Blue Shield Provider basics:
How Provider Connection can work for you

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

Use this reference guide to learn more.
# Reference guide directory

If you are viewing this guide online, the linked page numbers below take you to instructions for key activities you can do on Blue Shield’s website. A Directory button is located in the bottom right corner of each page. Click it to come back to this page. **To use the Provider Connection links provided throughout this guide, you must be logged in to the website.**

<table>
<thead>
<tr>
<th>Page</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Provider Connection website overview</td>
</tr>
<tr>
<td>4</td>
<td>Register for a Provider Connection account/become an Account Manager</td>
</tr>
<tr>
<td>6</td>
<td>Learn more about the Account Manager role</td>
</tr>
<tr>
<td>7</td>
<td>Manage my individual Provider Connection account</td>
</tr>
<tr>
<td>8</td>
<td>Verify “Blue Shield of California” member eligibility and benefits</td>
</tr>
<tr>
<td>10</td>
<td>• Verify “Blue Shield of California” member eligibility: detailed benefit information</td>
</tr>
<tr>
<td>11</td>
<td>Verify “Other Blue plan” or “Federal employee” member eligibility</td>
</tr>
<tr>
<td>12</td>
<td>Verify member plan participation</td>
</tr>
<tr>
<td></td>
<td>• Use the Find a Doctor tool for <strong>physician</strong> network referrals</td>
</tr>
<tr>
<td></td>
<td>• Use the Find a Doctor tool for <strong>facility</strong> network referrals</td>
</tr>
<tr>
<td>16</td>
<td>Determine if medical prior authorization is required</td>
</tr>
<tr>
<td>17</td>
<td>Determine if pharmacy prior authorization is required</td>
</tr>
<tr>
<td>18</td>
<td>Locate prior authorization tools and resources on the Authorizations tab</td>
</tr>
<tr>
<td>19</td>
<td>Access the Claims tab for resources and tools</td>
</tr>
<tr>
<td>20</td>
<td>Use Clear Claim Connection (C3) to prescreen claims</td>
</tr>
<tr>
<td>21</td>
<td>Employ the Check Claims Status tool to search claims and/or find EOBs</td>
</tr>
<tr>
<td>24</td>
<td>Access Electronic Data Interchange (EDI) resources and tools</td>
</tr>
<tr>
<td>25</td>
<td>Determine if you are enrolled in Electronic Data Interchange (EDI)</td>
</tr>
<tr>
<td>26</td>
<td>Enroll in EDI, Electronic Remittance Advice (ERA), and Electronic Funds Transfer (EFT)</td>
</tr>
<tr>
<td>27</td>
<td>Quick click guide – links and paths to the most-used areas on Provider Connection</td>
</tr>
</tbody>
</table>
Background: Below is a high-level snapshot of some of the key actions you can take from the Provider Connection website. This guide will explain these actions in depth, so you know exactly what to do for your Blue Shield patients.

Tip: The Help menu can be accessed from every page on Provider Connection.
Register for a Provider Connection website account

**Background:** If your organization is new to Provider Connection, you will need to create an account. The person who executes the initial registration and creates the account is considered the Account Manager. Here are some tips.

**What you’ll need to get started:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID Number (PIN)</td>
<td>A PIN is an identifier assigned by Blue Shield, used within Blue Shield to uniquely identify a location from which a provider or facility renders services to our members. A provider may have multiple PINs.</td>
</tr>
</tbody>
</table>
| Tax ID Number (TIN) or Social Security Number (SSN) | • For IPAs/medical groups, the TIN(s) associated with each Blue Shield PIN. A provider may have multiple TINs.  
• For individual providers, the SSN associated with the Blue Shield PIN. |
| Designated Account Manager          | Blue Shield requires that an organization, no matter its size, designate one Account Manager to manage the overall Provider Connection account, and set up its users. The Account Manager must execute the initial registration on the site.  
• In larger organizations, the Account Manager should be someone who can be reached by all departments. |

**How it works:**

- To gain access to secure features on Provider Connection, you must register and provide your organization’s TIN(s).
- The TIN(s) must: 1) be in the Blue Shield database; 2) not already be registered to an Account Manager; and 3) not be locked by Blue Shield. If these conditions are met, you will be able to complete the registration process and create an Account Manager user account.
  - If these conditions are not met, the system will display contact information for either the existing Account Manager(s) or Blue Shield, so that you can pursue account registration offline.
- **Once established, the Account Manager – not Blue Shield – issues new usernames and passwords for the provider organization.**
**Instructions:** Follow these nine easy steps to establish your [Provider Connection](#) account and become the Account Manager.

<table>
<thead>
<tr>
<th>Step</th>
<th>Screen</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provider Connection</td>
<td>Click the <a href="#">Register Now</a> link located under the <a href="#">Provider Log In</a> button in the upper right corner of the home page.</td>
</tr>
<tr>
<td>2.</td>
<td>Registration</td>
<td>Enter your SSN or your organization's nine-digit tax ID number (TIN), whichever is appropriate. If your organization has multiple TINs, you can enter more than one. Click <a href="#">Continue</a>.</td>
</tr>
<tr>
<td>3.</td>
<td>Account setup</td>
<td>Click <a href="#">Continue</a> to become the Provider Connection Account Manager for your organization.</td>
</tr>
<tr>
<td>4.</td>
<td>Becoming an Account Manager</td>
<td>Review the description of the Account Manager's roles and responsibilities. Click <a href="#">Continue</a>.</td>
</tr>
<tr>
<td>5.</td>
<td>Account setup</td>
<td>Enter the contact information for the provider account and for the Account Manager. Click <a href="#">Continue</a>.</td>
</tr>
<tr>
<td>6.</td>
<td>Select email notifications</td>
<td>If desired, opt in to receive email notifications about important medical and pharmacy policy updates.</td>
</tr>
<tr>
<td>7.</td>
<td>Confirm account information</td>
<td>Confirm that the information presented on the screen is correct. Use the edit links provided to rectify any errors. Click <a href="#">Continue</a>.</td>
</tr>
</tbody>
</table>
| 8.   | Set up username and password | Create a username and password. Click [Continue](#).  
  - **A username must be between eight and 20 characters long.** It cannot include punctuation, special characters or spaces.  
  - **A password must be at least eight characters long and contain characters from at least two of the following groups:**  
    - Uppercase letters (A-Z)  
    - Lowercase letters (a-z)  
    - Numerals (0-9)  
    - Special characters (!@#$%^&*()<>?) |
| 9.   | Provider agreement for online access | Review the attestation and electronically sign that you agree to the stated terms and conditions. Click [Submit](#). |
Learn more about the Account Manager role

Background: An Account Manager is a Provider Connection user with administrative privileges to manage information and access for their business. It is Blue Shield’s current policy to have one Account Manager per organization.

What you’ll need to get started:
- When you are notified as Account Manager that the account has been established, you will see the Account Management tab in the top navigation ribbon when you log in.
- The Account Manager tab provides directions for everything you need to do to execute activities that fall within the role.

<table>
<thead>
<tr>
<th>Action</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversee user accounts</td>
<td>• Create/delete user accounts</td>
</tr>
<tr>
<td></td>
<td>• Modify account profiles</td>
</tr>
<tr>
<td></td>
<td>• Modify account permissions</td>
</tr>
<tr>
<td></td>
<td>• Reset user password</td>
</tr>
<tr>
<td></td>
<td>• Download lists of users</td>
</tr>
<tr>
<td></td>
<td>• Transfer users</td>
</tr>
<tr>
<td>Update account information</td>
<td>• Add Tax IDs (TINs)</td>
</tr>
<tr>
<td></td>
<td>• Delete TINs</td>
</tr>
<tr>
<td>Manage demographic information</td>
<td>• View physical and billing location information</td>
</tr>
<tr>
<td></td>
<td>• Download a form to request changes to demographic information</td>
</tr>
<tr>
<td>Set payment preferences</td>
<td>• View electronic payment status for all locations</td>
</tr>
<tr>
<td></td>
<td>• Link to forms to enroll or update electronic enrollment information</td>
</tr>
</tbody>
</table>
Manage my individual Provider Connection account

**Background:** The Manage my Profile link is in the gray navigation ribbon at the top of the Provider Connection website. It is available from every page. The instructions below explain how to edit your profile, change a password, and other actions.

**What you’ll need to get started:**
After you log in, the Manage my Profile link appears in the gray navigation ribbon at the top of the screen.

**How it works:**

- From the Manage my Profile page, you may edit your profile, manage email subscriptions, change a password, and locate your organization’s Account Manager.

  ▪ Your profile includes the name, address, phone number(s), email address, and user ID provided when you were registered for your Provider Connection account.

  ▪ Blue Shield offers subscriptions to improve your online experience, which you can change or cancel. However, you can’t opt out of information related to policies and procedures, or legally required communications.

  ▪ You can identify your organization’s Account Manager by clicking Account Manager’s Responsibilities. The Account Manager contact information will be at the top of the page.

**Tip:** The Message Center is located next to the Manage my Profile link in the top gray navigation bar. Here is where reports are sent that cannot be generated in real time (e.g., requests for Blue Card claims information). EOBs longer than 10 pages will be sent here as well.
Verify “Blue Shield of California” member eligibility and benefits

Background: The Verify Eligibility tool lets you confirm that a patient is a Blue Shield of California member. Eligibility and benefit information is available for all Blue Shield members except individual Medicare Advantage members. Data in the tool is supported for up to two years prior to the date you search. It is updated daily.

Instructions:
1. Log in to Provider Connection and click Verify Eligibility from the Eligibility & Benefits list on the home page.
2. Keep the search defaults: Single Search and Blue Shield of California.
3. Enter the Subscriber ID and First Name or enter the Member Name (Last then First) and Date of Birth (MMDDYYYY).
   ▪ Note, required fields are marked by an asterisk (*).
4. Click Search.
5. The search results display with the high-level information needed to confirm eligibility.

Tips:
• If no record displays, check that the data has been entered correctly and try again.
• To verify eligibility for more than one member at a time, click the Multiple Search tab.
• For additional support, click Help with Eligibility & Benefits Search in the top right corner.
Verify “Blue Shield of California” member eligibility and benefits (continued)

**Background:** The Details column in the Verify Eligibility tool provides options for drilling deeper into the member’s eligibility, benefits, claims, etc.

**How it works:**

- Click the links in the Details column to view the following information:

<table>
<thead>
<tr>
<th>Details option</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Quickview**        | **Printable, comprehensive snapshot of member eligibility data:**  
  ▪ Eligibility effective date  
  ▪ Claims address  
  ▪ PCP/IPA information (if applicable)  
  ▪ Deductible and out-of-pocket  
  ▪ Lifetime maximum |
| **Eligibility**      | Current and historical eligibility segments for the member. Check here for breaks in coverage.                                       |
| **Benefits**         | Detailed descriptions of benefit information, organized by benefit category.                                                                |
| **PCP**              | PCP and IPA assignment, if applicable for a member. Note, HMO, Exclusive PPO, and Tandem network plans will have assigned PCPs, but referrals are only necessary for members with HMO plans. |
| **Medical Claims**   | Searchable database of member claims and explanations of benefits (EOBs). The Check Claim Status tool is also available from the Claims tab. |
| **Authorizations**   | Links to the Authorizations tab on Provider Connection, which houses AuthAccel – Blue Shield’s online authorization system – as well as information about requesting authorizations via phone or fax. |
| **Member ID Card**   | A visual of the member’s ID card.                                                                                                           |
Verify “Blue Shield of California” member eligibility: detailed benefit information

**Background:** The Benefits section located in the Details column displays detailed benefits information. It is structured similarly to the member explanations of benefits (EOBs) format. To make finding information easier, benefits are displayed alphabetically in expandable categories and sub-categories. Data can be downloaded as a csv file.

**How it works:**

- The Coverage Period defaults to the current year but can be changed.
- Type the desired medical term in the Search field and click Search. Results will appear on the right with clickable links for navigation.

- **Or,** click Benefits Summary for a high-level snapshot of all benefit categories’ network and copay information.

- **Or,** navigate using the Benefit Categories column.
  - Click the + symbol to expand a category and access the desired information. Then click the link to view.
  - Click the – symbol to collapse the category.

- The benefit drill-down options include links, when applicable, to:
  - Copay, deductible, and limits
  - Authorization requirements
  - General exclusions
  - Vendor contact information, when administration is outsourced (e.g., radiology, mental health)
Verify “Other Blue plan” or “Federal employee” member eligibility

Background: You can use the Verify Eligibility tool to confirm eligibility for out-of-state Blue plan or FEP PPO members.

Instructions:

1. Choose Select card type: Either “Other Plan” or “Federal Employee.”
   ▪ An FEP member’s ID will begin with the prefix R00 to R99.
   ▪ Required fields are marked by an asterisk (*).
2. Select the Member Type: Either “Subscriber” or “Dependent.”
   ▪ A subscriber is the primary member. A dependent is any other family member covered by the subscriber’s plan.
3. Enter the Member’s ID, Last/First Name, and Date of Birth. For dependents, enter the Subscriber’s Last Name.
4. Select the Service Type Category from the drop-down list to identify the benefit information you need.
5. Select the member’s Gender from the drop-down list.
6. The Eligibility Date will pre-populate with today’s date, but can be changed.
7. Select your NPI from the drop-down list. If your NPI is not listed, select “NPI not listed” and enter your NPI in the new field.
8. Click Search.
   ▪ Search results can take time to display. Instead of waiting, click Send results to Message Center. When the search is complete, you'll receive it as a message in your Message Center.
Use the *Find a Doctor* tool

**Background:** The *Find a Doctor* tool 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](#).
2. Select the Verify button in the right navigation list or click the Verify Member Plan Participation link in the Tools section.
3. Enter the Member’s Date of Birth (MMDDYYYY) or use the drop-down calendar to select the date.
4. Select the button next to the Member ID field and enter the Member’s ID number or click the button next to the First Name field and enter the Member’s First and Last Name.
5. Click the Find plan link.
6. The member’s plan name will display. Select the button next to the plan information.
7. Click the Set Plan button.

**Tips:**

- Once the member’s plan is set, only providers and facilities in the member’s network will appear when you conduct a search in *Find a Doctor*.
  - To access *Find a Doctor* without setting it for a specific member’s plan, go to blueshieldca.com. Search results will be inclusive of all providers, facilities, etc.
  - You can use the contracted plans page to view affiliated plans within your provider network product listing.
Use the **Find a Doctor** tool for **physician network referrals**

**Background:** The *Find a Doctor* tool 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 click *Set Plan*, the *Find a Doctor* search tool will display. Click the *Doctors* icon.

2. Click the *Doctor Name* button, and enter your last name in the *Search* field. Click *Search*.

3. If your name is listed in the search results, you are in the member’s plan network.

4. **Use these same steps to determine if a physician you are referring to is in the member’s plan network.** Hover your mouse over the link in the address panel to determine if the physician is accepting new patients.

**Tips:**
- To locate a physician by specialty, click the *Doctor Type* button, and select a specialty from the drop-down list.
- To save search results, click *Save Results*, then click *Email* or *Download.*
Use the Find a Doctor tool for facility network referrals

Background: The Find a Doctor tool 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 click Set Plan, the Find a Doctor search tool will display. Click the Facilities icon.

2. Facility Type is the default. Select a Facility Specialty from the drop-down list or click the Facility Name button and type the full or partial name in the Search field. Click Search.

3. If a facility is listed in the search results, it is in the member’s plan network.

4. Use these same steps to locate services in any category listed on the Find a Doctor tool.

Tip: To save search results, click Save Results, then click Email or Download. Select Email when your results contain more than 200 listings.
Use the Find a Doctor tool Filter & Sort functionality

Background: The Find a Doctor tool 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 the Filter & Sort link 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 of the options below.
   a) Fields with a drop-down arrow contain lists from which you will make a selection.
   b) If you have set the member’s plan, the address field will prepopulate but can be changed.
   c) Open fields such as Medical Group and Hospital Admitting Privileges feature search-as-you-type functionality.
   d) Check boxes filter for Allows Self-referral and Accepting New Patients.
   e) Results can be sorted by Newest or Alphabetical.
Determine if medical prior authorization is required

**Background:** Prior authorization is the requirement that a physician or other qualified provider obtain approval from Blue Shield before prescribing a specific medication, procedure, or service. Follow these instructions to determine if a **medical authorization** is necessary.

**Instructions:**

1. Log in to [Provider Connection](http://blueshieldca.com) and click the **Authorizations** tab.
2. Go to the *Is a Medical Authorization Required?* tool located in the right column on the page.
3. Enter the service code (CPT or HCPCS) in the field provided.
4. Click **Search**.

5. View the results.
6. If the answer is yes, click **Access the Medical Authorization Request tool** to go directly to the AuthAccel Request medical authorization screen, or
7. If desired, click member **eligibility and benefits** for more detail.

**Background:** Prior authorization is the requirement that a physician or other qualified provider obtain approval from Blue Shield before prescribing a specific medication, procedure, or service.

Follow these instructions to determine if a **medical authorization** is necessary.
Determine if pharmacy prior authorization is required

**Background:** Prior authorization is the requirement that a physician or other qualified provider obtain approval from Blue Shield before prescribing a specific medication, procedure, or service. Follow these instructions to determine if a **pharmacy authorization** is necessary.

**Instructions:**

1. Log in to [Provider Connection](https://blueshieldca.com). Click [Search Drug Formularies](https://blueshieldca.com) under the **Tools** section on the home page. You will be taken to the **Drug Formularies** page on the Blue Shield member website.

   - **For Medicare members,** click Blue Shield Medicare Part D drug plans and benefits. Scroll to the Formulary by Plan section, identify the correct plan, and click Search formulary.

   - **Follow steps a-c** under the “**For commercial members**” instructions.

   - **For commercial members,** scroll to and click either the Standard drug formulary search under the **Individual and Family Plan/Small Groups** section, or the **Plus drug formulary** under the **Large Groups** section.

     a) Search for a drug by:

        i. First letter of the medication (alpha search), or

        ii. Name (at least the first three letters), or

        iii. Therapeutic class

     b. Select the appropriate medication.

     c. If authorization is necessary, you will see details in the **Notes & Restrictions** column.

---

**Background:** Prior authorization is the requirement that a physician or other qualified provider obtain approval from Blue Shield before prescribing a specific medication, procedure, or service. Follow these instructions to determine if a **pharmacy authorization** is necessary.

**Instructions:**

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   - **For commercial members,** scroll to and click either the Standard drug formulary search under the **Individual and Family Plan/Small Groups** section, or the **Plus drug formulary** under the **Large Groups** section.

     a) Search for a drug by:

        i. First letter of the medication (alpha search), or

        ii. Name (at least the first three letters), or

        iii. Therapeutic class

     b. Select the appropriate medication.

     c. If authorization is necessary, you will see details in the **Notes & Restrictions** column.
Locate prior authorization tools and resources on the Authorizations tab

**Background:** Authorizations for medical services can be phoned, faxed, or submitted online. Authorizations for pharmacy services are typically faxed or submitted online.

**Orientation:**

- The **Authorizations** tab houses the AuthAccel online authorization tool.

1. To request a **medical** or **pharmacy** authorization online, or to view medical auth status or pharmacy auth status, click the appropriate link in the left navigation.

2. Instructions for submitting and viewing requests in AuthAccel are located in the right column under Support Tools. They are revised with every system upgrade.
   - Support tools are also located on the News & Education tab: **AuthAccel Online Authorization Training**.

3. Click **Clinical Policies and Guidelines** in the left navigation to search medical and medication policies and requirements.

4. 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]).

**Tip:** Documentation is easy to attach in AuthAccel, but the system will not tell you what to submit with your request. If you are not sure, click the **Prior Authorization Forms** link and navigate to the fax form for your request. If specific documentation is required, it will be listed there.
Access the Claims tab for resources and tools

**Background:** Claims can be submitted by mail or electronically. The Claims tab contains tools and resources to help you with both, and the website gives you access to 24 months of claims, explanations of benefits (EOBs), and payment history.

**Orientation:**

1. The Prescreen Claims tool to test codes and view clinical edits with rationales.
2. Check Claim Status tool. Instructions for this tool are located on page 19 of this guide.
3. Information on how to submit claims and receive payments electronically using Electronic Data Interchange (EDI).
   - See pages 23 and 24 in this guide for helpful details about the Manage Electronic Transactions section, and page 25 for EDI, ERA, EFT enrollment instructions.
4. A searchable Professional Fee Schedule.
5. Resources and information regarding provider Appeals and Adjustments including process, instructions, forms, and contacts.
6. Claims submission Policies and Guidelines, including time frames for submitting, contesting, or adjusting a claim as well as special guidelines for electronic and paper claims forms.
7. The Claims Routing Tool, which tells you where to submit paper claims for any Blue plan member.
Use Clear Claim Connection (C3) to prescreen claims

**Background:** C3 is a simulation tool that lets you view Blue Shield claim auditing rules, payment policies, and clinical rationales. Use the tool to enter different codes on mock claims to immediately see allow/review/disallow recommendations. Note, C3 does not submit claims to Blue Shield, and is not a guarantee of member eligibility or claim payment.

**Instructions:**

1. Click Prescreen Claims from the Claims tab to open C3.
   - Before using the tool for the first time, you must read the Terms & Conditions, and click Agree to continue.
2. Select your Claim Type and Plan Type from the drop-down list.
3. Select the member’s Gender and enter the Date of Birth.
4. On each line, complete these mandatory fields: Procedure Code, Quantity, Revenue Code, and Place of Service.
   - All other fields are optional, but the more information provided, the better results returned.
5. Click the orange Review Audit Results button.
   - A result of “Allow” and “Allow Add” means you are good to go.
6. For “Review” and “Disallow” results, study the clinical edit clarifications and consider other possible coding combinations.

**Tip:** For more detailed instructions on how to use this tool, see Support Tools for Clear Claim Connection on the Claims tab.
Search claim status and/or EOBs by member

Background: The Medical Claims section in the Details column connects to the Check Claims Status tool, which offers three search options for Blue Shield and FEP member claims and explanations of benefits (EOBs): 1) member, 2) payment information, and 3) claims activity. For other Blue plan claims, “member search” is the only option, and EOBs are not available.

Instructions:

To conduct a successful search, you must be associated to the PIN/TIN of the claim for which you are searching. If no results display and your entries are correct, you may not be associated with the claim.

1. Click the Member tab. (This tab is the default.)
   - Required fields are marked by an asterisk (*).
2. Choose Select Claim type to search: Either “Medical Claims” or “Dental Claims (FEP only).“
3. Enter one of the following primary search criteria in the relevant field:
   - Subscriber ID (found on patient’s ID card), or
   - Member’s Last/First Name and Date of Birth, or
   - Patient Account Number
4. Click Search.

Tips:

• To refine results, click the + symbol next to Get more specific by service date, billed amount or status, and enter additional search criteria.
• For additional support, access Help with Claims Search.
• The Check Claims Status tool is also available from the Verify Eligibility tool.
Instructions:

To conduct a successful search, you must be associated to the PIN/TIN of the claim for which you are searching. If no results display and your entries are correct, you may not be associated with the claim.

1. Click the Payment tab.
   - Required fields are marked by an asterisk (*).
2. Choose Select card type: Either "Blue Shield of California" or "Federal employee."
3. Select Paper Check or Electronic as the payment type.
4. Enter a Check Payment Date or an ACH Payment Date in the Search by Claims date range fields.
5. Enter one or more of the search criteria that presents based on the above selection.
6. Click Search.
   - Results can be downloaded to Microsoft Excel.

Tips:
- If no results return, try changing the Card Type selection. Blue Shield and FEP member payments are kept separate.
- For additional support, access Help with Claims Search.
- The Check Claims Status tool is also available from the Verify Eligibility tool.
Search claim status and/or EOBs by claims activity

**Background:** The Medical Claims section in the Details column connects to the Check Claims Status tool, which offers three search options for Blue Shield and FEP member claims and EOBs: 1) member, 2) payment information, and 3) claims activity.

**Search for claims and EOBs by claims activity:**

To conduct a successful search, you must be associated to the PIN/TIN of the claim for which you are searching. If no results display and your entries are correct, you may not be associated with the claim.

Any field or combination of fields can be used to search for claims and EOBs by claims activity for Blue Shield or for FEP PPO members (professional claims only).

1. Click the Claims Activity tab – Required fields are marked by an asterisk (*).
2. Choose Select Claim type to search: Either “Medical Claims” or “Dental Claims (FEP only).”
3. Searches can be conducted by date of service, claims received date, or finalized date.
   - Enter a desired range for the date of service option. For the other options, select from the drop-down list.
4. The Select Location(s) field is populated based on the organization’s PIN(s). All locations are selected by default. Select one or more locations by holding down the CTRL key while clicking the desired options.
5. Select the Claim Status: “All,” “In process” or “Finalized.”
   - Use Last Name Search Range to find names within an alphabetical range. For patients with last names beginning with C to D, enter CAA to DZZ. For a specific patient, type the last name into the From field.
   - Use Total Billed Amount to search for records within a range of billed dollar amounts.
6. Click Search.

**Tips:**
- For high-volume claim submitters, limit date range or locations for a quicker response.
- For additional support, access Help with Claims Search in the top right corner.
Access Electronic Data Interchange (EDI) resources and tools

**Background:** The Manage Electronic Transactions section available in the left navigation of the Claims tab has all the information you will need to establish and manage electronic transactions with Blue Shield.

**Orientation:**

1. Click My Payment Preferences to determine if your organization already receives electronic payments. Page 24 in this guide provides directions.

2. The Enroll in electronic data interchange page provides step-by-step instructions for identifying and selecting an EDI clearinghouse (appropriate if you submit fewer than 1,500 claims per month) or if you submit more than 1,500 claims per month, for establishing a direct connection (secure file transfer or SFTP) with Blue Shield.
   - There is a downloadable list of approved EDI clearinghouses, and a direct link to Office Ally, a clearinghouse that offers free setup and training.
   - The ePayments Provider Authorization form is available from this page as is step-by-step instructions for enrolling online.

3. The FAQs for EDI, ERA, and EFT page provides helpful information about electronic claims transactions, such as how to indicate specific elements on electronic claims (e.g., NPI, self-referral codes, corrected claims)

4. Inquiries with PHI, member or claim details, can be submitted securely online using Submit an EDI Inquiry.
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. If you aren’t sure, check to see if your office/organization is already enrolled in EDI by clicking Manage Electronic Transactions from the left navigation of the Claims tab.

2. Click My Payment Preferences.

3. Select your Tax ID Number (TIN) from the drop-down list. The form will populate with your current payment preferences.

4. If you aren’t currently enrolled in EDI, follow the instructions provided on the Manage Electronic Transactions page or go to the next page in this guide.
Enroll in EDI, ERA, EFT

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).

What you’ll need:
- Computer with Internet access and an email account
- Username and password for Provider Connection
- Legal name of your organization (e.g., institution, corporate entity, practice, individual provider)
- Contact name and information for the person in your organization who will handle EFT/ERA issues
- Name of your financial institution, and your account and routing numbers
- National Provider Identifier (NPI) registered with Blue Shield (you may have more than one)
- One or more Blue Shield Provider Identification Numbers (PINs)
- Determination if you will use a clearinghouse for your electronic needs or establish a direct EDI trading partner agreement with Blue Shield

How to enroll:
There are two options for enrolling in EDI/ERA/EFT:

1. Complete and return the ePayments Provider Authorization form to authorize Blue Shield to send ERA, and designate a business account for direct deposit of your claims payments.
   - The form can be returned by fax, Attention: eBusiness Data Exchange (530) 351-6150, or postal mail to: eBusiness Data Exchange, 4700 Bechelli Lane, Redding, CA 96002

2. Enroll online by following the step-by-step EDI EFT and ERA Online Enrollment Instructions.

Tips:
- There is a 10-day waiting period required after enrollment in EFT. You will be contacted via email, phone, or fax when your EFT enrollment is complete.
- Contact the EDI Help Desk at edi_bsc@blueshieldca.com or (800)480-1221 if you have questions or need help completing your forms.
## Quick click guide – direct links and paths to popular areas on Provider Connection

**Background:** If viewing this reference guide online, log in to Provider Connection, then click the links in the *Item* column to go to the page or section on the website. If viewing this guide on paper, follow the paths provided in the right column.

<table>
<thead>
<tr>
<th>Item</th>
<th>Path</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancillary provider listings</td>
<td>Provider home &gt; Helpful Resources (right column) &gt; Ancillary Providers</td>
</tr>
<tr>
<td>Benefit summaries</td>
<td>Eligibility and Benefits &gt; Benefits Summaries</td>
</tr>
<tr>
<td>BlueCard Program</td>
<td>Guidelines and Resources &gt; Patient Care Resources &gt; BlueCard Program</td>
</tr>
<tr>
<td>Blue Shield: list of benefit plans/networks and member ID card samples</td>
<td>Guidelines and Resources &gt; Patient Care Resources &gt; Blue Shield Benefit Plans and Member Identification ID Cards</td>
</tr>
<tr>
<td>Claims appeals and adjustments</td>
<td>Claims &gt; Appeals and Adjustments</td>
</tr>
<tr>
<td>Check claims status</td>
<td>Claims &gt; Check Claims Status</td>
</tr>
<tr>
<td>Clinical policies and guidelines</td>
<td>Authorizations &gt; Clinical Policies and Guidelines</td>
</tr>
<tr>
<td>Contact us</td>
<td>About This Site &gt; Contacts</td>
</tr>
<tr>
<td>Drug formularies</td>
<td>blueshieldca.com/wellness/drugs/formulary</td>
</tr>
<tr>
<td>Fee schedule</td>
<td>Claims &gt; Professional Fee Schedule</td>
</tr>
<tr>
<td>Patient care resources</td>
<td>Guidelines and Resources &gt; Patient Care Resources</td>
</tr>
<tr>
<td></td>
<td>• (PCP Behavioral Health Toolkit, Preventive Health Guidelines, etc.)</td>
</tr>
<tr>
<td>Prior authorization forms and list</td>
<td>Authorization &gt; Prior Authorization Forms and List</td>
</tr>
<tr>
<td>Prior authorization requests/AuthAccel</td>
<td>Authorization &gt; Request medical, pharmacy, or view authorization</td>
</tr>
<tr>
<td>Provider manuals</td>
<td>Guidelines and Resources &gt; Provider Manuals</td>
</tr>
<tr>
<td>Radiology and imaging prior auth</td>
<td>National Imaging Associates (NIA) www1.radmd.com</td>
</tr>
<tr>
<td>Richman injectables policy</td>
<td>Claims &gt; Policies and Guidelines &gt; Richman Injectables</td>
</tr>
<tr>
<td>Spine surgery/pain management prior auth</td>
<td>National Imaging Associates (NIA) www1.radmd.com</td>
</tr>
<tr>
<td>View contracted plans</td>
<td>Account Tools &gt; Account Management &gt; View Contracted Plans</td>
</tr>
<tr>
<td>Verify eligibility tool</td>
<td>Eligibility and Benefits &gt; Verify Eligibility</td>
</tr>
</tbody>
</table>