

# Provider Connection

Log in | Register | Message center | Contact us | Help | Feedback

blue  Provider Connection

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

Powerful provider tools and resources at your fingertips

[Log in / Create account](#)

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

**Specialists and facilities: Please share reports promptly with PCPs**

All specialty providers and facility administrators should promptly send consultation reports and facility discharge reports to their patients' primary care provider (PCP) to support timely coordination of care.

Download Provider Connection Guides:  [Blue Shield Provider Connection Guide](#)  [Blue Shield Promise Provider Connection Guide](#)

 Eligibility & benefits

Verify eligibility of Blue Shield of California, Blue Shield of California Promise Health Plan, other Blue plan and

 Authorizations

Submit and confirm authorizations and approval of medical and pharmacy services prior to services being

 Claims

Access tools to prescreen, submit and check the status of submitted claims.



# Agenda

1. Navigate the Provider Connection website.
2. Attest and update provider directory information.
3. How to use online tools:
  - Check eligibility
  - Submit/view authorizations
  - Check claims status / find EOBs
  - Attach documentation to a finalized claim or a pending dispute
  - File disputes online for Commercial, Shared Advantage, and BlueCard
4. Get help with Provider Connection.

Coming soon

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



# Provider Connection support on home and Education pages – no log in required

## [Provider Connection Reference Guide](#)

04/2023

### Provider Connection Reference Guide

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

Use this reference guide to learn more.



**blue** california 

**blue** california   
Promise Health Plan

- Instructions for common tasks,
  - Links to helpful resources

## [Provider Connection training](#)

### Provider Connection training

These training and support tools are designed to help you get the most out of Blue Shield's Provider Connection website.

#### Provider Connection Reference Guide

Instructions for how to access and use most website tools plus direct links to resources on the website.

- [Provider Connection Reference guide for all providers](#) (PDF, 4.4 MB)
- [Provider Connection Account FAQ](#) (PDF, 681 KB)

#### Quick-reference tutorials

Instructions and visuals for each step needed to complete a task.

- [Register for a Provider Connection Provider account](#) (PDF, 674 KB)
- [Register for a Provider Connection MSO account](#) (PDF, 736 KB)
- [Register for a Provider Connection Billing account](#) (PDF 632 KB)
- [Update your Provider Connection password](#) (PDF 246 KB)
- [Verify eligibility and benefits](#) (PDF 168 KB)
- [Check claims status and view EOBs](#) (PDF 244 KB)
- [How to view, print, or download member ID cards](#) (PDF 40 KB)

Learn how to integrate digital member ID cards into your workflow.

- **Step-by-step instructions with visuals for registration, password update, and other key tasks.**



# Navigation

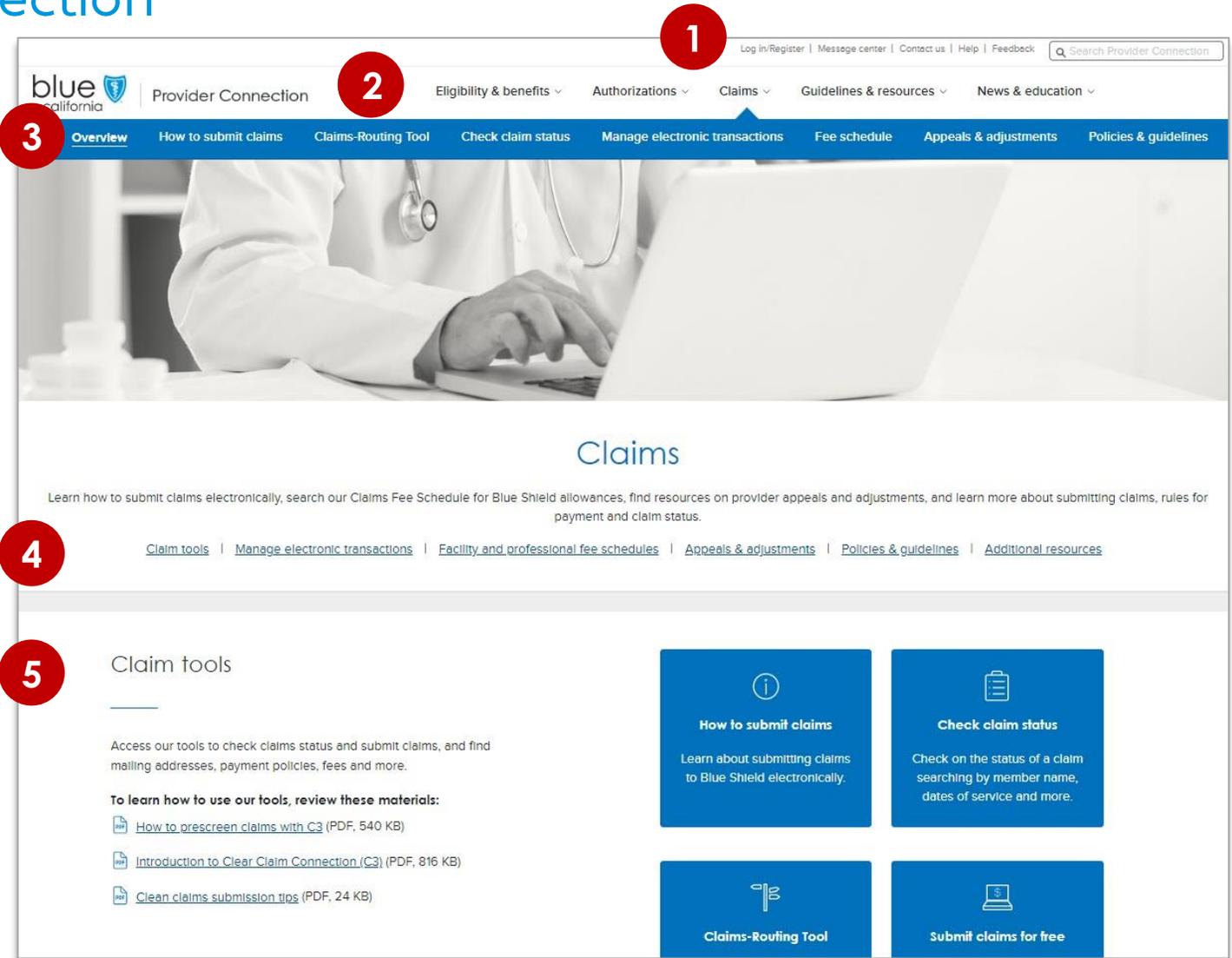
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Recommended browsers: Latest version of [Google Chrome](#) or [Microsoft Edge](#)  
Internet Explorer, Firefox and Safari browsers are not supported

# How to navigate Provider Connection\*

- 1. Top level navigation:** General site actions like *Login/register, Help, and Search*.
- 2. White menu bar:** Navigational links to the five site sections and the home page. The arrow indicates the section you are in.
- 3. Blue sub-menu bar:** Direct navigational links for the most-used content and tools within the specific section.
- 4. Category headings:** High-level clickable table of contents for how information is organized on the page. Clicking a category heading will drop you down to a category.
- 5. Categories:** Contains quick links to tools and resources when appropriate, and clickable boxes that will take you to your desired information.



\* Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the Blue Shield Promise website: [blueshieldca.com/promise/providers](https://blueshieldca.com/promise/providers). Links in the footer of each page allow you to move between the two websites.

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.

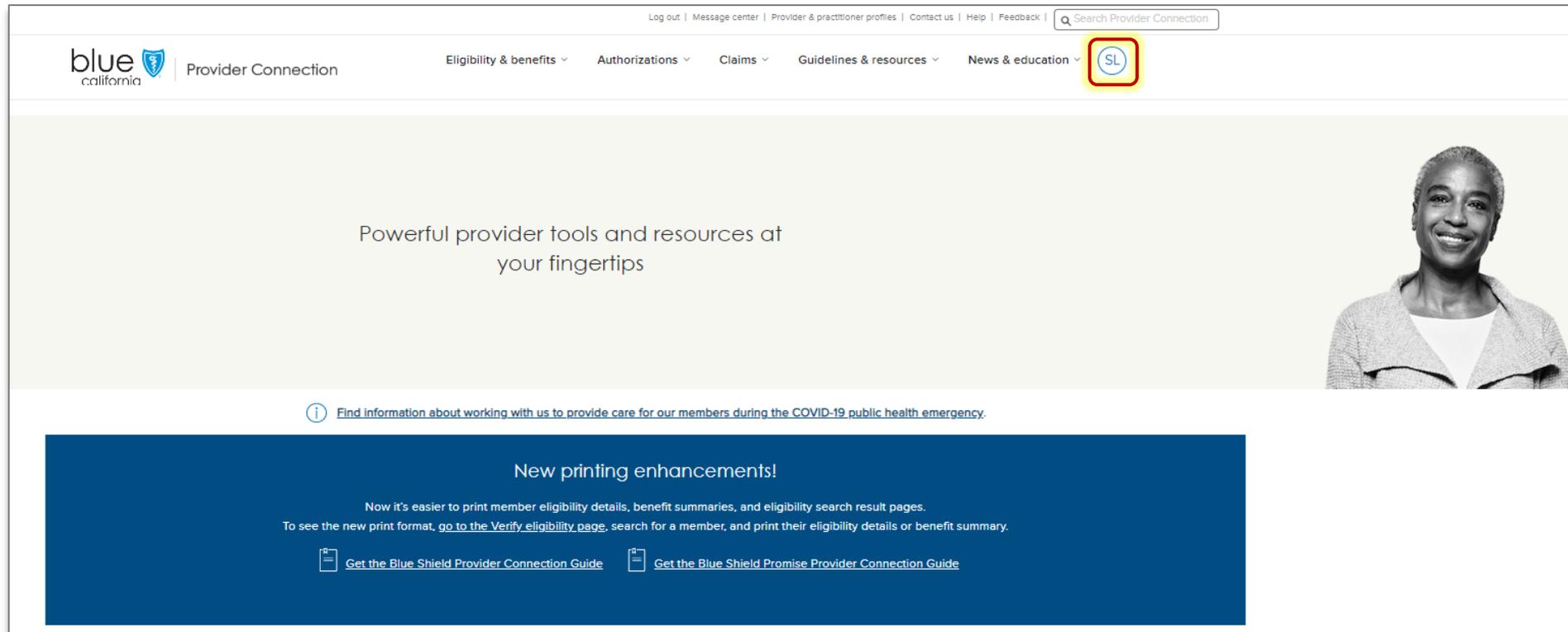
The screenshot shows the 'Account management' page in the Provider Connection portal. The page has a blue header with the title 'Account management'. Below the header, there are ten content cards arranged in a grid. Each card has a title, a brief description, and a link to the corresponding tool.

- 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](#)
- Validation contacts**: These users can validate and attest to provider information if necessary. Account managers can change these contacts as necessary. [View validation contacts](#)



# Manage my profile

- 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.
  - To access this page, click the initials badge.



**Attest and update provider directory information**

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## Fully automated provider directory validation process

### Provider Connection “provider” and “MSO” account types attest/update as follows:

1. Online attestation to data accuracy every 90 days.
2. Directory updates at any time via:
  - A. Single edits on the *Provider & Practitioner Profiles* pages.
  - B. Bulk data file download/upload from the *Provider & Practitioner Profiles* page using the *Provider Data Validation Spreadsheet*.

Step-by-step instructions are in the *Education* section on Provider Connection under [Provider Data Management](#) – no log in required. They include:

- Introduction, exceptions, and next steps.
- Process overview and step-by-step directions for how to attest and update.
- Clickable table of contents to go directly to information you need.



# Provider data access for designated users

Account Managers can assign provider demographic data access to designated users.

## How Account Manager grants access:

1. Log into Provider Connection.
2. Click **Account Management**.
3. Click the **Manage your user accounts** link.
4. Click the **View** link for specific user.
5. Move *Provider & practitioner data* toggle to the right.

**4** 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](#)

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
<input type="checkbox"/> Person, User	user123	Yes	No	No	10/07/2019	Active <a href="#">View</a>

**5** Account information

[Account management](#) > [Manage user accounts](#) > Account information

Contact information

Name	Username	Phone
Person, User	Person, User	211-292-9090
Address	Email	
Main St. City, State, 90000	personuser@comcast.net	

User permissions [Help](#)

<input checked="" type="checkbox"/> Claims	
<input type="checkbox"/> Real-time claims	
<input checked="" type="checkbox"/> Provider & practitioner data	

Account administration

Account status

Active

Deactivated

[Reset password](#)

# Provider data access for designated users (continued)

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

The screenshot shows the top navigation bar of the Provider Connection portal. The navigation bar includes the Blue Shield of California logo, the text "Provider Connection", and several menu items: "Eligibility & benefits", "Authorizations", "Claims", "Guidelines & resources", and "News & education". A red box highlights the "Provider & practitioner profiles" link in the top right navigation bar, with a red arrow pointing down to the corresponding page below.

The "Provider & Practitioner Profiles" page is displayed, showing the following content:

- Header: "PROVIDER & PRACTITIONER PROFILES"
- Organization selection: "Select organization to display" with a dropdown menu showing "123456789 - XYZ HEALTH NETWORK" and a "Search" button. The "Organization name" field displays "XYZ HEALTH NETWORK".
- Navigation tabs: "Providers", "Bulk Updates", and "Remittance".
- Organization name: "XYZ HEALTH NETWORK" with a "Manage your organization's demographic data" link and a "Search providers" search bar.
- Table of providers:

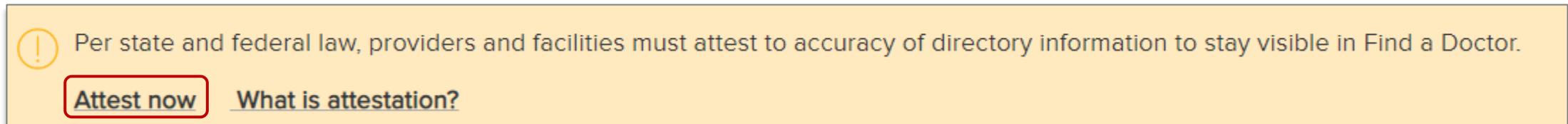
Provider name ↑	Type ↓	Website	Link
XYZ HEALTH NETWORK MEDICAL CENTER	Hospital		<a href="#">View</a>
XYZ HEALTH NETWORK PHYSICIAN GRP	Physician Group Practice		<a href="#">View</a>
XYZ HOSPITAL LOS ANGELES	Hospital		<a href="#">View</a>
XYZ HOSPITAL SAN DIEGO	Hospital		<a href="#">View</a>

Showing 4 providers

# Online attestation to data accuracy every 90 days

- A yellow alert banner displays on Account Managers/designated users' Provider Connection home page when it is time to attest. It also appears on their *Provider & practitioner profiles* page.

1. Click **Attest now** in the yellow banner at the top of the home page or from the *Provider & practitioner profiles* page.



Per state and federal law, providers and facilities must attest to accuracy of directory information to stay visible in Find a Doctor.

**Attest now** [What is attestation?](#)

1

# Online attestation to data accuracy every 90 days (continued)

2. The attestation screen displays with all TINs associated with the provider account.\*
3. Click the checkbox next to each TIN after validating that provider directory information on file is accurate as is or click the *TIN* checkbox if attesting to the accuracy of all TINs.
4. Click **Submit**.

The screenshot shows a web interface for online attestation. At the top, there is a breadcrumb trail: Home > Account Management > Provider & Practitioner Profiles. The main heading is "ATTESTATION" with a red circle containing the number "2". Below this, a text box explains that providers must attest to the accuracy of their directory information every 90 days. The page title is "Online attestation to data accurac...".

The main content area is titled "Review & attest" and includes a warning: "Before you continue, first make sure that your [provider directory information](#) is accurate. Go to the tax ID for the provider organization and select the Providers tab to find the directory data." Below this is a search bar labeled "Select tax IDs to submit for attestation" with the placeholder text "Search tax IDs and organizations".

A table displays the data for attestation:

<input type="checkbox"/>	TIN ↓	Organization name ↓	# Providers	# Locations	Status ↑	XLSX ⓘ
<input type="checkbox"/>	1234567890	XYZ HEALTH NETWORK	1	1	Not attested	<a href="#">Download</a>

Below the table, it says "0 selected" and "Showing 1 tax ID". At the bottom right, there is a red circle with the number "4" and a blue "Submit" button.

\* To view data prior to attesting, download the XLSX file from the *Attestation* window or click Provider & Practitioner Profile in the breadcrumb to view data in Provider Connection.

# Online attestation to data accuracy every 90 days (continued)

5. An *Attestation Statement* presents. Click **I attest** to continue.
6. A green banner displays when the attestation process completes.
  - If the email address referenced in the confirmation is incorrect, please update your profile information.

### Attestation statement

On behalf of the selected providers and facilities, I positively affirm that:

- I have reviewed the directory information associated with the submitted tax ID(s).
- The directory information associated with the submitted tax ID(s) is accurate and no additional changes are required at this time.
- If the directory information changes, I or another representative of the selected provider or facility will contact Blue Shield of California to update as required.

[Cancel](#) **I attest** **5**

## ATTESTATION

In accordance with state and federal law, contracted providers and facilities must attest to the accuracy of their directory information at least every 90 days. Providers and facilities that fail to comply will be suppressed from our directories.

Provider & Practitioner Profile > Attestation

Thank you for attesting. The email address we have on file is: xyzhealth.com We'll send future communications to this address. **6**

### Review & attest

Review directory information to ensure its accuracy before attesting. Go to the tax ID for the provider organization and select the Providers tab to find the directory data. Once you've reviewed and updated the data, select and submit the tax IDs.

#### Select tax IDs for attestation

Search tax IDs

<input checked="" type="checkbox"/> TIN ↑	Organization name ↓	# Providers	# Locations
<input checked="" type="checkbox"/> 1234567890	XYZ HEALTH NETWORK	2	33

1 selected

Showing 1 tax ID



# Update provider information by single edits and bulk upload

Both activities are conducted in the *Provider & practitioner profiles* section located under the *Account management* page. For designated users, it is on their home page.

The screenshot shows the 'Account management' page. A red arrow on the left points to the 'Account Manager' role. The page contains four main sections: 'Manage user accounts', 'Manage your Provider Connection tax IDs', 'Account managers with your tax IDs', and 'Provider & practitioner profiles'. The 'Provider & practitioner profiles' section is highlighted with a red rounded rectangle. Each section includes a brief description and a link to the corresponding management tool.

The screenshot shows the user navigation bar. A red arrow on the left points to the 'User' role. The navigation bar includes the Blue Shield of California logo, the text 'Provider Connection', and a search bar. The 'Provider & practitioner profiles' link is highlighted with a red box. Other navigation options include 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. The top right of the navigation bar contains links for 'Logout', 'Message center', 'Manage my profile', 'Contact us', 'Help', and 'Feedback'.

# Update provider information – single edits

From *Provider & practitioner profiles*:

1. Select the Tax ID (TIN) you wish to update and click **Search**.
  - This step is not necessary if you have only one TIN linked to your Provider Connection account.
2. Click the **view** link for the provider record you wish to edit.
3. The *View providers* screen displays.

Home > Account Management > Provider & Practitioner Profiles

## PROVIDER & PRACTITIONER PROFILES

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

Providers Bulk Updates Remittance

XYZ HEALTH NETWORK  
Manage your organization's demographic data

Search providers

Provider name ↑	Type ↓	Website	Link
XYZ HEALTH NETWORK MEDICAL CENTER	Hospital		<a href="#">View</a>
XYZ HEALTH NETWORK PHYSICIAN GRP	Physician Group Practice		<a href="#">View</a>
XYZ HOSPITAL LOS ANGELES	Hospital		<a href="#">View</a>

Providers Bulk Updates Remittance

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

### JO Z DOCTOR

XYZ HEALTH NETWORK PHYSICIAN GRP

Personal details [Edit](#)

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

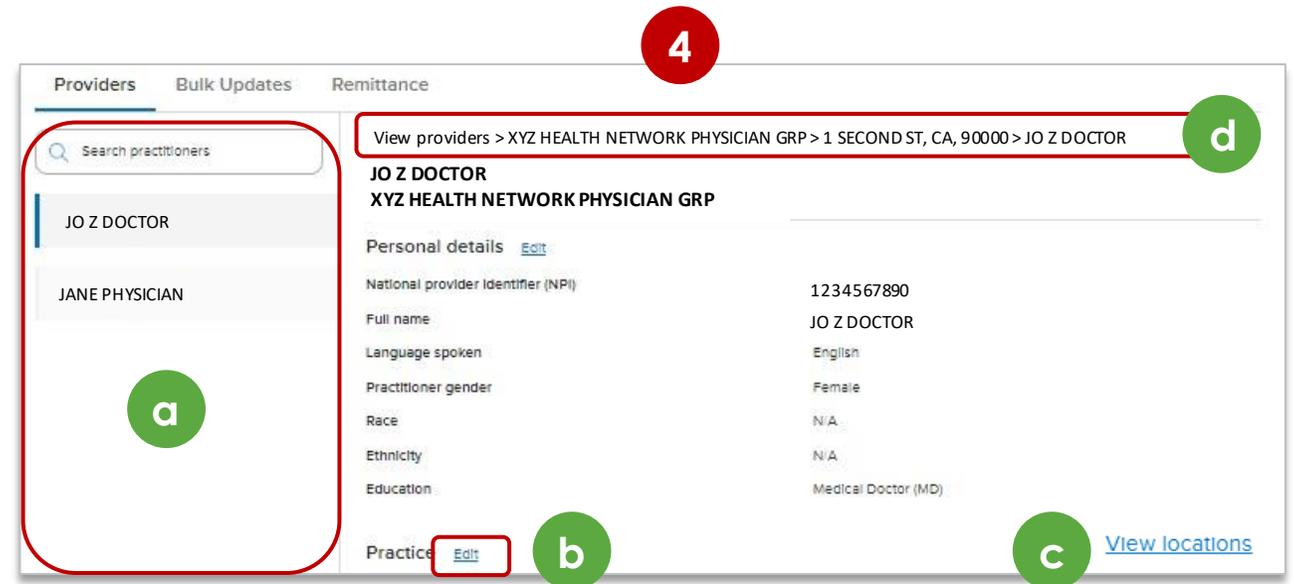
Practice [Edit](#) [View locations](#)



# Update provider information – single edits

## 4. View providers interface

- a) Search functionality and navigation located on the left.
- b) Click **Edit** to make changes and the **Save** button to save them.
- c) Depending on your organization's structure, there are up to three levels of data you can edit. Use link in the right corner to drill down from provider to location to practitioner data.
- d) Use the breadcrumb to navigate between levels.



## Update provider information – single edits (continued)

Depending on your provider data, there are up to three levels of data you can edit. You have the option to:

Screen	Functionality
<b>Provider details</b>	<ul style="list-style-type: none"><li>• Edit website</li><li>• View locations</li></ul>
<b>Location details</b>	<ul style="list-style-type: none"><li>• Edit location details</li><li>• Assign a practitioner</li><li>• Delete a service location</li><li>• View practitioners</li></ul>
<b>Practitioner</b>	<ul style="list-style-type: none"><li>• Edit:<ul style="list-style-type: none"><li>• Personal details (NPI, name, languages spoken, gender, race, ethnicity, education)</li><li>• Practice details (Role, primary and other specialty, areas of expertise, gender/highest age/lowest age treated, hospital based, accepting new patients, board certification)</li><li>• License</li><li>• DEA registration</li><li>• Affiliations</li></ul></li><li>• Unassign the practitioner</li></ul>



# Update provider information – bulk updates *Provider Data Validation Spreadsheet*

Home > Account Management > Provider & Practitioner Profiles

## PROVIDER & PRACTITIONER PROFILES

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

Providers **Bulk Updates** Remittance

XYZ HEALTH NETWORK **2** updates

### Bulk Updates

Manage your organization's data all at once

**Download all provider data under this tax ID**  
Here you can create and download a single Excel file (XLSX) with all provider data under this tax ID. Update the info directly in the file according to the instructions tab.

**3**

**Upload your updated Excel file**  
Follow the steps in the instructions tab of the Excel file before uploading it to our system.

Attach the XLSX file

Drag and drop your XLSX file here or

You're downloading the Excel data file for tax ID **123456789**

This might take a few minutes. Thanks for your patience.

**4**

From *Provider & practitioner profiles*:

1. Select the Tax ID (TIN) you wish to update and click **Search**.
  - This step is not necessary if you have only one TIN linked to your Provider Connection account.
2. Click the **Bulk Updates** tab.
3. Click **Download XLSX**.
4. A pop-up box displays. Click **Continue**. Save the file that downloads.

## Update provider information – bulk updates (continued)

### Provider Data Validation Spreadsheet

- The (Excel) file downloads as **ProvDataVal\_TIN\_0000000001.xlsx**.<sup>\*</sup> There are four tabs in the spreadsheet
  - Instructions:** How to complete and save the spreadsheet.
  - PROVIDER\_GENERAL:** Pre-populated, used to add/update/term service location data.
  - PRACTITIONER\_GENERAL:** Pre-populated, used to add/update/term individual practitioner data.
  - VALIDATION\_CONTACTS:** Pre-populated, used to provide updated email(s) for the person(s) responsible for completing the spreadsheet.
- There are two options for completing updates in the spreadsheet:

File	Description	Naming convention
<b>Delta</b>	Make changes to the pre-populated records as needed.	ProvDataVal_TIN_0000000001_ <b>Delta_File</b> .xlsx
<b>Full</b> <sup>*</sup>	Replace pre-populated data with full set of current data – retaining spreadsheet field names and providing all required data.	ProvDataVal_TIN_0000000001_ <b>Full_File</b> .xlsx

<sup>\*</sup> An empty spreadsheet template is linked under [Provider Data Management](#) for organizations who do not want to download data from the website.



# Update provider information – bulk updates (continued)

## Provider Data Validation Spreadsheet

Home > Account Management > Provider & Practitioner Profiles

### PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK

Organization name: XYZ HEALTH NETWORK

Providers Bulk Updates Remittance

XYZ HEALTH NETWORK > Bulk Updates

#### Bulk Updates

Manage your organization's data all at once

##### Download all provider data under this tax ID

Here you can create and download a single Excel file (XLSX) with all provider data under this tax ID. Update the info directly in the file according to the instructions tab.

Download XLSX

##### Upload your updated Excel file

Follow the steps in the instructions tab of the Excel file before uploading it to our system.

Attach the XLSX file

Drag and drop your XLSX file here  
or  
Browse

5

Upload

- When you have completed your changes, drag/drop or select your saved file. Once the file name displays in the gray area, click **Upload**.
  - A pop-up box displays for you to confirm that your uploaded file is correct. Click **Yes**.
  - A green banner displays when the upload process is finished.
  - An automated email is sent in three business days to let you know if the file was successfully loaded to *Find a Doctor*. If not, you will be asked to resubmit.

# Update validation contacts

**Validation contacts**

These contacts will be used to confirm demographic information and attestations. You will be contacted through your selected preference of communication.

Search TIN

TIN	Contact preferences	Mailing address	Email	Fax	
477113854 SANTA CLARA CNTY IPA	MAIL <a href="#">Edit</a>	1	1	0	<a href="#">Add</a> ^
770968068 ALLIED PACIFIC OF CA			4	1	
776929757 BLUE SHIELD PROMIS			0	0	

**Edit preference for contact validation**

Choose how you would like to be contacted. Once changes are validated, they'll appear in our system.

Contact preference\*

Email  Fax  Mailing address

[Cancel](#) [Save](#)

**Add validation contact**

You must add your fax number to receive notifications. Once changes are validated, they'll appear in our system.

Fax\*

[Back](#) [Save](#)

Account Manager(s) can add and/or update validation contact information and set a preference on Provider Connection after log in

- Go to *Account Management > Validation contacts*.



# Authenticated tools

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# Verify eligibility (log in required)

**Coming soon:** Eligibility search by:

- SSN
- Client Index Number (CIN)

The [Verify eligibility](#) tool is available from the home page and from the *Eligibility & benefits* section after log in. It lets you confirm that a patient is a Blue Shield of California or Promise Health Plan member.

1. Select the member search type: *SEARCH SINGLE MEMBER* or *SEARCH MULTIPLE MEMBERS*.
2. Select the *Member coverage/card type*.
3. Search for the member by entering *Subscriber ID* or *Member Name* (Last name then First name) and *Date of birth* (MMDDYYYY) or *Medicare beneficiary ID* (MBI) and *Date of birth*.
4. Click **Search**.

The screenshot shows the 'Verify eligibility' web interface. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted with a red circle 1) and 'SEARCH MULTIPLE MEMBERS'. Below the tabs, a message says 'Verify eligibility for a single member. All fields are required unless noted otherwise.' with a red circle 1. Underneath, there's a section for 'Member coverage / card type' (highlighted with a red circle 2) with three radio button options: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. Below this are three search panels, each with a red circle 3 pointing to its title: 'SEARCH BY SUBSCRIBER ID' (with a 'Subscriber ID' field and a '9-16 characters' hint), 'SEARCH BY MEMBER NAME' (with 'Last name' and 'First name' fields containing 'Doe' and 'John', and a 'Date of birth' field with 'MM/DD/YYYY' format and a calendar icon), and 'SEARCH BY MBI' (with a 'Medicare beneficiary ID' field and '11 characters' hint, and a 'Date of birth' field with 'MM/DD/YYYY' format and a calendar icon). Each search panel has a 'Clear form' link and a blue 'Search' button (highlighted with a red circle 4).



# 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 an online benefits tools for Blue Shield plans and a link to the Medi-Cal Member Handbook EOC for Blue Shield Promise plans.
  - d) **Claims:** Link to the *Check claims status* tool.

Member name <b>MEMBER, G</b>		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	



# Coordination of benefits (COB): Blue Shield Commercial only

- Eligibility search results include COB information for Commercial members if data is in our system.
  - COB information will display when Blue Shield is not primary.
    1. Coordination of benefits (COB): Name of carrier
    2. COB order: Will indicate primary
    3. COB effective/start date
  - Historical COB information will also appear under Historical coverage in the Details view if termination date is within the last two years.

The screenshot shows a member's profile page with a green circular profile picture containing the letter 'a'. At the top right, there are navigation links: Details, ID Card, Benefits, and Claims. The member's name is MEMBER, G, and their status is Eligible. The profile includes the following information:

Member name	Status		
<b>MEMBER, G</b>	<b>Eligible</b>		
Subscriber ID	Date of birth	Gender	Member address
<b>91911</b>	<b>02/02/1958</b>	<b>Male</b>	<b>332WP, Los Angeles, CA, 90001</b>
Plan name	Plan type	Coverage effective / start date	Coverage end / redetermination date
<b>Palo Alto Networks Inc Blue Shield Platinum PPO</b>	<b>Commercial PPO</b>	<b>02/01/2022</b>	<b>Present</b>
Coordination of benefits	COB Order	COB effective / start date ⓘ	
<b>EMPIRE BCBS</b>	<b>Primary</b>	<b>01/01/2022</b>	
PCP name	Office visit copay		
<b>N/A</b>	<b>In-network-\$20</b>		



# 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.

### Member eligibility details

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

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

Member information

Member phone 555-555-5555	Language Not Selected	Subscriber dues paid to N/A
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PCP and IPA / Physician group

Coverage details

Deductibles and out-of-pocket maximums

- **Blue Shield Commercial Only:** *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. Includes chiropractor, acupuncture, occupational therapy (OT), physical therapy (PT), respiratory therapy (RT) and combined visits



# Member benefits – Commercial, Medicare, Small Group & IFP\*

1. Benefit summary view is the default – lists in alpha order.
2. *Benefit categories* view expands in left navigation pane.
3. The *Search* field activates when *Benefit categories* view is clicked.
  - Benefits are not listed by ICD-10 codes.
  - Click Benefits download (if logged in) or go to [Benefit summaries](#) if not logged in, to download/view a spreadsheet with detailed benefits for the all plans.

The screenshot shows a web interface for member benefits. On the left is a navigation pane with a search bar (1) and a list of categories. The 'Benefit categories' category (2) is expanded, showing sub-categories like 'General', 'Bariatric Surgery Services', and 'Residents of Designated Counties'. The 'Bariatric Surgery Services' sub-category is selected, displaying details for 'Bariatric Surgery Services - Residents of Designated Counties - Ambulatory Surgery Center Services'. A table shows copayment information for participating and non-participating providers. Below the table is additional information about the service and the category.

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

\* The link for Medi-Cal benefits takes you to the Medi-Cal Member Handbook EOC.



# Determine if medical authorization is required

- **For Medi-Cal members:**

1. See the *Prior Authorization Code Lists* located on the [Prior authorization list](#) page. (Log in NOT required.)
2. Use online chat after log in to Provider Connection – available from every page.
3. Call Blue Shield of California Promise Health Plan at **(800) 468-9935**.

- **For Commercial, FEP, or Medicare members:**

1. AuthAccel, our online authorization system, can tell you if Blue Shield does not require authorization for a Commercial or FEP medical service, and if authorization is delegated to another approver.
  - When either is the case, completing and submitting the request in AuthAccel will result in an inquiry. You must complete the process and click **Submit** to secure an inquiry number. You can print the inquiry for your records.
2. See the [prior authorization list](#). (Log in not required.)
3. Use online chat after log in to Provider Connection – available from every page.
4. Call Blue Shield of California at **(800) 541-6652**.



# Submit medical authorizations

## 1. Via the Blue Shield's AuthAccel online authorization system available from the Authorization section on Provider Connection. (Log in required.)

- How to" instructions are located on the medical request launch page and on the [AuthAccel Online Authorization System training page](#).

The screenshot shows the AuthAccel online authorization system interface. At the top, there are four tabs: 'MEDICAL REQUEST' (highlighted with a red box), 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. Below the tabs, there are two informational boxes with close buttons (X). The first box states: 'Blue Shield Promise medical authorizations can now be submitted in AuthAccel. The status of previously submitted requests can also be viewed online. For instructions, read how to submit a medical authorization.' The second box states: 'Use AuthAccel to determine if a Blue Shield commercial/FEP authorization is required. Launch AuthAccel and submit your request. If authorization is not required by Blue Shield or is delegated, you can receive documentation from the system. For instructions, read how to submit a medical authorization.' Below these boxes, the main heading is 'Request medical authorization'. Underneath, it says: 'To request medical authorization via the AuthAccel online authorization system, select the requesting provider's tax ID number (TIN) and click Access AuthAccel. If you don't see your TIN in the menu, contact us.' A note follows: 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' Below the note is a dropdown menu labeled 'Requesting provider's TIN' with 'Select TIN' in the selection area. At the bottom of this section are two buttons: 'Access AuthAccel' (in blue) and 'Cancel'. On the right side of the page, there is a sidebar with two sections: 'INSTRUCTIONS' and 'QUICK LINKS'. The 'INSTRUCTIONS' section contains a link: 'Read how to submit a medical authorization (PDF, 329 KB)'. The 'QUICK LINKS' section contains several links: 'AuthAccel system updates and support tools', 'Authorization basics for providers', 'Clinical policies and guidelines', 'AuthAccel frequently asked questions (PDF, 277 KB)', and 'Verify member's eligibility & benefits'.

## 2. By fax:

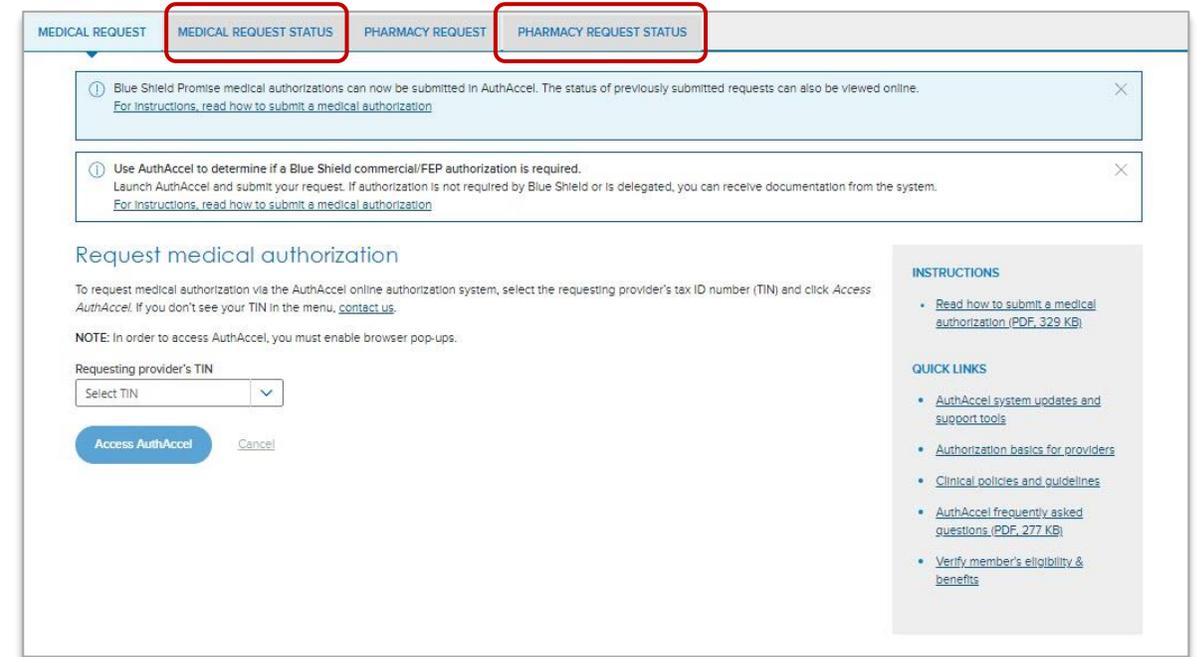
- Blue Shield Promise [authorization request form](#) for Medi-Cal (Log in NOT required.)
- Blue Shield [authorization forms](#) for Medicare, Commercial and FEP. (Log in NOT required.)



# Determine authorization status

## 1. View status via AuthAccel.

- Launch with Tax ID under which you submitted the authorization.
  - Servicing providers and facilities can view authorization status under their own Tax ID(s), when they are linked to the request.
- “How to” instructions are located on the medical and pharmacy request status launch pages and on the [AuthAccel Online Authorization System training page](#). (Log in required.)



## 2. Use online chat after log in to Provider Connection – available from every page.

## 3. By phone

- Contact Blue Shield Promise Provider Customer Service at **(800) 468-9935** or Blue Shield Provider Customer Service at **(800) 541-6652**, 8 a.m. to 5 p.m. Monday through Friday.



# Submit claims

Claims cannot be submitted on Provider Connection.

## Submit claims electronically via a clearing house

Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer.

### Benefits include:

- No charge providers to submit EDI claims
- Reduced administrative costs
- Improved accuracy of billing/posting information
- Reduced paperwork for your office
- Improved cash flow
- Faster claims processing
- Improved security for protected information

Click [how to enroll in EDI](#).

## Submit paper claims

The [Claims Routing Tool](#) on Provider Connection tells you where to submit paper claims. No log in is required to use this tool.

- What you will need: Member ID number with prefix and date of service. In some cases, you may need NPI.

Claims-routing tool

Enter the valid 3-character prefix which is the first 3 characters as displayed on the Member ID card to find where to submit your claim. All fields required.

3-character prefix:

Member ID:

Date of service (up to 36 months before and 31 days after current date):

BlueCross BlueShield

Member Name: Jane A. Sample

Member ID: XYZ234567890123

\* For additional information on claims, see [EDI, ERA/EFT and Secondary 277CA FAQ](#) and/or [How to submit claims](#) on Provider Connection – no login required.

# What you can do re. claims on Provider Connection

- Check claim status / access EOBs for finalized claims
- Attach documentation to a finalized claim Coming soon
- Attach documentation to a pending dispute Coming soon
- File a dispute online for Commercial, Shared Advantage<sup>®</sup>, and BlueCard<sup>®</sup> claims



# Check claims status (log in required)

[Check claims status](#) is available from the home page and from the [Claims](#) section after log in. All claims connected to your username and login will display if you are the Account Manager or have been granted access by your Account Manager. Use to locate claims and related EOBs. It will display claims from the last three years with most recent at the top.

1. Enter data into one or more search field: Member, Claim, and/or Provider Information. Click **Search**.
2. Results will display in the table below the blue header. To sort results in alphabetical or ascending/descending order by column, click the desired column header and the up/down arrow once it presents.
3. EOBs are downloadable once the claim is finalized.
4. Click the claim number to see more detailed information. EOBs are also available from this link.
5. To conduct a new search, click **Start over** to clear the search fields.

Showing 1-50 of 47734 claims: Dates of service 10/06/2018-10/06/2021

Claim status Updated	Claim number	Claim type	Dates of service	EOB	Member name	Member ID/Subscriber ID	Provider name	Amount billed	Amount paid	Patient responsibility	Check/EFT number
IN PROCESS 03/01/2021	4	Medical	07/07/2020- 07/07/2020	3	Member, Our	910219805-02	QUEST DIAGNOSTICS	\$3,500.00	N/A	\$10.41	N/A



# Claim details screen

Clicking the claim number from the search results opens the *Claims detail* screen and provides access to the following information.

**1** Claim status

**2** Download EOB

**3** File a dispute or attach documentation to finalized claim

**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

Medical | Finalized | [View EOB](#)

Possible next steps: [Resolve claim issue or dispute](#) **NEW**

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

### Member information

Member name: [Mark, Twain](#) | Member ID: XEA9  
Date of birth: | Group number: W300uuu

[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: JOE J DOCTOR | Patient responsibility: \$174.40  
Amount paid: \$0.00

### 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

### Claim history

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

### Service and procedure details

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



# Attach documentation to a finalized claim from *Claim status* (log in required)

Available for all lines of business.

- Using one or more search fields on *Claims status*, locate the claim for which you are submitting additional documentation.

Click **Search**.

- The search result displays in the table below the blue header. Click the claim number.

- The *Claim details* displays for that claim. Click **Attach supporting documents**.

Search Other Blue plans Appeal status **1** See the tou

All fields are optional

**Member information** **Claim information** **Provider information**

Member ID/Subscriber ID/Patient number Check/EFT number Claim/EOB number Provider

Last name First name Claim type None Claim status Provider tax ID

Dates of service Amount paid \$ 0.00 to \$ 0.00 Provider NPI

Start date End date Status change Start date End date Provider number

Hide search Start over **Search**

Showing 1–50 of 31,923 claims: Dates of service: 02/24/2020–02/24/2023 | Provider: 2 selected Export Print

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
FINALIZED 02/26/2023	<b>000343305500</b>	Medical	07/17/2021– 07/17/2021	View EOB	MEMBER, X	12345678901234	Group A	\$133.00	\$0.00	\$0.00	12345678901234

**2**

**Claim 000343305500**  
Finalized 07/30/2021

Medical | Finalized – denied **3** View EOB

Possible next steps: **Attach supporting documents**

# Attach documentation to a finalized claim (continued)

4. The *Attach Documents to a Claim* screen displays with prepopulated claims data.

5. Drag and drop or select up to five (5) files at a time for a **total of 20 files**.

	File types	File size (per file)	Max # of files
<b>Blue Shield Blue Shield Promise</b>	PDF, Excel, Word	50 MB	20
<b>BlueCard®</b>	PDF	10 MB	20

## ATTACH DOCUMENTS TO A CLAIM

Upload supporting documents for your claim. Start by checking that you have the right claim number.

\* Required

Enter your claim # \*
000343800800
Update

---

**Claim details**

Claim #	000343800800
Provider	DISTRICT HOSP
Provider ID	FA0001234567
Tax ID	009009009
Member name	MEMBER, X
Date of birth	01/01/1994
Subscriber name	MEMBER, Y
Subscriber ID	919103940
Patient account	1234
Dates of service	10/19/2021-10/19/2021
Amount billed	\$90.00
Amount paid	\$0.00

4

---

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

Drag and drop up to 5 files at a time or

Select files

5

Enter an email where we can reach you if your documents fail a virus scan.

Email \*

40 characters max

Briefly describe your documents to make sure they get to the right place.

Notes

0/500

Finish



# Attach documentation to a finalized claim (continued)

6. An *Attach documents* pop-up displays. Select a “type” for each document. Options are:
- Medical record
  - Contract/pricing
  - Itemized bill
  - Other, with a description field

Click **Next document** until all document types are identified. Click **Attach**.

7. Documents display on the *Attach Documents to a Claim* screen.
8. Enter an email where you can be notified if there is a problem with accepting your file.
9. Enter a description of the document(s), the reason for submission, and expected outcome.
10. Click **Finish**.

6

Attach documents (1 of 4)  
What type of document are you attaching?  
supporting-doc-1.pdf (198.20 KB)  
Medical record  
Next document >  
Cancel Attach

Attach documents (4 of 4)  
What type of document are you attaching?  
supporting-doc-4.docx (11.91 KB)  
Other  
Enter document type \*  
another type  
Cancel Attach

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

Drag and drop up to 5 files at a time or  
Select files

1.	supporting-doc-1.pdf (198.20 KB)	Medical record	Remove
2.	supporting-doc-2.pdf (198.20 KB)	Contract/Pricing	Remove
3.	supporting-doc-3.xlsx (8.79 KB)	Itemized bill	Remove
4.	supporting-doc-4.docx (11.91 KB)	Other - another type	Remove

7

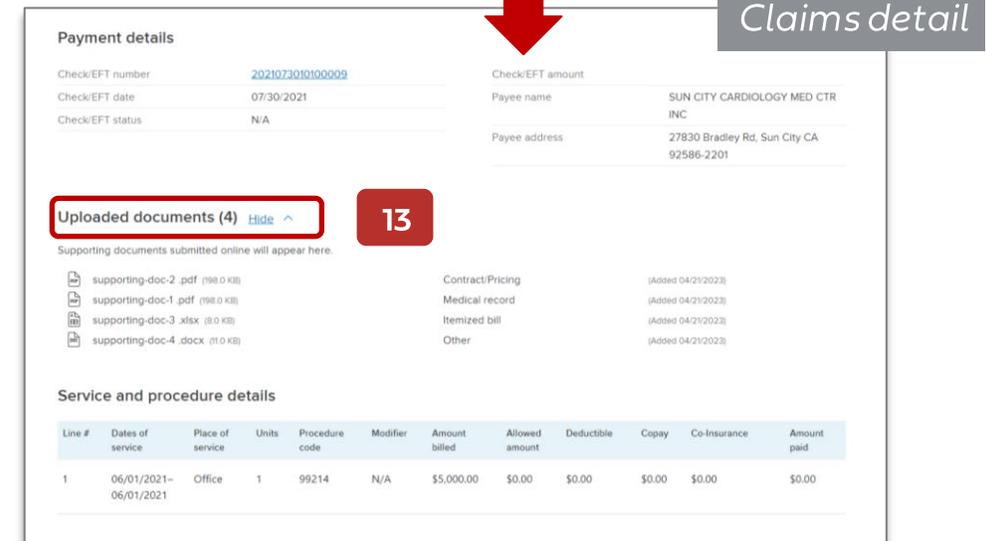
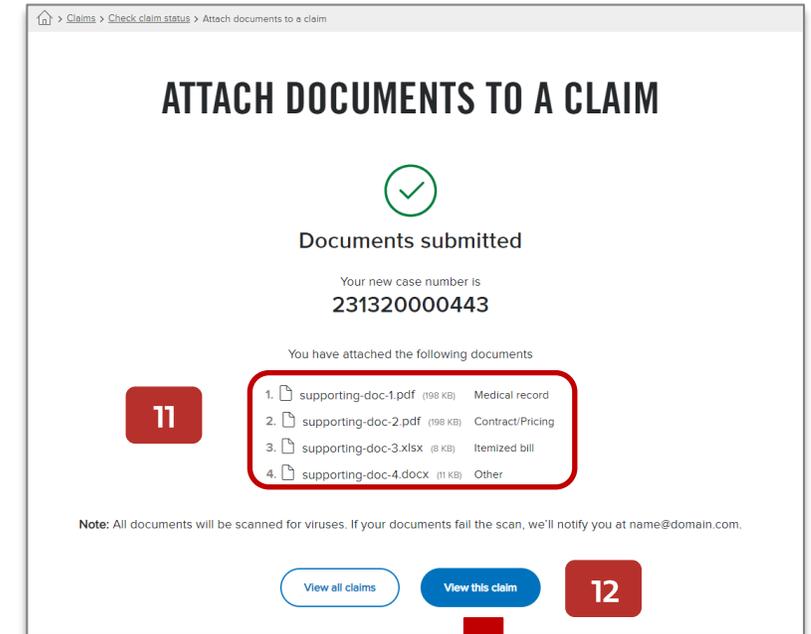
Enter an email where we can reach you if your documents fail a virus scan.  
Email \*  
name@domain.com  
40 characters max  
8

Briefly describe your documents to make sure they get to the right place.  
Notes  
Description and purpose of your submission.  
9  
43/500

Finish 10

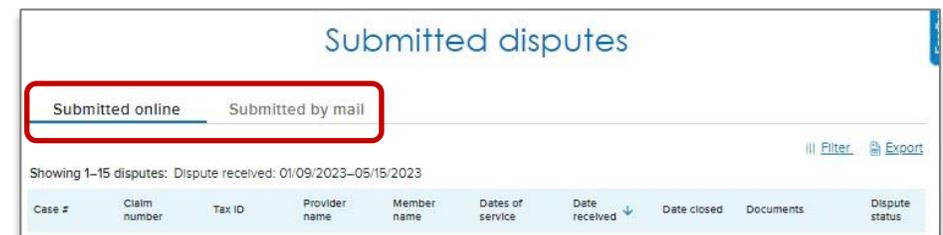
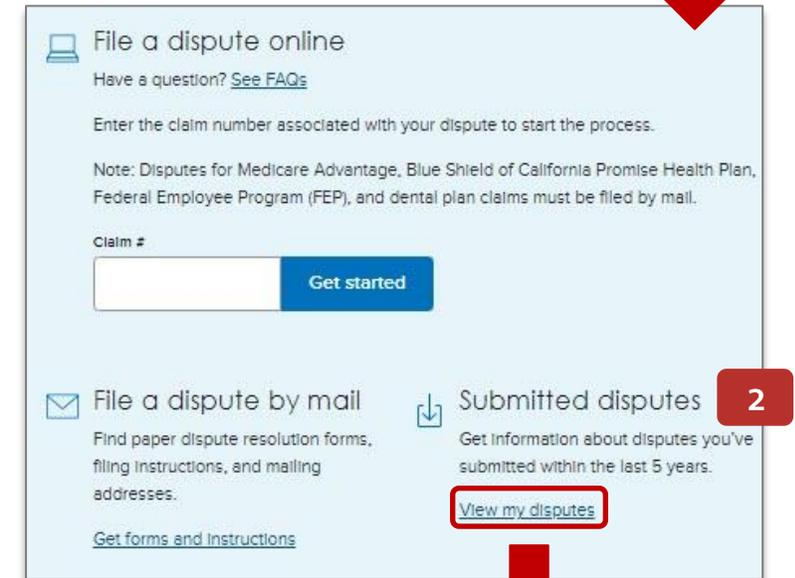
# Attach documentation to a finalized claim (continued)

11. A confirmation screen displays with a list of the submitted documents.
12. If desired, click **View this claim** to return to the *Claims detail* page.
13. To see a list of documents submitted for this claim, scroll to *Uploaded documents* on the *Claims detail* page and click **Show**. Click **Hide** to collapse the list.
  - Only documents submitted online will display.



# Attach documentation to a pending dispute (log in required)

1. Click **Claims** in the top menu, then click **Claims issues & disputes**.
  - Scroll to the blue box.
2. Click **View my disputes** under *Submitted disputes*.
  - This is the where you track the status of your disputes.
3. All claim(s) disputes submitted under the Tax ID(s) connected to your Provider Connection account display on one of two tabs:
  - The *Submitted online* tab displays disputes filed on Provider Connection.
  - The *Submitted by mail* tab displays all other dispute submissions.



# Attach documentation to a pending dispute (continued)

The screenshot shows the 'Submitted disputes' page in the Provider Connection interface. A red box labeled '3' highlights the 'Submitted online' and 'Submitted by mail' tabs. A red box labeled '4' highlights the 'Filter' and 'Export' buttons. Below the tabs is a table of disputes with columns for Case #, Claim number, Tax ID, Provider name, Member name, Dates of service, Date received, Date closed, Documents, and Dispute status.

Case #	Claim number	Tax ID	Provider name	Member name	Dates of service	Date received	Date closed	Documents	Dispute status
231300000045	000344476300	009009009	DISTRICT HOSPITAL	MEMBER, X	04/21/2022–04/21/2022	05/10/2023		Dispute form Acknowledgement	Pending Add documents
231290000038	000344220700 BlueCard	007007007	PROVIDER A	MEMBER, W	06/01/2022–06/01/2022	05/09/2023		Dispute form Acknowledgement	Open Add documents
223280000033	000343818900	009009009	DISTRICT HOSPITAL	MEMBER, Y	02/03/2022–02/03/2022	11/24/2022	01/25/2023	Dispute form Acknowledgement Determination	Closed
223280000028	000342843800	005005005	CARDIOLOGY MED CTR	MEMBER, V	09/09/2020–09/09/2020	11/24/2022	01/12/2023	Dispute form Acknowledgement Determination	Closed



The screenshot shows the search interface for 'Submitted disputes'. A red box labeled '5' highlights the search filters. A red box labeled '6' highlights the 'Add documents' link in the 'Dispute status' column of the search results table.

Submitted disputes

Submitted online Submitted by mail

Show disputes submitted online based on one or more search filters

Case # Enter case ID Member last name MEMBER Dispute received Start date 12/28/2021 End date 05/10/2023

Claim # Enter claim ID Provider Enter provider Dates of service Start date 04/21/2022 End date 04/21/2022

Tax ID Enter tax ID(s) Status Show all

Start over Show results

Showing 1 dispute: Dispute received: 12/28/2021–05/10/2023 | Member last name: MEMBER | Date of service: 04/21/2022

Case #	Claim number	Tax ID	Provider name	Member name	Dates of service	Date received	Date closed	Documents	Dispute status
231300000045	000344476300	009009009	DISTRICT HOSPITAL	MEMBER, X	04/21/2022–04/21/2022	05/10/2023			Pending Add documents

3. Click either the **Submitted online** or the **Submitted by mail** tab.

4. Click **Filter** to open the search functionality.

5. Enter data into one or more search fields to locate the dispute. Click **Show results**.

6. The search result displays in the table below the blue header. Click **Add documents** in the *Dispute status* column.



# Attach documentation to a pending dispute (continued)

7. The *Attach Documents to a Dispute* screen displays with prepopulated claims data.

8. Drag and drop or select up to five (5) files at a time for a **total of 20 files**.

	File types	File size (per file)	Max # of files
<b>Blue Shield Blue Shield Promise</b>	PDF, Excel, Word	50 MB	20
<b>BlueCard®</b>	PDF	10 MB	20

## ATTACH DOCUMENTS TO A DISPUTE

Upload supporting documents for your dispute case. Start by checking that you have the right dispute case number.

\* Required

**Dispute details**

Claim #	000344476300
Provider	DISTRICT HOSP
Provider ID	FA0001234567
Tax ID	009009009
Member name	MEMBER_X
Date of birth	08/13/1982
Subscriber name	MEMBER_Y
Subscriber ID	XEH909999999
Patient account	12345
Dates of service	04/21/2022--04/21/2022
Amount billed	\$400.00
Amount paid	\$356.80

7

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

Drag and drop up to 5 files at a time or

8

Enter an email where we can reach you if your documents fail a virus scan.

40 characters max

Briefly describe your documents to make sure they get to the right place.

Notes

0/500



# Attach documentation to a pending dispute (continued)

9. An *Attach documents* pop-up displays. Select a “type” for each document. Options are:
- Medical record
  - Contract/pricing
  - Itemized bill
  - Other, with a description field

Click **Next document** until all document types are identified. Click **Attach**.

10. Documents display on the *Attach Documents to a Dispute* screen.
11. Enter an email where you can be notified if there is a problem with accepting your file.
12. Enter a description of the document(s), the reason for submission, and expected outcome.
13. Click **Finish**.

Attach documents (1 of 4)  
What type of document are you attaching?  
supporting-doc-1.pdf (198.20 KB)  
Medical record  
Next document >  
Cancel Attach

Attach documents (4 of 4)  
What type of document are you attaching?  
supporting-doc-4.docx (11.91 KB)  
Other  
Enter document type \*  
another type  
Cancel Attach

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

Drag and drop up to 5 files at a time or  
Select files

1.	supporting-doc-1.pdf (198.20 KB)	Medical record	Remove
2.	supporting-doc-2.pdf (198.20 KB)	Contract/Pricing	Remove
3.	supporting-doc-3.xlsx (8.79 KB)	Itemized bill	Remove
4.	supporting-doc-4.docx (11.91 KB)	Other - another type	Remove

Enter an email where we can reach you if your documents fail a virus scan.  
Email \*  
name@domain.com  
40 characters max

Briefly describe your documents to make sure they get to the right place.  
Notes  
Description and purpose of your submission.  
43/500

Finish

# Attach documentation to a pending dispute (continued)

14. A confirmation screen displays with a listing of the submitted documents.

- Your case number will not change.

15. If desired, click **View all disputes** to return to the *Submitted disputes* page.

Claims > Claim issues & disputes > Attach documents to a dispute

## ATTACH DOCUMENTS TO A DISPUTE



Documents submitted

Your case number is  
**231300000045**

You have attached the following documents

1.	 supporting-doc-1.pdf (198 KB)	Medical record
2.	 supporting-doc-2.pdf (198 KB)	Contract/Pricing
3.	 supporting-doc-3.xlsx (8 KB)	Itemized bill
4.	 supporting-doc-4.docx (11 KB)	Other

**Note:** All documents will be scanned for viruses. If your documents fail the scan, we'll notify you at name@domain.com.

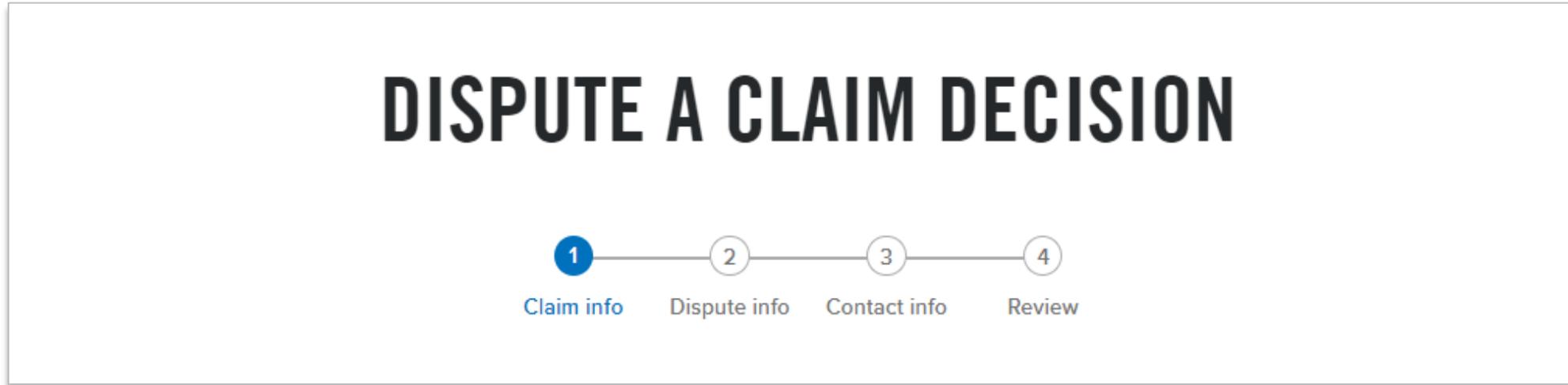
[View all claims](#) [View all disputes](#)

## Filing a dispute

- Disputes can be filed online for finalized Commercial, Shared Advantage, and BlueCard.
  - Individual claim or bundled claims for the same type of issue.
- Disputes for Promise Health Plan, Medicare, Medicare Advantage, and FEP claims, must be filed by mail.
- To file a dispute online or by mail, go to the *Claim* section on Provider Connection:
  - Click **Check claim status** in the blue sub-menu bar.
  - Search for the finalized claim.
  - Click the claim number to open the *Claims Detail* page.
  - Click the *Resolve claim issue or dispute* link. This link will be active only if the claim has been finalized



## Four steps in the online dispute process



1. Verify claim information.
2. Provide a statement of dispute and supporting documentation.
3. Verify contact information pre-populated from your Provider Connection profile.
4. Review dispute, e-sign, and submit.

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\* Instructions are built into the tool. Detailed instructions, go to [How to File an Online Dispute on Provider Connection](#).



# Resources to support you

Action	Support
<b>Provider Connection Support</b> – no log in required	<ul style="list-style-type: none"> <li>• <a href="#">Provider Connection Reference Guide</a></li> <li>• Provider Connection <a href="#">website registration instructions</a> for Provider, MSO and Billing accounts and additional tutorials.</li> <li>• <a href="#">Online text-based website help</a> available from every page – no log in required.</li> </ul>
<a href="#">AuthAccel Online Authorization System training</a> – no login required.	<ul style="list-style-type: none"> <li>• Instructions are also linked to each AuthAccel launch page (login required)</li> </ul>
<b>Blue Shield Customer Care at (800) 541-6652</b> <b>Blue Shield Promise Customer Care at (800) 468-9935</b> Live chat from Provider Connection – log in required.	<ul style="list-style-type: none"> <li>• General help with website if you can't find answers in the resources above.</li> <li>• Removal or disabling of an Account Manager for your organization.</li> <li>• Provider and Tax ID association for one of your claims.</li> </ul>
<b>Provider Information &amp; Enrollment at (800) 258-3091</b> <a href="mailto:bscproviderinfo@blueshieldca.com">bscproviderinfo@blueshieldca.com</a>	<ul style="list-style-type: none"> <li>• Provider network inquiries and applications</li> <li>• Credentials (Can also email credentialing dept at <a href="mailto:bscinitialapp@blueshieldca.com">bscinitialapp@blueshieldca.com</a>)</li> </ul>
<a href="#">Blue Shield prior authorization list</a> <a href="#">Blue Shield prior authorization forms</a>	<ul style="list-style-type: none"> <li>• Blue Shield (including Medicare) prior authorization list and forms – no log in required.</li> </ul>
<a href="#">Blue Shield Promise prior authorization list</a> <a href="#">Blue Shield Promise prior authorization forms</a>	<ul style="list-style-type: none"> <li>• Blue Shield Promise prior authorization list and forms – no log in required.</li> </ul>
<a href="#">Claims issues &amp; disputes</a>	<ul style="list-style-type: none"> <li>• Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.</li> </ul>
<a href="#">Provider Connection News &amp; Education section</a>	<ul style="list-style-type: none"> <li>• View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.</li> </ul>





Blue Shield of California and Blue Shield of California Promise Health Plan  
are independent licensees of the Blue Shield Association