

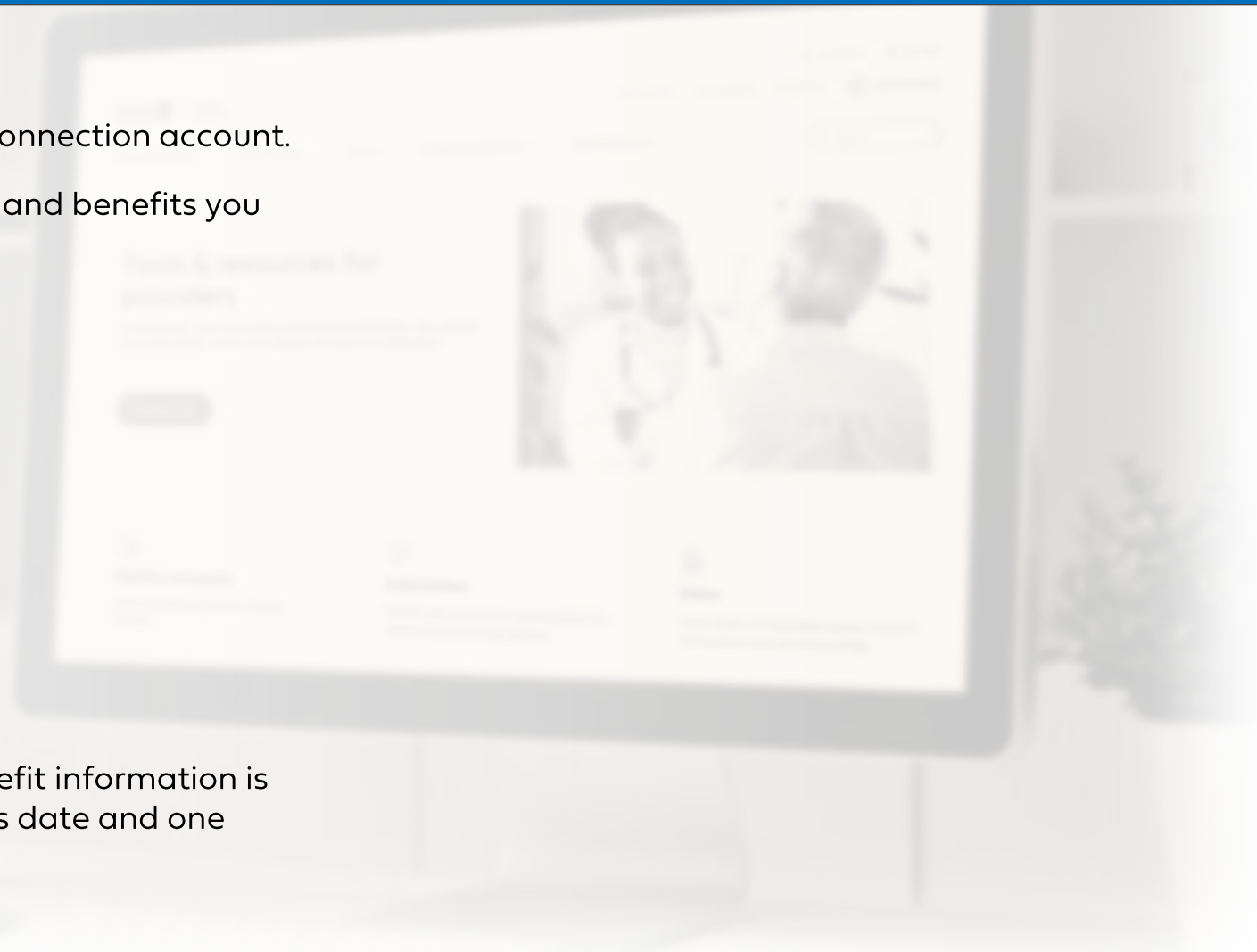
Verify eligibility and benefits for Blue Shield of California or Blue Shield Promise Health Plan members

What you'll need to get started:

- A username and password to log in to your Provider Connection account.
- One of the following for the **MEMBER** whose eligibility and benefits you are verifying:
 - Subscriber ID
 - Last name, first name, and date of birth
 - Medicare beneficiary's ID and date of birth (Medicare members only)
 - Social Security Number (SSN)
 - Client Index Number (CIN)

What you should know:

- Blue Shield of California subscriber eligibility and benefit information is available for up to twenty-four months before today's date and one year before a member's termination.
- Eligibility information is updated daily.



Instructions

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

2. The *Verify eligibility* tool is available from the home page AND from the *Eligibility & benefits* section in the white navigation menu. Click that link, then click **Verify eligibility** from the drop-down menu.

The *Verify eligibility* screen displays.

3. Keep the defaults for SEARCH SINGLE MEMBER and Blue Shield of California / Promise Health Plan coverage type.

- If you select SEARCH MULTIPLE MEMBERS, you may search for up to 10 subscriber IDs.

4. Enter member data using one of the following:

- Subscriber ID (9-16 alpha numeric characters)
- Member name and date of birth
- Last four (4) digits of social security number (SSN) and date of birth
- Medicare beneficiary ID (MBI) and date of birth
- First nine (9) characters of client index number (CIN)

5. Click **Search**.

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 'For Members', 'For Employers', and 'Log In/Register'. A red callout box '1' highlights the 'Log In/Register' button. Below the navigation bar, the 'Eligibility & benefits' section is expanded, showing a red callout box '2' around the 'Verify eligibility' link. The main content area is titled 'Verify eligibility' and has a red callout box '3' around the 'SEARCH SINGLE MEMBER' button. The form below is titled 'Verify eligibility of a single member. All fields are required unless noted otherwise.' It includes a 'Member coverage / card type' section with radio buttons for 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. A red callout box '4' highlights this section. Below this are three search options: 'SEARCH BY SUBSCRIBER ID', 'SEARCH BY MEMBER NAME', and 'SEARCH BY MEMBER SSN, MBI, OR CIN'. Each search option has a 'Search' button highlighted with a red callout box '5'. The 'SEARCH BY MEMBER NAME' option is pre-filled with 'Doe' for last name and 'John' for first name, and 'MM/DD/YYYY' for date of birth.



Instructions

The search results display.*

6. Check eligibility. Green "Eligible" status means the member is active.
7. Click links to do the following:
 - Details – View eligibility details including historical and current coverage information.
 - ID Card – Download or print the member's current ID card.
 - Benefits – View benefits information for the member's plan.
 - Claims – Access the *Check claims status* tool to view the status of the member's claims.

*Note:

- Blue Shield TotalDual (HMO D-SNP) members with matching Medi-Cal through Blue Shield Promise will display two results panels – One for Medicare (primary) and one for Medi-Cal (secondary). The member ID card will be accessible on the Medicare results panel.
- **Blue Shield only:** When Blue Shield is not primary, Coordination of Benefits (COB) information will display for Commercial members if the data is in our system.

Member name MEMBER, X	6	Status Eligible	7	Details	ID Card	Benefits	Claims
Subscriber ID 912345678	Date of birth 04/16/1963	Gender Female	Member address 123 MAIN STREET, ANYTOWN, CA 90000				
Plan name Blue Shield of CA ASO PSP	Plan type Commercial PPO	Coverage effective / start date 01/01/2023	Coverage end / redetermination date Present				
Relationship to subscriber Subscriber	Subscriber name MEMBER, X	PCP name DOCTOR, X	Office visit copay In-network-20%				

