Submit claims disputes online and view status

A dispute is a request to reconsider a claim that has been denied, adjusted, or contested. *

What you'll need to get started:

- Username and password to log in to your Provider Connection account.

- Access to claims data.
    - All Account Managers have access to claims data.
    - Account managers can enable claims access for Users at *Account Management* > *Manage user accounts*.
    - You must be linked to the Tax ID (or SSN) and Provider ID (TIN/PIN) of the claim for which you are searching.

- New dispute, not previously filed with Blue Shield.

- Claim number(s) and supporting documentation.

- Email where you will receive automated notifications.

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* Do not use the online dispute functionality to <u>attach documents to a finalized claim</u>. If you do so, Blue Shield must void your submission, and you will need to resubmit correctly.

* For dispute fundamentals, go to <u>Claims issues & disputes</u> and scroll to *Learn more about the dispute process*.

Table of contents

There are four steps (screens) to filing a claim dispute online. You will enter:

1. Claim info
2. Dispute info
3. Contact info
4. And then review your entry and submit.

Disputes can be filed for a single claim or multiple claims in a bulk dispute for the same type of issue. Use the table of contents below to navigate to instructions for each option.

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Locate the claim using *Check claim status*

1. Log in to www.blueshieldca.com/provider.

2. Click **Claims** in the white navigation bar, then click C**heck claim status** in the drop-down menu.

3. Enter data into one or more search fields and click **Search**.

4. Results will display in the table below the blue header. Click the claim number that displays under this column.

5. The *Claim detail* displays. Click **Resolve claim issue or dispute**.

6. The *Resolving a claim issue* pop-up displays. It includes other options for consideration before you initiate a dispute.

7. To continue filing your dispute online, click **online dispute form**.

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Logout | Message center 1650 | Account Management | Contact us | Help | Feedback

blue california | Provide

Eligibility & ben

Overview | Real-time claims | Clai & c

⌂ > Claims > Check claim status

Claim 00034
Finalized 12/06/2023

Member in

Member name
Date of birth

View all claims for thi

Claim deta

Dates of service
Claim received
Provider   BULLOCK, ANDREW C.   Patient responsibility $0.00

Resolving a claim issue

We may be able to help with a claim issue before you file a dispute. If your claim has been denied or not paid in full, here are your options.

Correct a claim
Submit corrected claims within 30 business days of recieving the notice about missing information. If you are responding to a request for additional information, you can attach documents to a claim online.

Contact Provider Services
If you have questions about a claim, contact Blue Shield of California Provider Services. You can inquire about a claim status, corrections, payment rules, and more by phone or in writing.

Dispute a claim decision
We take your concerns seriously and resolve disputes within 45 business days of receipt. If you consider it necessary to file a dispute, use our online dispute form.   **7**

Cancel

Claim information screen

1. Claim details display.

   - The claim number will automatically populate. You can enter a new claim number and click **Update** if desired.

   - Filing a dispute for one claim is the default selection.

   - To see additional details about the claim, click **View more**.

2. Click **Next**.

   The *Dispute info* screen displays – see next page.

Dispute process – Step 2: Dispute info
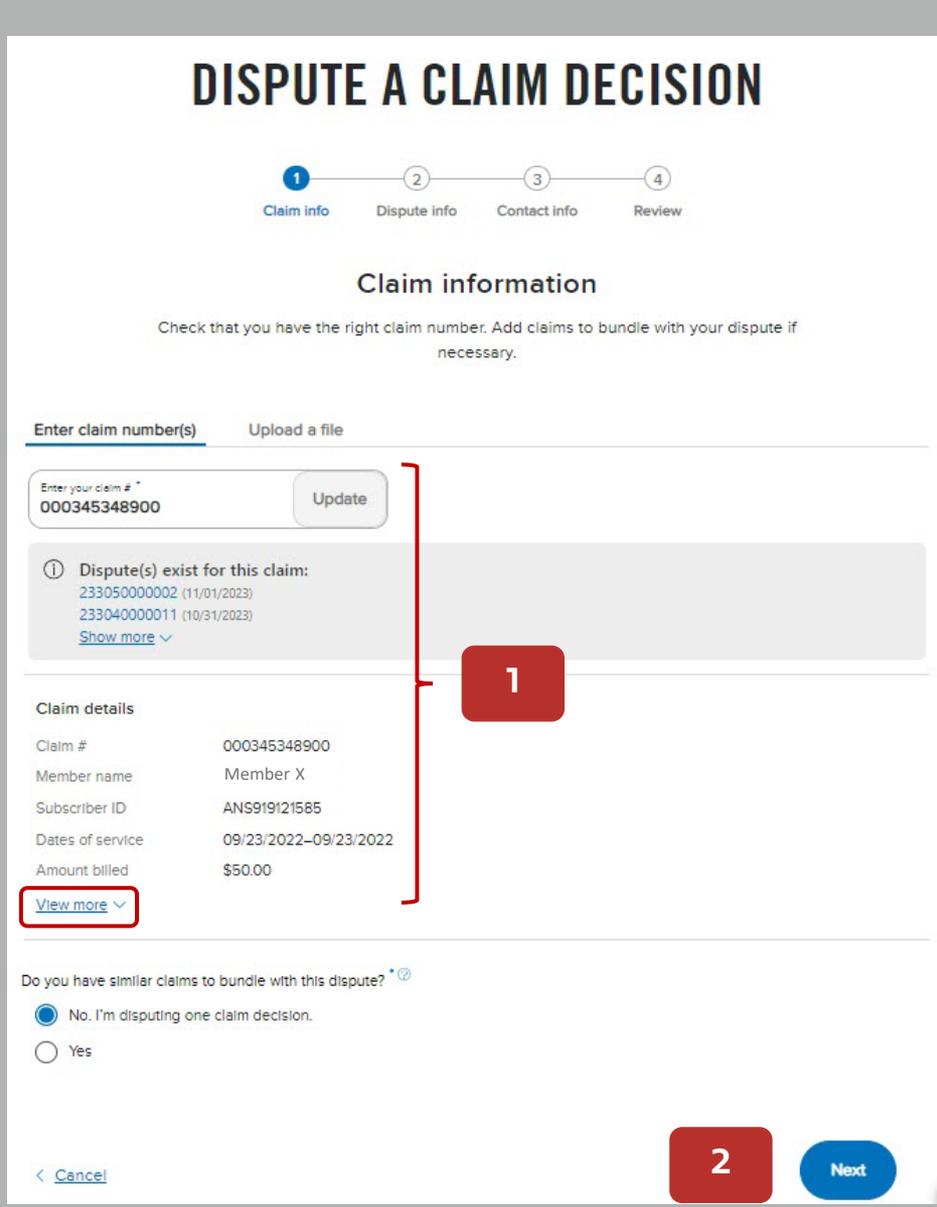
Dispute information screen

3. Describe the dispute and your expected outcome.

4. Review and answer the question(s). Questions will vary depending on the type of claim you are disputing. Your answers will help route the dispute to the correct team.

5. Attach supporting documents in the order you would like them reviewed.

   • Select up to five (5) files at a time for a total of 20 files.

	File types	File size (per file)	Max # of files
All plan types except BlueCard	PDF, Excel, Word	0 MB	20
BlueCard	PDF	10 MB	20

Continued next page.

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6. After dragging/dropping or selecting your supporting documentation, a pop-up box displays for each file.

7. Select a type for each file, then click **Attach**. Options are:
   - Medical record
   - Contract/pricing
   - Itemized bill
   - Other, with a field to add a description

8. Click **Next document** until you have identified all document types.

9. All documents will load in the supporting document section.

10. Click **Next**.

   The *Contact info* screen displays – see next page.

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Attach documents (1 of 4)

What type of document are you attaching?

supporting-doc-1.pdf (198.20 KB)

7

Medical record

Next document >

8

Cancel   Attach

Attach documents (4 of 4)

What type of document are you attaching?

supporting-doc-4.docx (11.91 KB)

Other

Enter document type *
another type

Cancel   Attach

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

Drag and drop up to 5 files at a time or

Select files

1. EXAMPLE - Itemized bill for Patient XYZ.pdf (198.20 KB)   Itemized bill   Remove

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2. EXAMPLE - Med record for Patient XYZ.pdf (198.20 KB)   Medical record   Remove

< Back to claim info

10   Next

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Contact information screen

11. Make edits to contact information if necessary.

   - Provider contact information can be updated in your Provider Connection profile so that corrected information populates in the future.

   - Ensure an email address is included so that you receive notifications when dispute related documentation – acknowledgement, determination, update, etc. – is accessible on Provider Connection.

12. Click **Next**.

   The *Review* screen displays – see next page.

DISPUTE A CLAIM DECISION

Claim info Dispute info **Contact info** Review

Contact information

You'll be notified at the email provided when acknowledgement and determination letters are ready to access on Provider Connection.

* Required

First name: **First**
MI: **I**
Last name: **Last**

Contact phone: **(123) 456-7890**

Contact email: **disputes@domain.com**
40 characters max

We recommend large providers with multiple Tax IDs use a dedicated email, e.g., disputes@inbox.com.

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Street address *: **1234 Mission Street**

Suite/Floor/Apt.

City *: **San Francisco**

CA

ZIP code *: **94110**

< Back to dispute info

12 Next

Review screen

13. Review your submission in full.

    - If needed, click **Edit** to return to a specific step and make changes. Page back by clicking the **Next** button.

14. Click the **checkbox** to consent to receiving electronic correspondence by email.

    - **Medicare note:** If you are not contracted with Blue Shield and you are submitting a Medicare dispute for a denied claim, a **waiver of liability checkbox** – CMS required – will also display, which you must check.

15. Enter your full name in the electronic signature field and select or enter the date in this format: MM/DD/YYYY.

    - **Note:** Your e-signature must be an EXACT match of the name entered in the Contact Information section.

16. Click **Sign and submit**.

DISPUTE A CLAIM DECISION

Claim Info — Dispute Info — Contact Info — **Review**

Review

You're almost done. Review the information below and enter your e-signature when you're ready to submit your dispute.

Claim information   Edit ✎

Claim #	000345348900
Provider	XO Medical
Provider ID	FA123456
Tax ID	557470219
Member name	Member X
Date of birth	11/30/1971
Subscriber Name	Member X
Subscriber ID	ANS919121585
Dates of service	09/23/2022–09/23/2022
Amount billed	$50.00
Amount paid	$0.00

Dispute information   Edit ✎

Description
Your claim decision is incorrect because...

Expected outcome
The next steps needed are...

Supporting documents (1)
All documents will be scanned for viruses

1. 📄 Approved_bulk_template_PRV_Prov..._.xlsx (37.88 KB)   Medical record

Contact information   Edit ✎

Contact name	Chris Donald
Contact phone	(974) 937-4374
Contact email	chrisd@gmail.com
Address	123 Calle Amistad San Clemente, CA 92673

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*Required

Enter your full name and today's date.

☐ I agree to receive dispute correspondence by email

[Full name/Electronic signature]   **15**

[Today's date 📅]

A copy of your completed form will download after you sign and submit.

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‹ Back to contact info   Sign and submit

17. A confirmation screen displays with a case number for the submitted dispute.

- For each dispute you file whether initial or final, a new case number is assigned.

- A digital PDF copy of the dispute generates within 15 minutes of submission.

  - For a bulk filing, one case is created with an acknowledgement and determination letter.

- All dispute-related correspondence is available online under *Submitted disputes*.

- The *View all disputes* button will take you directly to *Submitted disputes*.

17 | **DISPUTE A CLAIM DECISION**

✓

Dispute submitted

Thank you for submitting your dispute of 436 bundled claims.

Your new case number is
230760000271

It will take up to 15 minutes for us to create your dispute form PDF.
When it's ready, you can see it on the Submitted disputes page.

We'll notify you at the email provided when:

- Your acknowledgment letter is ready to view on Provider Connection (2 business days)
- Your dispute has been resolved and your determination letter is ready (45 business days)

Note: All supporting documents will be scanned for viruses. If they fail our scan, we'll notify you and send instructions on submitting them successfully.

[View all claims] [**View all disputes**]

Next page:

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Dispute process – Step 1: Bundle disputed claims in a bulk file

Bulk submission bundling rules

- **Non-contracted providers cannot submit Medicare claims via a bulk file** – they must be submitted individually.

- **Bundle claims by plan type – do not mix plan types.** (i.e., claims for Commercial and FEP members cannot be bundled together.)

- All claims in a bulk dispute **must be for the same or similar issue.**

  - For FEP and BlueCard bulk submissions, all claims must be for the same or similar issue AND the same member.

The option to bundle claims is on Step 1: *Claim Information* screen. To bundle:

- Enter or copy/paste claim numbers up to 50

  OR

- Create and upload a CSV file up to 1,000 claims.

DISPUTE A CLAIM DECISION

① Claim info — ② Dispute info — ③ Contact info — ④ Review

Claim information

Check that you have the right claim number. Add claims to bundle with your dispute if necessary.

Enter claim number(s)   Upload a file

Enter your claim # *
000345348900   Update

ⓘ Dispute(s) exist for this claim:
233050000002 (11/01/2023)
233040000011 (10/31/2023)
Show more ⌄

Claim details

Claim #	000345348900
Member name	Member X
Subscriber ID	ANS919121585
Dates of service	09/23/2022–09/23/2022
Amount billed	$50.00

View more ⌄

Do you have similar claims to bundle with this dispute? * ⓘ
◉ No. I'm disputing one claim decision.
◯ Yes

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Enter or copy/paste claim numbers up to 50.

1. Change the default from No to **Yes**. The *Enter claim numbers* field displays.

2. Enter or copy/paste claim numbers in the left-hand column.

3. Click **Add**. Each claim populates on the right.

   a) A yellow banner will display if your claim attachment does not comply with the bulk bundling rules. You can click the **X** to remove non-compliant claim(s), or they will be removed for you when you click Next.

4. Click **Next**.

   • The *Dispute info* screen displays. Continue to Step 2: Dispute info.

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Upload a bulk file

Create a CSV file of claims you are disputing.

1. Click the **Upload a file** tab.

2. Drag/drop or select to upload the CSV file containing the claim numbers you are disputing.

   - **CSV instructions:** In Excel, export or save your file as a CSV (comma-separated values) file.

     - Include claim numbers in the first column and a header row at the top. In the header, label the first column *Claim number* or *ICN*. Claim numbers from the first column of your list will be checked against our records.

   - **To confirm plan types on your claims list, upload a CSV file.**

     - We'll return your list with plan types identified. You can then organize your list by plan type to submit for processing.
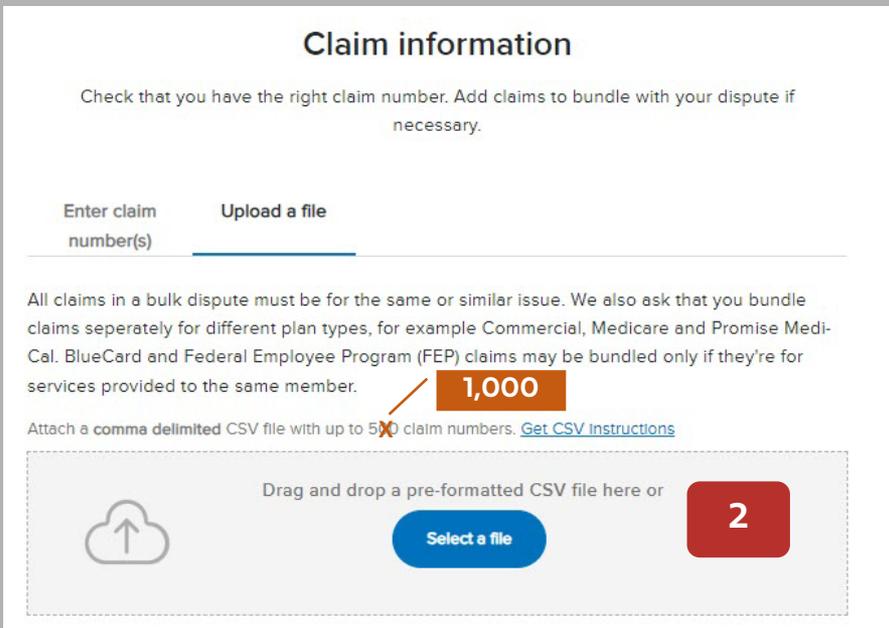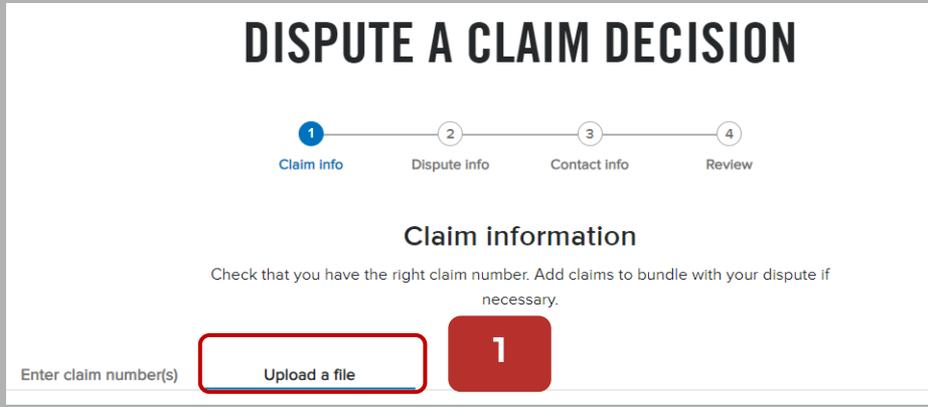

Continued next page.

3. The *Claims list accepted* message displays.

Note, if the attached claims do not comply with bundling rules, a "Some fixes are needed" message displays – see example. To address:

a) Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).

b) Click the **X** to remove the original CSV file with the errors and activate the *Select a file* button.

c) Drag/drop or select to upload the corrected CSV file. If no additional messages display, the *Next* button will activate.

4. Click **Next**.

- The *Dispute info* screen displays. Continue to Step 2: Dispute info.

| Enter claim number(s) | **Upload a file** |

All claims in a bulk dispute must be for the same or similar issue. We also ask that you bundle claims seperately for different plan types, for example Commercial, Medicare and Promise Medi-Cal. BlueCard and Federal Employee Program (FEP) claims may be bundled only if they're for services provided to the same member.

Attach a **comma delimited** CSV file with up to 500 claim numbers. Get CSV instructions

Drag and drop a pre-formatted CSV file here or **Select a file**

44claims-Medi-Cal-SierraHospital.csv (0.62 KB)   Claims List ✕

3 ⊘ Claim list accepted
We processed your file and were able to match **44 out of 44 claims** on your list to our plan records. You submitted:
- **44** Promise Medi-Cal claims

"Some fixes are needed" example

Drag and drop a pre-formatted CSV file here or **c** **Select a file**

1577claims - 1col - with notes.csv (80.12 KB)   Claims List ✕ **b**

ⓘ Some fixes are needed
We matched **1577 out of 1577 claims** on your list to our plan records. But some of the claims are for different plan types and we cannot process them as part of the same dispute. Here is a breakdown of the different plan types. You'll need to reupload them separately. You submitted:
- **1513** Commercial claims – *limit to under 500 for a bulk submission*
- **5** Shared Advantage claims
- **11** Medicare claims
- **44** Promise Medi-Cal claims
- **1** Medicare claim – *requires signed waiver of liability and must be submitted separately*
- **1** Promise Medicare claim – *this claim can't be disputed online*
- **2** Promise CalMediConnect claims – *this claim can't be disputed online*

Download the CSV file to see notes.
a **Download CSV**

‹ Cancel   **4** **Next**

View the status of submitted disputes

1. Click **Claim issues & disputes** from the Claims section's blue sub-menu bar after log in.

2. Click **View my disputes**.

3. Enter data related to the dispute(s) in one or more fields and click **Show results**.

   • New field: Search by method of submission: Online (by me), Online (by others), By mail, and Other.

4. Results display under the light blue banner.

   • Click the arrow in a column to sort records in ascending or descending order.

5. Click the dispute case number to access dispute case details including letters.

Continued next page.

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Dispute case details screen

6. This screen displays all information and documentation connected to the dispute case number you selected.

    a) Dispute form and claim list (if bulk submission).

    b) Claim numbers included in the dispute submission.

    c) Each supporting document uploaded by you with option to add additional documents to an open claim.

    d) Correspondence and determination documentation related to the claim.

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