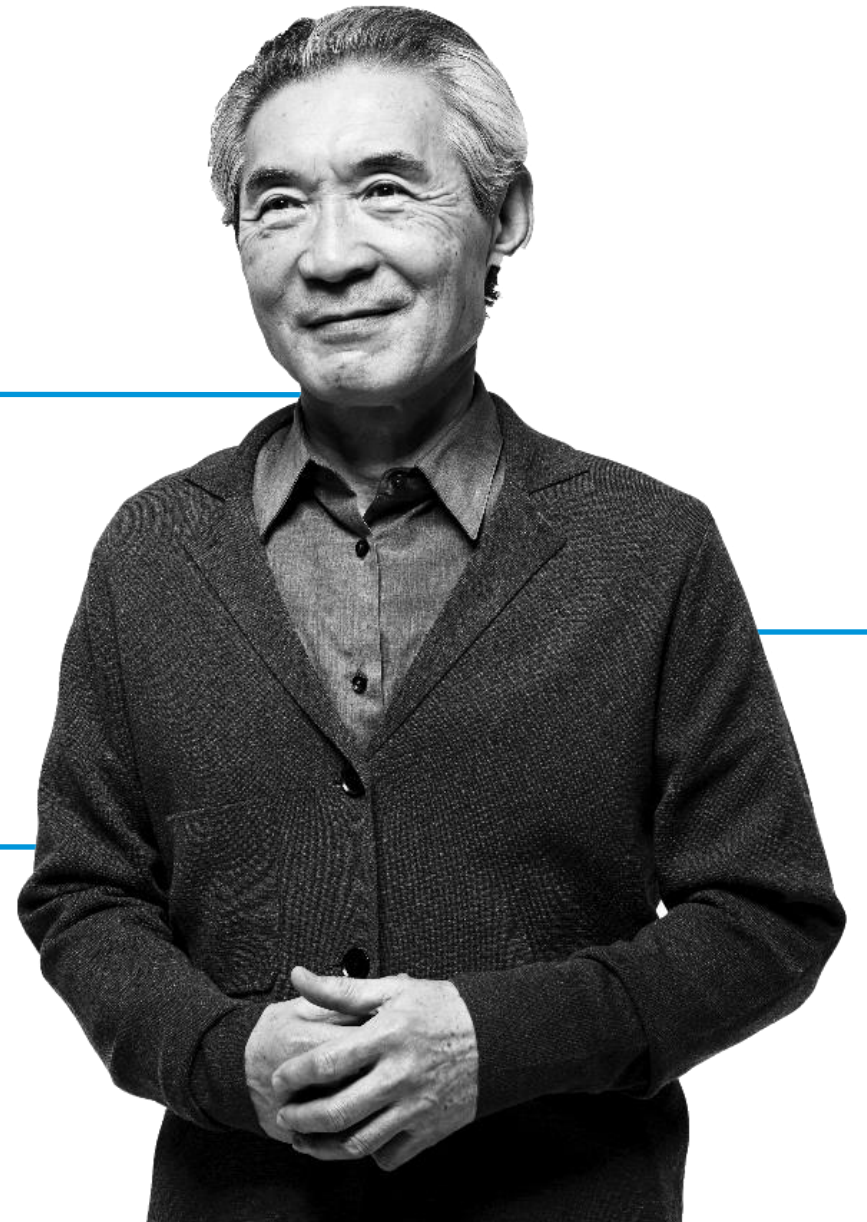




BLUE SHIELD OF CALIFORNIA
MEDICARE (PPO)
A Medicare Advantage Prescription
Drug (GMAPD) Plan

TOOLS & TIPS



In 2022 and beyond, we are expecting increased membership in the Blue Shield Medicare Advantage PPO*, which means you may hear from more patients seeking care that is covered by this plan.

If you are a participating in Blue Shield's Medicare Advantage PPO provider network, this tool kit is designed to help to you when you are providing services for our Medicare Advantage PPO plan members.

You can review this document in its entirety or click the links in the Table of Contents to go directly to the information you need.

* Note: Blue Shield Medicare Advantage PPO is a nationwide plan. Blue Shield Medicare Inspire PPO is an individual plan for Alameda County only.

Table of contents

Page	Topic
3	Difference between Medicare Advantage PPO and HMO plans
4	Blue Shield Medicare Advantage PPO member ID card example
5	Provider Connection website overview
6	Register for a Provider Connection account
7	Use <i>Find a Doctor</i> to check participation in Blue Shield's Medicare Advantage PPO network
9	Update your provider demographic information
10	Check patient eligibility before providing care
12	Determine if authorization is required + how to submit and check status
13	Coding and billing tips
14	Submitting claims



Difference between Blue Shield's Medicare Advantage PPO and HMO plans



PPO


- Members can receive covered services from participating providers or from non-participating providers who are eligible to receive payment from Medicare and willing to accept the plan. The member cost share is the same.
- Members can select a "Physician of Choice" (POC), but they are not required to do so.
- Blue Shield pays Medicare-allowable rates for claims for covered services, less member co-payment, co-insurance and/or deductible.
- Health care providers submit claims to Blue Shield and we provide reimbursement.



HMO

- Members' care and services are managed by a delegated HMO IPA/medical group.
- Members must select a PCP from those contracted with the Medicare HMO IPA/medical group, and many of the specialists they may need to see are also contracted with the IPA.
- Provider claims, reimbursement and other services associated with care are managed by the member's HMO IPA/medical group, and the group holds the provider agreement with Blue Shield.

Blue Shield Medicare Advantage PPO member ID card example

blue 
california

Member:
John Doe

ID#: <XEE123456789>


Copayments
Primary Care: <\$10>
Specialist: <\$35>
Urgent Care Center: <\$30>
Emergency Room: <\$90>


Blue Shield Medicare (PPO)


Group#: <12345678>
Card issued: <10/01/2019>

Plan code: 801 or 802

RxBin: <004336>
RxPCN: <77993322>
Issuer: <80840>
<CMS H4937-001>

Medicare limiting charges apply. 

MedicareRx
Prescription Drug Coverage 

blue  of california

blueshieldca.com/medicare

Members:
In an emergency, call 911 or go to the nearest ER.

Submit Medical claims to:
Blue Shield of California
P.O. Box 272640
Chico, CA 95927-2640

Submit Rx claims to:
Blue Shield of California
P.O. Box 52066
Phoenix, AZ 85072-2066

Customer Care:
(800) 776-4466

NurseHelp 24/7:
(877) 304-0504
TTY: 711

Physicians/Providers:
eligibility verification
(800) 541-6652

Blue Shield of California is an independent member of the Blue Shield Association.

Providers: Please file all claims with your local BCBS licensee in whose service area the member received services.

Member ID card

All member ID cards are viewable online from the **Verify eligibility tool results page**. If members have questions about their benefits, claims, or referrals, refer them to the Member Services phone number on the back of their member ID cards.

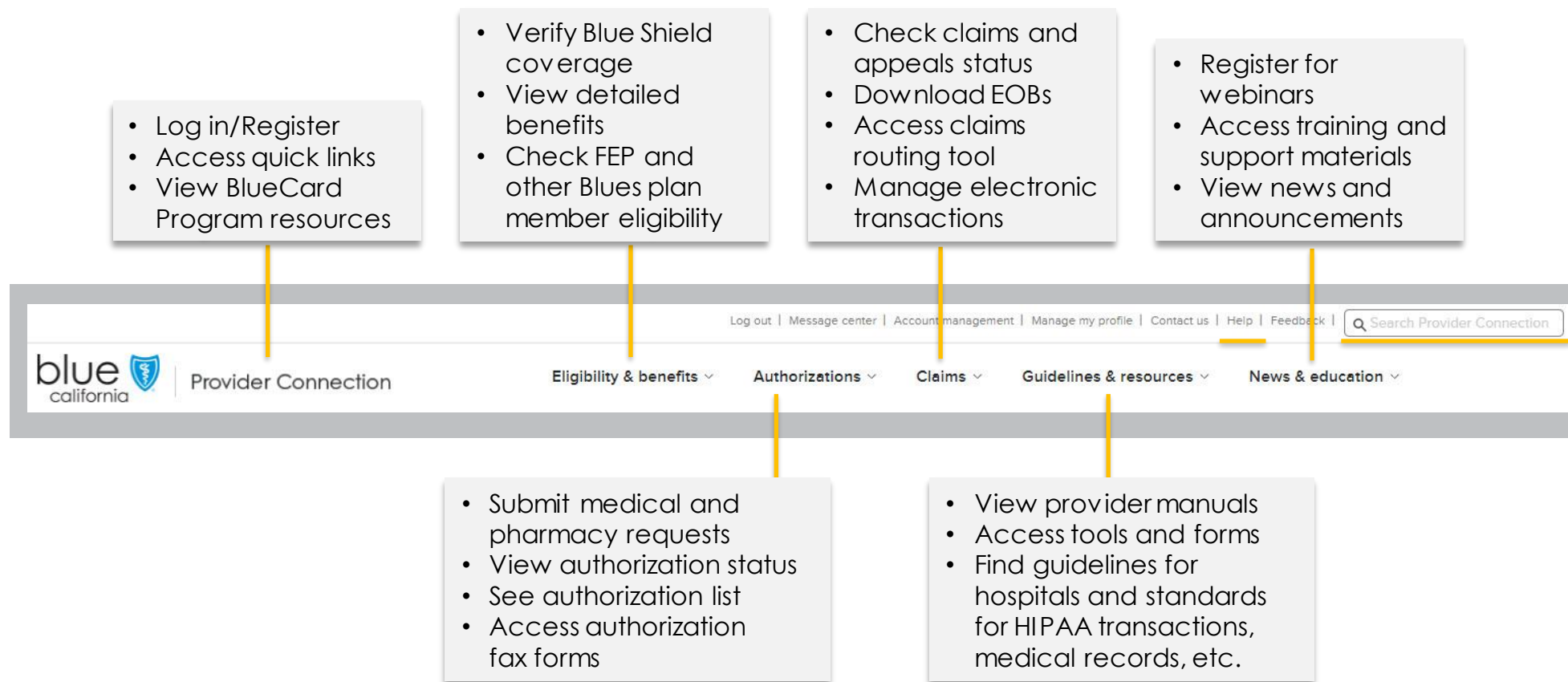
[Return to table of contents](#)



Provider Connection website overview

This website gives you easy access to the tools and information you need to serve our members and support your practice. Below is a snapshot of key actions you can take from the website vs. calling Blue Shield.

See the [Blue Shield Provider Connection Reference Guide](#) for additional information and support.



[Return to table of contents](#)



Register for a Provider Connection account

If your organization is new to Provider Connection, you must establish an account. The person(s) executing the initial registration is considered an account manager. **Here's how to register.**

What you'll need to establish a "provider" account on Provider Connection.

- A designated account manager to register the account.
- One Tax Identification Number (TIN) or Social Security Number (SSN).
 - Additional TINs can be added from the *Manage your Provider Connection tax IDs* page. This page will be visible to the account manager once the account has been registered.
- The check/EFT amount for one claim paid in the last three months under the registering TIN/SSN, **plus one of the following:** 1) Check/EFT number **or** 2) Member ID **or** 3). Claim number. If there are no claims within the last three months, the system will ask for the full name and birth date of an eligible Blue Shield member.

To register, click [Log In/Register](#) in the upper right corner of the homepage. The *Welcome to Provider Connection* screen displays. Click **Create account**. There is a *Need help?* link available on each page.

Steps the account manager follows to create an account:

1. Chooses the account type.
 2. Enters the organization's TIN or SSN.
 3. Enters contact information.
 4. Selects a username and password.
- Before the account manager can log in and add users to the account, Blue Shield will verify the email address by sending the account manager a link. Clicking that link will allow the account manager to login and access the website.
 - Once the account is established, Blue Shield will determine the number of account managers your provider organization can register based on your data. Most organizations will be able to have at least two. When the maximum allowed number of account managers have registered, Provider Connection will display a message.

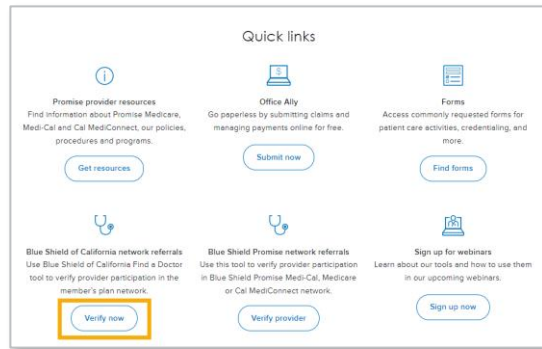
[Return to table of contents](#)



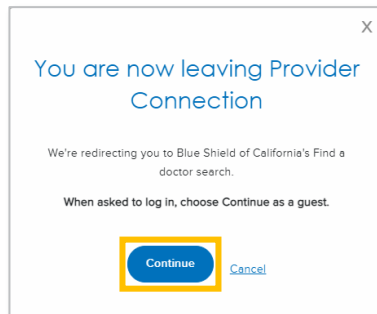
Use *Find a Doctor* to check participation in Blue Shield's Medicare Advantage PPO network

[Find a Doctor](#) lets you verify your participation in a member's plan network as well as verify participation of other providers/facilities to ensure you make network referrals. **Here are step-by-step instructions for how to use the tool.**

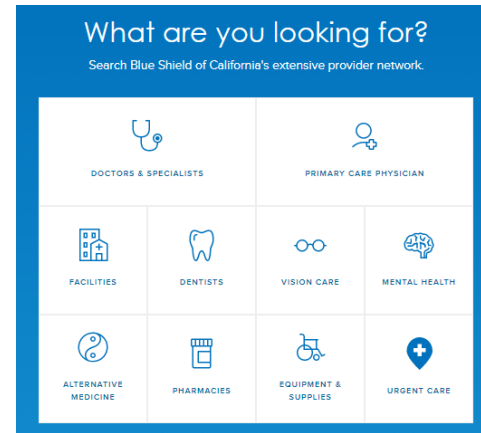
1. Log in to [Provider Connection](#). Scroll to the *Quick Links* section. Click **Verify now** under *Blue Shield of California network referrals*.



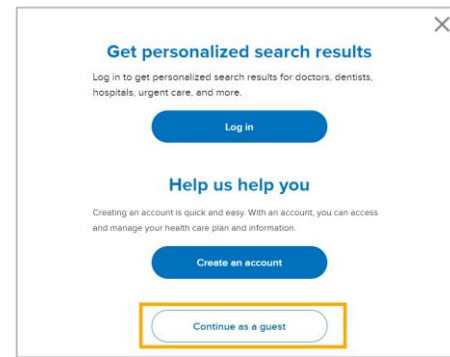
2. You will be redirected to the *Find a Doctor* tool where you can initiate a search as a guest. Click **Continue**.



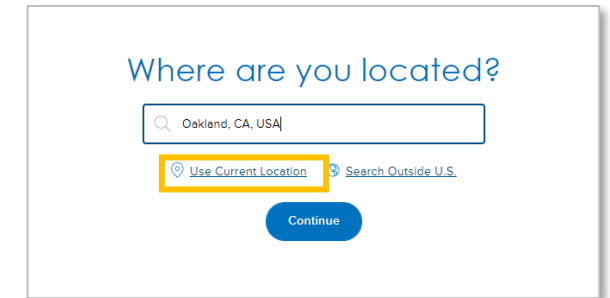
3. Click the appropriate button. (e.g., DOCTORS & SPECIALISTS, PRIMARY CARE PHYSICIANS)



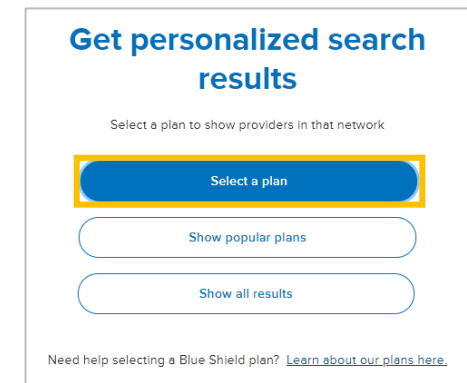
4. Click **Continue as a guest**.



5. Enter location information or click **Use Current Location**. Click **Continue**.



6. The *Get personalized search results* page appears. Click **Select a plan type**.

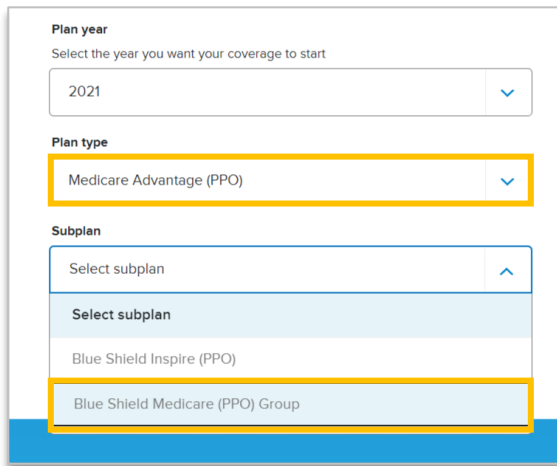


[Return to table of contents](#)



Use Find a Doctor continued

7. To set the member's plan information, use the drop-down arrows to select plan type [Medicare Advantage (PPO)] and subplan [Blue Shield Medicare (PPO) Group]. Click **Continue with this plan**.

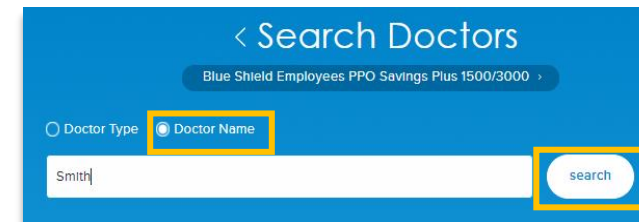


Plan year
Select the year you want your coverage to start
2021

Plan type
Medicare Advantage (PPO)

Subplan
Select subplan
Select subplan
Blue Shield Inspire (PPO)
Blue Shield Medicare (PPO) Group

8. Now only doctors and specialists in the member's network will appear when you conduct a search. Click **Doctor Name** 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.



< Search Doctors
Blue Shield Employees PPO Savings Plus 1500/3000

Doctor Type Doctor Name

Smith search

Referrals

You can refer a Medicare Advantage PPO member to any provider eligible to receive payment from Medicare. However, it may be most expedient to refer to a provider within the Medicare Advantage PPO network. Use the previous steps to determine if a physician you are referring to is in the member's plan network. You can search by *Doctor Type* or *Doctor Name*.

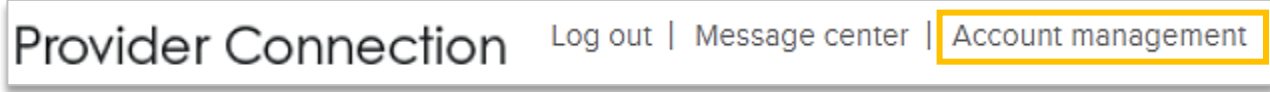
To determine if a provider outside of the Medicare Advantage PPO network is Medicare eligible, access the [Medicare.gov provider search tool](https://www.medicare.gov/provider-search-tool).

[Return to table of contents](#)

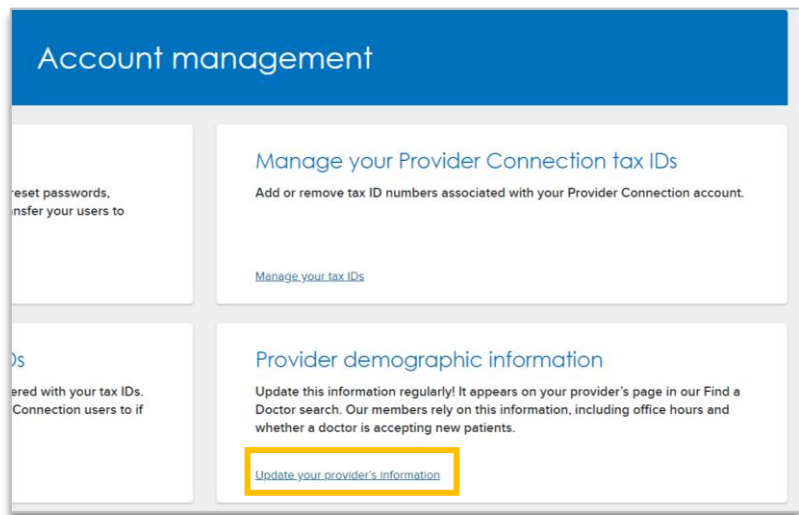
Update your provider demographic information

It's important that your provider records are accurate so members can find you on the *Find a Doctor* search tool. If you don't update your demographic information when needed, regulators require us to suppress you from this directory. The fastest way to make updates is online in Provider Connection. **Here's how.**

1. Only Provider Connection account managers have access to the *Provider demographic information* screen where updates are made. Log in to [Provider Connection](#) and click **Account management** in the top right menu.



2. From the *Account management* page, click **Update your provider's information** located under the *Provider demographic information* section. All providers assigned to the account will display. Click **view** next to the provider record you wish to update.



PROVIDER NAME	PROVIDER TYPE	NPI	BLUE SHIELD PROVIDER ID	PHYSICAL ADDRESS	BILLING ADDRESS	TAX ID	PRIMARY SPECIALTY
ep Centers Inc	Physician Group Practice	xxxxxxxxx	xxxxxxxxx	xxxxxxxxx	xxxxxxxxx	xxxxxxxxx	Multi Specialty Medical Clinic

3. The *Demographic and billing details* screen displays. Click the **pencil** icon to update a data point. Some changes will display in Provider Connection within 30-minutes and within *Find a Doctor* in 3-5 business days. Other changes require review by Blue Shield and will take longer.

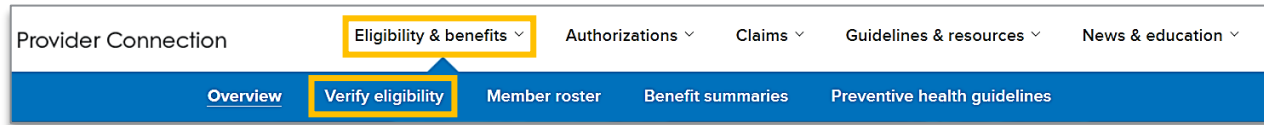
[Return to table of contents](#)



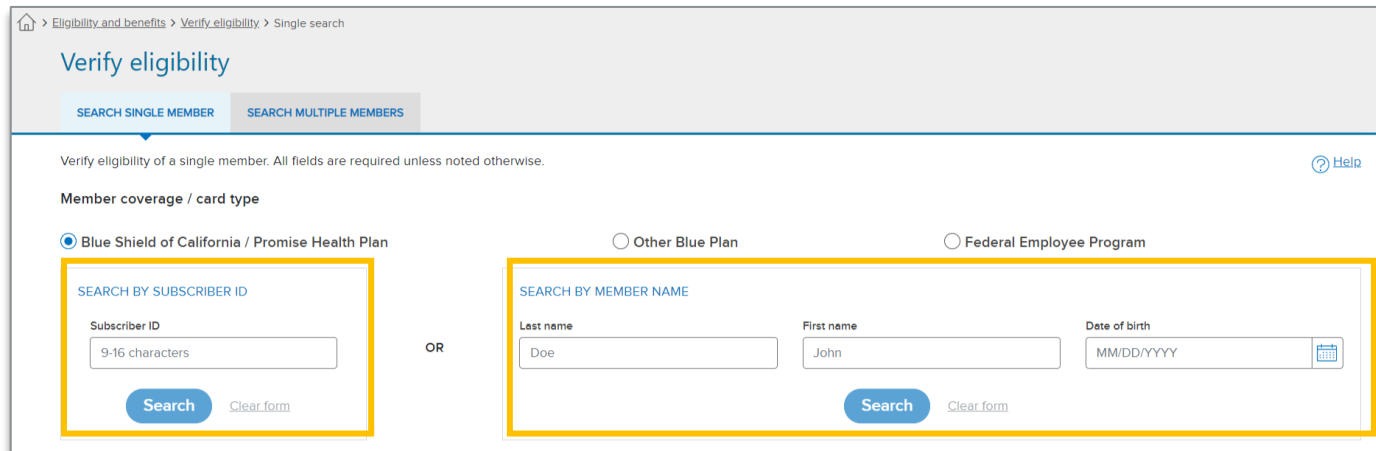
Check patient eligibility before providing care

You can verify eligibility in the following ways: 1) View the member's ID card; 2) Call Blue Shield Provider Customer Care at **(800) 541-6652**; or 3) go online to Provider Connection. **Here's how to check online.**

1. Log in to [Provider Connection](#). Click the **Eligibility & benefits** section, then click **Verify eligibility** from the blue sub-menu bar. The *Verify eligibility* tool opens and defaults to *SEARCH SINGLE MEMBER*.



2. Enter the member's *Subscriber ID* **or** *Last name, First name, and Date of birth*. Click **Search**.

A screenshot of the "Verify eligibility" search form. The page title is "Verify eligibility" and there are two tabs: "SEARCH SINGLE MEMBER" (selected) and "SEARCH MULTIPLE MEMBERS". Below the tabs, there is a note: "Verify eligibility of a single member. All fields are required unless noted otherwise." and a "Help" link. The form is divided into two main sections by radio buttons: "Blue Shield of California / Promise Health Plan" (selected) and "Other Blue Plan" / "Federal Employee Program". Under "Blue Shield of California / Promise Health Plan", there are two search options: "SEARCH BY SUBSCRIBER ID" and "SEARCH BY MEMBER NAME". The "SEARCH BY SUBSCRIBER ID" section has a "Subscriber ID" input field with a "9-16 characters" hint and a "Search" button. The "SEARCH BY MEMBER NAME" section has three input fields: "Last name" (with "Doe" entered), "First name" (with "John" entered), and "Date of birth" (with "MM/DD/YYYY" hint and a calendar icon). Both search sections have "Search" and "Clear form" buttons. The "SEARCH BY SUBSCRIBER ID" and "SEARCH BY MEMBER NAME" sections are highlighted with yellow boxes.

[Return to table of contents](#)



Check patient eligibility *continued*

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

Member name MEMBER, G	Status ✓ Eligible	a Details b ID Card c Benefits d Claims	
Subscriber ID 90454	Date of birth 07/26/1956	Gender Female	Member address 000 ALSTON AVE, BELMONT, CA, 94002
Plan name Blue Shield Medicare (PPO)	Plan type Medicare Part C and D	Coverage effective / start date 08/01/2021	Coverage end / redetermination date Present >
Relationship to subscriber Subscriber/Insured	Subscriber name MEMBER, G	PCP name DOCTOR, B	Office visit copay In-network-\$10

[Return to table of contents](#)



Determine if medical auth is required + how to submit and check status

Authorizations are typically submitted to Blue Shield online or by fax. **This page explains how to submit and view medical authorizations.** For instructions on how to submit/view RX requests, click [Authorization basics for providers](#).

To determine if medical authorization is required

- View the [Blue Shield prior authorization list](#) located on Provider Connection. To search, click **F3** or type *Ctrl+F*, then enter a code into the open search field. If the code is on the list, authorization is required.
- Contact Provider Customer service at **(800) 541-6652**. Please have member information and the code(s) for which you are checking authorization requirements.

To submit medical authorizations

- Use AuthAccel, Blue Shield's online authorization system available 24/7. Log in to [Provider Connection](#). Click **Medical authorization** from the blue sub-menu bar, select the *Tax Identification Number (TIN)* under which you are submitting the request, and click **Access AuthAccel**. Step-by-step instructions are on the [AuthAccel online authorization training](#) page.
- Access faxable forms from the [Prior authorization forms](#) page on Provider Connection.

To check medical authorization status

- Use AuthAccel to track status and receive determinations online. Log in to Provider Connection. Click **Medical authorization status** from the blue sub-menu bar, select the *TIN* under which you submitted the request, and click **Access AuthAccel**. Step-by-step instructions are located on the [AuthAccel online authorization training](#) page.
- Contact Provider Customer Service at **(800) 541-6652**. Please have the authorization number assigned by Blue Shield.

[Return to table of contents](#)



Coding and billing tips

- Follow Medicare guidelines/requirements when coding claims.
- Reimbursement for services provided to Blue Shield Medicare Advantage PPO members will be in accordance with the Medicare rates in your Blue Shield provider agreement.
- Medicare Advantage PPO members covered by out-of-state Blue Plans can access Blue Shield's Medicare Advantage PPO provider network. Providers use the same processes to verify eligibility and submit claims for these members as they use for Blue Shield of California members.
- Collect the member's co-payment, co-insurance and/or deductible for covered services and submit all claims for covered services to Blue Shield for payment. Blue Shield will process claims in accordance with:
 - Medicare billing rules
 - Medicare fee schedule
 - All prospective payment system requirements
 - Local coverage determinations
 - The member's plan documents, including the Evidence of Coverage (EOB)
- Note, you cannot balance bill members enrolled in the Blue Shield Medicare Advantage PPO plan.
- For questions about rates, refer to the fee schedule in your Blue Shield provider agreement or contact Provider Information and Enrollment at **(800) 258-3091**.

[Return to table of contents](#)



Submitting claims

Claims can be submitted to Blue Shield electronically or by mail.

Submit claims electronically

- Provider Connection provides detailed information on how to [submit claims and receive payments electronically](#) using Electronic Data Interchange (EDI).
- See [FAQs for EDI, ERA, EFT and Secondary 277CA](#) for information about electronic claims transactions.
- Securely [Submit an EDI Inquiry](#) via Provider Connection.

Submit claims by mail

- Use a Blue Shield claims form or the standard CMS-1500 or UB-04 form.
- **Mail to:** Blue Shield of California, P.O. Box 272640, Chico, CA 95927-2640
 - This address is listed on the back of the member ID card. You can also find it using the [Claims routing tool](#) or viewing the [Claims mailing addresses](#) list on Provider Connection.

Track claims/appeals status

- The *Check claims status* tool is available from the [Provider Connection](#) home page and from the [Claims](#) section after log in. It contains three tabs: 1) Search; 2) Other Blue plans; and 3) Appeal status.
- Use the *Search* tab to located Blue Shield of California claims and related EOBs.

[Return to table of contents](#)





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