

Verify eligibility and benefits for Blue Shield of California or Blue Shield Promise Health Plan members

What you'll need to get started:

- A username and password to log in to your Provider Connection account.
- One of the following for the **MEMBER** whose eligibility and benefits you are verifying:
 - Subscriber ID
 - Last name, first name, and date of birth
 - Medicare beneficiary's ID and date of birth (Medicare members only)
 - Social Security Number (SSN)
 - Client Index Number (CIN)

What you should know:

- Blue Shield of California subscriber eligibility and benefit information is available for up to twenty-four months before today's date and one year before a member's termination.
- Eligibility information is updated daily.

Instructions

1. Log in to www.blueshieldca.com/provider.
2. Click **Eligibility & benefits** in the top menu, then click **Verify eligibility**.

The *Verify eligibility* screen displays.

3. Keep the defaults for SEARCH SINGLE MEMBER and Blue Shield of California / Promise Health Plan coverage type.
 - If you select SEARCH MULTIPLE MEMBERS, you may search for up to 10 subscriber IDs.
4. Enter member data using one of the following:
 - Subscriber ID (9-16 alpha numeric characters)
 - Member name and date of birth
 - Last four (4) digits of social security number (SSN) and date of birth
 - Medicare beneficiary ID (MBI) and date of birth
 - First nine (9) characters of client index number (CIN)

5. Click **Search**.

The screenshot shows the 'Verify eligibility' screen in the Blue Shield of California Provider Connection portal. Red callout boxes with numbers 1 through 5 highlight specific elements:

- 1**: Points to the top navigation bar containing links for 'Log in/Register', 'Message center', 'Contact us', 'Help', and 'Feedback', along with a search bar labeled 'Search Provider'.
- 2**: Points to the 'Eligibility & benefits' dropdown menu in the top navigation bar.
- 3**: Points to the 'Verify eligibility' link in the secondary navigation bar, which also includes 'Overview', 'Member rosters', and 'Benefits'.
- 4**: Points to the search input fields under the 'SEARCH SINGLE MEMBER' tab. These include fields for 'Subscriber ID' (9-16 characters), 'Last name' (Doe), 'First name' (John), 'Date of birth' (MM/DD/YYYY), and 'Client index number' (First 9 characters). Each field has a 'Start over' link and a 'Search' button.
- 5**: Points to the 'Search' button at the bottom right of the search input fields.

The page title is 'Verify eligibility'. Below the navigation bar, there is a section for 'Member coverage / card type' with three radio button options: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. The search input fields are organized into three columns separated by 'OR' labels, allowing for different search criteria.

The search results display.*

- 6. Check eligibility. Green “Eligible” status means the member is active.
- 7. Click links to do the following:
 - Details – View eligibility details including historical and current coverage information.
 - ID Card – Download or print the member’s current ID card.
 - Benefits – View benefits information for the member’s plan.
 - Claims – Access the *Check claims status* tool to view the status of the member’s claims.

*Note:

- Blue Shield TotalDual (HMO D-SNP) members with matching Medi-Cal through Blue Shield Promise will display two results panels – One for Medicare (primary) and one for Medi-Cal (secondary). The member ID card will be accessible on the Medicare results panel.
- **Blue Shield only:** When Blue Shield is not primary, Coordination of Benefits (COB) information will display for Commercial members if the data is in our system.

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Member name
MEMBER, X

Status
Eligible

[Details](#) [ID Card](#) [Benefits](#) [Claims](#)

Subscriber ID 912345678	Date of birth 04/16/1963	Gender Female	Member address 123 MAIN STREET, ANYTOWN, CA 90000
Plan name Blue Shield of CA ASO PSP	Plan type Commercial PPO	Coverage effective / start date 01/01/2023	Coverage end / redetermination date Present
Relationship to subscriber Subscriber	Subscriber name MEMBER, X	PCP name DOCTOR, X	Office visit copay In-network-20%