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.
If you are viewing this guide online, the linked page numbers take you to instructions for key activities you can do on Provider Connection. Use the Directory button at the bottom of each page to return to this table of contents.

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Establishing a Provider Connection account as an Account Manager or User

Background: If your organization is new to Provider Connection, you must establish an account.

Establishing an account:
The person executing the initial Provider Connection registration is considered an Account Manager. When the maximum allowed number of Account Managers are registered, Provider Connection will display a message. Most organizations can have at least two Account Managers. There are three types of provider accounts. The links below take you to step-by-step instructions with screenshots for how to register for the account type most appropriate to your business.

1. Provider
2. MSO
3. Billing Service

Account Managers:
Once registered, the Account Manager(s) will see an Account management link in their top-level navigation after log in. It provides direct access to all activities falling within the role.

Once established, the Account Manager(s)—not Blue Shield—sets up user profiles. Blue Shield will email each user a temporary password. Users have 30 days to visit the site and change their password or the account will be deleted.

Users:
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. After log in, a “badge” with the user’s initials appears in the white menu bar. Click this badge to access the Manage my profile page.

Additional support:
• This Provider Connection Account FAQ provides answers to the most frequently asked questions about establishing and maintaining a Provider Connection account as an Account Manager or User.
• See Update your Provider Connection password if you need help changing your password or if your account is locked or disabled.
• The Provider Connection training page includes links to the above resources and more. No log in is required.
Background: Below is a high-level snapshot of how to navigate the Provider Connection* website. Authenticated tools require log in, but there are many resources on Provider Connection that do not.

Instructions:

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 table of contents for information on the page. Clicking a category heading take you to a category.

5. **Categories:** Contain quick links to tools and resources when appropriate, and clickable boxes that 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 Provider Portal. Links in the footer of each page allow you to move between the two websites.
High-level provider directory validation process

**Background:** Blue Shield has designed our provider directory accuracy processes to be compliant with both the 2021 Consolidated Appropriations Act (CAA) and California Senate Bill (SB) 137 requirements.

**Process:**
- Online attestation to data accuracy every 90 days. Blue Shield will alert a provider when it is time to attest.
- Directory updates at any time either by:
  - Single edits on the Provider & Practioner Profiles page.
  - Bulk data file download/upload from the Provider & Practioner Profiles page using the Provider Data Validation Spreadsheet.

**Who can execute this process:**
- Provider Connection Provider and MSO Account Managers and users to which they give provider demographic information access. See next page for how to assign user access.
  - Billing Managers have view-only access.

Visit [Provider data management](#) for step-by-step instructions on how to attest and update provider directory information in compliance with federal and state mandates.
Background: Account Managers can assign provider demographic data access to designated users so that the most appropriate staff members validate/update/attest to provider directory information.

Instructions:

1. From the Account management page, click Manage your user accounts located under the Manage user accounts section.

2. Click the View link for a specific user.

3. That user’s Account information will display.

4. Move the Provider & practitioner data toggle to the right.

5. When the user logs in after access is granted, they will see a link to Provider & practitioner profiles in their top navigation bar.
Verify member eligibility

**Background:** Verify eligibility lets you confirm that a patient is a Blue Shield, Blue Shield Promise or Other Blue Plan member. Data in the tool is supported for up to two years prior to the date you search. It is updated daily.

**Instructions:**
1. After log in, click **Eligibility & benefits** from the white navigation bar.
2. Click **Verify eligibility** from the blue navigation bar.

3. **Verify eligibility** opens and defaults to **SEARCH SINGLE MEMBER**. To search for up to 10 subscriber IDs at one time, click **SEARCH MULTIPLE MEMBERS**.
4. For single member search, 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 SSN
   - MBI and date of birth (Medicare only)
   - First nine (9) characters of CIN
5. Click the active **Search** button.
Verify member details and benefit information

1. **Status:** Eligibility is **green** if active.

2. Upper right navigation provides links to eligibility details, the member ID card, benefits, and Check claims status.

3. **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.

   **Note:** When verifying eligibility for Blue Shield Total Dual (HMO D-SNP) members with matching Medi-Cal through Blue Shield Promise (“full duals”), two of the above results panels will present, one for Medicare (primary) and one for Medi-Cal (secondary). When this is the case, the member ID card will be active on the Medicare results screen and inactive on the Medi-Cal.

   **Tip:** For additional information about benefits, go to Benefit summaries to download/view a spreadsheet with detailed benefits for the Blue Shield and Blue Shield Promise plans.
Track specialty visits via the Visit Accumulator – Blue Shield’s Commercial plans only

**Background:** The *Visits Accumulator* tracks a **Commercial** member’s visits to specialty providers when their plan covers a set number of visits per plan year. Specialty visits covered by third parties such as American Specialty Health (ASH) are not tracked by the tool.

**To access Visits Accumulator data:**
1. Click **Verify eligibility** from the home page or from the *Eligibility & benefits* section.
2. Enter member eligibility information and click **Search**.
3. Click the **Details** link on the right side of the results page.
4. Expand *Deductibles and Out-of-pocket maximums*, then expand either the **Current** or **Historical** sub-section.
5. Scroll to the *Visits Accumulator* table.

**The Visits Accumulator tracks:**
- Date range for historical plan year. If viewing results for current plan year, no date range will display.
- Type of visits: Chiropractor, acupuncture, occupational therapy (OT), physical therapy (PT), respiratory therapy (RT) and combined visits.
- Visits maximum for the plan year.
- Visits used for the plan year.
- Visits remaining for the plan year.

<table>
<thead>
<tr>
<th>Description</th>
<th>Visits Maximum</th>
<th>Visits Used</th>
<th>Visits Remaining</th>
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<tr>
<td>Chiropractic Visit</td>
<td>20</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Acupuncture Visit</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>O/P PT, RT, OT and Chiro Combined Visit</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

For visits administered by third party vendors, please contact the vendor for more information.
Create member rosters

**Background:** Member rosters are lists of Blue Shield and Blue Shield Promise members who have selected a physician as a PCP or medical group. This list shows all providers associated with your account by Provider ID (PIN).

**Instructions:**

1. After log in, click **Eligibility & benefits** from the white navigation bar.
2. Click **Member roster** from the blue sub-menu bar.
3. The member updates column displays either **New** or **Updates** (member disenrolled or moved to another PCP).
4. Click the linked number to view and/or export data.
5. Click **Export** to download an Excel spreadsheet with full member details.
   - **Disenrolled Members Roster** includes disenrollment dates.
   - **Redetermined Members Roster** displays members with upcoming redetermination dates within the next 90 days.
   - **On Hold Members Roster** displays members who missed their redetermination date and are within the 90-day grace period.
6. Click **Filter** to and view/download by provider name, address, PIN or IPA/medical group.
Use Find a Doctor

**Background:** Find a Doctor lets you verify your participation in a member’s plan network. Additionally, you can verify the participation of other providers and facilities to ensure you make network referrals. The process starts by first verifying the member’s plan.

**How it works:**

1. Log in to [Provider Connection](#). Scroll down to the Quick Links section on the home page, click **Verify now** under Blue Shield/Blue Shield Promise network referrals.

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

3. Select the provider type from the grid.

4. In order to find a provider in your member’s network, click **Continue as a guest**.

**Tip:** To access **Find a Doctor** directly, go to [https://www.blueshieldca.com/fad/search](https://www.blueshieldca.com/fad/search).
Use Find a Doctor - continued

**Background:** Find a Doctor lets you verify your participation in a member’s plan network. Additionally, you can verify the participation of other providers and facilities to ensure you make network referrals. The process starts by first verifying the member’s plan.

5. Enter location information by entering city and state or click *Use Current Location*

6. The *Get personalized search results* page will appear, click *Select a plan* to set your member’s plan information.

7. The *Find your plan* page appears. Set the member plan information using the drop-down lists for Plan year, Plan type and Subplan (if applicable). Click *Continue with this plan*.
   - Once the member’s plan is set, only providers and facilities in the member’s network will appear when you conduct a search.

**Tip:** Visit *Provider data management* for step-by-step instructions on how to attest and update provider directory information in compliance with federal and state mandates.
Use Find a Doctor for PHYSICIAN network referrals

Background: Find a Doctor lets you verify your participation in a member’s Blue Shield plan network as well as the participation of other physicians, facilities, etc. Remember, once the member’s plan is set, only providers and facilities that are in the member’s network will appear when you conduct a search.

How it works:

Once you have set the member’s plan, you will be able to search for doctors in-network.

- Click the Doctor Name button and enter your last name in the Search field. Click Search.
- If your name is listed in the search results, you are in the member’s plan network.

Referrals:

Use these same steps to determine if a physician you are referring to is in the member’s plan network.
1. Select Doctor Type or Doctor Name (if known).
2. For Doctor Type, enter the specialty in the search field (there is a type ahead feature) or click the down arrow to view the list.
3. Select the specialty or specialties and click search.
4. The results will display in a list as well as on a map.

5. Click a doctor’s name to view more information.

To see a full list of contracted plans for yourself or a provider to which you are referring, open the individual physician’s record, scroll to the bottom of the screen, and click Plans Accepted by Provider. A list of contracted plans will display.
Use *Find a Doctor* for FACILITY network referrals

Background: *Find a Doctor* lets you verify your participation in a member’s Blue Shield plan network as well as the participation of other physicians, facilities, etc. Remember, once the member’s plan is set, only providers and facilities that are in the member’s network will appear when you conduct a search.

**How it works:**

1. Once you have set the member’s plan, you will be able to search for facilities in-network. Click **Facilities** from the grid.

![Facilities Grid](image)

2. **Facility Type** is the default selection.

3. Click the down arrow from the drop-down list to view a list of facilities or enter the facility type (there is a type ahead feature) in the search field. Click **search**.
   
a) You can also click **Facility Name** and enter the full or partial name in the search field. Click **search**.

4. A list of facilities displays along with a map. If a facility is listed in the search results, it is in the member’s plan network.
Use Find a Doctor’s filter and sort functionality

Background: Find a Doctor lets you apply multiple search criteria via the Filter & Sort link. Remember, once the member’s plan is set, only providers and facilities that are in the member’s network will appear when you conduct a search.

How it works:

1. Click Filter & Sort to access additional search fields. Fields present based on whether your search is for a provider or facility type and will include some or all the options below.
   a) Fields with a drop-down arrow contain lists from which you will select.
   b) The address field will prepopulate based on the member’s plan, but this can be changed.
   c) Open fields such as Medical Group and Hospital Admitting Privileges feature search-as-you-type functionality.
   d) Checkbox filter for Accepting New Patients.
   e) Results can be sorted by Nearest or Alphabetical.
Locate authorization tools and resources in the Authorizations section

**Background:** Medical authorizations can be submitted online or fax. Rx requests can be submitted online, by fax, or via the Surescripts® or CoverMyMeds® EHR platforms. Authorization status for all requests can be viewed online via AuthAccel. See [Authorization basics for providers](#) for an overview of the authorization process at Blue Shield/Blue Shield Promise.

**Orientation:**

1. The Authorizations section houses the AuthAccel online authorization tool, available after log in.
   - **Blue Shield:** Submit and view medical and Rx requests via AuthAccel for Commercial/FEP and Medicare members.
   - **Blue Shield Promise:** Submit medical requests and view medical and Rx requests via AuthAccel for Medi-Cal members.
   - AuthAccel instructions are linked to each launch page as well as the [AuthAccel Online Authorization System Training](#) page.

2. Click [Clinical policies and guidelines](#) to search medical and medication policies and requirements. No log in required

3. Click [Prior authorization forms and list](#) to access fax forms, and to learn about services requiring third-party authorization (e.g., National Imaging Associates [NIA]). No log in required.
   - For Commercial/FEP, AuthAccel can tell you if a medical authorization is/is not required by Blue Shield or if it is delegated.
Use the Claims Routing Tool to determine where to send paper claims

Background: The Claims Routing Tool tells you where to submit paper claims for Blue Shield/Blue Shield Promise. It can also be used to determine where to send BlueCard claims for out-of-state Blue plan members. No log in is required to use this tool.

Instructions:

1. No log in is required to use this tool. Go to Provider Connection and click Claims from the white navigation bar.
2. Click Claims Routing Tool from the blue navigation bar.
3. Enter the first three characters of the member’s ID.
4. Enter the date of service and click Search.
   a) If requested, enter the rest of the member ID and click Search.
5. The “send to” address will present. In most cases, so will a phone number for customer service should you need assistance.
6. Click Start over to conduct a new search.
Check Claims Status – Search claims and find EOBs

Background: Check claims status is available from the home page and from the Claims section after log in. It contains a Search and Other Blue plans tabs. The Appeal status tab links to Submitted disputes on the Claims issues & disputes page.

Instructions: You must be linked to the Tax ID and Provider ID (TIN/PIN) of the claim for which you are searching.
1. Click Check claims status. The Search tab displays with claims from the last three years with most recent at the top.
2. Enter data into one or more search fields and click Search.
3. Results will display below the blue header row. To sort results in alphabetical or ascending/descending order, click the desired column header and the up/down arrow once it presents.
4. Click the blue text links to see more detailed information about the member or claim or to view/download the EOB.
5. To clear the search and conduct a one, click Start over.

Tip: When using the Other Blue plans tab to conduct a search for member claims, all fields are required unless marked optional. Results will be sent to the user’s Message Center.
Check Claims Status – Claims details screen

Background: Clicking the claim number from the Check claims status search results opens the Claims detail screen and provides access to the following information. Once a claim has been reviewed and finalized, the EOB and Resolve a Claim Issue or Dispute links will be active.
Background: Disputes can be initiated from the 1) Claims detail screen once the claim has been finalized (see previous page) or from the 2) Claims issues & disputes section, if you know the claim number.

How it works:

- Disputes can now be filed online for finalized Commercial, Shared Advantage, and BlueCard claims.
- Disputes must be filed by mail for Promise Health Plan, Medicare, Medicare Advantage, and FEP claims.
- To file a dispute online or by mail for a finalized claim or claims, log in and go to the Claims section:

1. Click Check claim status in the blue sub-menu bar.
2. Search for the finalized claim. (See Check Claims Status for instructions.)
3. Click the claim number to open the Claims Detail page.
4. Click the Resolve claim issue or dispute link. This link will be active only if the claim has been finalized.
   - Note, if it is a claim type that cannot be disputed online, the link will say, “file a dispute by mail.”
5. If you know the claim number, you can also file a dispute online directly from Claims issues & disputes, after log in.

Tip: Instructions for filing a dispute online are built into the online interface. Instructions for filing a dispute by mail are located on the Get forms and instructions page.
View My Disputes: Search disputes and access determination letters

Background: The Submitted disputes link is available from the Claims issues & disputes section after log in. It contains all disputes submitted by mail for Commercial, Shared Advantage, and Blue Shield Promise, as well as all disputes submitted online for Commercial, Shared Advantage, and BlueCard. It does not display FEP, Medicare, Medicare Advantage or Dental claims, nor BlueCard claims submitted by mail.

1. Click Claims issues & disputes from the blue sub-menu bar.
2. Click View my disputes.
3. Select either the Submitted online or Submitted by mail tab.
4. Click Filter to search for a dispute.
5. Enter data related to the dispute(s) in one or more fields and click Show results.
6. Results display under the light blue banner.
   - Click links under the Document column to view acknowledgement and determination letters.
Determine if you are enrolled in Electronic Data Interchange (EDI)

**Background:** EDI is the exchange of business transactions in a standardized format from one computer to another. Using EDI, you can receive claims payment information electronically (electronic remittance advice or ERA) and you can have claims payments deposited directly into your business account (electronic funds transfer or EFT).

**Instructions:**

1. Determine if your organization is already enrolled in EDI by clicking **Check My payment preferences** on the Manage electronic transactions page in the Claims section. You will need to be logged in to see the results.

   ![Manage electronic transactions](image)

2. To navigate...
   a) Click **Filter results** to open filtering options.
   b) Filtering can be done by one or more Tax IDs (TINs) and/or Provider IDs (PINs), or by individual provider name. Results will display below. Click **Clear all** to restore all data.
   c) “No” in the EFT or ERA column means that the TIN/PIN is not enrolled in EDI. Click **Change this** to learn how to enroll.

   ![Payment preferences](image)

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**Tip:** If you aren’t currently enrolled in EDI, follow the instructions provided on the Manage Electronic Transactions page.
**Background:** Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the [Blue Shield Promise Provider Portal](https://www.blueshield.com). The links below will take you to content on Provider Connection, and in some cases, to content on the [Blue Shield Promise Provider Portal](https://www.blueshield.com).

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| Spine surgery/pain management prior auth and Radiology and imaging prior auth
  • National Imaging Associates (NIA) [RadMD Sign In](https://www.radmd.com) | |

* Log in required.
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