



601 12<sup>th</sup> Street  
Oakland, CA 94607

April 23, 2025

**Subject: Notification of July 2025 Updates to the Blue Shield *Hospital and Facility Guidelines***

Dear Provider:

Blue Shield is revising the *Hospital and Facility Guidelines*. The changes in each provider manual section listed below are effective July 1, 2025.

On that date, you can search and download the revised manual on Provider Connection at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider) in the *Provider Manuals* section under *Guidelines & resources*.

You may also request a PDF version of the revised *Hospital and Facility Guidelines Manual* (Manual) be emailed to you once it is published, by emailing [providermanuals@blueshieldca.com](mailto:providermanuals@blueshieldca.com).

The *Hospital and Facility Guidelines* is included by reference in the agreement between Blue Shield of California (Blue Shield) and the hospitals and other facilities contracted with Blue Shield. If a conflict arises between the *Hospital and Facility Guidelines* and the agreement held by the hospital or other facility and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the July 2025 version of this Manual, please contact your Blue Shield Provider Relations Coordinator.

Sincerely,

A handwritten signature in black ink, appearing to read "Aliza", followed by a horizontal line.

Aliza Arjoyan  
Senior Vice President  
Provider Partnerships and Network Management

Updates to the July 2025  
*Hospital and Facility Guidelines Manual*

## Section 1: Introduction

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### Member Grievance Process

**Added** the following language regarding the use of the AOR form to submit an appeal or grievance on the member's behalf:

The Appointment of Representative (AOR) form is a Blue Shield branded privacy form that allows members to appoint a representative to act on their behalf through the appeals and grievance process. This includes providers, brokers, non-members, and parents of a minor appealing confidential information. This form, or an equivalent, will need to be submitted prior to the requestor being able to submit an appeal or grievance on behalf of the member. A copy of the AOR form can be found on Provider Connection at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider) under *Guidelines & resources, Forms*, then *Patient care forms*.

## Section 2: Hospital and Facility Responsibilities

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### Quality Management and improvement

**Added** the following section under Sensitive Health Information to comply with AB 2843:

#### Sensitive Services

**"Sensitive services"** are health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, intimate partner violence, and rape or sexual assault.

Claims submitted for services related to rape and/or sexual assault are excluded from any cost sharing (pursuant to AB 2843). Blue Shield is prohibited from requiring that a police report be filed, for charges to be brought against the assailant, or for an assailant to be convicted; to provide the covered services.

## Section 3: Medical Care Solutions

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### Utilization Management Criteria and Guidelines

**Updated** the following resources in boldface type to comply with SB 855:

- Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder; Council on Autism Providers (CASP) **as documented in the Blue Shield Medical Policy**
- Psychological and Neuropsychological Testing Billing and Coding Guide; American Psychological Association **as documented in the Blue Shield Medical Policy**

## Section 5: Blue Shield Benefit Plans and Programs

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### Care Management

#### Maternity Management

**Deleted** and **replaced** the following section to comply with AB 1936:

Blue Shield has teamed up with Maven to offer Maven Maternity to our members at no cost. Maven Maternity is a 24/7 digital and virtual program designed to support Blue Shield members during and after pregnancy. Maven is also available to eligible Blue Shield medical plan members and their partners who have experienced a pregnancy loss. Blue Shield members can use Maven to book coaching and educational video appointments with providers across more than 30 specialties, including OB-GYNs, mental health specialists, doulas, lactation consultants, and more at no cost. Providers can encourage members to enroll in the Maven Maternity Program by visiting [www.blueshieldca.com/maternity](http://www.blueshieldca.com/maternity).

Screening for maternal mental health-related conditions is required during pregnancy with at least one additional screening during the first six weeks of the postpartum period. Additional postpartum screenings are strongly encouraged if determined to be medically necessary and clinically appropriate in the judgment of the treating provider. Blue Shield providers may connect a member to appropriate maternal mental health resources through accessing multiple pathways based on member's needs. These include connecting directly to Maven, through Blue Shield Care Management, referring to behavioral health providers through the Blue Shield MHSA, or providers through the Blue Shield of California provider network. Physician referrals are an important component of Blue Shield's Care Management Programs and may allow for identification of a member more quickly.

Providers can refer to Blue Shield Care Management Programs via secure email to [bscliaison@optum.com](mailto:bscliaison@optum.com) or fax to (877) 280-0179. To download an electronic copy of the referral form, please visit [www.blueshieldca.com/provider/guidelines-resources/patient-care/programs.sp](http://www.blueshieldca.com/provider/guidelines-resources/patient-care/programs.sp). Providers can refer members to Magellan by calling Customer Service at (877) 263-9952 or request a clinical referral form at [BSCClinicalLiaison@MagellanHealth.com](mailto:BSCClinicalLiaison@MagellanHealth.com). Each referral will be evaluated for eligibility and appropriateness.

### Appendices

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#### Appendix 6-C Claims, Compliance Program, IT System Security, and Oversight Monitoring

##### Best Practices and Claims Adjudication

###### Audits and Audit Preparation

**Updated** section to indicate that a cover sheet is a required element in the claims audit and must be completed and attached to each claim sample.

**Added** the following language regarding required documents for audits:

If the Delegated Entity chooses not to submit the rate sheet specific to the claim, the Delegated Entity is required to demonstrate the payment methodology per claim in the audit webinar or submit claims system screen shots demonstrating how the claim was paid per contract or policy and procedure.

If the required documentation is not submitted and the Delegated Entity refuses to submit or review during the audit webinar, the audit will be closed as non-compliant (failed). The Delegated Entity will be reported to Blue Shield Contracting/Network Management for refusal to comply with audit requirements as outlined in provider contract and/or this manual.

***Updated*** in boldface type and strikethrough, the following regarding the timeframe for written results of audit deficiencies:

Blue Shield will provide the Delegated Entity with written results within ~~30 calendar~~ **10 business** days including an itemization of any deficiencies and whether or not the Delegated Entity must prepare and submit a formal, written corrective action plan to include root cause and remediation within ~~30 calendar~~ **10 business** days of receipt of audit results. If supporting documentation/**evidence is not provided the CAP will be closed as non-compliant.**

### **Corrective Action/Follow Up Audits**

***Deleted*** and ***replaced*** with the following:

Blue Shield performs, at a minimum, an annual claims and PDR audit. Follow-up audits will be scheduled by the assigned auditor if the Delegated Entity fails the annual audit. If applicable, as a result of a non-compliant follow-up audit, Blue Shield will require the Delegated Entity to submit a remediation plan (Excel worksheet), which will include a due date assigned by the auditor. Based upon Blue Shield's tracking of remediation plan additional monitoring and/or remediation (follow up), Blue Shield will perform validation audits and may escalate the Delegated Entity to the Delegation Oversight Committee. This would include on-site visits, scheduled meetings, focal audits, and remediation project plan oversight.

For those Delegated Entities that are subject to DMHC audits, if deficiencies are determined during the review, a corrective action plan (CAP) is required to be sent to Blue Shield by the date provided by the Blue Shield and DMHC auditors. Additionally, Blue Shield may perform an unannounced audit dependent upon other indicators.

### **Compliance Program Effectiveness Oversight Audit**

***Added*** language indicating that Blue Shield utilizes CMS, DMHC, DHCS, OIG, DOI, and contractual requirements in its Compliance Program Effectiveness audit. Delegation Oversight will perform an annual audit of the effectiveness of your organization's Compliance Program as requested by CMS, DMHC and DHCS.

***Added*** the following to the list of items the audit assessment includes:

- Evidence of database runs through the DHHS OIG List of Excluded Individuals and Entities (LEIE list), and the GSA Excluded Parties Lists System (EPLS) prior to the hiring or contracting of any new employee and provider
- Process for maintaining records for no less than ten (10) years – record retention
- Evidence of provider organization or limited Knox Keene oversight of sub-contractors (delegated)
  - Demonstrate oversight of all offshore and onshore sub-delegates (monitoring and annual audits) and approved and implemented policy and procedure for offshore sub-delegation

*Added* language detailing the process to submit a Corrective Action Plan (CAP). A CAP is required if found non-compliant with any audit element.

## IT System Security

*Deleted* and *replaced* with the following:

Delegation Oversight will perform an IT system security and integrity audit to assure system access controls, policy and procedures regarding system changes, security of data, etc. are maintained. Oversight will also occur on security incident procedures and contingency plans for responding to an emergency or other occurrences that affect protection of Protective Health Information (PHI).

This audit is designed to perform oversight of delegated entities to ensure data is secure and cannot be manipulated or breached, and that the Delegated Entity/Specialty Health Plan has a process in place to address any fraudulent activities. Blue Shield is contractually required by state and federal agencies and NCQA to conduct oversight of Delegated Entities IT systems and Disaster Recovery Plan/Strategy.

The oversight audit is also performed either via shared audit through HICE or individually on a biennial basis with possible quarterly monitoring. Please visit the HICE website for an approved-evidence grid that is needed for submitting documentation as part of audit as well as policy and business rules to assist with understanding the audit history and requirements.

The Delegated Entity must submit documentation/evidence up to fifteen (15) business days of the request to [BSCDOITSecurityAudit@blueshieldca.com](mailto:BSCDOITSecurityAudit@blueshieldca.com).

The Delegated Entity/Specialty Health Plan is required to have specific personnel associated with the organization's IT systems involved in the audit.

Areas of overall concern to be reviewed include:

- Operational effectiveness
- Access to programs and data access rights role based
- Access to programs and data access control mechanisms and password complexity
- Program changes/standard change management
- Computer operations (backup, recovery, and resumption)
- HIPAA compliance and HIPAA technical safeguards
- Program changes including audit trails to identify data changes
- Access to programs and data access rights – internal controls and segregation of duty
- Access to IT privileged functions – monitoring of internal fraud and unauthorized overrides within IT system/applications

## Oversight Monitoring

*Added* language to list of controls that Delegated entity should implement, in boldface type:

- **Delegated Entity** shall maintain a compliance program, and that the program is independent of fiscal and administrative management; **Delegated Entity shall provide a copy to Blue Shield;**
- **Delegated Entity shall maintain a disaster recovery plan and ensure that it is reviewed and/or updated annually. Delegated Entity shall provide a copy to Blue Shield.**

Blue Shield recommends the following IT Security Certification, HITRUST Risk-based r2 level certification. Secondly, Blue Shield will accept SOC 2 Type II certification.

*Added* language detailing the process to submit a Corrective Action Plan (CAP). A CAP is required if deficiencies are identified.