



Provider Connection for Blue Shield of California Promise Health Plan 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
2. Navigate the Provider Connection website
3. Online tools: How to
 - Update provider demographic information
 - Create a member roster
 - Check eligibility / locate benefits
 - Submit/view 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 Promise Health Plan providers

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

03/2022

Blue Shield Provider Connection Reference Guide

for Blue Shield of California Promise Health Plan providers

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

Use this reference guide to learn more.



blue 
california

Promise Health Plan

[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 Promise 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 Promise Provider Connection Reference Guide](#)

1. Provider
2. Billing
3. MSO

The screenshot shows a web interface for setting up a provider account. At the top, a progress bar has four steps: 1. Account type (highlighted), 2. Tax ID numbers, 3. Contact info, and 4. Account setup. Below the progress bar, the heading "Select your account type" is centered, with a "Help ?" link to the right. There are three selection boxes, each with a checkbox and a description:

- Provider**: The checkbox is checked with a blue checkmark. The text below reads: "Providers deliver healthcare services to our plan members. They include doctors, hospitals, medical groups, and pharmacies."
- Billing**: The checkbox is empty. The text below reads: "Billing services are hired by providers to handle billing and claims."
- MSO**: The checkbox is empty. The text below reads: "Management services organizations (MSOs) contract with providers to handle many administrative services. Some MSOs own and manage the medical practices they represent."

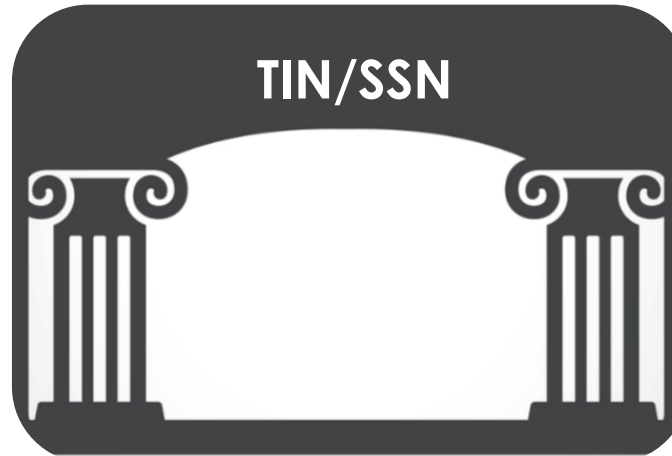
At the bottom left, there is a link "< Back to login". At the bottom right, there is a blue button labeled "Continue".

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.



The **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 displays three overlapping screenshots of the Blue Shield of California Provider Connection website. The top screenshot shows the header with a red circle '1' highlighting the 'Log in/Register' link. The middle screenshot shows the 'Welcome to Provider Connection' page with a red circle '2' highlighting the 'Register as an account manager' section, which includes a 'Create account' button. The bottom screenshot shows the 'Select your account type' page with a red circle '3' highlighting the four-step registration process (Account type, Tax ID numbers, Contact info, Account setup), where the 'Provider' option is selected with a checkmark.

1 Log in/Register Message center | Contact us | Help | Feedback Search Provider Connection

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

Welcome to Provider Connection

Log in

Username
Username

Password
Password Show

☐ Remember my username

Log in

Forgot your password? | Forgot your username?

Register as an account manager

Creating your Provider Connection account should take about 5 minutes.

2 Create account

To register you'll need:

3 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

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 within the 'blue shield california Provider Connection' system. The page has a blue header with the title 'Account management'. Below the header, there are eight white content boxes arranged in a 4x2 grid, each containing a title, a brief description, and a link. The top navigation bar includes links for Logout, Message center, Account Management (highlighted with a red box), Manage my profile, Contact us, Help, Feedback, and a search bar. The left sidebar shows a home icon and a link to Account management.

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

Home > 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](#)

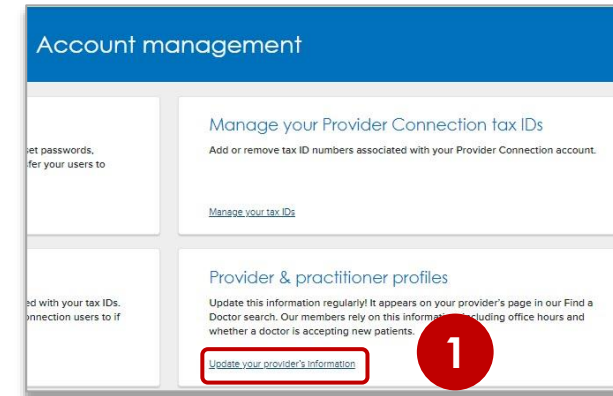
blue shield california | Promise Health Plan

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.

The screenshot shows the 'PROVIDER & PRACTITIONER PROFILES' page. It features a table with columns: Tax ID, Provider name, Provider type, and Website. Each row has a 'View' link at the end. The first 'View' link is highlighted with a red box, and a red circle with the number '2' is placed next to it.

Tax ID	Provider name	Provider type	Website	
479137073	UCSF DERMATOLOGY MED GRP	Physician Group Practice	testa.com	View
479137073	UCSF MEDICAL CTR	Physician Group Practice		View
479137073	UCSF MEDICAL GROUP	Certified Nurse Practitioner		View
479137073	UCSF ORTHOPEDIC APPLIANCE FACILITY	Medical Supply Company	https://www.igmail.com	View
479137073	UCSF MEDICAL CENTER	Physician Assistant		View
479137073	UCSF DERMATOLOGY MED GRP	Physician Group Practice	testa.com	View
479137073	UCSF ORTHOPEDIC APPLIANCE FACILITY	Medical Supply Company	https://www.igmail.com	View
479137073	UCSF MEDICAL CTR	Physician Group Practice		View
479137073	UCSF MEDICAL GROUP	Certified Nurse Practitioner		View

Update your provider demographic information *continued*

PROVIDER PROFILE DETAILS

3

4

5

PROVIDER PROFILE DETAILS

Provider details

Provider name: UCSF MEDICAL GROUP/BUSINESS SVS

Provider type: Physician Group Practice

Blue Shield provider ID (PIN): PQ0052776002

PIN assignment date: 04/21/2015

National Provider Identifier (NPI): 1477624104

Accepting new patients: N/A

Location details

Physical address: 400 Parnassus Ave Level SAN FRANCISCO, CA 94143

Website: N/A

Phone: (415) 476-5196

Fax: (415) 476-1811

Email: N/A

Office hours: N/A

Wheelchair access: No

Languages

Clinical staff languages: English

Medical interpreter languages: N/A

Additional information

Areas of special expertise: N/A

Telehealth capability: N/A

Billing information

Billing address: PO BOX 7813 San Francisco, CA 94120

Tax ID for claims processing: 479137073

PRACTITIONER PROFILE DETAILS

Practitioner details

Practitioner name: AMANDA R TWIGG

Practitioner type: Physician Group Practice

Blue Shield provider ID (PIN): 100249195003

PIN assignment date: 04/15/2018

National Provider Identifier (NPI): 1902196434

Primary specialty: Dermatology

Other specialty: Dermatology

Accepting new patients: No

Location details

Physical address: 1701 Divisadero St # 480 San Francisco, CA 94115

Phone: (415) 353-8393

Fax: (415) 353-7820

Email: N/A

Office hours: N/A

Wheelchair access: Yes

Languages

Clinical staff languages: English

Medical interpreter languages: N/A

Additional information

Areas of special expertise: N/A

Telehealth capability: No

Billing information

Billing address: PO BOX 7813 San Francisco, CA 94120

Tax ID for claims processing: 479137073

Please review the information for accuracy and completeness. If you need to make changes to your demographic information, submit these via the above interface. If you need to provide comprehensive demographic and billing information changes to Blue Shield, fill in the form and email to us at BSCPrrInformationEnrollment@blueshieldca.com.

3. The *Provider Profiles Details* screen displays with individual practitioners listed below if applicable. 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.
5. To make updates to practitioner data, click the **View** link next to the practitioner record to be updated. The *Practitioner Profile Details* displays. Follow the same process as above.

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

Coming soon: Expanded ability to update provider information

Update provider information:

- Download a pre-populated *Provider Data Validation 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 *Provider Data Validation 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.

blue california | Provider Connection | Eligibility & benefits | Authorizations | Claims | Guidelines & resources | News & education | Logout | Message center | **Manage my profile** | Contact us | Help | Feedback | Search Provider Connection

> Manage my profile

Manage my profile

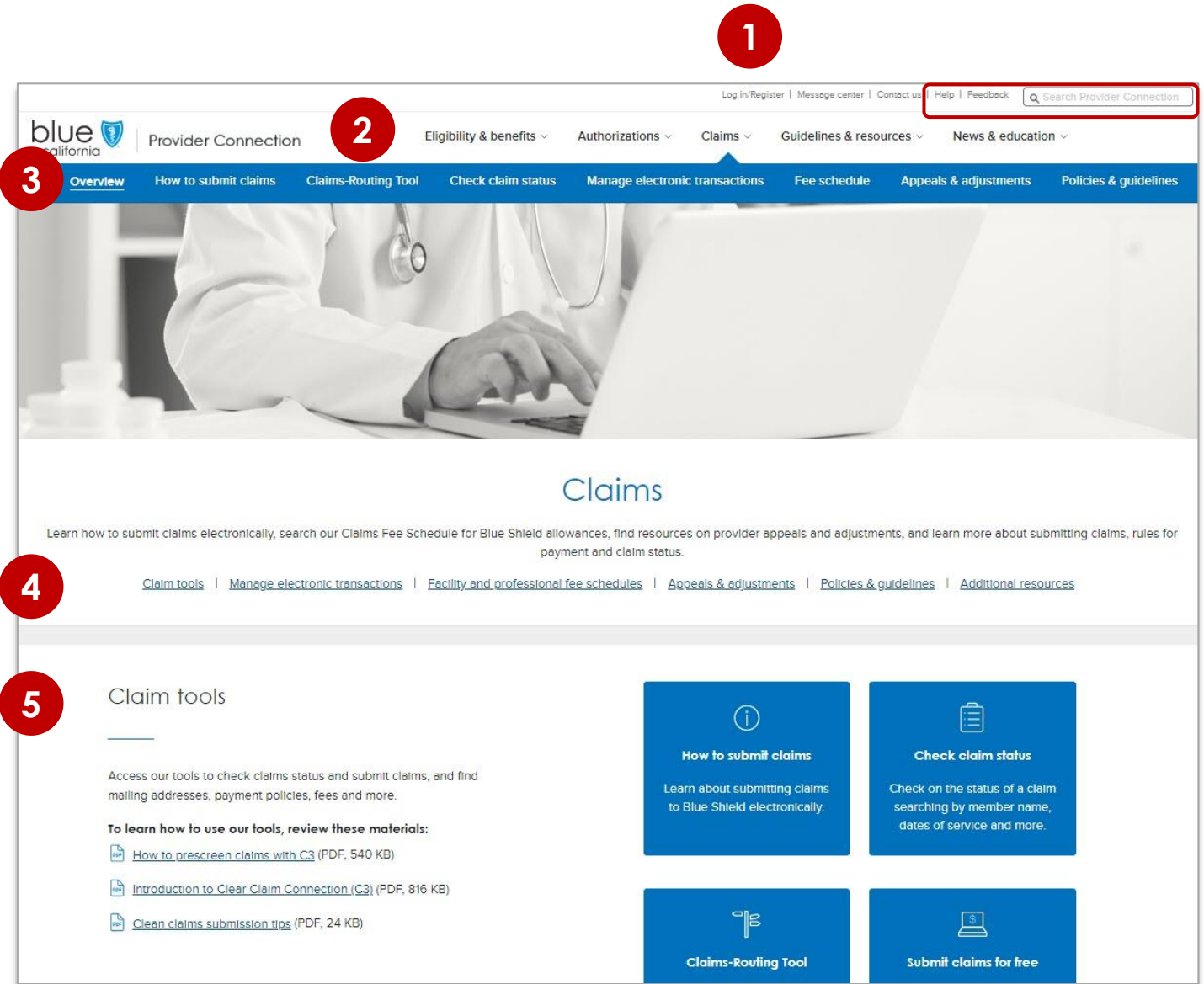
Name X Heathpro Edit	Email@sfmw.org Edit
Address & phone Edit Business address: 1234 Medicine Way, San Francisco, CA 94012 Phone: 415-332-3434	Email preferences Edit Select the Provider Connection tools you'd like to receive information about. Note that even if you choose not to receive these emails, you will continue to receive information related to policies and procedures, as well as legally required communications from Blue Shield. <ul style="list-style-type: none">✓ Patient eligibility and benefits✓ Claims billing and payment reconciliation✓ Pre-authorization process, requests, and requirements✓ Maintaining my Provider Connection account✓ Occasional surveys <hr/> Help us improve Provider Connection! Blue Shield occasionally conducts in-person and online user research and testing to help improve the website. Sign up to be invited to participate. <ul style="list-style-type: none">✓ Include me in the website user group
Username@sfmw.org Edit	
Password Edit	
My account manager Name: X Medicinepro	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

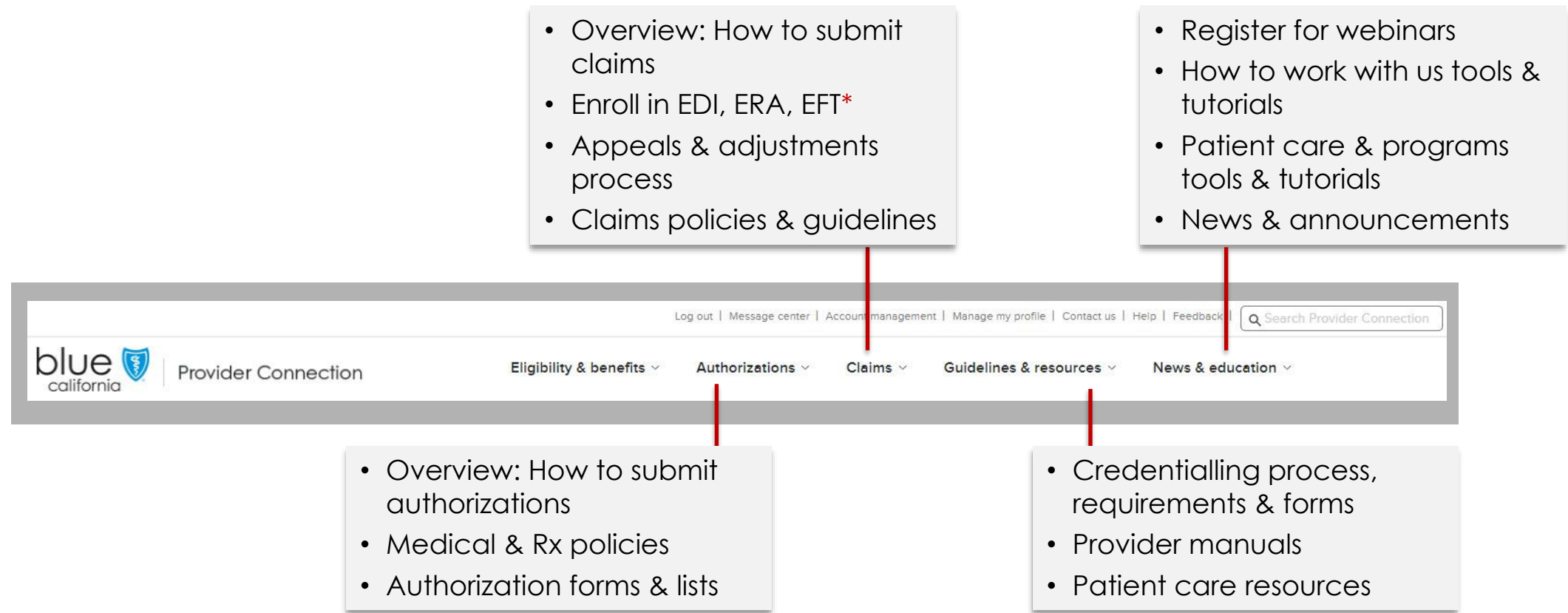


How to navigate Provider Connection

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.



Resources available on Provider Connection without logging in

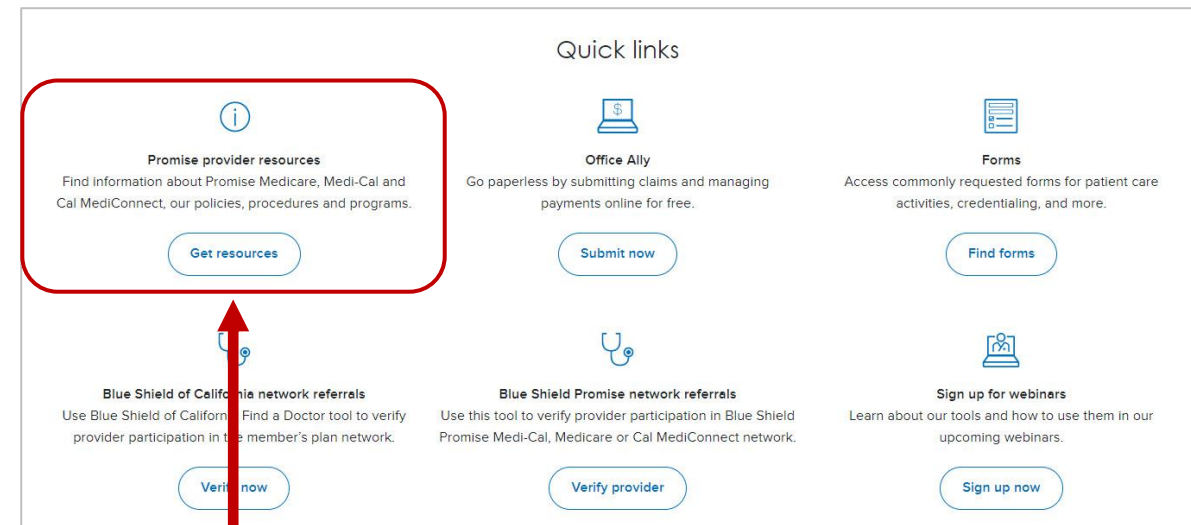
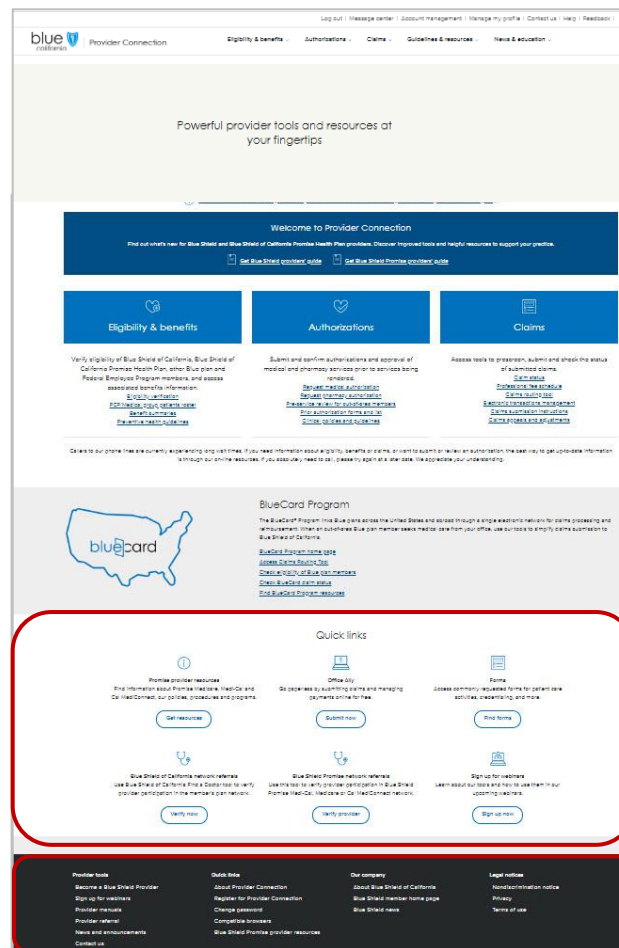


* Electronic data interchange (EDI) allows the exchange of computer-processable healthcare data in a standardized format and secure manner among healthcare professionals, healthcare institutions, and patients. Electronic remittance advice (ERA) is an electronic version of the explanation of benefits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

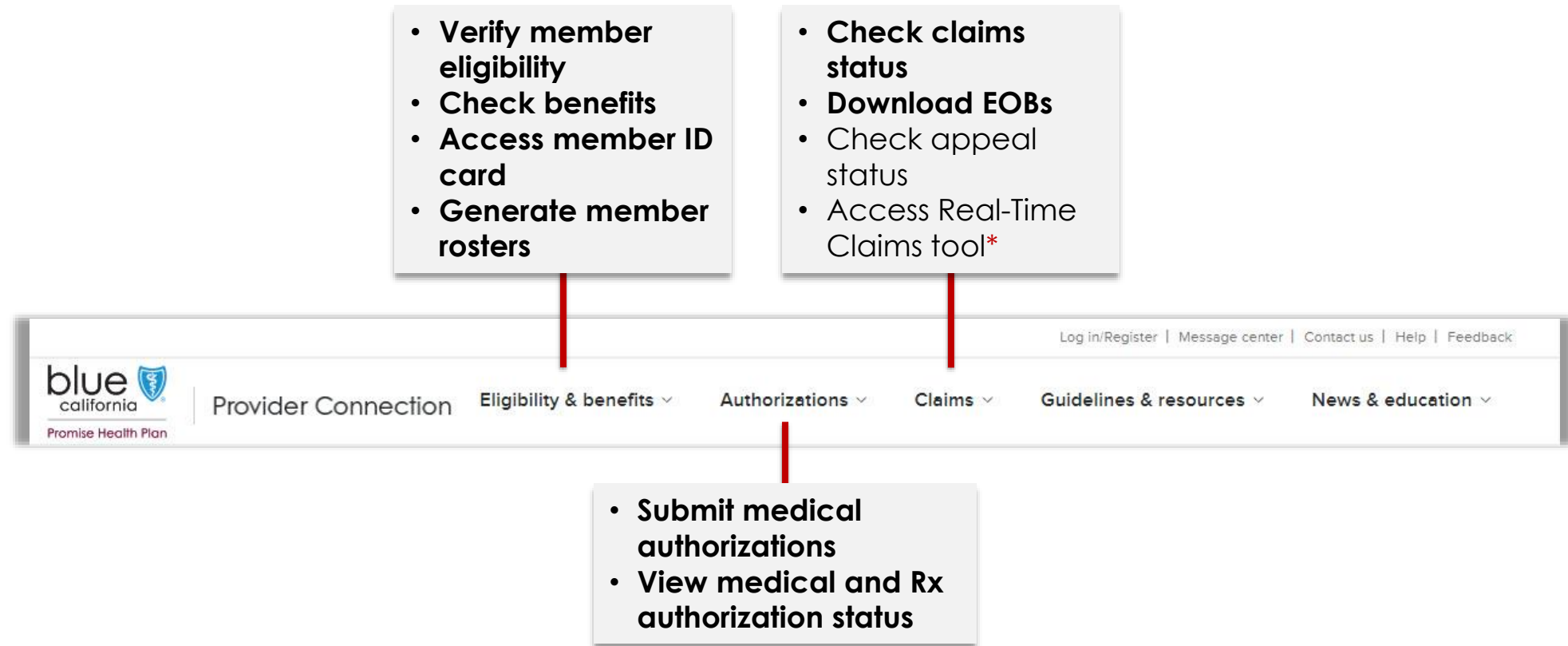
Resources for Promise Health Plan providers available without login

- **Promise Health Plan resources that do not require login are integrated throughout Provider Connection.**
- They are also available from the Blue Shield Promise website: blueshieldca.com/promise/providers.
- To move between Provider Connection and Blue Shield Promise websites:

1. Click **Promise provider resources** under *Quick links* on the home page.
2. Click **Promise provider resources** in the footer from any page.



Tools you can access on Provider Connection after login

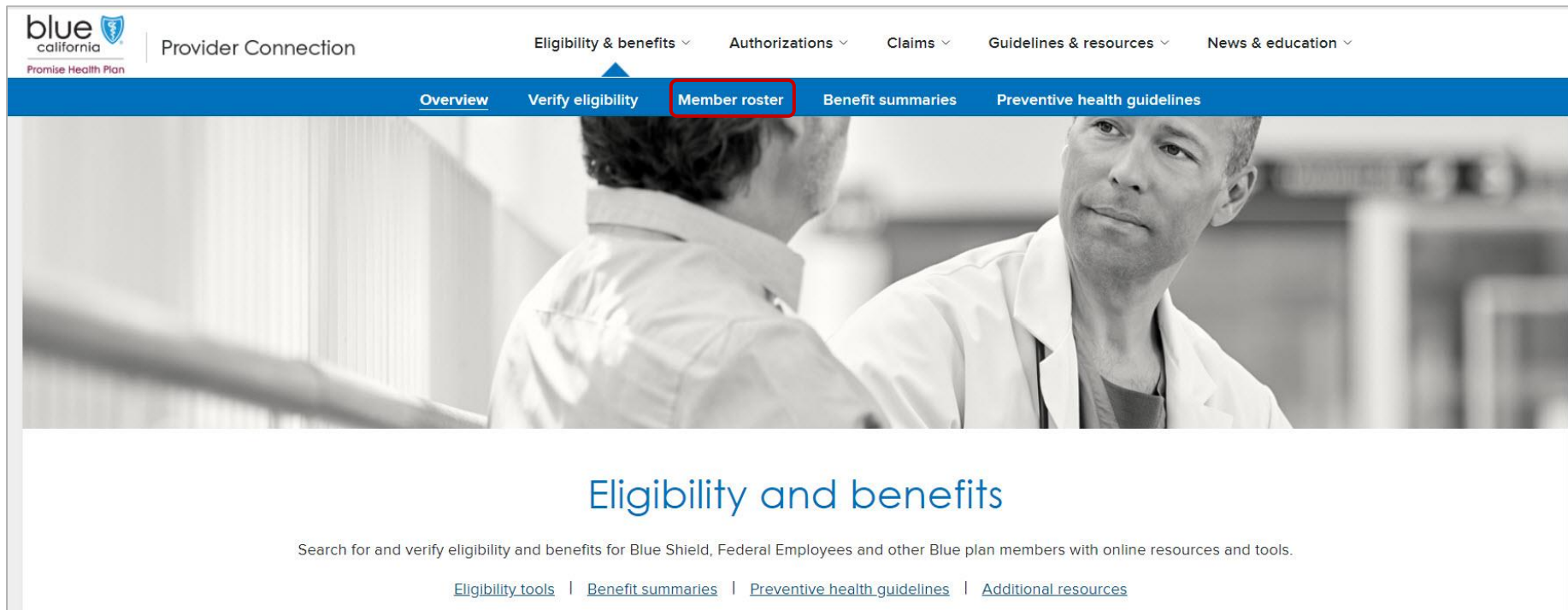


* Real-Time Claims is an online estimator and claims submission tool that adjudicates most claims in 3-9 seconds, speeding up time to payment for services. Access to the tool is granted by your organization's Provider Connection Account Manager. [See the Real-Time Claims Reference Guide](#) for more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

Member roster: Email alerts

Step-by-step instructions
in [Blue Shield Promise
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:	<input type="text" value="Enter a practice or provider name"/>	<input type="button" value="Search"/>	Help	
PROVIDER NAME	PIN	PROVIDER ADDRESS	IPA / MEDICAL GROUP	MEMBER UPDATES
DOCTOR NAME	100000000000	320 ALISAL RD # 400 Solvang 93463 CA	N/A	<div>UPDATES</div> <div>1</div>
<div>2</div> <div>Active Members 23</div> <div>New Members 0</div> <div>Disenrolled members 3</div> <div>Redetermined members 0</div>				
DOCTOR NAME	100000000000	90 Via Juana Rd Santa Ynez 93460 CA	N/A	<div></div> <div></div>
DOCTOR NAME	100000000000	90 Via Juana Rd Santa Ynez 93460 CA	NORTH SANTA BARBARA BSC ADMN	<div>UPDATES</div> <div></div>
DOCTOR NAME	100000000000	320 ALISAL RD # 400 Solvang 93463 CA	NORTH SANTA BARBARA BSC ADMN	<div>NEW</div> <div></div>

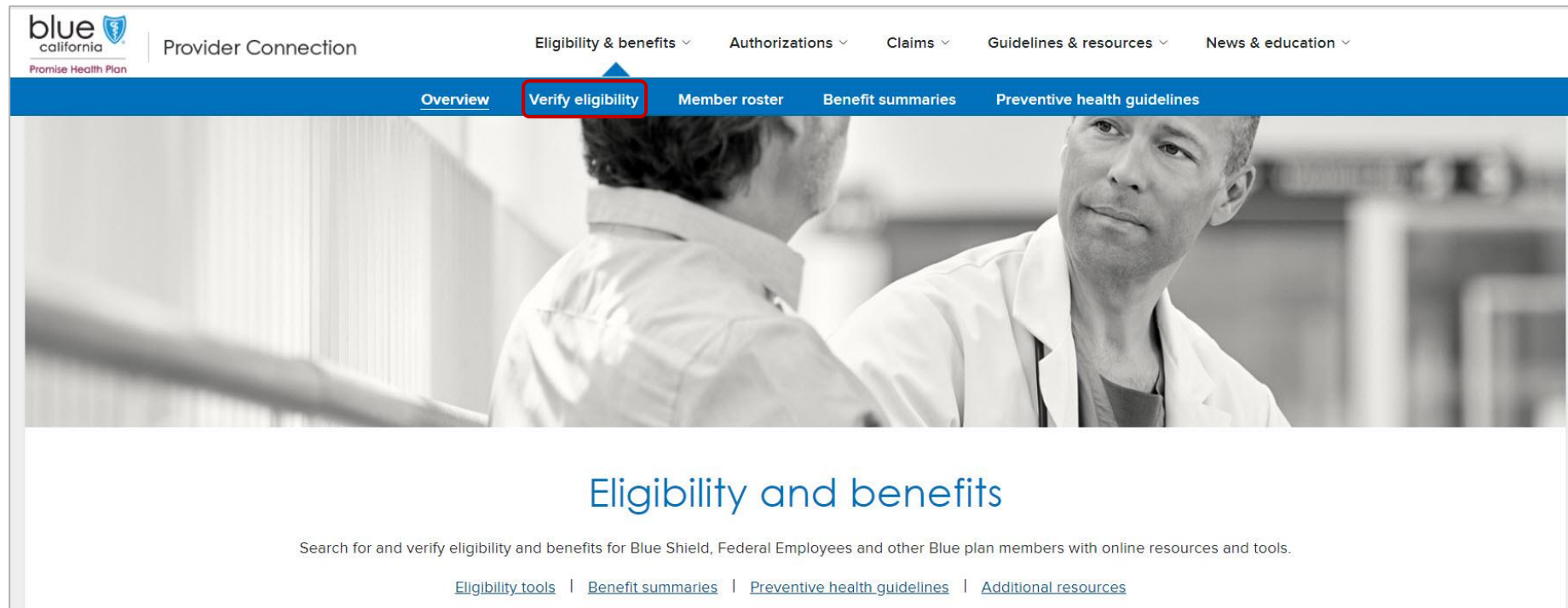
* The list or lists that display are specific to the Provider ID (PIN). If you have more than one PIN registered with Blue Shield/Blue Shield Promise, you will see a listing for each PIN.

- 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:
 1. Click the down arrow so it points up.
 2. 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 Promise
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, a breadcrumb trail reads: Home > 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.' with a 'Help' link. Under 'Member coverage / card type', there are three radio button options: 'Blue Shield of California / Promise Health Plan' (selected, with a red circle 2), 'Other Blue Plan', and 'Federal Employee Program'. Below these are two search sections separated by an 'OR' (with a red circle 3). The left section is 'SEARCH BY SUBSCRIBER ID' with a 'Subscriber ID' field (placeholder: '9-16 characters') and a 'Search' button. The right section is 'SEARCH BY MEMBER NAME' with 'Last name' (placeholder: 'Doe'), 'First name' (placeholder: 'John'), and 'Date of birth' (placeholder: 'MM/DD/YYYY' with a calendar icon) fields, and a 'Search' button. A red line connects the 'Search' buttons of both sections to a red circle 4 at the bottom center, indicating the final step.

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 the Medi-Cal Member Handbook EOC.
 - d) **Claims:** Link to the *Check claims status* tool.

5

Status
✓ Eligible

a

b

c

d

Details

ID Card

Benefits

Claims

Member name MEMBER, G			
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	

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

1

Member name Member, Our		Status Eligible	ID Card Benefits Claims	
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%	

2

3

4

Member information

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

PCP and IPA / Physician group

Coverage details

Deductibles and out-of-pocket maximums

Path to member benefits

Member name

MEMBER, G

Status

Eligible

Subscriber ID

9077

LOB

Blue Shield Promise Medi-Cal - LA

Recipient

N/A

Details

ID Card

Benefits

Claims

1

Member benefits

Last updated at 03:03 pm, 03/30/2022

Member name

MEMBER XYZ

Subscriber ID: AJC907737389-00

Coverage period: 03/01/2022 -03/31/2022

Benefit details

Find more information about benefits and services for this member's plan in section 4 of the [Medi-Cal Evidence of Coverage \(EOC\)](#).

2

All Services must be a benefit of the plan and obtained while the member is eligible for plan benefits. Services may be subject to referral, authorization or medical necessity review under the member's plan coverage.

MEMBER HANDBOOK (EVIDENCE OF COVERAGE)

3

The Blue Shield Promise Medi-Cal Member Handbook, also known as your Evidence of Coverage (EOC), gives you details about your health care and prescription drug coverage.

Download a printable copy of the Member Handbook for where you live. You can find a copy in your preferred language. You can [ask for a copy in the mail](#).

Los Angeles County

English: [Member Handbook](#) (PDF, 4.8 MB)
[Member Handbook Errata](#) (PDF, 67 KB)

Spanish: [Member Handbook](#) (PDF, 1.5 MB)
[Member Handbook Errata](#) (PDF, 143 KB)

Arabic: [Member Handbook](#) (PDF, 4.3 MB)
[Member Handbook Errata](#) (PDF, 116 KB)

Armenian: [Member Handbook](#) (PDF, 1.6 MB)
[Member Handbook Errata](#) (PDF, 141 KB)

Simplified Chinese: [Member Handbook](#) (PDF, 10.6 MB)
[Member Handbook Errata](#) (PDF, 176 KB)

Farsi: [Member Handbook](#) (PDF, 1.6 MB)
[Member Handbook Errata](#) (PDF, 118 MB)

Khmer: [Member Handbook](#) (PDF, 5.3 MB)
[Member Handbook Errata](#) (PDF, 110 KB)

Korean: [Member Handbook](#) (PDF, 1.5 MB)
[Member Handbook Errata](#) (PDF, 148 KB)

Russian: [Member Handbook](#) (PDF, 1.5 MB)
[Member Handbook Errata](#) (PDF, 125 KB)

Tagalog: [Member Handbook](#) (PDF, 1.6 MB)
[Member Handbook Errata](#) (PDF, 143 KB)

Vietnamese: [Member Handbook](#) (PDF, 7.4 MB)
[Member Handbook Errata](#) (PDF, 112 KB)

blue

california

Promise

Health

Plan

2

Member handbook: Benefits

Evidence of Coverage

Member Handbook



Medi-Cal

San Diego County | 2022

Medi_21_184_SD_10142021



Promise Health Plan

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Call Customer Care at (855) 699-5557 (TTY 711).
Blue Shield Promise is here Monday – Friday, 8 a.m. to 6 p.m. The call is toll free.
Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

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4 | Benefits and services

4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of Blue Shield Promise. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for sensitive services, emergencies and some urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask Blue Shield Promise for pre-approval (prior authorization) for this. Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For Members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more details on your covered services, call (855) 699-5557 (TTY 711).

Members under 21 years old get extra benefits and services. Read Chapter 5: Child and youth well care for more information.

Some of the basic health benefits Blue Shield Promise offers are listed below. Benefits with a star (*) may need pre-approval.



Call Customer Care at (855) 699-5557 (TTY 711).
Blue Shield Promise is here Monday – Friday, 8 a.m. to 6 p.m. The call is toll free.
Or call the California Relay Line at 711. Visit online at blueshieldca.com/promise/medi-cal.

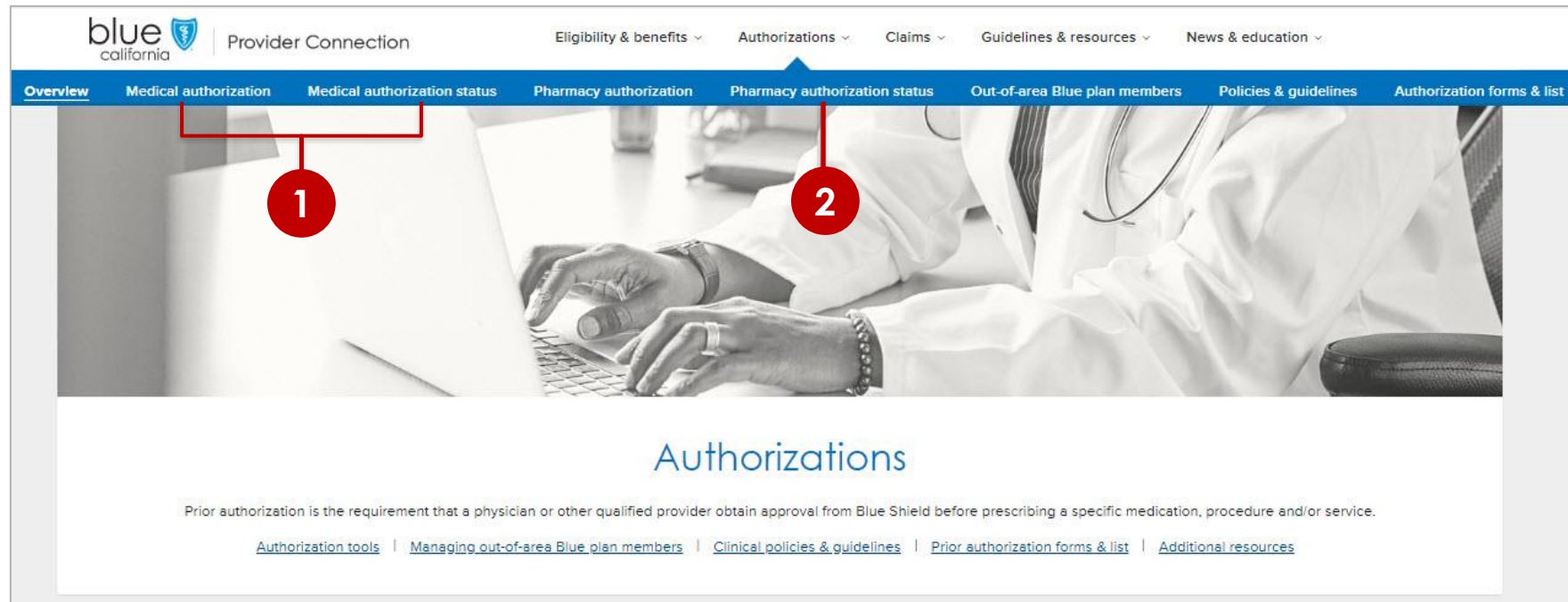
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Submit medical authorizations and view medical/Rx authorization status

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

AuthAccel lets you: **1)** submit and view medical requests and **2)** view Rx requests for Blue Shield members.

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



* For detailed information on how to submit authorizations to Blue Shield/Blue Shield Promise see [Authorization basics for providers](#) on Provider Connection – no login required.

Access AuthAccel instructions

Once logged in to Provider Connection, navigate to the *Authorizations* section and select [Medical authorization](#), [Medical authorization status](#), 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 'Request medical authorization' page in the AuthAccel system. At the top, there is a navigation bar with four tabs: 'MEDICAL REQUEST', 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. A red box highlights these tabs, with a red circle and the number '1' next to the 'MEDICAL REQUEST' tab. Below the tabs, there are two informational pop-up boxes. 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 pop-ups, the main heading is 'Request medical authorization'. The text below the heading 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 below this text says: 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' There is a dropdown menu labeled 'Requesting provider's TIN' with the text 'Select TIN' and a downward arrow. A red circle and the number '2' are next to the 'Access AuthAccel' button. To the right of the main content area, there is a sidebar with two sections: 'INSTRUCTIONS' and 'QUICK LINKS'. The 'INSTRUCTIONS' section has a link: 'Read how to submit a medical authorization (PDF, 329 KB)'. The 'QUICK LINKS' section has 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'. A red circle and the number '3' are next to the 'INSTRUCTIONS' section.

Access AuthAccel instructions

Once logged in to Provider Connection, navigate to the *Authorizations* section and select either [Medical authorization](#), [Medical authorization status](#) 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.
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The screenshot shows the 'Request medical authorization' page in the AuthAccel system. At the top, there are four tabs: 'MEDICAL REQUEST', 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. A red box highlights the 'MEDICAL REQUEST' tab. Below the tabs, there are two informational messages. The first message 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 message 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 messages, the heading 'Request medical authorization' is followed by instructions: '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 below states: 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' There is a dropdown menu labeled 'Requesting provider's TIN' with the text 'Select TIN' and a downward arrow. A red circle with the number '1' is next to this dropdown. Below the dropdown is a blue button labeled 'Access AuthAccel' and a grey button labeled 'Cancel'. A red circle with the number '2' is next to the 'Access AuthAccel' button. On the right side of the page, there is a sidebar with a red circle with the number '3' next to it. The sidebar has a section titled 'INSTRUCTIONS' with a link: 'Read how to submit a medical authorization (PDF, 329 KB)'. Below this is a section titled 'QUICK LINKS' with 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'.

Check claims status

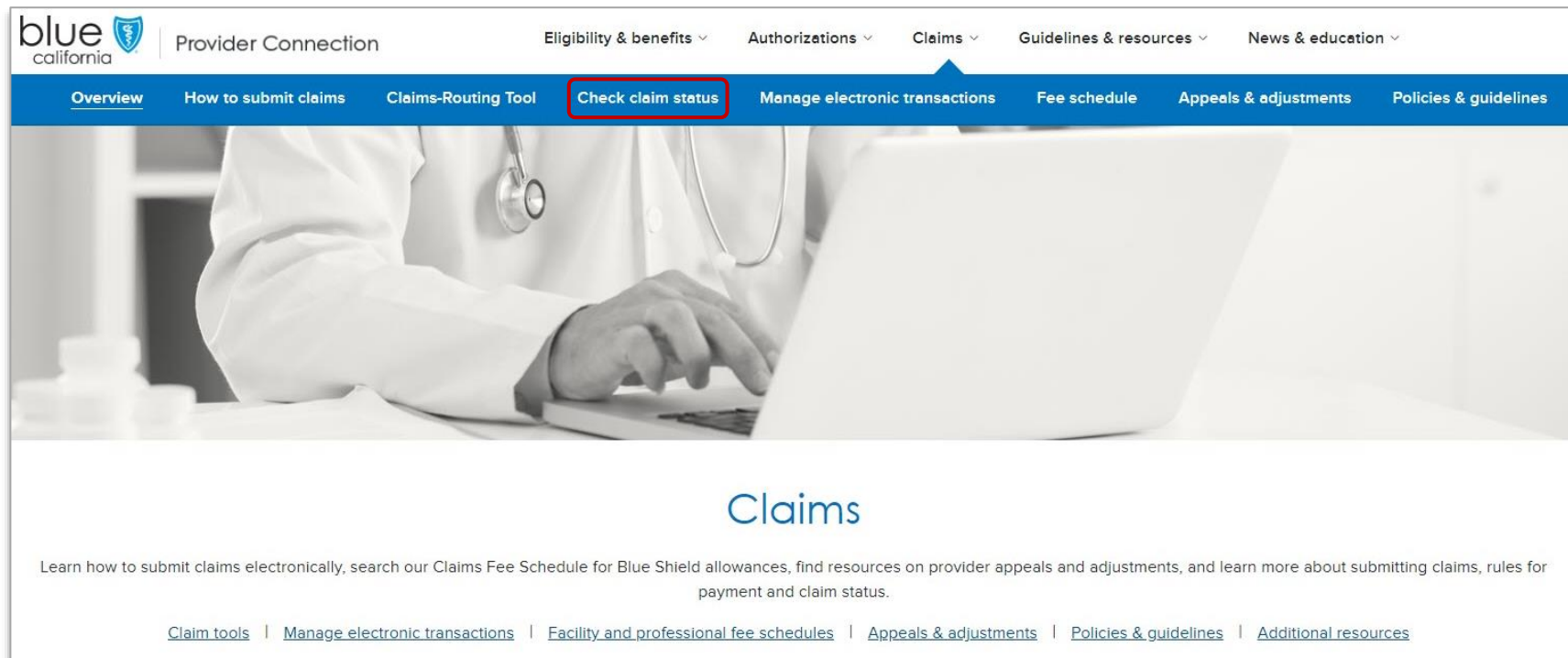
Step-by-step instructions
in [Blue Shield Promise
Provider Connection
Reference Guide](#)

While claims 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. It 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 box labeled '1' highlights the search fields. Below the fields, there is a 'Search' button and a 'Start over' link. A red box labeled '3' highlights the 'Start over' link. Below the search area, there is a table of results. A red box labeled '2' highlights the table header. A red box labeled '4' highlights the claim number '000342' in the first row of the table.

Showing 1–50 of 47,734 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	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 000343

Finalized 11/17/2021

Medical

Finalized

View EOB

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

Member information

Member name

Mark, Twain

Date of birth

View all claims for this member

Member ID

XEA910222675-00

Group number

W3000100

Claim details

Dates of service

11/01/2021–11/01/2021

Claim received

11/01/2021

Provider

LUKASZCZYK JR, THOMAS A.

Amount billed

\$1,235.00

Allowed amount

\$121.21

Patient responsibility

\$1174.40

Amount paid

\$60.60

Payment details

Check/EFT number

10026867

Check/EFT date

11/17/2021

Check/EFT status

Check Number Assigned

Check/EFT amount

\$60.60

Payee name

Not Assigned

Payee address

N/A

Claim history

Hide

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

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

Resources to support you

Action	Support
Provider Connection Reference Guides	<ul style="list-style-type: none"> • Blue Shield Promise • Blue Shield <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 BSCPvdrriInformationEnrollment@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 credentialling department at bscinitialapp@blueshieldca.com) • Provider directory updates
Blue Shield Promise prior authorization forms Blue Shield Promise prior authorization list	<ul style="list-style-type: none"> • Blue Shield Promise prior authorization forms and list <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.

Check claims status: Appeal status instructions

While you cannot currently submit an appeal online, you can check the status of an appeal you have made. Here's how:

1. Click the *Appeals status* tab.
2. Enter *Dates of service* and at least one additional search criteria – options include:
 - a) CS task number
 - b) Claims number
 - c) Member ID
 - For the *Dates of service* fields, the default is set to two years prior to the current date, but this can be changed.
3. Click *Search*. Results will display below the tool. The *Appeals status* will be either Open or Closed. **To determine decisioning for a closed appeal, search for the claim using the Search tab.**

The screenshot shows a web application interface for checking claim status. At the top, there is a breadcrumb trail: 'Claims > Check claim status'. Below this is a navigation bar with three tabs: 'Search', 'Other Blue plans', and 'Appeal status'. The 'Appeal status' tab is selected and highlighted with a red circle labeled '1'. Below the tabs, a message states: 'Dates of service and one or more search criteria are required.' There are three input fields: 'CS task number' (with a red circle 'a' on it), 'Claim number' (with a red circle 'b' on it), and 'Member ID' (with a red circle 'c' on it). Below these fields is the 'Dates of service (required)' section, which includes 'From' and 'To' date pickers. The 'From' date is set to 10/07/2019 and the 'To' date is set to 10/07/2021. A red circle labeled '2' is placed over the 'From' date picker. At the bottom right, there is a blue 'Search' button and a grey 'Cancel' button. A red circle labeled '3' is placed over the 'Search' button.