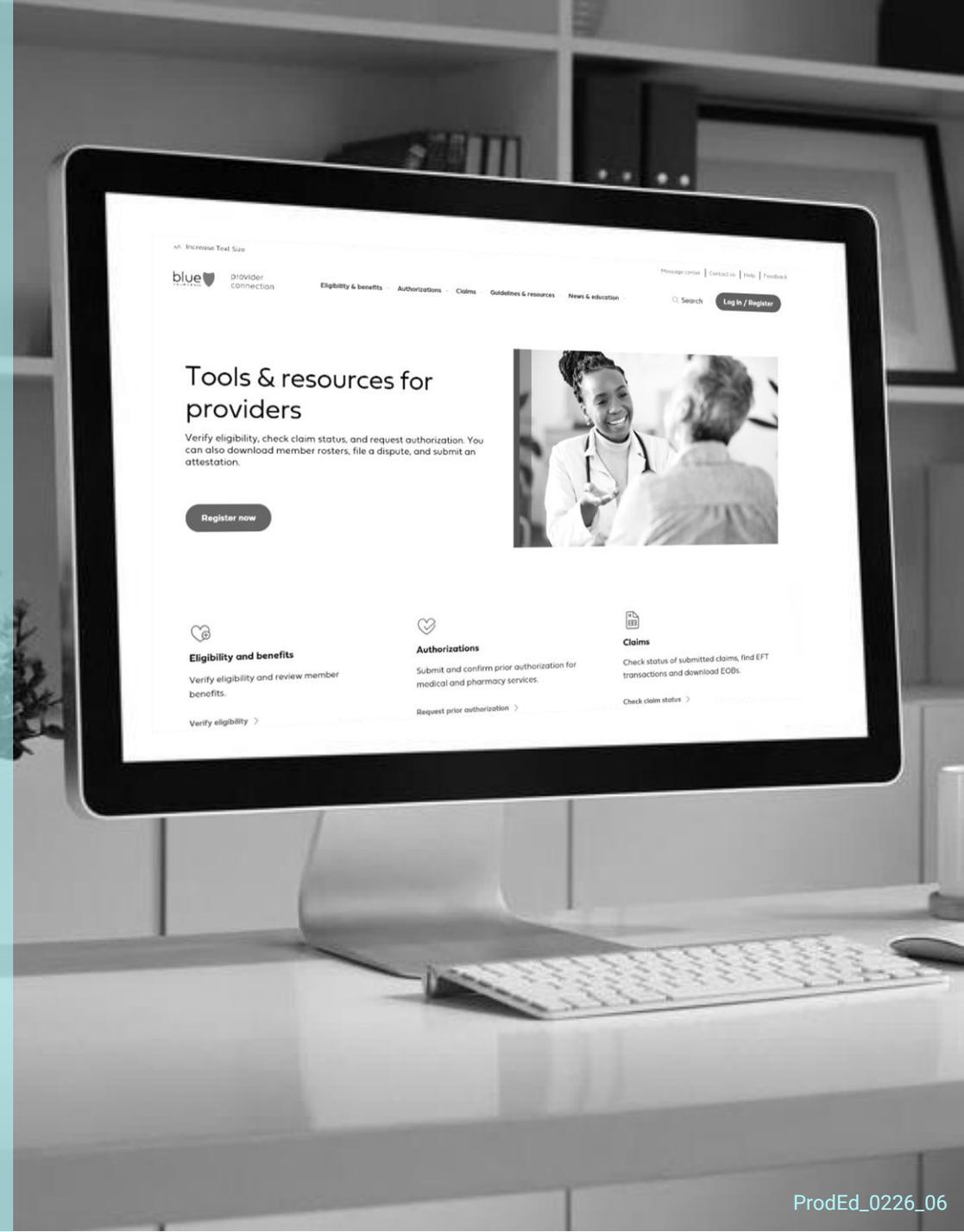




Provider Connection

Blue Shield and Blue Shield Promise providers
February 2026

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



Agenda

1. Register and navigate the Provider Connection website.
2. Attest and update provider directory information.
3. How to use online tools:
 - Create member roster
 - Check eligibility and benefits
 - Check if authorization is required, and if yes, submit and track status
 - Submit claims, check status / find EOBs
 - Understand the difference between filing a dispute online and attaching additional documentation to a decision claim
4. Get help with Provider Connection.



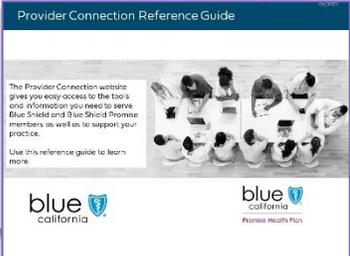
Provider Connection support – no log in required

Provider Connection Reference Guide

Blue Shield/Blue Shield Promise Provider Connection reference guide directory

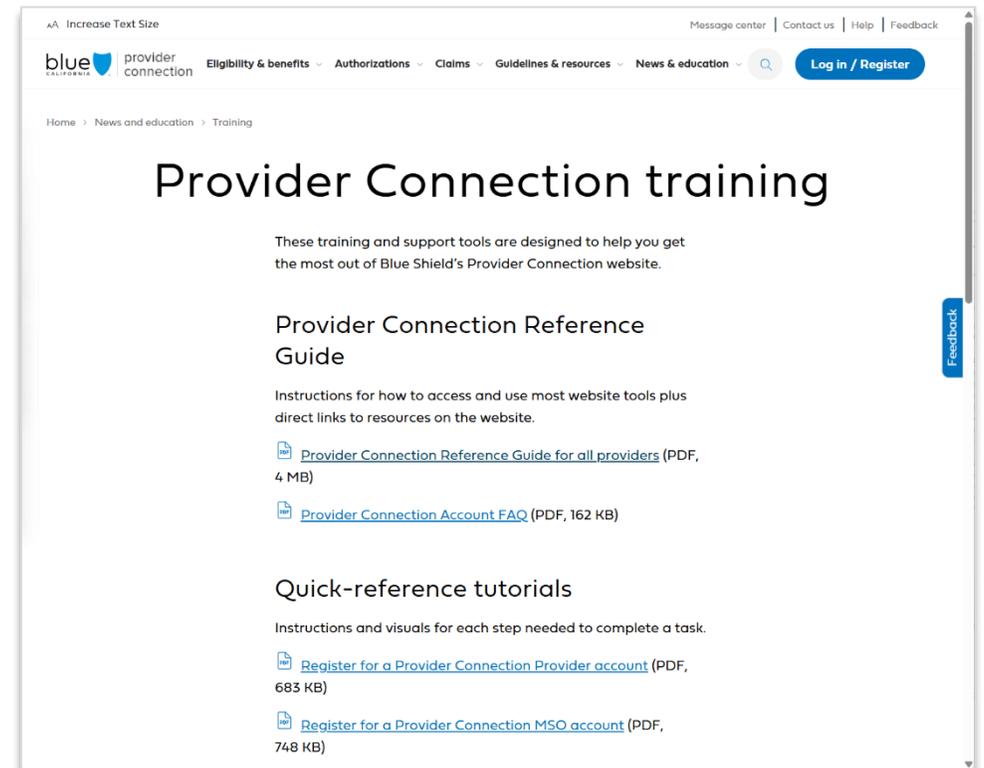
If you are viewing this guide online, the linked page numbers take you to instructions for key activities you can do on Provider Connection. Use the *Directory* button at the bottom of each page to return to this table of contents.

Page	Action
3	Registration & account management for Account Managers and Users
4	Website navigation
5	Provider directory online validation and update process <ul style="list-style-type: none">• Assign user access to provider demographic information
7	Verify member eligibility plus view eligibility and coverage details, benefits, and member's ID card
13	Create member rosters
14	Locate authorization tools and resources
15	Options for submitting claims
16	Use the <i>Claims Routing Tool</i> to determine where to send paper claims
17	Account Managers: Enroll in ERA and EFT online plus check or edit enrollment status
18	Use <i>Check Claim Status</i> to search claims and find EOBs
20	Attach documentation to a finalized claim
21	Submit a dispute online or by mail
22	Use <i>View My Disputes</i> to track disputes and access determination letters
24	Quick links



Instructions for common tasks and links to helpful resources

Provider Connection training



AA Increase Text Size Message center | Contact us | Help | Feedback

blue shield of california provider connection Eligibility & benefits | Authorizations | Claims | Guidelines & resources | News & education | Log In / Register

Home > News and education > 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 MB)
- [Provider Connection Account FAQ](#) (PDF, 162 KB)

Quick-reference tutorials

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

- [Register for a Provider Connection Provider account](#) (PDF, 683 KB)
- [Register for a Provider Connection MSO account](#) (PDF, 748 KB)

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



Website registration & navigation

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

Establishing a Provider Connection account

- Identify a Provider Connection Account Manager
 - 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.
- Determine your account type and have the following information on hand:

Click these links for step-by-step instruction.

Account type	Required for registration
<u>Provider</u>	<ul style="list-style-type: none"> • One Tax ID (TIN) or Social Security Number (SSN). • Claims data* for the TIN/SSN you are registering under (or Contract ID number).
<u>MSO</u>	<ul style="list-style-type: none"> • MSO’s TIN and one TIN/SSN for provider you are representing/registering with. • Claims data* for the provider you are representing/registering with (or Contract ID number). • Business Associate Agreement (BAA) date for each provider’s TIN you are registering. <ul style="list-style-type: none"> • BAA date = date the provider signed the contract.
<u>Billing Service</u>	<ul style="list-style-type: none"> • TIN(s) of the providers for whom you will bill. • BAA date for each provider’s TIN/SSN you are registering.

* A check/EFT amount AND either the 1) check/EFT number or 2) claim number or 3) Member ID for one claim paid in the last three months under the TIN/SSN being registered. If there are no claims within the last three months, the system will ask for the subscriber ID and birth date of an eligible Blue Shield/Blue Shield Promise member or your contract ID number (this is the 9-digit number you can find on your Blue Shield of California or Promise Health Care plan contract).

Establishing a Provider Connection account (continued)

Account menu

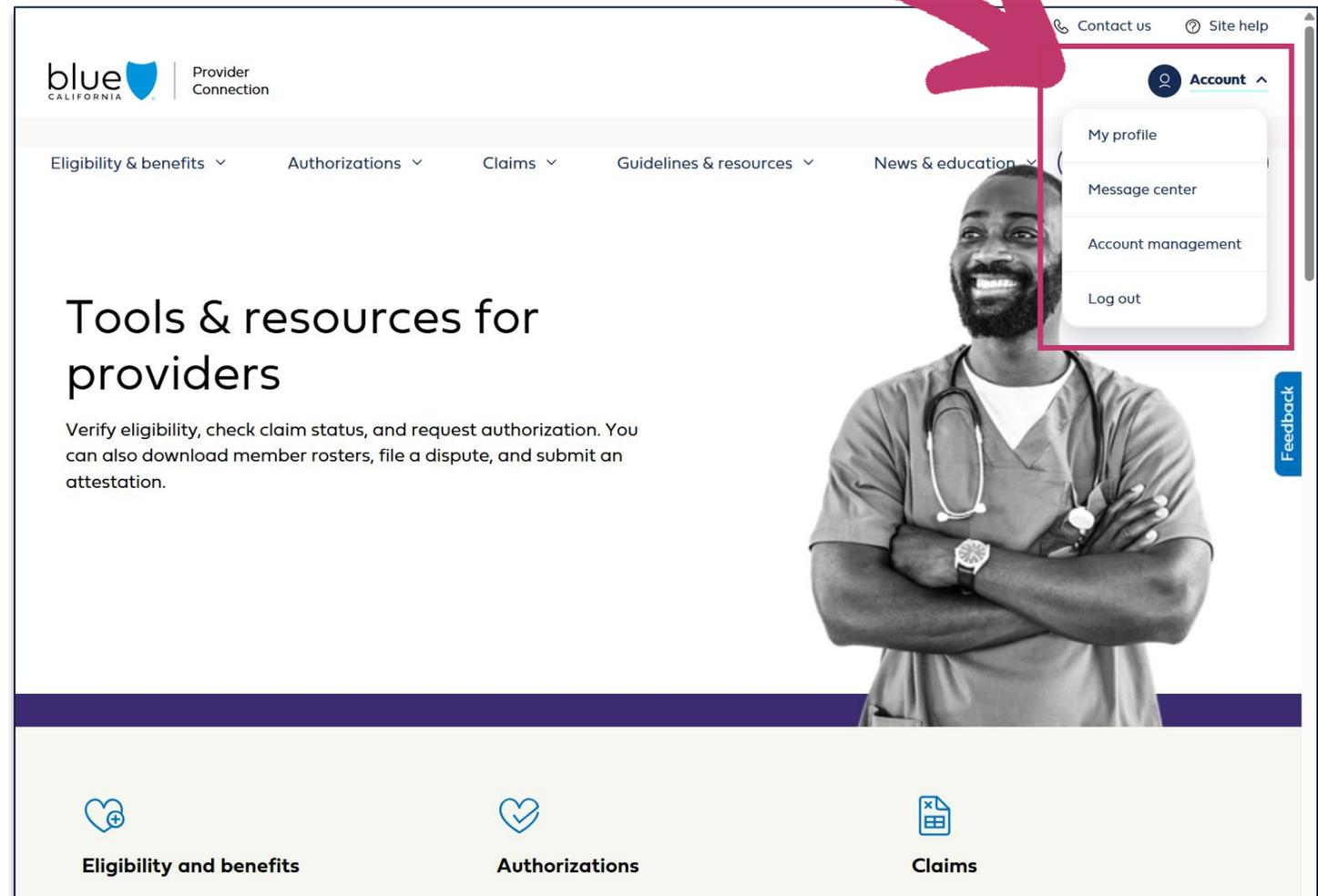
After log in, the Account menu icon appears. Click this to access the *Manage my profile* page where you can do things like update your username/password, change your email, etc..

Account Managers

Once registered, you access the *Account management* page from the *Account* menu where you access all functions of an account manager including setting up additional user profiles for your organization and attesting to and updating your provider information.

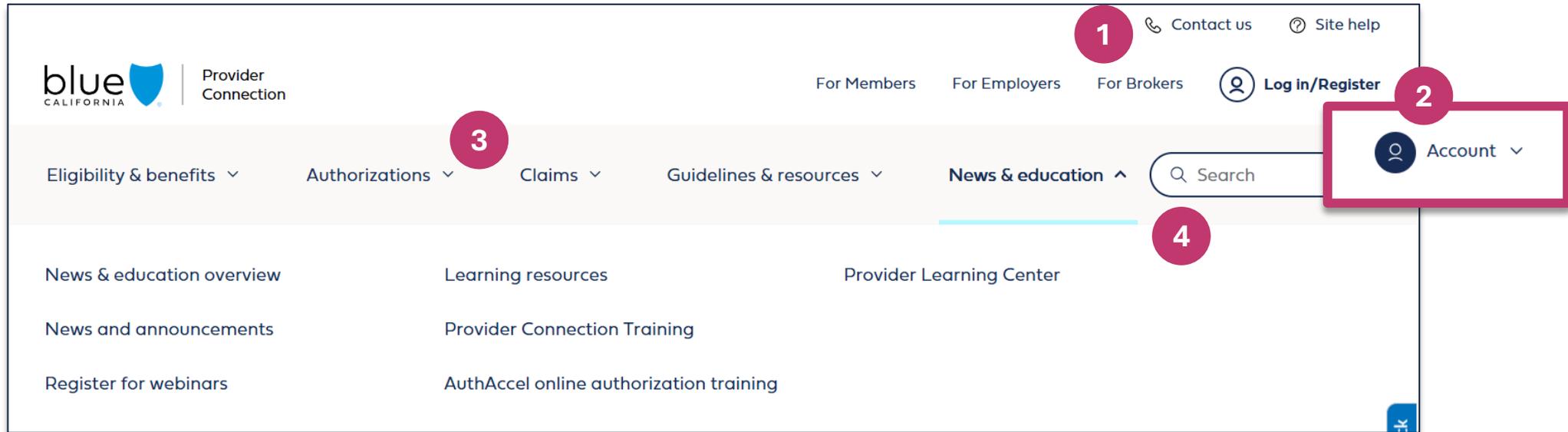
Users

- After set-up by your Account Manager, Blue Shield will email you a link to finish establishing your account.
- You have 30 days to visit the site and complete this process. If you do not, the Account Manager must recreate your profile.



The screenshot displays the Blue Shield of California Provider Connection website. The top navigation bar includes the Blue Shield logo, "Provider Connection", and links for "Contact us" and "Site help". A user profile icon labeled "Account" is visible in the top right corner, with a red arrow pointing to it. A dropdown menu is open, showing options: "My profile", "Message center", "Account management", and "Log out". The main content area features a large image of a smiling male healthcare professional with a stethoscope. Below the image, the heading "Tools & resources for providers" is followed by a paragraph: "Verify eligibility, check claim status, and request authorization. You can also download member rosters, file a dispute, and submit an attestation." The bottom of the page has a dark blue bar with three icons and labels: "Eligibility and benefits", "Authorizations", and "Claims".

Provider Connection website navigation



- 1. Top level navigation:** General site actions like *Contact us* and *Help*.
- 2. Login/Register – Account:** Access to register as an Account Manager and log in once registered. Once logged in, you will see your Account menu that give you access to manage your account functions.
 - Blue Shield uses two-step authentication. To verify your identity each time you login, enter your username/password plus the code Blue Shield sends to your email.
- 3. Navigation bar:** Links to the five site sections, Search, and Log in/Register. When you click a section link, the blue line indicates the section drop-down menu you have activated.
- 4. Section drop-down menu:** Links to the most-used content and tools within the specific section.

Blue Shield Promise integration with Provider Connection

Blue Shield Promise integration

- 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 Website](#).
- Links in the footer of each website allow you to move between the two websites.

The screenshot shows the Blue Shield Promise website interface. At the top, there is a navigation bar with 'Return to blueshieldca.com', 'Contact us', 'English', and 'Log In/Register'. Below this is a header with the 'blue SHIELD CALIFORNIA | PROMISE' logo and navigation options: 'Our plan', 'Medi-Cal members', and 'Providers'. A search bar is also present. The main content area features a large image of two people in a clinical setting, followed by the heading 'Medi-Cal member retention help'. Below the heading, there is text about the health plan's team of specialists and a link to 'Read Medi-Cal member retention tips'. At the bottom of the page, there are two columns of information: 'I am interested in policies and guidelines' and 'I am interested in programs supporting our network providers and members'. A 'Feedback' button is visible on the right side of the page.

QUICK LINKS

- About Provider Connection
- Register for Provider Connection
- Forgot username/password
- Change password
- Compatible browsers
- [Blue Shield Promise provider resources](#)





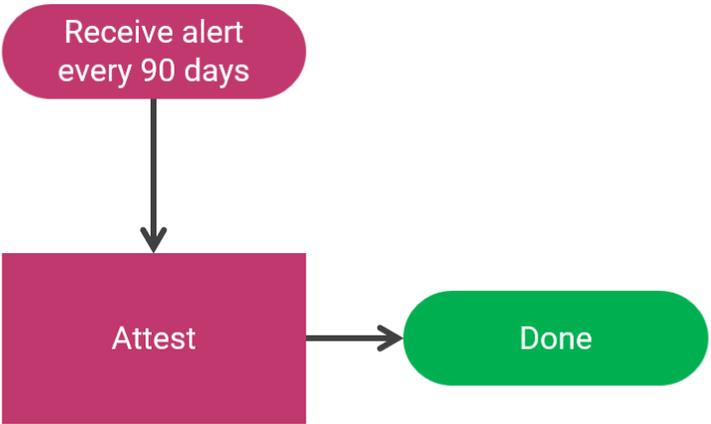
Attest & update provider directory information

The federal Consolidated Appropriations Act, 2021 (CAA) mandate requires providers attest to their data every 90 days (even if it has not changed) and update it whenever it changes.

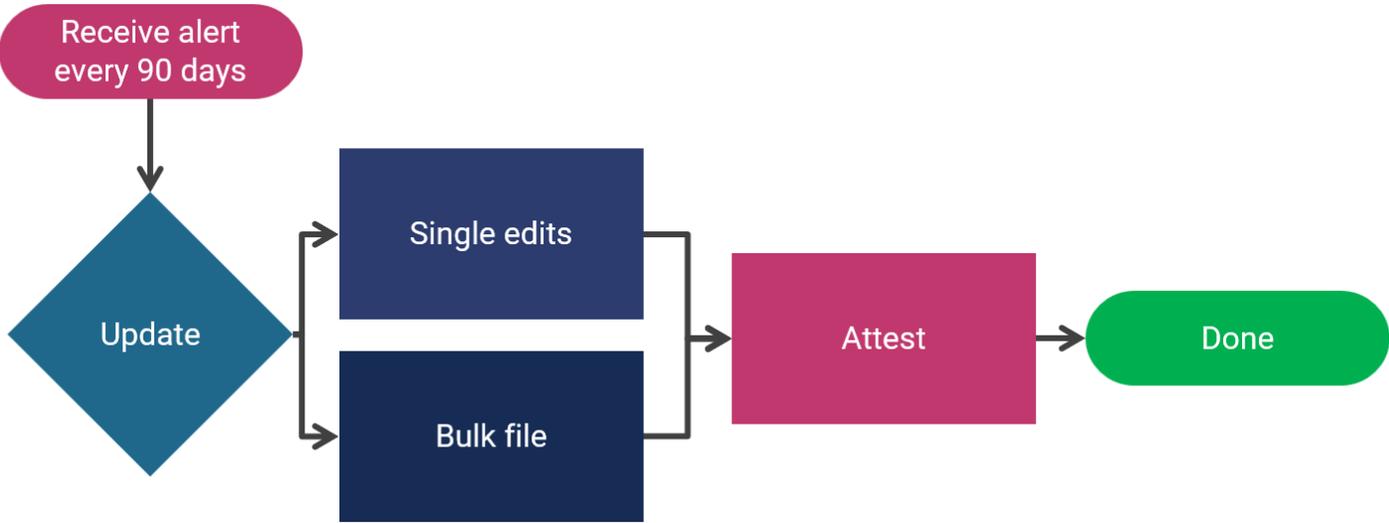
Updating your provider data

The process starts when a Provider Connection Account Manager or designated user receives an attestation alert online. Notifications are also sent by email, fax, or postal mail.

Provider data is accurate



Provider data needs updating



* Account Managers, see [attest/updates instructions](#) on Provider Connection for how to assign provider data access to designated user(s) .

Updating your provider data – training & support resources



Step-by-step and detailed instructions are available to you – no login required – under the Provider Data Management section on the Learning Resources page.

[Provider Data Management](#)

Need additional help?

If, after reviewing the support materials on the left, you need additional help updating your information in Provider Connection or have questions about the information shared in the Blue Shield directory.

Contact:

Provider Information and Enrollment at (800) 258-3091, from 6 a.m. to 6:30 p.m., Monday through Friday.

Or email: PIEProvPortalSupport@blueshieldca.com

NEW UPDATE

How to Attest or Update Your Provider Directory

Blue Shield of California and Blue Shield Promise established the following process to meet federal California Senate (SB) 137 mandates:

- Attestation to the accuracy of your provider information every 90 days.
- Updates to your provider directory information:
 1. *Provider & Practitioner Profiles* section
 2. *Blue Shield Provider Demographics* section and uploaded to Provider Connection

To access Provider Connection

See step-by-step instructions with screenshots for account type most appropriate to your business:

- **Note**, only providers with a "Provider" or "Billing" providers have "view only" access

See [Update your Provider Connection password](#) if your account is locked or disabled. Additionally, view [Troubleshooting](#) if you are experiencing website access issues.

Table of Contents: How to Attest/Update Provider Directory

Click the bolded section title to go to the topic.

Overview of key steps
Step 1: (if needed) Assign provider/practitioner data
Step 2: (if needed) Update validation contact(s) and
Step 3: Attest to provider directory information accuracy
Step 4: Update provider directory information when necessary
/Make single updates directly on Provider Connection
/Make bulk updates via the Provider Data Validation Spreadsheet
Need help?

blueshieldca.com

Blue Shield of California and Blue Shield of California Promise Health Plan are independent member companies.

blue CALIFORNIA
Promise Health Plan

blue CALIFORNIA

**User Guide for the
Provider Data Validation Spreadsheet (Bulk File)**

*Read all instructions in the User Guide below before using the Provider Data Validation Spreadsheet to update your provider directory information.**

Purpose of the User Guide

Keeping your provider and practitioner information up to date in the Blue Shield of California Provider Directory ensures members can access your current information.

Per state and federal law, you must attest every 90 days to the accuracy of your provider or facility directory information to stay in Blue Shield of California's [Find a Doctor directory](#). A yellow banner on Provider Connection alerts you when it is time to attest.

Blue Shield's [Provider Connection](#) website is the designated platform for you to submit additions, changes, terminations, and attestations to the accuracy of your provider directory information.

If you need to make multiple updates to your provider directory information:

- Use the Provider Data Validation Spreadsheet, also called "bulk file."
- Read [Section A](#) of this guide below and follow the step-by-step instructions to access and make updates in the spreadsheet.
- See [Section B](#) of this guide if you need more detailed guidance about using the spreadsheet.

*The instructions in the user guide and processes are subject to change. Version 111325

BLUE SHIELD OF CALIFORNIA 1

[Step-by-step instructions](#) on the full attestation process, including how to make single edits to your data online.

[Detailed instructions](#) on how to complete each field on the Provider Data Validation Spreadsheet when updating data in bulk.

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 banner at the top of the home page or from the *Provider & Practitioner Profiles* page.



In addition to this banner, Blue Shield sends a series of automated notifications on a rolling 90-day schedule.

Online attestation to data accuracy every 90 days (continued)

2. The attestation screen displays with all Tax IDs (TINs) associated with your account.
3. Click the checkbox next to each TIN after validating information on file is accurate or click the *TIN* checkbox if attesting to accuracy of all TINs.
 - * To view data prior to attesting, download the XLSX file from the *Attestation* window or click Provider & Practitioner Profiles in the breadcrumb to view data in Provider Connection.

Home > Account Management > Provider & Practitioner Profiles

ATTESTATION 2

Online attestation to data accurac...

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

Review & attest

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.

Select tax IDs to submit for attestation

Search tax IDs and organizations

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

0 selected

Showing 1 tax ID

4 [Submit](#)

4. Click **Submit**.

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

<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

Account Managers can attest to the accuracy of their provider data at any time from their Account Management page. This option is not available to designated users.

Update provider information by single or bulk edits

Both options are in the Provider & Practitioner Profiles section located on the Account Management page.

Account Managers



Account ^

- My profile
- Message center
- Account management**
- Log out

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

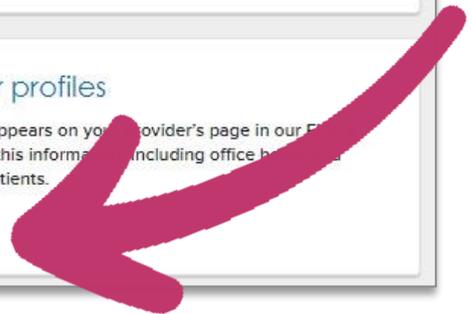
View a list of account managers in your organization registered with your tax IDs. Use this list to identify a manager to transfer your Provider Connection users to if necessary.

[View other account managers with your tax IDs](#)

Provider & practitioner profiles

Update this information regularly! It appears on your provider's page in our Provider & Practitioner search. Our members rely on this information, including office hours, to determine whether a doctor is accepting new patients.

[Update your provider's information](#)



Users

Account ^

- My profile
- Message center
- Provider & practitioner profiles**
- Log out

For designated users, a direct link to the page is on the *Account* menu.

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* required 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** [Update](#) Organization name: XYZ HEALTH NETWORK

[Providers](#) [Bulk Updates](#) [Remittance](#)

XYZ HEALTH NETWORK [Search providers](#)

Manage your organization's demographic data

Provider name ↑	Type ↓	Website	Link
XYZ HEALTH NETWORK MEDICAL CENTER	Hospital		View
XYZ HEALTH NETWORK PHYSICIAN GRP	Physician Group Practice		View
XYZ HOSPITAL LOS ANGELES	Hospital		View

[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](#)

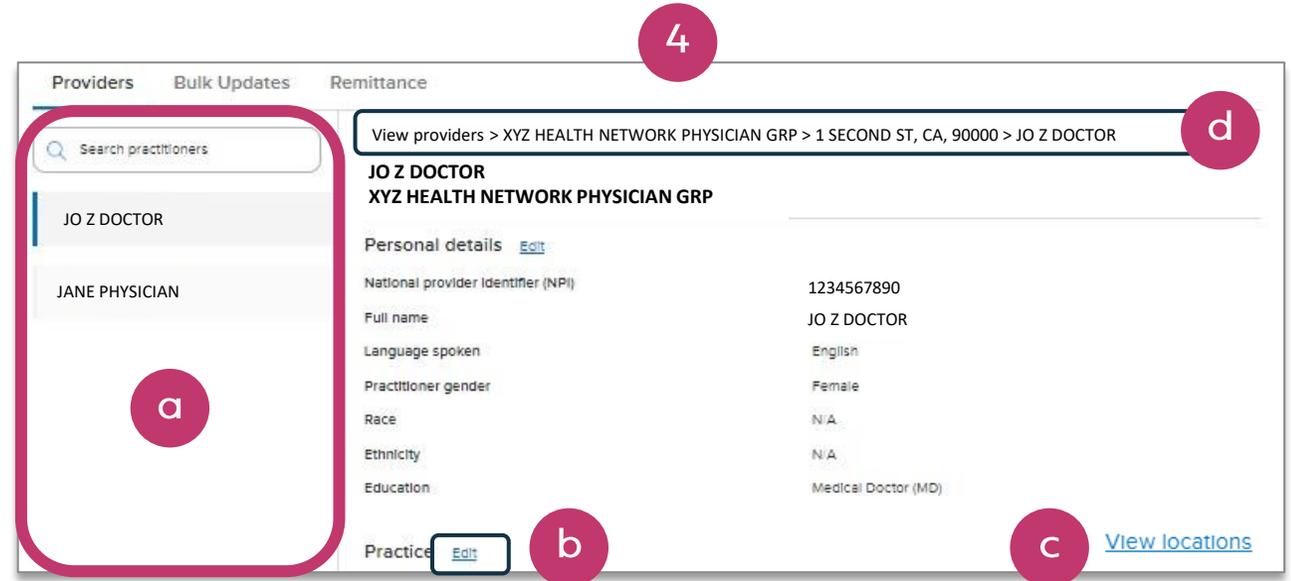
National provider Identifier (NPI)	1234567890
Full name	JO Z DOCTOR
Language spoken	English
Practitioner gender	Female
Race	N/A
Ethnicity	N/A
Education	Medical Doctor (MD)

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

Update provider information: Single edits (continued)

4. View providers interface

- Search functionality and navigation located on the left.
- Click **Edit** to make changes and the **Save** button to save them.
- Depending on your organization's type and structure, there are typically three levels* of data you can edit. Use link in the right corner to drill down from level to level.



Capitated provider levels

- Provider details
- Practitioner details
- Service location details

Non-capitated provider levels

- Provider details
- Location details
- Practitioner

- Use the breadcrumb or *Back* button to navigate between levels.

Note: Some capitated IPAs may also see a "View clinics" level.

Bulk updates – Provider Data Validation Spreadsheet

Home > Account Management > Provider & Practitioner Profiles

PROVIDER & PRACTITIONER PROFILES

Select organization to display: 123456789 - XYZ HEALTH NETWORK (1) [Update] Organization name: XYZ HEALTH NETWORK

Providers **Bulk Updates** (2) Remittance

XYZ HEALTH NETWORK 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 (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 [Browse]

[Upload]

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

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

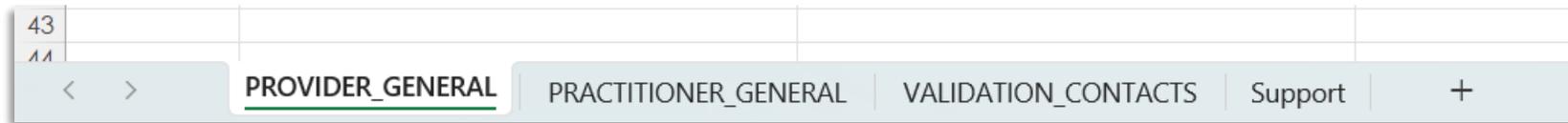
[Cancel] [Continue] (4)

From *Provider & Practitioner Profiles*:

1. Select the Tax ID (TIN) you wish to update and click **Search**.
 - This step is *not* required 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.

Bulk updates – Provider Data Validation Spreadsheet (continued)

- The (Excel) file downloads as ProvDataVal_TIN_0000000001.xlsx.*
- There are four tabs in the spreadsheet:



Tab	Title	Description
1	PROVIDER_GENERAL	Pre-populated, used to add/update/term service location data for Medical Group, IPA, IPA roster member or individual practitioner.
2	PRACTITIONER_GENERAL	Pre-populated, used to add/update/term individual practitioners and practitioners that have an active relationship with a medical group or IPA.
3	VALIDATION_CONTACTS	Pre-populated, used to provide updated email(s) for the person(s) responsible for completing the spreadsheet.
4	Support	Links to attestation and bulk update instructions located on Provider Connection, no log in required.

See the [Provider Data Validation User Guide](#) and the [eLearning](#) on Provider Connection for detailed instructions.

Bulk updates – Provider Data Validation Spreadsheet continued

5. When finished, 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: Options:
 - **Successful:** Loaded to *Find a Doctor* as you submitted.
 - **Partially successful:** Some data must be manually updated by Blue Shield: Will take longer to see all changes in *Find A Doctor*.
 - **Rejected:** Please review the bulk spreadsheet instructions on Tab 1 and resubmit.

PROVIDER & PRACTITIONER PROFILES

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

Providers **Bulk Updates** Remittance & Payments

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 download a single Excel file (XLSX) containing all provider data associated with this Tax ID. If necessary, update your provider directory information within the spreadsheet by following the instructions outlined in the Provider Data Validation Companion Guide.

[Download XLSX](#)

Provider Data Validation Companion Guide
Download the companion guide to assist with updating your provider directory information within the Excel spreadsheet.

[Download companion guide](#)

Upload your updated Excel file
Follow the steps in the Provider Data Validation Companion Guide before uploading the file to our system.

Attach the XLSX file

Drag and drop your XLSX file here
or
[Browse](#)

5

[Upload](#)

Provider Data Validation Spreadsheet reminders



Download a new Provider Data Validation Spreadsheet from Provider Connection each time you submit. Each Tax ID will have its own spreadsheet file.



Blue header columns (A, B, C and D) contain pre-populated fields that cannot be edited. Other fields within the file may be edited to make necessary updates or add missing demographic data.

- Certain fields must be completed with Blue Shield pre-defined values. See the [Provider Data Validation User Guide](#) for these values.
- Drop-down menus can be found in certain areas of the spreadsheet and should be used where available.
- Take care not to remove any columns, tabs, or rows, or make changes to column headers.

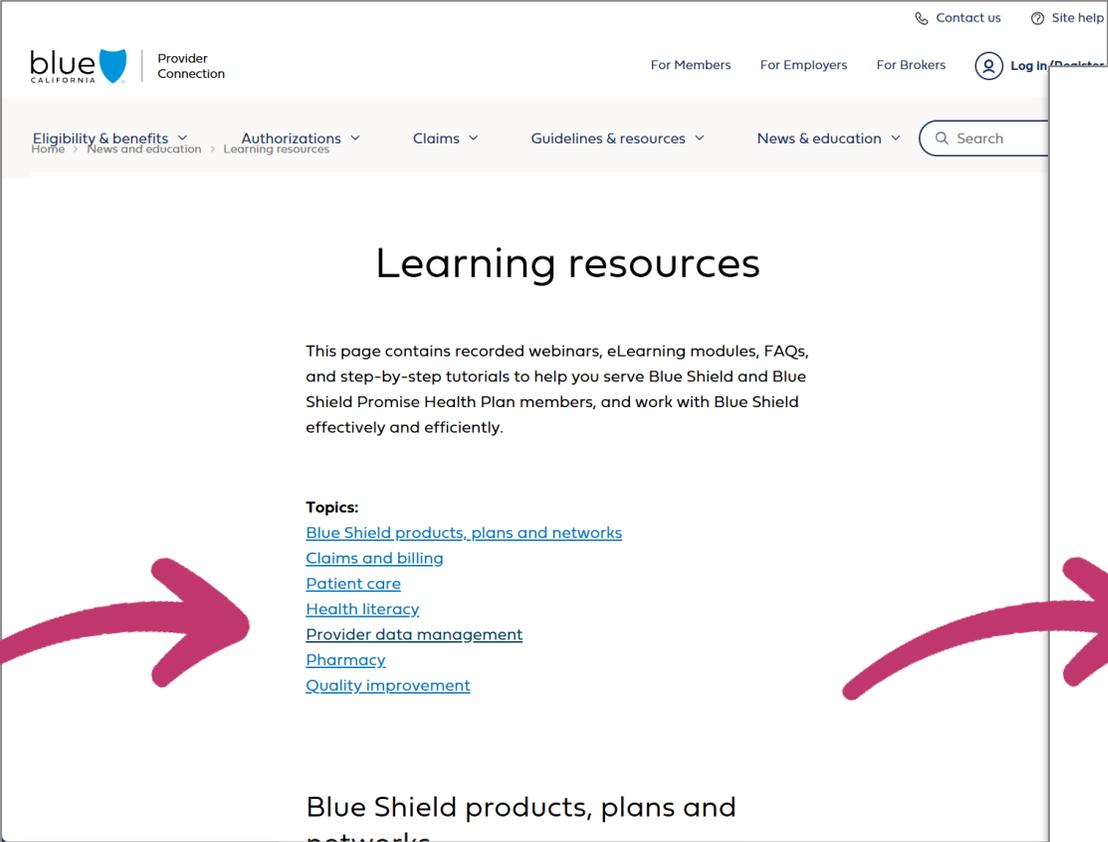


Regarding the Add/Term/Update column on the Provider and the Practitioner General tabs, select:

- Add when adding a new service location or practitioner.
- Term when removing or changing location address or terming a practitioner.
- Update if you are editing non-address related information like office hours.

Getting help with Data Validation Spreadsheet

[Provider Data Management](#) ...help section on Provider Connection – User Guide, step-by-step instructions and more.



Provider data management

How to attest or update your provider directory information

Per federal and state law, contracted providers, facilities, and practitioners must attest to the accuracy of their provider directory information every 90 days and update that information if it changes. Blue Shield providers are required to attest and update via the Provider Connection website.

Make single or multiple updates via Provider Connection to keep your provider directory information current.

Use these guides to attest or make single updates:

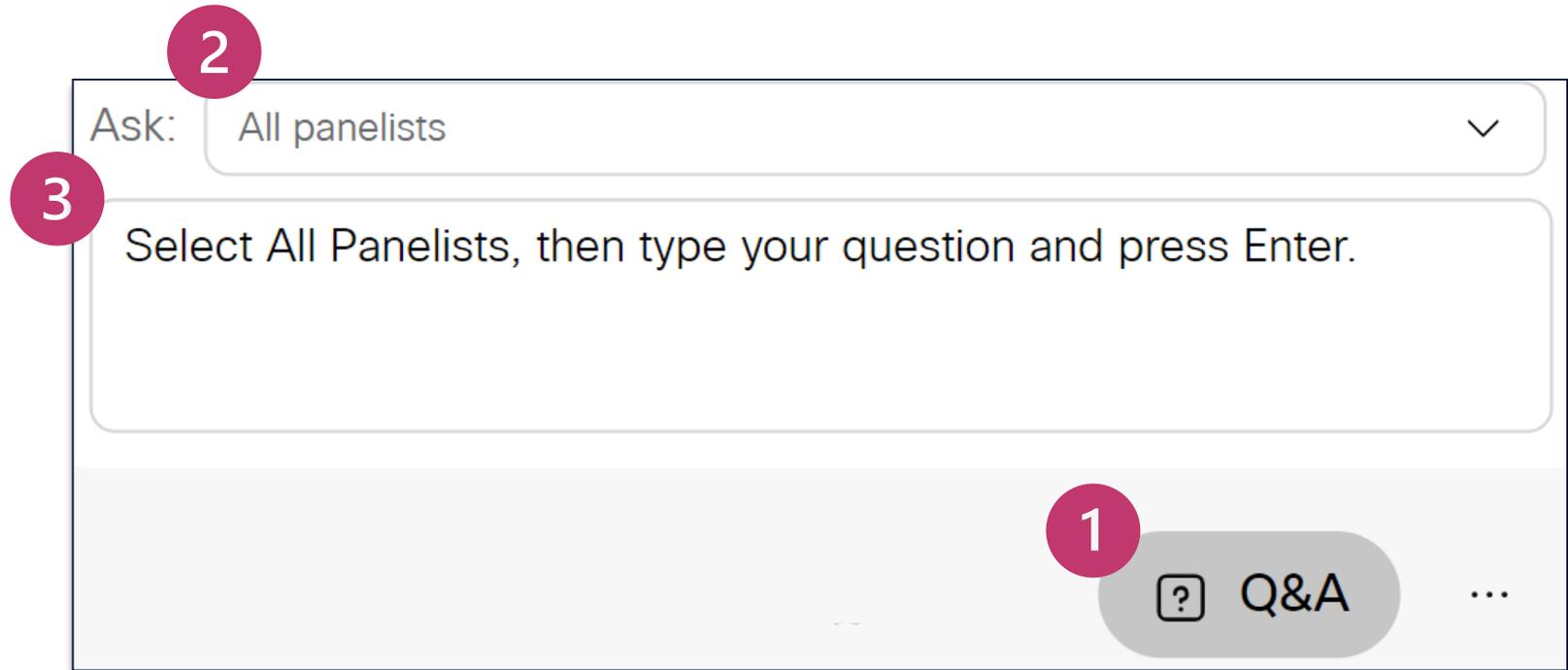
-  [How to update or attest to provider information video](#) (6 min)
-  [How to update or attest to provider information instructions](#) (PDF, 1 MB)

Use these step-by-step guides to make multiple updates via the Provider Data Validation Spreadsheet, also called "the bulk file":

-  [Updating your provider and and practitioner profiles](#) (eLearning course)
-  [Provider data validation user guide](#) (PDF, 1 MB)

Q&A

1. Click the Q&A button.
2. Select All Panelists.
3. Type your question.
4. Press Enter on your keyboard.





Authenticated tools

Authenticated tools require login, or “authentication”, because you are accessing protected information.

Create a member roster instructions

The Member rosters tool is available from the Eligibility & benefits section after log in.

Providers can view/download a list(s) of members who selected them as their PCP or IPA/ medical group. Lists are specific to the Provider ID number (PIN).

1. The Member updates column displays either New or Updates.
2. Member roster categories = Active, New, Disenrolled, Redetermined, and On hold.
3. To search for a specific provider or IPA/medical group, use the Search field or Filter functionality. Filtering options include provider name, address, PIN, or IPA/medical group.

Member rosters

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: [Search](#) [Export](#) [Filter](#) [Help](#)

Provider name	PIN	Provider address	IPA / Medical Group	Member updates	Active members	New members	Disenrolled members	Redetermined members	On hold members
JOE J DOCTOR	1000000002	1 MAIN ST. BREA, CA 90001	N/A	Updates	17	1	12	4	0

Search providers: [Search](#) [Export](#) [Filter](#) [Help](#)

Provider name

Provider address

PIN

IPA/Medical group

[Start over](#) [Show results](#)

Create a member roster instructions (continued)

4. Click an active number under any one of the five categories to view member detail and/or export data. The export will contain full member details.

The screenshot shows the 'Member rosters' interface. At the top, there is a search bar for providers and buttons for 'Export', 'Filter', and 'Help'. Below this is a table with columns for Provider name, PIN, Provider address, IPA / Medical Group, Member updates, Active members, New members, Disenrolled members, Redetermined members, and On hold members. The first row shows 'JOE J DOCTOR' with a PIN of '100000002' and 17 active members. A red box highlights the 'Updates' button and the number '17'. A red arrow points from the '17' to a detailed view of the 'Active member roster' for 'DOCTOR J' with PIN '100000002'. This detailed view shows the last update time and an 'Export' button, with a red circle containing the number '4' and an arrow pointing to the 'Export' button.

Provider name	PIN	Provider address	IPA / Medical Group	Member updates	Active members	New members	Disenrolled members	Redetermined members	On hold members
JOE J DOCTOR	100000002	1 MAIN ST. BREA, CA 90001	N/A	Updates	17	1	12	4	0

#	MEMBER NAME	SUBSCRIBER ID	DATE OF BIRTH	LOB/PLAN NAME
---	-------------	---------------	---------------	---------------

Member roster categories detail

- 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.

Verify eligibility (log in required)

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 or Blue Shield 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 either the:
 - a. - Member ID
 - b. - Member Last/First and DOB
 - c. - Social Security Number (SSN), Medicare Beneficiary ID (MBI), or Client Index Number (CIN)
4. Click Search.

The screenshot shows the 'Verify eligibility' web interface. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted) and 'SEARCH MULTIPLE MEMBERS'. A red circle with the number '1' is placed over the 'SEARCH SINGLE MEMBER' tab. Below the tabs, there is a heading 'Member coverage / card type' and three radio button options: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. A red circle with the number '2' is placed over the selected radio button. Below this, there are three search methods, each in a separate box. The first box is titled 'SEARCH BY SUBSCRIBER ID' and contains a 'Subscriber ID' field with a placeholder '9-16 characters', a 'Start over' button, and a 'Search' button. A red circle with '3a' is placed over this box. The second box is titled 'SEARCH BY MEMBER NAME' and contains 'Last name' (with 'Doe' entered), 'First name' (with 'John' entered), and 'Date of birth' (with 'MM/DD/YYYY' and a calendar icon) fields, a 'Start over' button, and a 'Search' button. A red circle with '3b' is placed over this box. The third box is titled 'SEARCH BY MEMBER SSN, MBI, OR CIN' and contains three radio button options: 'Social security number (SSN)' (selected), 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)'. Below these are 'Social security number (last 4)' (with 'Last 4 digits' entered), 'Date of birth' (with 'MM/DD/YYYY' and a calendar icon) fields, a 'Start over' button, and a 'Search' button. A red circle with '3c' is placed over this box. The entire search area is enclosed in a red border.

Verify eligibility results

5. Member eligibility results display. Eligibility displays in green when the member is active. If COB applies, you will see that here. For additional information, click:
 - a. **Details:** Comprehensive member information including member network status, special programs eligibility, plus current, past and future coverage, COB if applicable and in our system, deductibles/copays, etc.
 - 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
MEMBER, G

Status
✓ Eligible

Subscriber ID
9077

Date of birth
02/10/1946

Gender
Female

Member address
1000 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

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

Member network status on the Eligibility Details page

For the networks below, the eligibility results screen tells you if you are in or out of the member's network:

1. PPO DMHC
2. PPO DOI Blue Shield Life
3. IFP EPPO
4. CalPers EPO
5. PPO GMAPD
6. PPO IMAPD

Note:

- For members not in one of the above networks, providers will be directed to Find a Doctor to determine network status.
- For capitated members, providers will be directed to contact the IPA.

Member name MEMBER, A	Status Eligible	Print Benefits Claims	
Subscriber ID VBN867400099-00	Date of birth 01/01/1990	Gender Female	Member address STREET NO.1, Berkeley, CA, 94710
Plan name Get Covered PPO	Plan type Commercial PPO (Fully insured)	Coverage effective / start date 01/01/2019	Coverage end / redetermination date Present
Relationship to subscriber Subscriber	Subscriber name MEMBER, A	PCP name N/A	Office visit copay In-network-0%

Network status ⓘ
In network
4343001 -- PALOMAR CITY MED CTR

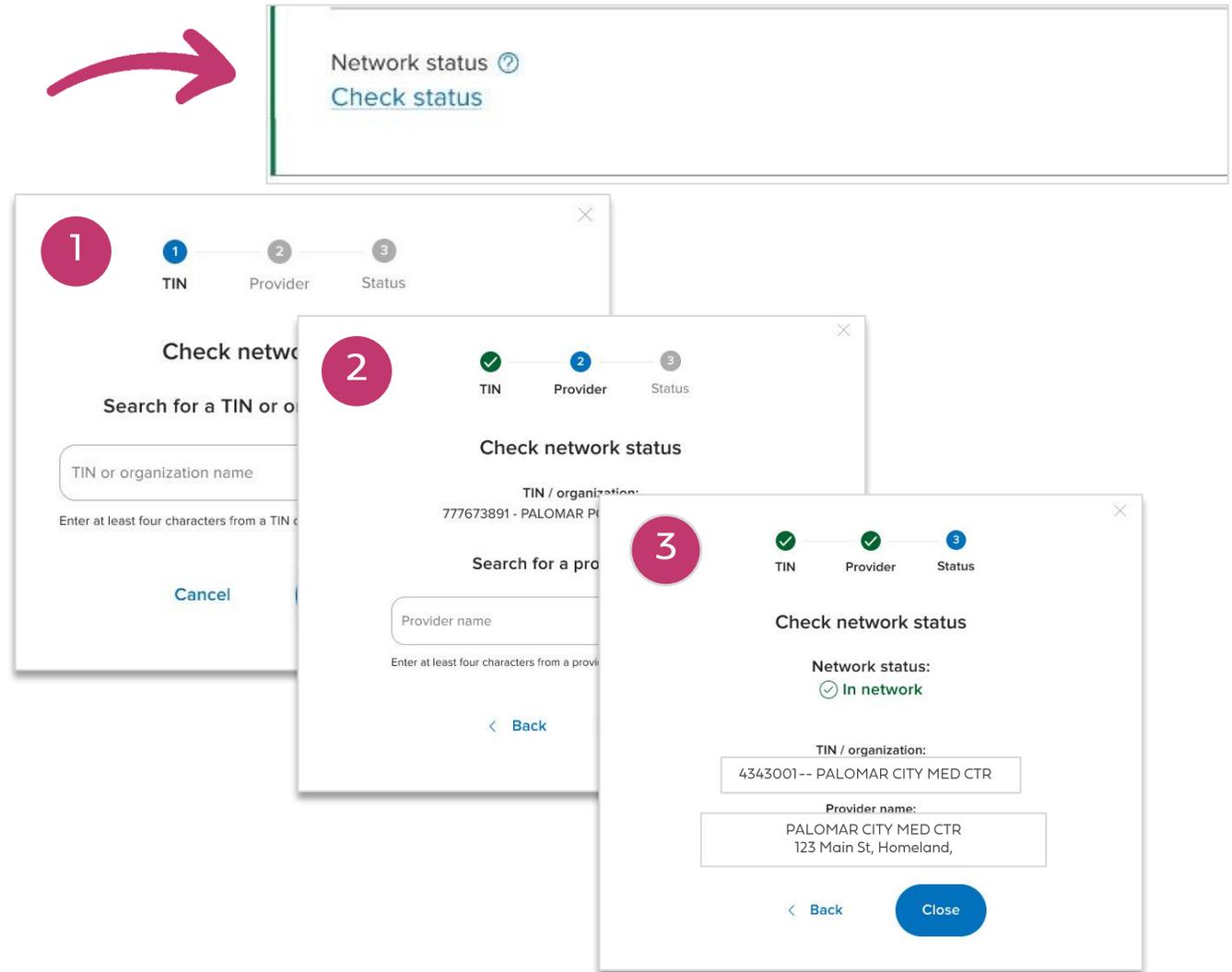
Network status ⓘ
Out of network
4343001 -- PALOMAR CITY MED CTR

Member network status (continued)

If you have more than one Tax ID registered with Blue Shield, a Check status link will present. Clicking this link launches a three-step process.

1. Identify the appropriate Tax ID by selecting or searching in the pop-up that presents. Click Continue.
 - Select = (1-5 Tax IDs)
 - Search = (6+ Tax IDs)
2. Identify the appropriate provider by selecting or searching in the pop-up that presents. Click Continue.
 - Select = (2-5 providers/practitioners)
 - Search = (6+ providers/practitioners)
3. The network status displays

Note: The system will save up to four recent searches as a default.



Benefits



Options for locating Commercial and Medicare* benefit information:

- The Benefit summary view is the default – lists benefits in alpha order on the right.

A screenshot of the 'Benefit summary' page. On the left is a sidebar with four menu items: 'Benefit summary' (highlighted with a red rounded rectangle), 'Benefit download', 'Pre-existing conditions', and 'Benefit categories'. The main content area is titled 'Benefit summary' and contains a table for 'Chiropractic and Acupuncture'. The table has three columns: 'Benefit', 'Network', and 'Copay'. Below the table is a section for 'Emergencies and Urgent Care'.

Chiropractic and Acupuncture		
Benefit	Network	Copay
Chiropractic/Acupuncture		
Chiropractic	Participating Providers	20% per Visit
Chiropractic	Non-Participating Providers	40% per Visit

- Benefits download: Download a spreadsheet with details of benefit categories. This information is also available – no log in required – at [Benefit summaries](#).

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

Benefits (continued)

- The Benefit categories view expands/collapses in the left navigation pane. Detail is provided on the right.
- The Search field activates when Benefit categories view is clicked.

Bariatric Surgery Services - Residents of Designated Counties - Ambulatory Surgery Center Services

Copayment:

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

Additional information about this service:
There are no additional details for the service.

Category

Additional information about this Category:

Residents of Designated Counties	
Ambulatory Surgery	Benefits are available for bariatric surgery services. These Benefits

Authorizations Overview page



Designed so you can easily find how to submit authorizations and find other authorization information by a member's plan.



Authorizations for Blue Shield PPO members

Submit medical, medical benefit drug, and behavioral health authorization requests through [AuthAccel](#). You can also access training and support tools for using AuthAccel.

How to submit authorization requests

- Medical, medical benefit drug, and behavioral health requests
- Medical inpatient urgent requests
- Outpatient pharmacy and retail pharmacy requests for Blue Shield commercial PPO and Medicare PPO members
- Retail pharmacy authorizations for Blue Shield Federal Employee Program (FEP) PPO plan members



Authorizations for Blue Shield HMO members

Check with the member's assigned IPA for next steps.

If you're referred back to Blue Shield or you are a contracted network provider, use Blue Shield's [AuthAccel tool](#) or [contact us](#).



Authorizations for Blue Shield Promise (Medi-Cal) members

Medical and Medical Benefit Drugs

Check with the member's assigned IPA for next steps.

If you're referred back to Blue Shield or you are a contracted network provider, use Blue Shield's [AuthAccel tool](#) or [contact us](#).

Outpatient/retail pharmacy

Since January 1, 2022, the state-run program Medi-Cal Rx began managing Medi-Cal pharmacy benefits. The Department of Health Care Services (DHCS) administers the Medi-Cal Rx program through their vendor, Magellan Rx. To learn more, visit the [Medi-Cal Rx website](#) any time or call [\(800\) 977-2273](#), available 8 a.m. to 5 p.m. Pacific Time, Monday through Friday.

<https://www.blueshieldca.com/en/provider/authorizations>

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. Call Blue Shield of California at (800) 541-6652.

Submit medical authorizations 24/7 – including mental health

1. **Via 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', 'MEDICAL REQUEST STATUS', 'PHARMACY REQUEST', and 'PHARMACY REQUEST STATUS'. The 'MEDICAL REQUEST' tab is highlighted with a red box. Below the tabs, there are two informational pop-ups. The first pop-up 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 pop-up 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.' The main content area is titled 'Request medical authorization' and includes the following text: '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.' Below this text is a 'NOTE: In order to access AuthAccel, you must enable browser pop-ups.' There is a dropdown menu for 'Requesting provider's TIN' with the text 'Select TIN' and a dropdown arrow. Below the dropdown menu are two buttons: 'Access AuthAccel' and 'Cancel'. On the right side of the interface, 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'. The 'INSTRUCTIONS' link is highlighted with a red box.

2. **By fax:**

- Blue Shield Promise [authorization request forms](#) 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 (Log in required.)

- 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](#).

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.

Home > Authorizations > Medical authorization status

MEDICAL REQUEST MEDICAL REQUEST STATUS PHARMACY REQUEST PHARMACY REQUEST STATUS

Medical authorization status

To check a status of previously submitted medical authorization request 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](#).

NOTE: In order to access AuthAccel, you must enable browser pop-ups.

Requesting provider's TIN

943281600

[Access AuthAccel](#) [Cancel](#)

INSTRUCTIONS

- [Read how to view medical authorization status \(PDF, 272 KB\)](#)

QUICK LINKS

- [AuthAccel support tools](#)
- [Authorization basics for providers](#)
- [Prior authorization lists](#)
- [AuthAccel frequently asked questions \(PDF, 277 KB\)](#)
- [Verify member's eligibility & benefits](#)

Options for submitting claims after login



By mail

The [Claims Routing Tool](#) tells you where to submit paper claims. No log in is required.



Online

via Office Ally or another clearing house

- Electronic data interchange (EDI) lets you submit *fully electronic* claims and receive payments electronically via electronic funds transfer. See the [EDI, ERA/EFT and Secondary 277CA FAQ](#).
- After log in, Provider Connection Account Managers can determine if your organization is enrolled in ERA/EFT.
 - If yes, you can edit your selections.
 - If not, you can enroll right from the *Account Management > Provider & Practitioner Profiles > Remittance & Payments* tab.



via SympliSend

- Submit digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims.
- Go to Claims > How to submit claims > Submitting claims > SympliSend. See [user guide](#) for instructions.
- Provider disputes CAN'T be submitted via SympliSend. Submit online in Provider Connection or by mail.



Enroll in ERA and EFT online instructions – Account Managers only

1. Click Account Management > Provider & practitioner profiles.
2. If you have more than one Tax ID (TIN), select the correct TIN from the drop-down menu and click Search to refresh the screen.
3. Click the Remittance & Payments tab. The screen will open on the EFT information for that TIN. Click Edit to enroll or to change your EFT enrollment information.
4. To view/edit ERA, click ERA in the left navigation. Use the drop-down menu to choose a vendor (i.e., clearinghouse or trading partner). **The vendor you choose applies to all providers under the selected Tax ID.** Changes take up to three (3) business days.

Providers Bulk Updates Remittance & Payments

EFT
Not enrolled

ERA
JM MEDICAL GROUP

Electronic Funds Transfer

Enroll your organization in EFT or change your banking information

Status	Enrolled	Edit
Last modified by	N/A	
Authorized signer	N/A	
Date submitted	N/A	
Remit address	P O BOX 885904, Los Angeles CA 90088	

ⓘ This EFT information applies to all service locations under this TIN unless they are individually enrolled

Providers Bulk Updates Remittance & Payments

EFT
Not enrolled

ERA
JM MEDICAL GROUP

Electronic Remittance Advice

Enroll in ERA for your organization or change your vendor

If you would like to receive ERAs, choose a vendor (that is, a clearing house or trading partner).

Select vendor
OFFCE ALLY

ⓘ This vendor applies to all provider groups under this TIN



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 five years with most recent at the top.

1. Enter data into one or more search fields: 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.

The screenshot shows the 'Check claim status' interface. At the top, there are tabs for 'Search', 'Other Blue plans', and 'Appeal status'. The 'Search' tab is active. Below the tabs, there are three main sections: 'Member information', 'Claim information', and 'Provider information'. Each section contains several input fields and dropdown menus. A 'Search' button is located at the bottom right of the search form. Below the search form, there is a table displaying a list of claims. The table has columns for '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', and 'Check/EFT number'. A red callout box with the number '1' points to the 'Search' button. A red callout box with the number '2' points to the 'Claim status Updated' column header. A red callout box with the number '3' points to the 'EOB' column header. A red callout box with the number '4' points to the 'Claim number' column header. A red callout box with the number '5' points to the 'Start over' button.

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.

Claim 24536
Finalized 10/11/2024

Information is valid and up to date as of 10/11/2024 at 09:46 p.m.

Medical | Finalized | [View EOB](#)

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

Member information

Member name	XXXX	Member ID	XXXX
Date of birth	04/10/1991	Group number	XXXX
Gender	Female	Plan type	Commercial PPO
Relationship to subscriber	Subscriber/Insured		
Patient account number	XXXX		

[View all claims for this member](#)

Claim details

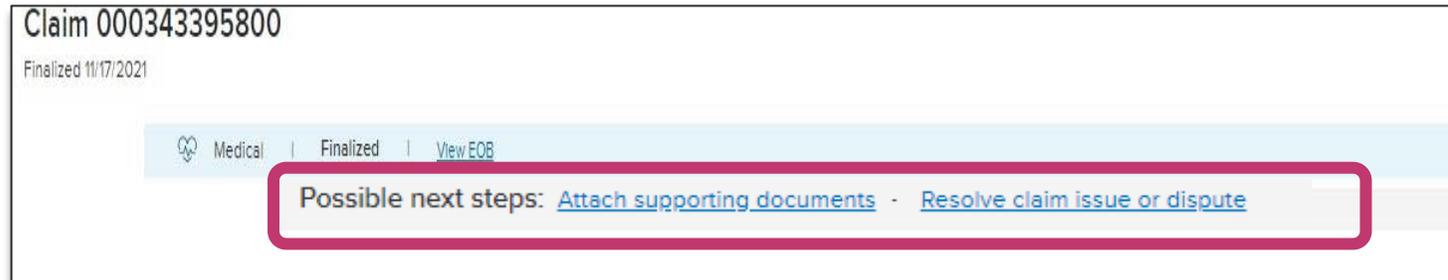
Dates of service	08/19/2024–08/19/2024	Amount billed	\$176.00
Claim received	10/07/2024	Allowed amount	\$176.00
Provider	XXXX	Patient responsibility	\$15.00
Provider number	XXXX	Deductible	\$0.00
National Provider Identifier (NPI)	XXXX	Copay	\$15.00
IPA/Med group	N/A	Co-insurance	\$0.00
Network status	Exclusive Physician Member - Yes	Amount paid	\$161.00

[Summary view](#) [Let's chat](#)

Summary view

1. Claim status
2. EOB for finalized claim
3. Option to file a dispute: You will also see a link to add additional documentation to a finalized claim
4. Member information: Link to view all claims for the member
5. Claim details:
 - Full view – contains all the above, plus
 - Payment details
 - Service & procedure details
 - Claim message
 - Claim notes

When to use attach supporting documents vs. file appeal



Click **Attach supporting documents** when:

- The claim has been denied or not paid in full, and Blue Shield IS requesting additional supporting documentation.
- See [Attach documentation to a finalized claim](#) for step-by-step instructions.

Click **Resolve claim issue or dispute** when:

- The claim has been denied, adjusted, or contested AND Blue Shield IS NOT requesting additional supporting documentation.
- See [Submit claim disputes online and view status](#) for step-by-step instructions.



Do not use dispute functionality to attach documents to a finalized claim or vice versa. If you do so, Blue Shield must void your submission, and you will need to resubmit correctly.



The DOFR Simulator



Find out where to direct a claim for Blue Shield or Blue Shield Promise HMO members

- Automates payer identification before claim submission, directly addressing a major source of redirect-related denials
- Must be logged in because the tool uses your provider information to automatically filter by your members using the Subscriber ID number
- Enter Professional or Facility claim
- Estimate of DOFR only

Find the DOFR Simulator under the Claims Tools section:
<https://www.blueshieldca.com/en/provider/claims#tools>

DOFR simulator results

① This tool provides an estimated division of financial responsibility for reference purposes only and does not submit encounters or claims. Timely claim filing requirements continue to apply. Results may not reflect Utilization Management (UM) delegation; please refer to the Provider Manual for UM information. Authorization decisions may impact financial responsibility and affect the accuracy of these results. Results may not reflect all applicable contract terms and are not a guarantee of coverage or financial responsibility. Coverage is subject to member eligibility and benefit plan terms and conditions.

Member information [Edit](#)

Subscriber ID 123456789
Member name JONES, AMBER C
Birthdate 06/10/1994

Provider information [Edit](#)

Billing provider ID PG012345678910

Claim information [Edit](#)

Claim type Professional
Principal diagnosis code F90.0

Financial responsibility

Payer name Blue Shield of California

Line number	Service date	Place of Service	Procedure code	Modifier	Diagnosis code
Line 1	01/07/2026	11 Office	90837		F900

[Edit current form](#) [Start new form](#)



Behavioral Health resources

Behavioral Health



- Blue Shield of California recently transitioned management of behavioral health services for certain HMO and PPO plans and services from external management to full internal management, beginning January 1, 2026 (including all services for Applied Behavioral Analysis (ABA) services for eligible members).
- The resources located on this page are available to assist you in guiding or referring your patients to specialists and programs, as well as where to find information for managing your business needs directly with Blue Shield for authorizations, claims submissions and more.

Find the Behavioral Health resources section at:

<https://www.blueshieldca.com/en/provider/guidelines-resources/behavioral-health>

The screenshot shows the Blue Shield of California Provider Connection website. The page title is "Blue Shield Behavioral Health resources". The main heading is "Behavioral health resources for your patients with any of our benefit plans". The text describes the transition of behavioral health services to full internal management starting January 1, 2026. It lists various benefit plans supported, including Commercial HMO or PPO, Medicare Advantage HMO or PPO, Federal Employee Program PPO, and Blue Shield of California Promise Health Plan Medi-Cal plans. The page also mentions collaborative care models and provides links to frequently asked questions and the collaborative care model page.



Additional Resources

Resources to support you

Action	Support
Provider Connection Support – no log in required	<ul style="list-style-type: none"> • Provider Connection Reference Guide • Provider Connection website registration instructions for Provider, MSO and Billing accounts and additional tutorials • Online text-based website help available from every page – no log in required.
Provider Data Management – no log in required	<ul style="list-style-type: none"> • How to attest & update provider demographic data
Blue Shield Provider Service at (800) 541-6652 Blue Shield Promise Provider Service at (800) 468-9935 Live chat from Provider Connection – log in required.	<ul style="list-style-type: none"> • General help with website if you can't find answers 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 network inquiries and applications	<ul style="list-style-type: none"> • Provider Information & Enrollment at (800) 258-3091 or bscproviderinfo@blueshieldca.com
Credentialing	<ul style="list-style-type: none"> • Credentialing status update or provider inquiries: BSCCredentialingInquiry@blueshieldca.com • Provider credentialing application or CAQH request form: BSCInitialApp@blueshieldca.com • Facility HDO (Ancillary) credentialing application: BSC_FacCred@blueshieldca.com
Prior auth lists and forms – no log in required	<ul style="list-style-type: none"> • Blue Shield and Blue Shield Promise prior authorization forms and lists
AuthAccel Online Authorization System training – no log in required	<ul style="list-style-type: none"> • Instructions are also linked to each AuthAccel launch page (login required)
Claim issues & disputes – no log in required	<ul style="list-style-type: none"> • Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.
Provider Connection News & Education section – no log in required	<ul style="list-style-type: none"> • View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.



Thank you



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