Provider Guide:

Providing In-Person Care for Trio HMO Network Members Assigned to Virtual PCPs

Blue Shield of California has added a virtual primary care option, Accolade Care,* to our Trio HMO Networks for members 18 + years of age for all lines of business (excluding CalPERS members).

A member who selects the virtual PCP option may be referred to you if in-person care is needed.

As a Blue Shield network provider, you are eligible to accept Trio HMO members for in-person care—with a written referral from Accolade Care. Your provider agreement with Blue Shield allows you to see these members and bill Blue Shield directly (not Accolade Care).

When you provide in-person care, Blue Shield pays fee-for-service (FFS) at the direct contract HMO (DCHMO) rate, or the PPO contracted rate, whichever applies.



* Accolade Care is now part of Transcarent. The official name change goes into effect in 2027.

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Introduction to the Trio HMO Network virtual PCP option

- In addition to existing Trio HMO in-person network providers, Blue Shield provides Trio HMO Network members* with the option to chose a virtual PCP (**Accolade Care**) as their assigned IPA/medical group. Some behavioral health and specialist services are also included, provided by **TeleMed2U**. The Trio HMO Network virtual PCP option is available for members 18 + years of age across all lines of business.

- A member who selects or is assigned to Accolade Care receives primary, behavioral, and specialist care through virtual visits (telehealth video or phone calls).

- Trio HMO Network plan benefits, including copays and deductibles, apply to virtual care services the same as they do for in-person services.

- When in-person care is required for primary or specialist care, Accolade Care will refer to an in-person Trio HMO Network provider. Only the referral from Accolade is required. No authorization is needed for the initial visit.

- For in-person care, Blue Shield pays fee-for-service (FFS) at the direct contract HMO (DCHMO) rate or the PPO contracted rate, whichever applies.

- An Accolade Care member can switch to an in-person PCP anytime.† If they do so by calling Blue Shield, the switch is immediate and capitation for the member is effective retroactive to the first of the month during which the switch is made. If they make the switch online, it goes into effect on the first of the following month per the usual business timeline for switching to a different medical group under an HMO plan. Capitation begins at that time.

* Excludes CalPERS members.
† Note, members cannot change IPAs if they are in their third trimester of pregnancy or currently undergoing a course of care.

The Accolade Care virtual PCP provides the first line of patient care for assigned members, and Accolade Care coordinates referrals and care provided by Trio HMO Network virtual and in-person practitioners.

Virtual care

Accolade Care	• Provides virtual primary and behavioral health care • Refers to Trio HMO Network in-person primary providers, TeleMed2U virtual specialists, and Trio HMO Network in-person specialists • Coordinates care across virtual and in-person providers
TeleMed2U	• Provides 20+ virtual specialist services, including behavioral health/psychiatry *

Refers to

In-person care

Trio HMO Network

Trio HMO Network practitioners and facilities provide in-person care as needed on FFS-basis.

- Subject to Blue Shield standard UM oversight
  - Primary care, specialist care, and urgent care
  - Diagnostic testing
  - Ambulance
  - ER / hospital / outpatient
  - Rx

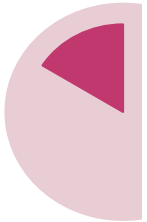
No referral needed

Accolade Care / TeleMed2U

- For behavioral health

Overview: Providing in-person care to a Trio HMO Network member assigned to Accolade Care

When an Accolade Care or TeleMed2U virtual provider determines that in-person care is appropriate, a member of the Accolade Care team assists the member by identifying a Trio HMO Network in-person provider.



Referrals

- Accolade Care sends a referral form and health records to the in-person provider.
- Member eligibility and all other relevant information are documented in the referral.
- Member eligibility can be accessed on Provider Connection after log in* or by contacting Blue Shield Provider Services: **(800) 541-6652.**†



Authorizations

- Authorization is **NOT** required for office visits. If an authorization is required for a service that the in-person provider will perform, **the in-person provider** submits directly to Blue Shield for approval.
- Authorization requests can be submitted online at Provider Connection or by FAX.
- Authorization status can be accessed online or by contacting Blue Shield Provider Services: **(800) 541-6652.** †



Claims

- The in-person provider submits claims to Blue Shield either by mail, electronically, or using the SympliSend digital paper.
- Blue Shield pays FFS for referred services to in-person Trio HMO providers and facilities via the standard claims process.
- Claim status can be accessed online or by contacting Blue Shield Provider Services: **(800) 541-6652.** †

* See Appendix for step-by-step instructions re. how to check eligibility on Provider Connection.

† You can also use Provider Connection online chat after log in (6 a.m. - 6:30 p.m. Monday - Friday).

Referral process: Accolade Care patient referral to in-person care



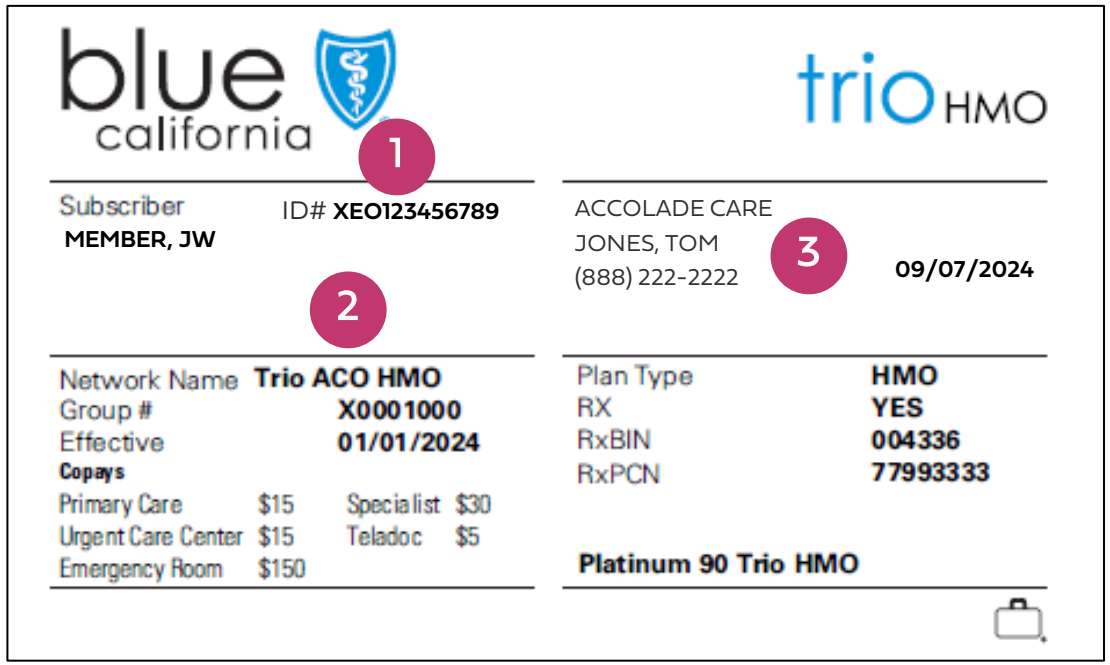
Patient referrals will be sent to the in-person provider's practice by the Accolade Care team, and members of this team will drive both outreach and follow-up related to the referral and associated care.

The referral form includes:

- Patient information and eligibility
- Referring provider with contact information
- Servicing provider/facility
- Referral information
  - Reason for referral and diagnosis code(s)
  - Authorization #: If Accolade Care secures authorization for a service or specialist consult, the authorization number will be included on the referral.
    - **Note:** Authorization is not required for office visits, only the initial referral is needed. If authorization is required for a service that the in-person provider plans to perform, the provider must submit the authorization request directly to Blue Shield.
  - Desired services
  - Referral valid thru date
  - Referring physician signature

* See Appendix for a screenshot of the full referral form.

Blue Shield ID card for a Trio HMO Network Accolade Care member*



blue california

trio HMO

1

Subscriber
MEMBER, JW

ID# **XEO123456789**

2

Network Name	**Trio ACO HMO**
Group #	**X0001000**
Effective	**01/01/2024**

Copays

Primary Care	$15	Specialist	$30
Urgent Care Center	$15	Teladoc	$5
Emergency Room	$150		

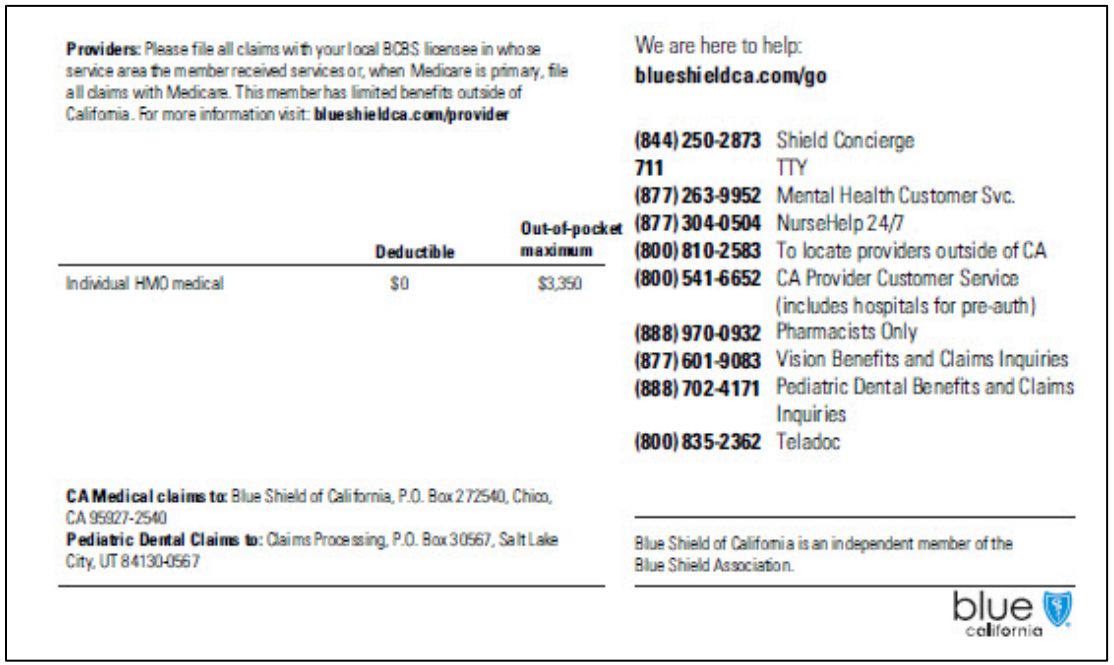
ACCOLADE CARE
JONES, TOM
(888) 222-2222

3

09/07/2024

Plan Type	**HMO**
RX	**YES**
RxBIN	**004336**
RxPCN	**77993333**

Platinum 90 Trio HMO



Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. This member has limited benefits outside of California. For more information visit: **blueshieldca.com/provider**

	Deductible	Out-of-pocket maximum
Individual HMO medical	$0	$3,350

CA Medical claims to: Blue Shield of California, P.O. Box 272540, Chico, CA 95927-2540
Pediatric Dental Claims to: Claims Processing, P.O. Box 30567, Salt Lake City, UT 84130-0567

We are here to help:
blueshieldca.com/go

(844) 250-2873	Shield Concierge
711	TTY
(877) 263-9952	Mental Health Customer Svc.
(877) 304-0504	NurseHelp 24/7
(800) 810-2583	To locate providers outside of CA
(800) 541-6652	CA Provider Customer Service (includes hospitals for pre-auth)
(888) 970-0932	Pharmacists Only
(877) 601-9083	Vision Benefits and Claims Inquiries
(888) 702-4171	Pediatric Dental Benefits and Claims Inquiries
(800) 835-2362	Teladoc

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blue california

1. All Trio HMO Network member IDs begin with "XEO."
2. The member's network name always appears here: Trio ACO HMO.
3. Accolade Care is listed as the IPA/medical group and the virtual PCP's name is also included on the card.

* See Appendix for step-by-step instructions re. how to check eligibility on Provider Connection.

Authorization process for providing in-person care to an Accolade Care assigned member

Determine if auth is required

- Authorization is not required for office visits.
- For medical services, see prior authorization list. (No log in required.)
- Use online chat after log in to Provider Connection (6 a.m. - 6:30 p.m. Monday - Friday)
- Call Blue Shield Provider Services 24/7 at **(800) 541-6652.**

Submit auth

- Via Blue Shield's AuthAccel online authorization system: *Provider Connection > Authorizations > Medical Authorization.* (Log in required.)
- By FAX, using the appropriate Blue Shield authorization form available from Provider Connection. (No log in required.) **Scroll to the** Procedure authorization request forms **search tool.**

View auth status

- Via Blue Shield's AuthAccel online authorization system: *Provider Connection > Authorizations > Medical Authorization Status.* (Log in required.)
- Use online chat after log in to Provider Connection (6 a.m. - 6:30 p.m. Monday - Friday)
- Call Blue Shield Provider Services 24/7 at **(800) 541-6652.**

* For additional information on authorizations, see Authorization basics on Provider Connection (no log in required). Step-by-step instructions for how to submit and view medical authorizations are located on the *Medical Authorization* and *Medical Authorization Status* launch pages (log in required) and on the AuthAccel Online Authorization System training page (no log in required).

Billing for providing in-person care to a Trio HMO Network Accolade Care member

For members assigned to Accolade Care, Blue Shield pays for referred services to in-person Trio HMO Network providers and facilities on a fee-for-service basis via the standard claims process.*

You as the in-person provider bills Blue Shield directly:

Option 1:

Under your affiliated IPA/medical group contract, using the Tax ID of the IPA/ medical group …

- Blue Shield reimburses FFS in accordance with the terms of the in-person IPA/MG agreement that ensures and allows for treatment of members not assigned to that IPA/MG.

Option 2:

Under your individual provider DCHMO or PPO† Blue Shield agreement and Tax ID …

- Blue Shield reimburses FFS for services at the provider's contracted rate.

* Members pay the same share of the cost (e.g., copayment, coinsurance) that they would pay with any other in-network provider.

† Blue Shield contracted PPO providers who have not opted out of accepting HMO members.

Claims submission process: Three ways to submit claims*

1. By mail

- The Claims Routing Tool provides the address where to submit paper claims. (No log in required.)
    - This information is also located on the back of the member's ID card.

2. Electronically

- Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer. (Log in required.) See EDI, ERA/EFT and Secondary 277CA FAQ for details.
    - 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.*
        - Go to *Account Management > Provider & Practioner Profiles > Remittance & Payments tab.*

3. SympliSend

- Digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims can be submitted with documentation online in SympliSend after logging in to Provider Connection.
- Go to *Claims* and scroll down to SympliSend. Log-in is required. See the SympliSend user guide for instructions (no log-in required).

* See Appendix for step-by-step instructions re. how to check claim status on Provider Connection and/or how to enroll in or change ERA/EFT designations.

Resources to support you

Contact Accolade Care at 888-305-9433	• **Questions about care coordination, referrals, referral denials for Accolade Care and TelMed2U patients.**
General information about Trio HMO	• Contact your provider relations representative or call Blue Shield Provider Services, 6 a.m. to 6:30 p.m. Monday through Friday at **(800) 541-6652** • Live chat with customer service from Provider Connection – log in required.
Blue Shield-related questions	• Blue Shield Provider Services, 6 a.m. to 6:30 p.m. Monday through Friday at **(800) 541-6652** or live chat from Provider Connection – log in required
Provider Connection Support – no log in required	• Provider Connection Reference Guide – detailed information about how to use tools on the website • Provider Connection website registration instructions for Provider, MSO and Billing accounts and additional tutorials. • Online text-based website help available from every page.
Authorization resources	• Instructions linked to each AuthAccel launch page (login required) and on the AuthAccel Online Authorization System training – no login required. • Blue Shield prior authorization list – no login required. • Blue Shield prior authorization forms – no login required.

Claims resources	• How to submit claims – no login required.
	• Claims Routing Tool – no login required (where to send paper claims).
	• *SympliSend* user guide – no login required.
	• Claim issues & disputes – no login required.
	  • Log in not required for Information about how to submit claims and disputes. Log in required for submission and tracking of claims and disputes.
	  • Step-by-step instructions: add documentation to a finalized claim and submit claim disputes/view status.

Appendix

Accolade Care patient referral form



AccoladeCare

Please forward a copy of your report and recommendations with this referral as a cover sheet via secure email or fax:

Accolade Care
101 Mission St. Suite 800
San Francisco, CA 94105
P- 866-518-1747, F-415-231-5332
Secure Email - support@accoladecare.zendesk.com

Accolade Care Diagnostic / Referral Form

Date of Referral: 10/15/2024

The patient for this referral is a Blue Shield of California (Blue Shield) Trio HMO plan member assigned to a virtual primary care provider (PCP) of Accolade Care, the dba of PlushCare of California. The patient is being referred to you for in-person care. **If you have questions about this referral, please contact Accolade Care Support at (866) 518-1747.**

Blue Shield eligibility/benefits: Verify this patient's eligibility and benefits on Blue Shield's Provider Connection website (blueshieldca.com/provider) after logging in **or** contact Blue Shield Provider Customer Service at **(800) 541-6652.**

Authorizations: If an authorization is not included in this referral, visit the *Authorizations* section at blueshieldca.com/provider and complete the following steps, as applicable:

1) Link to Blue Shield's *Authorization forms & list* and review the list to determine if an authorization request is necessary for the services you will provide.

2) If authorization is required, submit the request directly to Blue Shield using one of two options:

- Click the *Medical authorization* link after logging in, then complete and submit the request online, **or**
- Submit the request via FAX. Click *Authorization forms & list* to find the form. Logging in is not required to access a form.

Questions about authorizations? Contact Blue Shield Provider Customer Service at **(800) 541-6652.**

Claims: Submit claims with appropriate documentation to Blue Shield either 1) electronically [Payer ID BSC001]; or 2) via the SympliSend digital paper submission portal in the *Claims* section on Provider Connection after logging in (blueshieldca.com/provider); **or** 3) by mail: P.O. Box 272540, Chino, CA 95927-2440. Claim status can be checked via the *Claims* section at blueshieldca.com/provider after logging in **or** by contacting Blue Shield Provider Customer Service at **(800) 541-6652.**

Ongoing care: Should this patient require multiple follow-up visits as part of their care plan, please document frequency and duration in their medical record for Accolade Care PCP review.

Patient Information

Name (Last, First):
Date of Birth (M/D/Y)
Phone #:
Email:
Address: None
Blue Shield member ID#:

Payer Information

Name:
Member #

Referring/Ordering Provider:

Name (Last, First):	**Specialty:**
Institution/Group Name: Accolade Care	**NPI:**
Address: 101 Mission St. Suite 800 San Francisco, CA 94105	
Phone #: 866-518-1747	**Fax #:** 14152315332

Servicing/Consulting Provider or Facility:

Name (Last, First):	**Specialty:**
Institution/Group Name:	**NPI:**
Address:	
Phone #:	**Fax #:**

Referral Information:

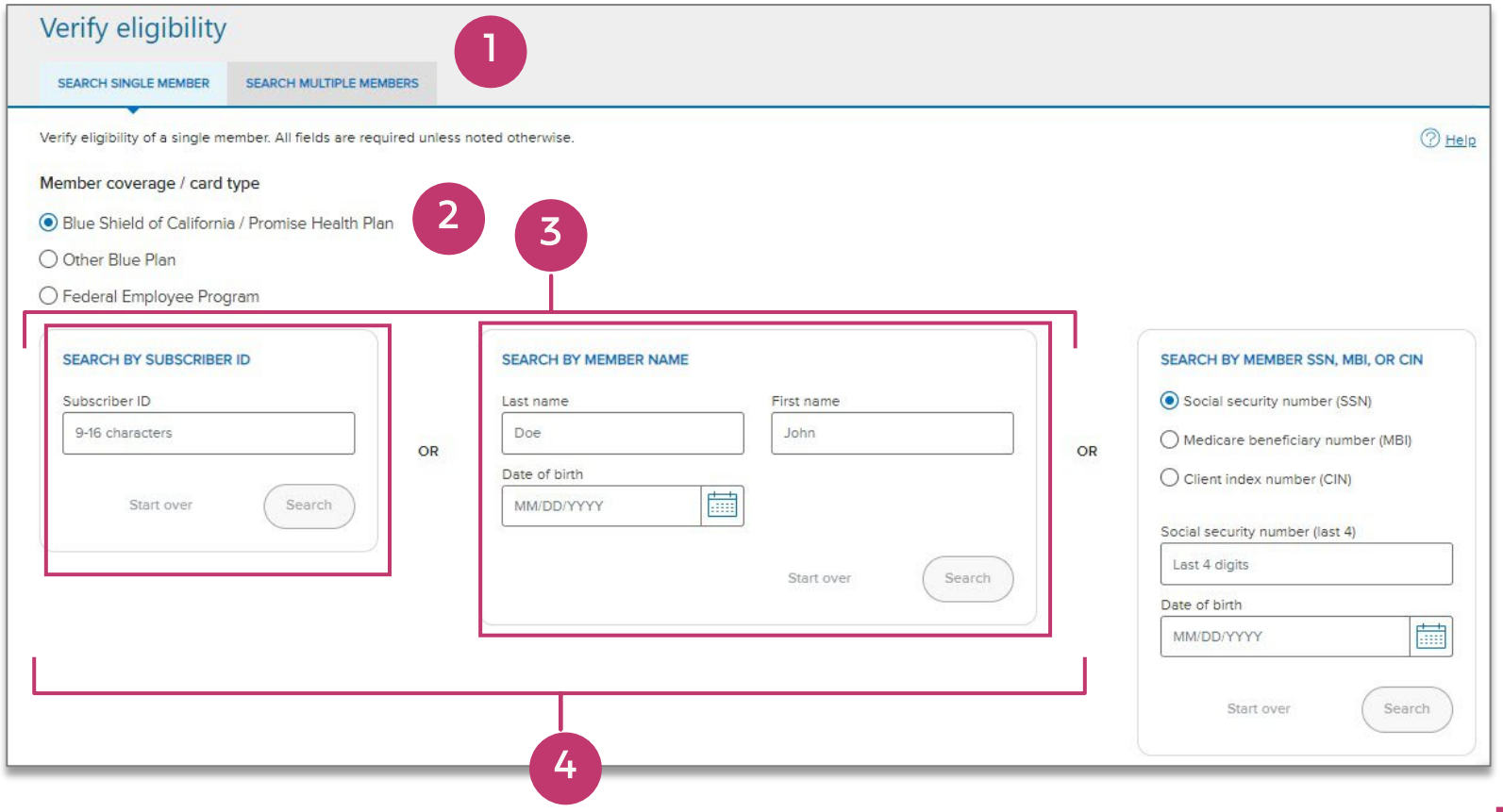
Reason for Referral:	**Diagnosis**
Services Desired:	
Authorization #:	**Referral is Valid Until**
	Physician Signature:

We provide Virtual Primary Care in all 50 states 24/7/365.
Thank You for seeing our patient.

Checking member eligibility

The *Verify eligibility* tool is available from the home page and from the *Eligibility & benefits* section, after log in.

1. Select the member search type: *SEARCH SINGLE MEMBER* **is the default**.
2. Select the *Member coverage/card type*. Blue Shield of California/Promise Health Plan is the default.
3. Search for the member by entering either the:
   - Member ID
   - Member Last/First and DOB
4. Click **Search**.



Eligibility information continued

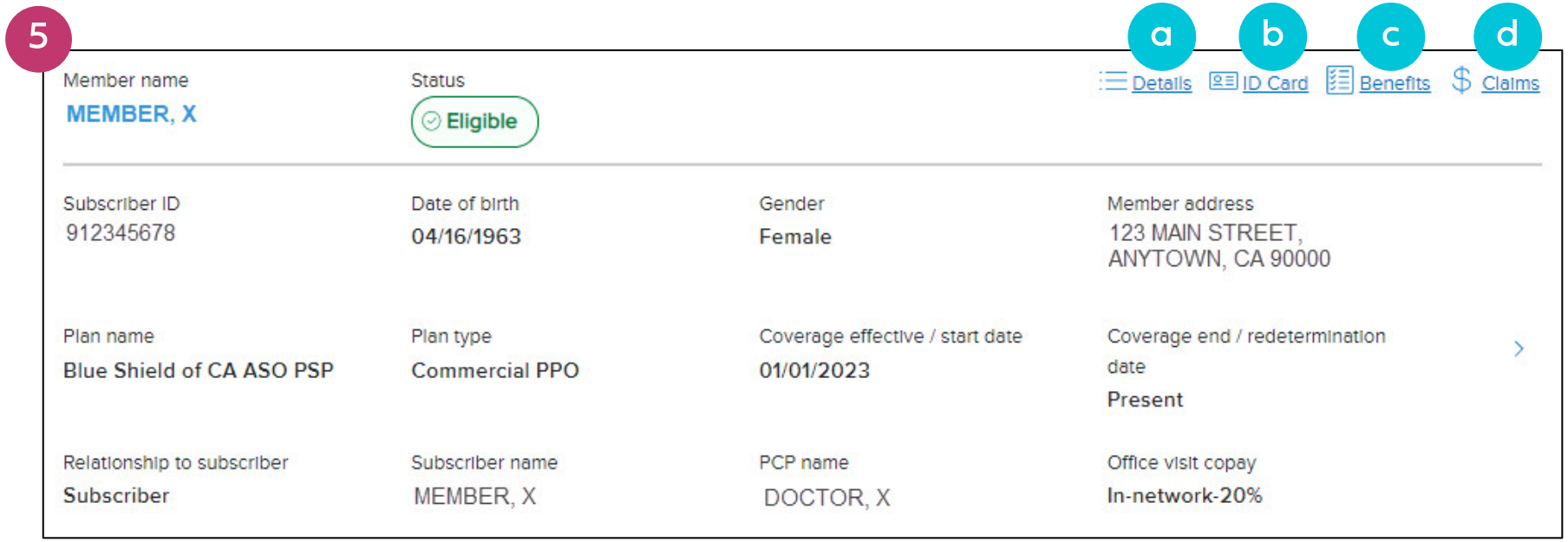
5. Member eligibility results display. Eligibility displays in green when the member is active. For additional information, click:

   a. **Details:** Comprehensive member information including eligibility, coverage, etc.

   b. **ID Card:** Electronic copy for viewing, printing, or download.

   c. **Benefits:** Trio HMO Network plan benefit information.

   d. **Claims:** *Check claims status* tool.

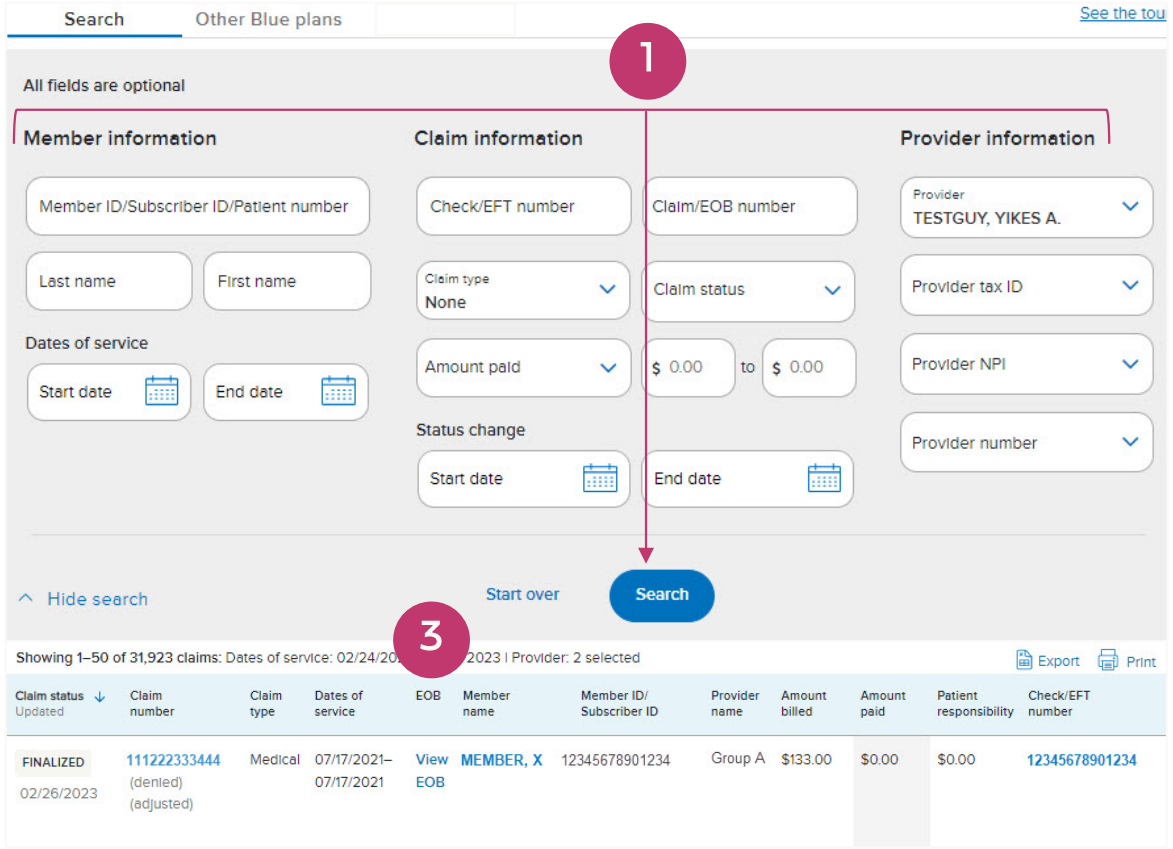


Check claims status

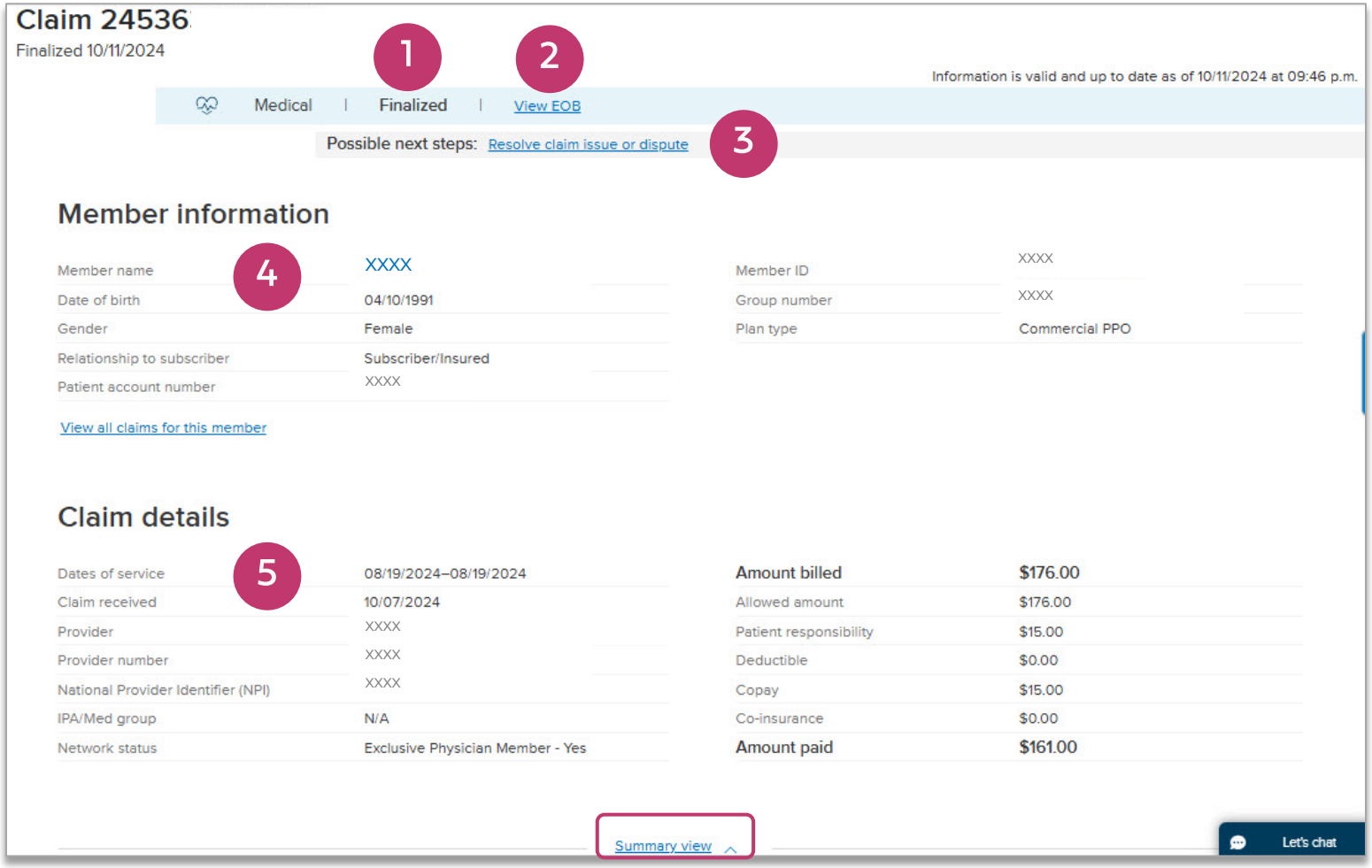
Claim status can be checked on Provider Connection (after log in) by using the Check Claims Status tool or via online chat. Status can also be checked by contacting Provider Services 24/7: (800) 541-6652.

Check claims status is available from the home page and from the *Claims* section after log in. All claims connected to your username and login will display if you are the Account Manager or have been granted access by your Account Manager. Use to locate claims and related EOBs.

1. Enter data into one or more search fields and click **Search**
2. Results will display in the table below the search section, starting with claims status.
3. EOBs are downloadable once the claim is finalized.
4. Click the claim number to see more detailed information. **EOBs are also available from this link.**
5. To conduct a new search, click **Start over** to clear the search fields.



Claim details screen: Clicking the claim number from the search results opens the *Claims detail screen* and provides access to the following information. You can toggle between *Summary* and *Full* view.



Summary view

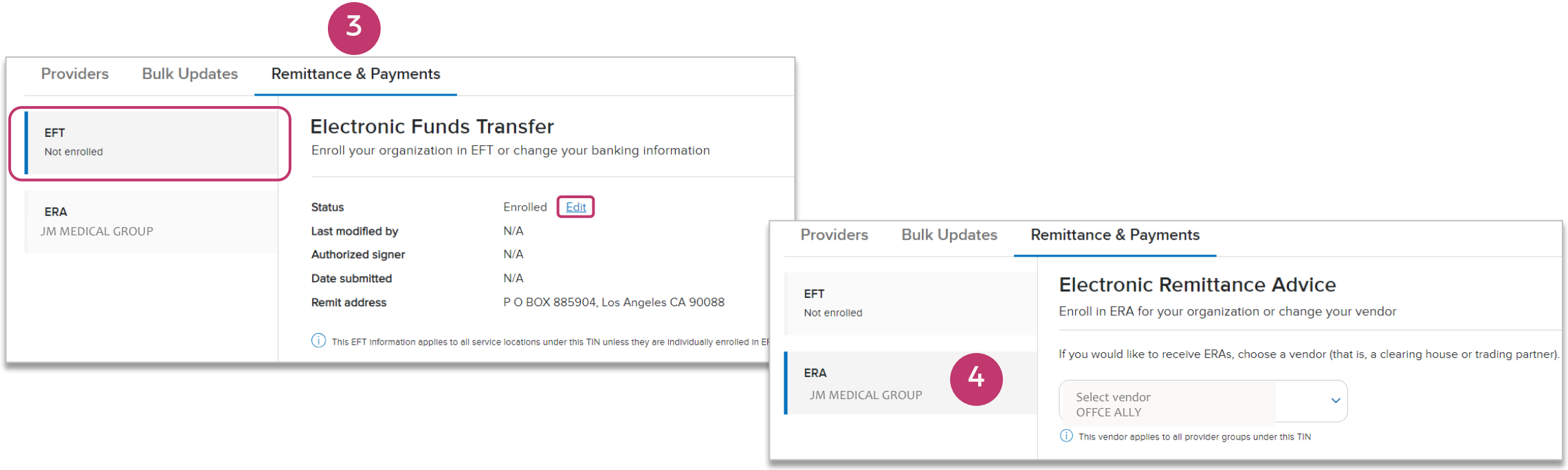
1. Claim status
2. EOB for finalized claim
3. Option to file a dispute
    - You will also see a link to add additional documentation to a finalized claim if Blue Shield has requested it.
4. Member information
    - Link to view all claims for the member
5. Claim details

Full view – contains all the above +

- Payment details
- Service & procedure details
- Claim message
- Claim notes

Enroll in ERA and EFT online instructions – Provider Connection Account Managers only

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





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