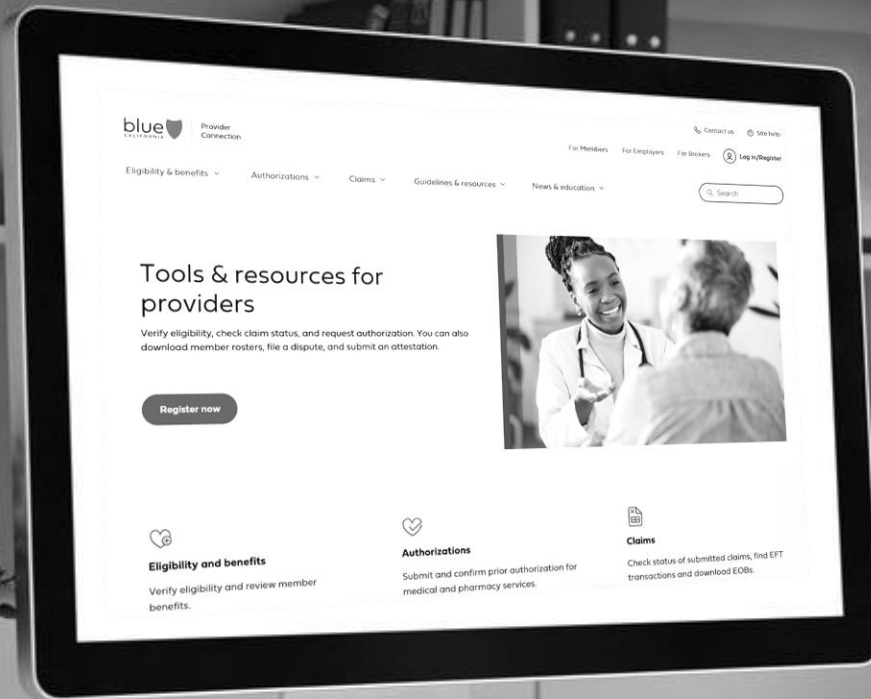


Provider Connection Reference Guide



The Provider Connection website gives you easy access to the tools and information you need to serve Blue Shield and Blue Shield Promise members as well as to support your practice.

Use this reference guide to learn more.



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

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



Background: If your organization is new to [Provider Connection](#), you must establish an account.

Establishing an account:

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

1. [Provider](#)
2. [MSO](#)
3. [Billing Service](#)

Account Managers:

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

Once established, the Account Manager(s) – not Blue Shield – sets up user profiles. Blue Shield will email each user a link to finish establishing their account. Users have 30 days to visit the site and complete this process. If a User does not do so within 30 days, the Account Manager will need to recreate their profile.

Users:

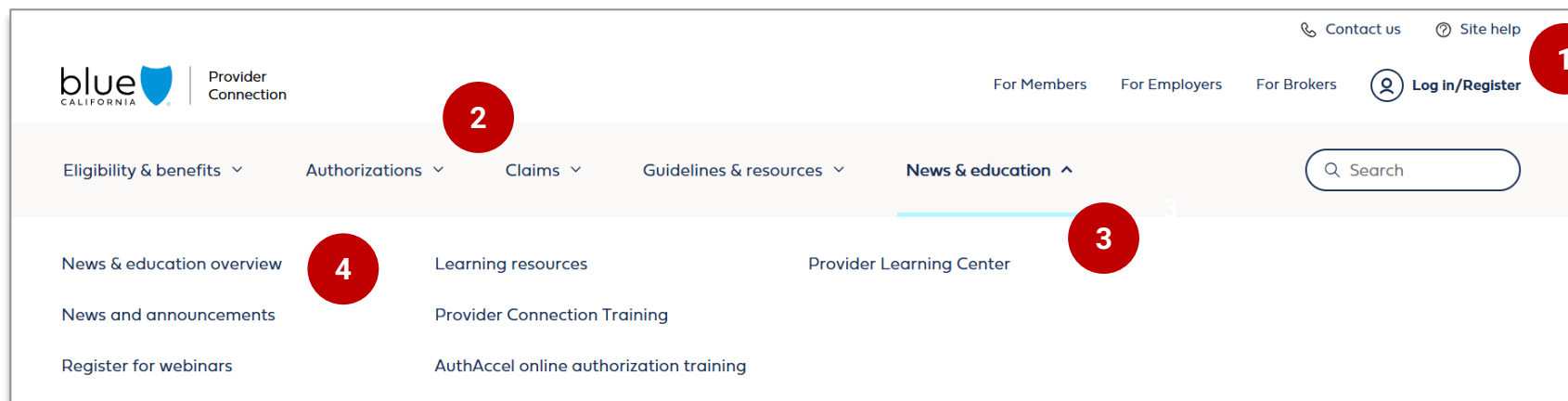
All users (and Account Managers) have a *Manage my profile* page where they can do things like update their username/ password, change their email, set their email preferences, and locate their Account Manager. After log in, a “badge” with the user’s initials appears at the end of the white navigation bar. Click this badge to access the *Manage my profile* page.

Additional support:

- This [Provider Connection Account FAQ](#) provides answers to the most frequently asked questions about establishing and maintaining a Provider Connection account as an Account Manager or user.
- A password must be updated every 365 days. See [Update your Provider Connection password](#) if you need help changing your password or if your account is locked or disabled.
- The [Provider Connection training page](#) includes links to the above resources and more. No log in is required.



Background: Below is a high-level snapshot of how to navigate the [Provider Connection](#) website. Authenticated tools require log in, but there are many resources on Provider Connection that do not.



Instructions:

- 1. Top level navigation:** Log in/Register and general site actions such as *Contact us* and *Help*.
 - 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.
 - After logging in, you will see an "Account" dropdown menu. Click to access the *My profile*, *Message center*, and *Account management* pages.
- 2. Main navigation bar:** Links to the five main site sections, and Search. When you click a section link, the blue line indicates the section drop-down menu you have activated.
- 3. Section drop-down menu:** Links to the most-used content and tools within the specific section.
- 4. Overviews:** Each section has an overview that provides a high-level table of contents for information on the page.

Tip: Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the [Blue Shield Promise Provider Portal](#). Links in the footer of each website allow you to move between the two websites.



High-level provider directory validation process

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

Process:

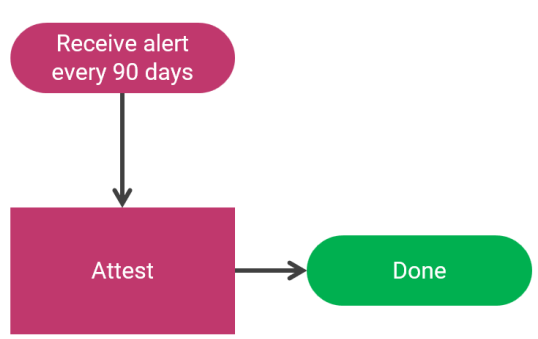
- Online attestation to data accuracy every 90 days, even if data has not changed. Blue Shield will alert a provider when it is time to attest.
- Directory updates at any time either by:
 - Single edits on the Provider Connection *Provider & Practitioner Profiles* page.
 - Blue Shield's bulk data file – the *Provider Data Validation Spreadsheet* – downloaded from *Provider & Practitioner Profiles*, then uploaded back to the page.

Visit the [Provider data management](#) section for these resources: 1) [How to attest and update your provider directory information](#) (the full process), 2) [Provider Data Validation User Guide](#) (detailed instructions on how to make demographic updates in the bulk data file/spreadsheet.), and 3) [Updating your Provider and Practitioner provides eLearning](#) (overview and step-by-step explanation of the bulk data file process)

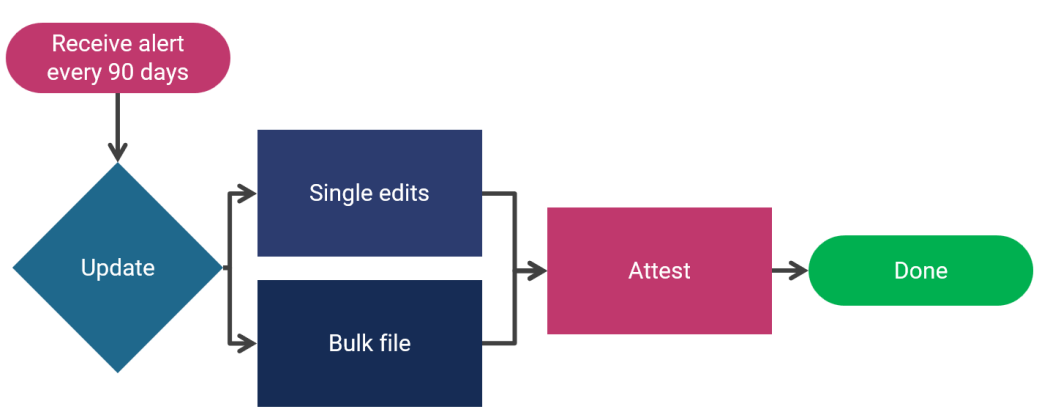
Who can execute this process:

- Provider Connection Provider and MSO Account Managers and users to which they give provider demographic information access. [See instructions on the next page for how to assign user access.](#)
 - Billing Managers have view-only access.

Provider data is accurate



Provider data needs updating



Account Manager assign user access to provider & practitioner demographic information

Background: Account Managers can assign provider demographic data access to designated users so that the most appropriate staff members validate/update/attest to provider directory information.

Instructions:

1. From the *Account management* page, select **Manage your user accounts** located under the *Manage user accounts* section.
2. Select the **View** link for a specific user.
3. That user's *Account information* displays.
4. Move the *Provider & practitioner data* toggle to **Yes** (the right).
5. Scroll down and select **Save**.

<input type="checkbox"/>	Name ↑	Username ↓	Claims ↓	Real-time claims ↓	Provider & practitioner data ↓	Created ↓	Status ↓
<input type="checkbox"/>	Person, User	user123	Yes	Yes	Yes	10/25/2019	Active View
<input type="checkbox"/>	Brown, John	user1234	Yes	Yes	Yes	12/30/2019	Active View
<input type="checkbox"/>	Smith, Jane	user12345	Yes	Yes	No	10/28/2020	Active View

Contact information

Name: Person, User
Address: 123 Main Street, Anywhere, CA
Username: PersonUser@email.com
Email: Person.User@email.com
Phone: (999) 999-9999

Account status: Disabled Active Reset password

Claims access: No Real-time claims access: No Provider and practitioner data: Yes

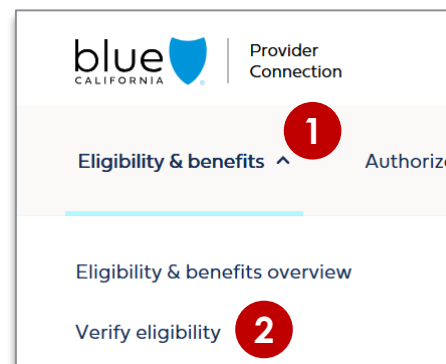


Verify member eligibility

Background: *Verify eligibility* lets you confirm that a patient is a Blue Shield, Blue Shield Promise or Other Blue Plan member. The tool contains up to two years of data at any one time. It is updated daily.

Instructions:

1. After log in, click **Verify eligibility** from the home page or click **Eligibility & benefits** from the white navigation bar.
2. Click **Verify eligibility** from the drop-down menu.
3. *Verify eligibility* opens and defaults to **SEARCH SINGLE MEMBER**. Click **SEARCH MULTIPLE MEMBERS** to search for up to 10 subscriber IDs at one time.
4. For single member search, enter member data using one of the following:
 - Subscriber ID (9-16 alpha numeric characters)
 - Member name and date of birth
 - Last four (4) digits of SSN
 - MBI and date of birth (Medicare only)
 - First nine (9) characters of CIN
5. Click the active **Search** button. The eligibility results screen displays – [see next page](#).



A screenshot of the 'Verify eligibility' web form. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (active) and 'SEARCH MULTIPLE MEMBERS'. A red circle with the number '3' is over the 'SEARCH SINGLE MEMBER' tab. Below the tabs is the text 'Verify eligibility of a single member. All fields are required unless noted otherwise.' and a 'Help' link. Under 'Member coverage / card type', there are three radio buttons: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. A red circle with the number '4' is over the selected radio button. Below this are three search sections separated by 'OR' labels. The first section is 'SEARCH BY SUBSCRIBER ID' with a text input for 'Subscriber ID' (placeholder: '9-16 characters') and a 'Search' button. The second section is 'SEARCH BY MEMBER NAME' with 'Last name' (placeholder: 'Doe') and 'First name' (placeholder: 'John') inputs, a 'Date of birth' input (placeholder: 'MM/DD/YYYY' with a calendar icon), and a 'Search' button. The third section is 'SEARCH BY MEMBER SSN, MBI, OR CIN' with three radio buttons: 'Social security number (SSN)', 'Medicare beneficiary number (MBI)', and 'Client index number (CIN)' (selected). Below the selected radio button is a text input for 'Client index number' (placeholder: 'First 9 characters') and a 'Search' button. A red circle with the number '5' is at the bottom center of the form area.



Member name MEMBER, G	Status Eligible 1	2 Details ID Card Benefits Claims	
Subscriber ID 91911	Date of birth 02/02/1958	Gender Male	Member address 332WP, Los Angeles, CA, 90001
Plan name Palo Alto Networks Inc Blue Shield Platinum PPO	Plan type Commercial PPO	Coverage effective / start date 02/01/2022	Coverage end / redetermination date Present >
Coordination of benefits EMPIRE BCBS 3	COB Order Primary	COB effective / start date ⓘ 01/01/2022	
PCP name N/A	Office visit copay In-network-\$20		

- 1. Status:** Eligibility is **green** if active.
- 2.** Upper right navigation provides links to eligibility details, a PDF of the member ID card, benefits, and *Check claims status*.
- 3.** When Blue Shield is not primary, Coordination of Benefits (COB) information will display for members if the data is in our system.

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



Background: Clicking **Details** from the eligibility results screen provides access to additional information about the member. The first item you will see is *Network status*.

For the following six networks, 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

If you have one Tax ID/SSN and one Blue Shield Provider ID (PIN), *Network status* will automatically populate with either in- or out-of-network status.

If you have more than one TIN registered with Blue Shield or multiple PINs, you will see a *Check status* link in the *Network status* section. Click that link to launch a network status search. See instructions on the next page.



Member name MEMBER, A	Status Eligible	Print Benefits Claims	
Subscriber ID XEF91	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
--



If you have more than one TIN registered with Blue Shield and/or multiple PINs, Provider Connection will ask you to search for network status. Based on your TIN/PIN configuration, it will ask you to complete one or more popups:

- Identify the appropriate Tax ID by selecting or searching in the pop-up. Click **Continue**.

- Select from a list if you have between 1-5 Tax IDs
- Enter search criteria if you have 6+ Tax IDs

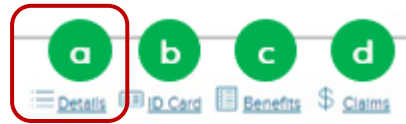
- Identify the appropriate provider by selecting or searching in the pop-up. Click **Continue**.

- Select from a list if there are 2-5 providers
- Enter search criteria if there are 6+ providers

- If the location you select IS NOT in one of the networks, you will see an **Out of network** indicator. Click **Back** to select a different location if appropriate. Click **Close** to return to the *Details* page.
- If the location you select IS in one of the networks, you will see an **In network** indicator. Click **Close** to return to the *Details* page.
- Network status* – either in or out – will display on the *Details* page with the location you selected.
- For members not in one of the networks listed on the previous page, providers will be directed to [Find a Doctor](#) to determine network status.
- For capitated members, providers will be directed to contact the IPA.



Background: Clicking **Details** from the eligibility results screen provides access to additional information about the member. After *Network status*, the following information displays.



1. General member information

1 Member information

Member phone 555-555-5555	Language Not Selected	Subscriber dues paid to N/A
------------------------------	--------------------------	--------------------------------

2. Special programs eligibility

2 Special Programs

[Maven maternity](#) status
Eligible

Click the + sign to expand these sections as needed:

3. Member coverage information including COB if applicable and in our system.

3 Member coverage details

- Future coverage
- Current coverage
- Historical coverage
- Historical coordination of benefits

4. Total deductibles, copays, and out-of-pocket maximums.

4 Deductibles and out-of-pocket maximums

- Future deductibles and out-of-pocket maximums
- Current deductibles and out-of-pocket maximums
- Historical deductibles and out-of-pocket maximums

5. PCP and IPA/medical group assignment if applicable.

5 PCP and IPA / Physician group

Tip: The *Visits Accumulator* presents as part of Deductibles/OOP for **Commercial** members only. It tracks visits to specialty providers when their plan covers a set number of visits per plan year. Specialty visits covered by third parties such as American Specialty Health (ASH) are not tracked by the tool.



Background: Clicking **Benefits** from the eligibility results screen provides access to a detailed view of the member's benefits.



1. *Benefit summary* view is the default – lists benefits in alpha order on the left with details on the right.
2. *Benefit categories* view expands/collapses on the left with details on the right.
 - Benefits are not listed by ICD-10 codes.
3. The *Search* field activates when *Benefit categories* view is clicked.
4. *Benefits download* (if logged in) or go to [Benefit summaries](#) if not logged in, to download/view a spreadsheet with detailed benefits for the all plans.

1 Benefit summary

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

3 General - General Subcategory - Benefit Maximums

Search categories

4

Benefit summary	Annual Medical Deductible	MILLS, JANET L	Applies to Annual Out of Pocket Maximum
Benefit download	Preferred & Non Preferred Provider	\$1750	Yes
Pre-existing conditions	Maximum	\$0	

2

Benefit categories

- General
- General Subcategory

Benefit Maximums

Custom Benefits

Calculated over 12 months beginning January 1
For additional information about plan deductibles see Custom Benefits

Annual Out of Pocket Maximum	MILLS, JANET L
Preferred & Non Preferred Provider	\$4500
Maximum	\$0

For additional information about out-of-pocket maximums see Custom Benefits

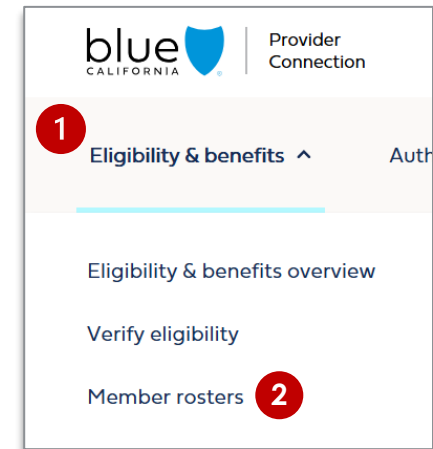
Tip: If a Promise Health Plan member, the link from the check eligibility results will take you to the Medi-Cal Member Handbook EOC.



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

Instructions:

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

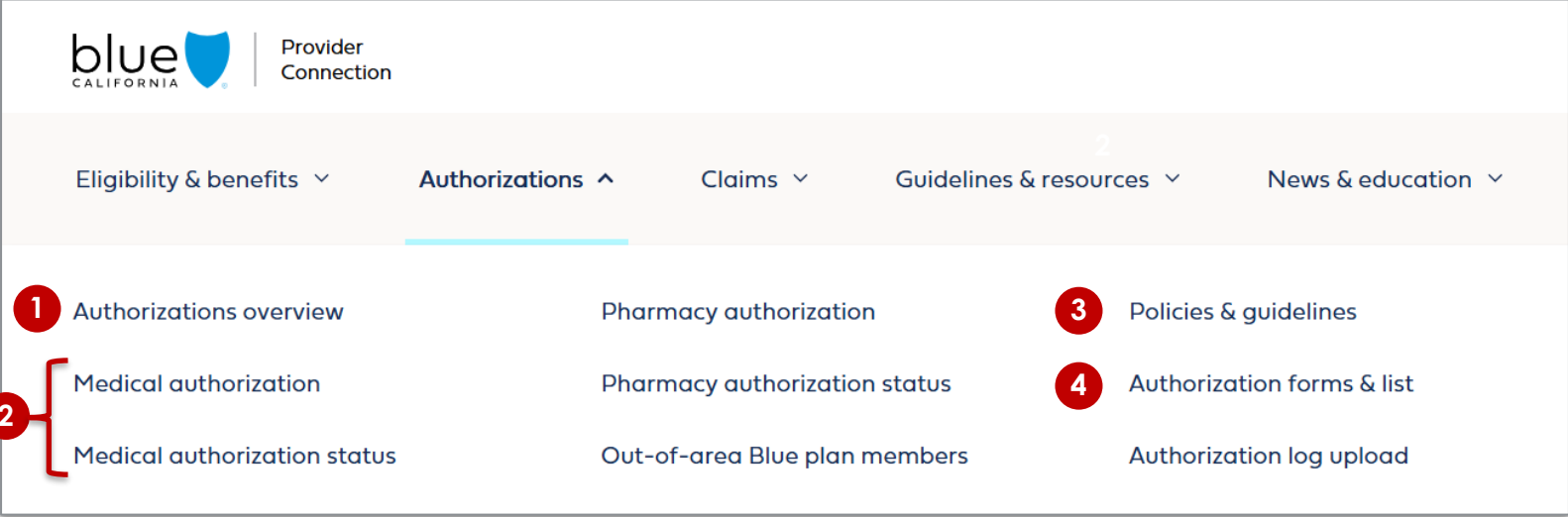


The screenshot shows the 'Member rosters' page. At the top, it says 'Member rosters' and 'Last updated at 09:46 am, 11/16/2022'. Below this is a search bar and a table of providers. A red box highlights the 'Member updates' column for the first provider, 'JOE J DOCTOR', which shows 'Updates'. Another red box highlights the 'Active members' column, which shows '17'. A red arrow points from the '17' to the 'Active member roster' page below. The 'Active member roster' page shows 'Provider: DOCTOR J' and 'PIN: 1000000002'. A red circle with the number 5 highlights the 'Export' button in the top right corner of the active roster page.

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. BREAA, CA 90001	SAN JOSE N/A	Updates	17	1	12	4	0



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



Orientation:

1. The overview section provides a high-level table of contents for information on the page plus an [Authorization basics](#) page that describes the process at Blue Shield.
2. The [Authorizations](#) section houses the AuthAccel online authorization tool, available after log in.
 - Click **Medical authorization** to submit medical requests via AuthAccel. Click **Medical authorization status** to view medical request status via AuthAccel, regardless of how they were submitted.
 - AuthAccel instructions are linked to each launch page as well as to [AuthAccel Online Authorization System Training](#).
3. Click [Policies and guidelines](#) to search medical and medication policies and requirements. No log in required.
4. Click prior [Authorization forms and lists](#), and to learn about services requiring third-party authorization (e.g., National Imaging Associates [NIA]). No log in required.



Background: Blue Shield accepts both paper and electronic claims. Paper claims can be sent either by mail or digitally. For additional information, see [How to submit claims](#) on Provider Connection – no login required.

(Paper) Mail	(Paper) Digitally	Electronically (EDI)
<ul style="list-style-type: none">• The Claims Routing Tool tells you where to submit paper claims. No log in is required.• See next page for instructions.	<ul style="list-style-type: none">• Via SympliSend after logging in to Provider Connection.• To launch, go to <i>Claims > Claim Overview > Submitting</i>. > click the SympliSend link.• See user guide for instructions.	<ul style="list-style-type: none">• Step 1: Choose an approved EDI clearinghouse.• Step 2: Enroll in ERA and EFT. Provider Connection Account Mangers can enroll online: See page 17 for instructions.• Step 3: Contact the selected clearinghouse to enroll and begin exchanging electronic transactions.• See the EDI, ERA/EFT and Secondary 277CA FAQ.

Tip: Via SympliSend, in addition to submitting digital paper claims, you can also submit itemization requests, and digital correspondence related to previously processed or in process claims.



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

Instructions:

1. No log in is required to use this tool, which is in the Claims section on [Provider Connection](#) under *Claims Tools*.
2. Click [Claims routing tool](#).
3. Answer the service provider question.
4. Enter the first three characters of the member's ID.
5. Enter the date of service and click **Search**.
 - If requested, enter the rest of the member ID and click **Search**.
6. The "send to" address will display. In most cases, so will a phone number for customer service should you need assistance.
7. Click **Start over** to conduct a new search.

The screenshot shows the 'Claims-routing tool' interface. At the top, it says 'All fields are required'. Below that is the 'Service provider' section with the question 'Is the claim for services provided by a Sutter provider or facility?' and radio buttons for 'Yes' and 'No'. A red circle with the number '3' is next to the 'No' option. The 'Member prefix' section asks for the first 3 characters of the member's ID, with a red circle '4' next to the input field. The 'Date of service' section asks for the date of service, with a red circle '5' next to the date input field. A 'Search' button is at the bottom. In the top right corner, there is a preview of a BlueCross BlueShield member ID card for Jane A. Sample, Member ID KY234567890123.

The screenshot shows the 'Claims-routing tool' interface after a search. It displays the '3-character prefix' as 'ABC' and the 'Date of service' as '02/03/2021'. A red circle with the number '6' is next to the 'Send claims to' section. The 'Send claims to' section lists 'Blue Shield of California BlueCard Program' with the address 'P.O. Box 1505, Red Bluff, CA 96080-1505'. The 'Customer Service' section lists the 'Claims phone: (800) 522-0632' and 'Eligibility and benefits phone: (800) 676-BLUE (2583)'. The 'bluecard' logo is also visible. In the top right corner, there is a preview of a BlueCross BlueShield member ID card for Jane A. Sample, Member ID KY234567890123.



Background: 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:

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 this screen.

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 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.

The image displays two screenshots of the Provider Connection Account Manager interface. The top screenshot shows the 'Remittance & Payments' tab with 'EFT' selected and an 'Edit' button highlighted. The bottom screenshot shows the 'ERA' tab with a vendor selection dropdown menu highlighted.

Top Screenshot (Step 3): The 'Remittance & Payments' tab is active. The left sidebar shows 'EFT' (Not enrolled) and 'ERA' (JM MEDICAL GROUP). The main content area is titled 'Electronic Funds Transfer' and includes an 'Edit' button. A red circle with the number '3' is positioned above the 'Edit' button.

Bottom Screenshot (Step 4): The 'ERA' tab is active. The left sidebar shows 'ERA' (JM MEDICAL GROUP). The main content area is titled 'Electronic Remittance Advice' and includes a 'Select vendor' dropdown menu with 'OFFCE ALLY' selected. A red circle with the number '4' is positioned above the dropdown menu.



Check claim status – Search claims and find EOBs

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

Instructions: You must be linked to the Tax ID and Provider ID (TIN/PIN) of the claim for which you are searching.

1. Click **Check claim status**. The Search tab displays with claims from the last five years. The most recent will be at the top.
2. Enter data into one or more search fields and click **Search**.
3. Results will display below the blue header row. To sort results in alphabetical or ascending/descending order, click the desired column header and the up/down arrow once it presents.
4. Click the blue text links to see more detailed information about the member or claim or to view/download the EOB.
5. To clear the search and conduct a one, click **Start over**.

Showing 1–50 of 47734 claims: Dates of service 10/06/2018–10/06/2021

Claim status	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	000342	Medical	07/07/2020–07/07/2020	N/A	ROBERTS,	9102	QUEST DIAGNOSTICS	\$3,500.00	N/A	\$10.41	N/A

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



Background: Clicking the claim number from the *Check claim status* search results opens the *Claim detail* page and provides access to the information below. You can toggle between summary and full view. Full view includes all the information you see here plus payment details, service and procedure details, claim message, and claim notes.

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: [View letters](#) · [Attach supporting documents](#) · [Resolve claim issue or dispute](#)

Member information

Member name	XXXX	Member ID	
Date of birth	04/10/1991	Group num	
Gender	Female	Plan type	
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

The "Possible next steps" links change based on the claim's status. The "Resolve claim issue or dispute" link is the default option. Additionally, you may find a "View letters" link if letters are available, and an "Attach supporting documents" link to submit documentation for a finalized claim, if requested by Blue Shield.

Background: For all lines of business, click **Attach supporting documents** when the claim has been denied or not paid in full, and Blue Shield is requesting additional supporting documentation.

To start the process:

1. Click **Claims** then click **Check claim status** in the blue sub-menu bar.
2. Search for the finalized claim. (See [Check claim status](#) for instructions.)
3. Click the claim number to open the *Claim detail* page.
4. The *Claim detail* displays for that claim. Click **Attach supporting documents**.



5. The *Attach Documents to a Claim* screen displays with prepopulated claims data.
6. See the [Attach documentation to a finalized claim tutorial](#) for the remaining steps, with screenshots, for how to complete this process.

Tip: * Do not use *Attach documents to a finalized claim* to [file a dispute](#). If you do so, Blue Shield must void your submission, and you will need to resubmit correctly.



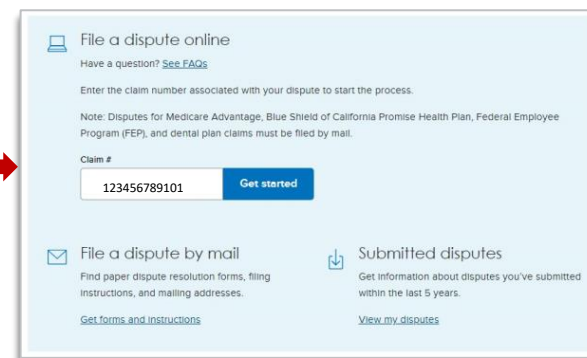
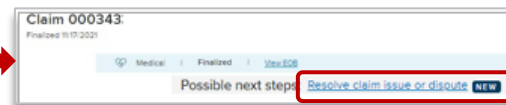
Background: Disputes for most plan types can be initiated from the 1) [Claim detail screen](#) once the claim has been finalized or from the 2) [Claim issues & disputes](#) section, if you know the claim number. They can also be filed by [mail](#).

Disputes can be filed for a single claim or multiple claims in a bulk dispute for the same type of issue. **To begin the online dispute process, log in and click Claims from the white navigation bar.**

1. Click **Check claim status** in from the drop-down menu.
2. Search for the finalized claim. (See [Check claim status](#) for instructions.)
3. Click the claim number to open the *Claim detail* page.
4. Click the **Resolve claim issue or dispute** link. This link will be active only if the claim has been finalized.

- Note, if this is a claim type that cannot be disputed online, the link will say, “file a dispute by mail.”

5. If you know the claim number, you can also file a dispute online directly from *Claim issues & disputes*, after log in.
6. See the [Submit claim disputes online and view status tutorial](#) for the remaining steps, with screenshots, for how to submit an online dispute.

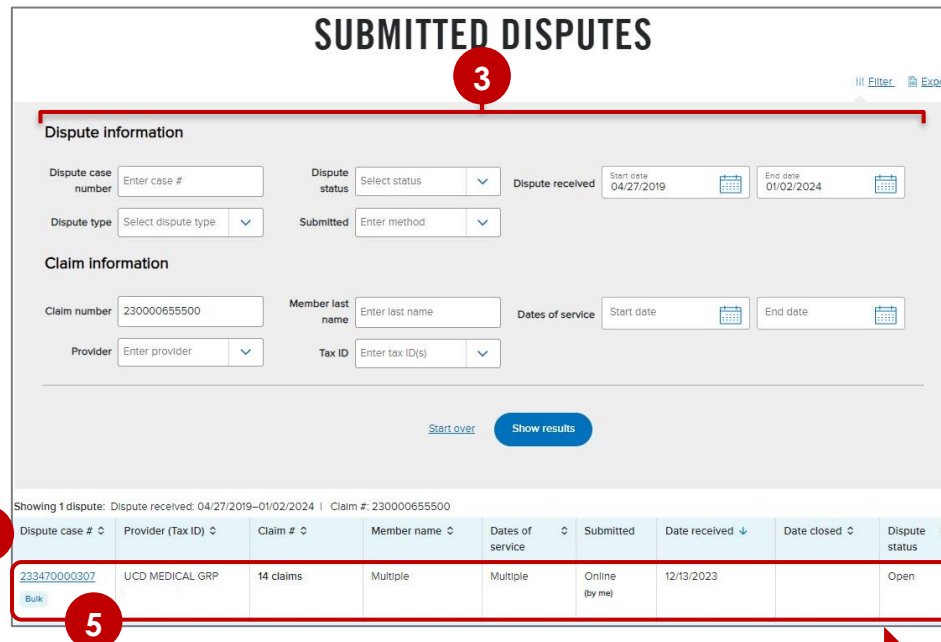
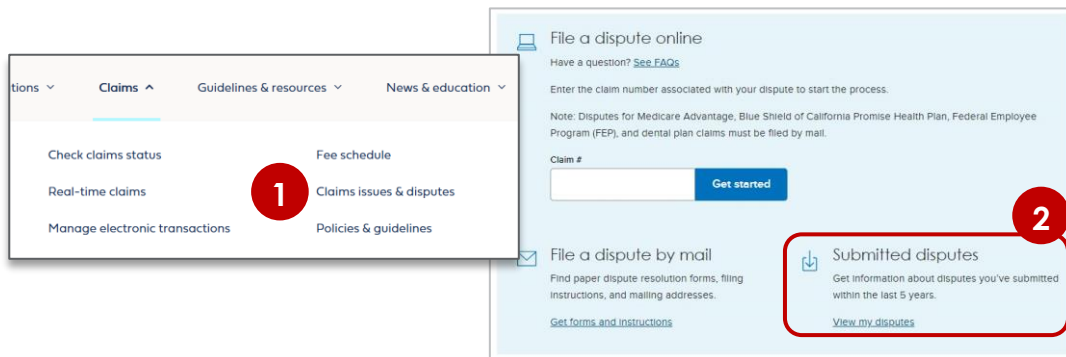


-
- Tips:**
- Do not use the online dispute functionality to [attach documents to a finalized claim](#). If you do so, Blue Shield must void your submission, and you will need to resubmit correctly.
 - To insure you file a dispute correctly, see [Learn more about the dispute process](#).
-



Background: The *Submitted disputes* link is available from the *Claim issues & disputes* section after log in. It contains all disputes submitted online or by mail.

1. Click **Claim issues & disputes** from the *Claims* section's drop-down menu after log in.
2. Scroll to the blue box and click **View my disputes**.
3. Enter data related to the dispute(s) in one or more fields and click **Show results**.
4. Results display under the light blue header.
5. Click the dispute case number to access dispute case details including letters.



6. The *Dispute case details* screen displays all information and documentation connected to the dispute case number you selected.
- Dispute form and claim list (if bulk submission).
 - Claim numbers included in the dispute submission.
 - Supporting document uploaded by you with option to add additional documents to an open dispute.
 - Correspondence and determination.

6 Dispute case 233470000307 OPEN Bulk

Last updated 12/13/2023

Dispute details

Documents [Dispute form](#) (PDF) **a**
[Claim list](#) (CSV)

Total number of claims: 14

Claim numbers: [230000667600](#), [230000655500](#), [230000603700](#), [230000655700](#), [230000554200](#), [230000504700](#), [230000438000](#), [230000440800](#), [230000443000](#), [230000455000](#), [230000445200](#), [230000443100](#), [230000462900](#), [230000438300](#) **b**
[Show less](#) ^

Provider name: UCD MEDICAL GRP
 Provider ID: PG00
 Tax ID: 0503

Uploaded documents (1)

Supporting documents submitted on Provider Connection appear here. [Add documents](#)

Added on 12/13/2023 **c**

1. [03-03-PDF-test-doc-2.pdf](#) (9.6 MB) Medical record

Date received: 12/13/2023 Status: Open **d**

Letter **Date issued**

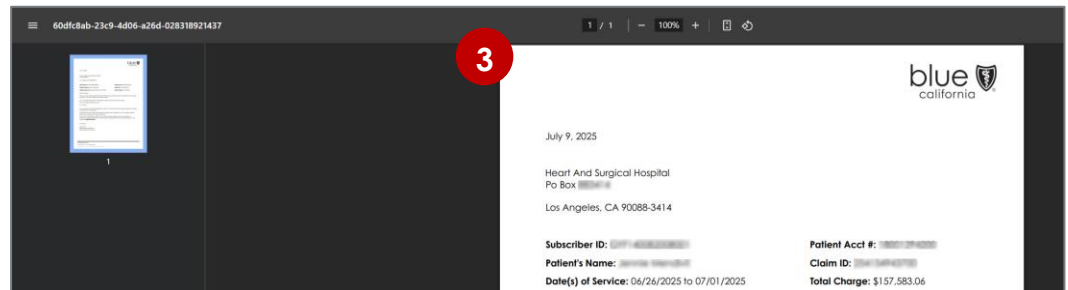
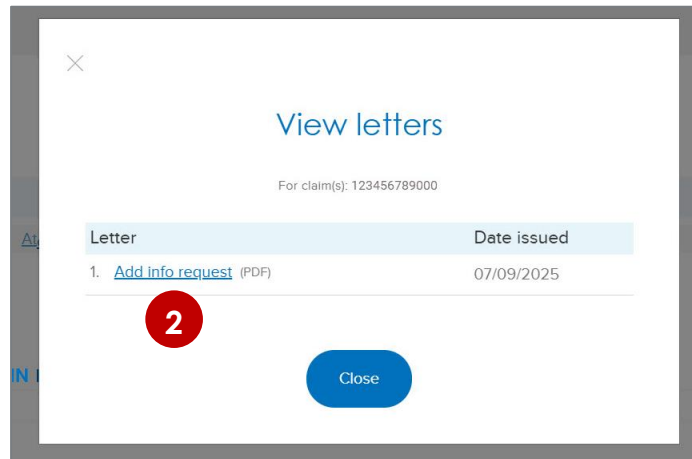
[Acknowledgement](#) (PDF) 12/13/2023



Background: All correspondence from Blue Shield related to the claim is digitally attached, allowing you to conveniently view, download, and print the letters whenever required.

To view letters:

1. From the Claim status page, select the **View letters** link.
2. From the View letters popup, **select the letter**.
3. The letter opens as a PDF. **View, print, and download** as needed.



Background: Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. They are also available from the [Blue Shield Promise Provider Portal](#). The links below will take you to content on Provider Connection, and in some cases, to content on the [Blue Shield Promise Provider Portal](#).

For Blue Shield providers
Behavioral health resources
Benefit summaries
BlueCard Program*
Claims policies & guidelines
Clinical policies and guidelines
Professional fee schedule search *
Drug formularies
Forms
Member ID card samples
Patient care resources
Provider manuals
Richman injectables policy
Spine surgery/pain management prior auth and Radiology and imaging prior auth <ul style="list-style-type: none"> National Imaging Associates (NIA) RadMD Sign in

For Blue Shield Promise providers
Benefit summaries
Behavioral Health Services
Clinical policies and procedures
Complex Case Management
Drug formularies
Forms
Health education resources
Medi-Cal Provider Incentive Program
Member ID card samples
Patient care resources
Provider manuals
Quality improvement

* Log in required.





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