3840 Kilroy Airport Way
Long Beach, CA 90806

August 14, 2026

Subject: **Notification of January 2027 Updates to the *Blue Shield of California Promise Health Plan Nursing Facilities Reference Guide***

Dear Provider:

Blue Shield of California Promise (Blue Shield Promise) is revising the *Blue Shield of California Promise Health Plan Nursing Facilities Reference Guide* ("*Reference Guide*"). The changes in each provider manual section listed below are effective January 1, 2027.

On that date, you may search and download the revised Reference Guide on the Blue Shield Promise Provider website at blueshieldca.com/promise. Select *Providers*, then *Policies, guidelines, standards and forms.* Scroll down to find the link to the *Provider Manuals* section.

You may also request a PDF version of the revised *Reference Guide* to be emailed to you, once it is published, by emailing providermanuals@blueshieldca.com.

The *Reference Guide* is included by reference in the agreement between Blue Shield Promise and those Medi-Cal providers who are contracted with Blue Shield Promise. If a conflict arises between the *Reference Guide* and the agreement held by the provider and Blue Shield Promise, the agreement prevails.

If you have any questions regarding this notice or about the revisions that will be published in the January 2027 version of the *Reference Guide*, please contact Blue Shield Promise Provider Customer Services at (800) 468-9935 [TTY 711] 6 a.m. to 6:30 p.m. PT, Monday through Friday.

Sincerely,

Kimberli Robinson
Vice President, Network Operations

Updates to the January 2027

Blue Shield of California Promise Health Plan Nursing Facilities Reference Guide

Determining Responsible Party for Authorization and Payment

Updated the address to submit refunds for overpayment, as follows:

The address for submitting refunds to Blue Shield Promise for overpayment will change, effective January 1, 2027.

1. Address through December 31, 2026: Blue Shield of California Promise Health Plan, P.O. Box 241012, Lodi, CA 94241
2. Address effective on and after January 1, 2027: Blue Shield of California Promise Health Plan, P.O. Box 60512, City of Industry, CA 91716-0512