connection Reference Guide](#)

While claims and appeals cannot be submitted on Provider Connection, you can check status.

The [Check claims status](#) tool is available from the home page and from the [Claims](#) section. All claims connected to your username and login will display if you are granted access by your Account Manager.

Use this tool to locate Blue Shield of California and Blue Shield Promise claims and related EOBs, as well as BlueCard claims. The tool will display claims from the last three years with most recent at the top.

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



Check claims status: Search instructions

To find a Blue Shield/Promise Health Plan claim:

1. Enter data into one or more search field: Member, Claim, and/or Provider Information. Click **Search**.
2. Results will display below the blue header row. 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. Click the claim number to see more detailed information and to view/download the EOB. Use your browser button to return to the tool's home screen.
4. To conduct a new search, click **Start over** to clear the search fields.

The screenshot shows the 'Check claim status' search interface. At the top, there are tabs for 'Search', 'Other Blue plans', and 'Appeal status'. A red circle with the number '1' points to the search fields. Below the search fields, there are three columns: 'Member information', 'Claim information', and 'Provider information'. Each column contains several input fields for search criteria. At the bottom of the search section, there is a 'Search' button and a 'Start over' link. A red circle with the number '3' points to the 'Search' button. Below the search section, there is a table of search results. A red circle with the number '2' points to the table header. A red circle with the number '4' points to the claim number '000342' in the first row of the table. The table has columns for 'Claim status', 'Claim number', 'Claim type', 'Dates of service', 'EOB', 'Member name', 'Member ID/Subscriber ID', 'Provider name', 'Amount billed', 'Amount paid', 'Patient responsibility', and 'Check/EFT number'. The first row shows a claim in 'IN PROCESS' status with a claim number of 000342, a medical claim type, dates of service from 07/07/2020 to 07/07/2020, an EOB of N/A, member name ROBERTS, member ID 910219805-02, provider name QUEST DIAGNOSTICS, amount billed of \$3,500.00, amount paid of N/A, patient responsibility of \$10.41, and check/EFT number of N/A.

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	000342	Medical	07/07/2020– 07/07/2020	N/A	ROBERTS, [REDACTED]	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.

Claim status

Download EOB

View all claims for this member

View payment details

Toggle between full and summary view

This section includes line-item detail as well as claim messages and notes

This section presents when there is history such as claim adjustments and/or related claims

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](#)

Member information

Member name: [Mark, Twain](#) | Member ID: XEA910222675-00
Date of birth: | Group number: W3000100
[View all claims for this member](#)

Claim details

Dates of service: 11/01/2021–11/01/2021 | Amount billed: \$1,235.00
Claim received: 11/01/2021 | Allowed amount: \$121.21
Provider: LUKASZCZYK JR, THOMAS A. | Patient responsibility: \$1,174.40
Amount paid: \$60.60

Payment details

Check/EFT number: [10026867](#) | Check/EFT amount: \$60.60
Check/EFT date: 11/17/2021 | Payee name: Not Assigned
Check/EFT status: Check Number Assigned | Payee address: N/A

Claim history

Claim number	Claim received	Finalized	Amount billed	Amount paid	Check/EFT amount	Check/EFT date
000341562401 (adjusted)	09/10/2020	09/11/2020	\$2,000.00	\$0.00	\$0.00	
000341562400 (adjusted)	09/10/2020	09/10/2020	\$100.00	\$0.00	\$0.00	

Member name: GONZALEZ ROSA, S | Provider name: CENTINELA HOSPITAL MED CTR | Dates of service: 08/01/2020 - 08/01/2020 | Amount billed: \$2,000.00

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

Resources to support you

Action	Support
Provider Connection Reference Guides	<ul style="list-style-type: none"> • Blue Shield • Blue Shield Promise <ul style="list-style-type: none"> • No login required. Also located in the News & Education section.
Provider Connection help	<ul style="list-style-type: none"> • Online text-based website help available from every page – no login required.
AuthAccel Online Authorization System training	<ul style="list-style-type: none"> • Instructions are linked to each AuthAccel launch page (login required) and here, in the News & Education section – no login required.
Provider Customer Services (800) 541-6652	<ul style="list-style-type: none"> • General help with provider website if you can't find an answer 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 BSCPrvdrInformationEnrollment@blueshieldca.com (800) 258-3091	<ul style="list-style-type: none"> • Provider network inquiries and applications • Address, phone, fax, and practice changes • Group additions/deletions • Credentials (Can also email credentialing department at bscinitialapp@blueshieldca.com) • Provider directory updates
Blue Shield prior authorization list	<ul style="list-style-type: none"> • This document lists prior authorization codes for Blue Shield (including Medicare). • Additional prior authorization lists are located here. <ul style="list-style-type: none"> • No login required.
Provider appeals	<ul style="list-style-type: none"> • Resources and information regarding provider appeals, including process, instructions, dispute resolution forms, and where to send them – no login required
Blue Shield/Blue Shield Promise contact us	<ul style="list-style-type: none"> • Phone, fax and email contacts for multiple provider support teams – no login required.





Blue Shield of California is an independent member of the Blue Shield Association A52191-W (2/21)