Here is what we’ll cover today: How to...

1. Register and navigate the Provider Connection website.

2. Attest and update provider directory information.

3. How to use online tools:
   - Check eligibility and benefits
   - Submit/view authorizations
   - Check claims status / find EOBs
   - Submit disputes online

4. Get help with Provider Connection.
Provider Connection support on home and Education pages – no log in required

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.

Provider Connection training

These training and support tools are designed to help you get the most out of Blue Shield’s Provider Connection website.

Provider Connection Reference Guide

Instructions for how to access and use most website tools plus direct links to resources on the website.

- Provider Connection Reference guide for all providers (PDF, 4.4 MB)
- Provider Connection Account FAQ (PDF, 681 KB)

Quick-reference tutorials

Instructions and visuals for each step needed to complete a task.

- Register for a Provider Connection Provider account (PDF, 674 KB)
- Register for a Provider Connection MOS account (PDF, 736 KB)
- Register for a Provider Connection Billing account (PDF, 652 KB)
- Update your Provider Connection password (PDF, 246 KB)
- Verify eligibility and benefits (PDF, 138 KB)
- Check claims status and view EOBs (PDF, 244 KB)
- How to view, edit, or download member ID cards (PDF, 40 KB)

Learn how to integrate digital member ID cards into your workflow.

Instructions for common tasks, and links to helpful resources

Step-by-step instructions with visuals for registration, password update, and other key tasks.
Website registration and navigation

Recommended browsers: Latest version of Google Chrome or Microsoft Edge
Internet Explorer, Firefox and Safari browsers are not supported
Establishing a Provider Connection account

- **Identify a Provider Connection Account Manager**
  - The person executing the initial Provider Connection registration is considered an Account Manager. When the maximum allowed number of Account Managers are registered, Provider Connection will display a message. Most organizations can have at least two Account Managers.

- **Determine your account type and have the following information on hand:**

<table>
<thead>
<tr>
<th>Account type</th>
<th>Required for registration</th>
</tr>
</thead>
</table>
| 1. **Provider**    | • One Tax ID (TIN) or Social Security Number (SSN).  
                      • Claims data* for the TIN/SSN you are registering under.                                                                                         |
| 2. **MSO**         | • MSO’s TIN and one TIN/SSN for provider you are representing/registering with.  
                      • Claims data* for the provider you are representing/registering with.  
                      • Business Associate Agreement (BAA) date for each provider’s TIN you are registering.  
                      • BAA date = date the provider signed the contract.                                                                                           |
| 3. **Billing Service** | • TIN(s) of the providers for whom you will bill.  
                               • BAA date for each provider’s TIN/SSN you are registering.                                                                                      |

* A check/EFT amount AND either the 1) check/EFT number or 2) claim number or 3) Member ID for one claim paid in the last three months under the Tax ID/SSN being registered. If there are no claims within the last three months, the system will ask for the subscriber ID birth date of an eligible Blue Shield/Blue Shield Promise member.

Click these links for step-by-step instructions.
Establishing a Provider Connection account continued

Account Managers
• Once registered, you will see this link in your 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.

Users
• After set-up by your Account Manager, Blue Shield will email you a temporary password.
• You have 30 days to visit the site and change your password or the account will be deleted.

Account Managers & Users
• After log in, a “badge” with your initials appears in the white menu bar. Click this badge to access the Manage my profile page where you can do things like update your username/password, change your email, etc.
How to navigate Provider Connection

1. **Top level navigation:** General site actions like Login/register, Help, and Search.

2. **White menu bar:** Navigational links to the five site sections and the home page. The arrow indicates the section you are in.

3. **Blue sub-menu bar:** Direct navigational links for the most-used content and tools within the specific section.

4. **Category headings:** High-level clickable table of contents for how information is organized on the page. Clicking a category heading will drop you down to a category.

5. **Categories:** Contains quick links to tools and resources when appropriate, and clickable boxes that will take you to your desired information.
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 page on the websites allow you to move between the two.
Attest and update provider directory information

The federal CAA mandate requires providers to attest to their data every 90 days, even if it has not changed, and update it whenever it changes.
The process starts when a Provider Connection Account Manager or designated user receives an attestation alert online. Notifications are also sent by email, fax, or postal mail.

Provider data is accurate

Provider data needs updating

* Account Managers, see attest/updates instructions for how to assign provider data access to designated user(s).
Training & support—no log in required

Provider Data Management
- Print-based instructions
- Video demonstration

Print-based instructions
- Attest & update process overview
- Assign a user access to provider demographic info
- Step-by-step directions
- Clickable table of contents
Online attestation to data accuracy every 90 days*

A yellow alert banner displays on Account Managers’/designated users’ Provider Connection homepage when it is time to attest. It also appears on their Provider & Practitioner Profiles page.

1. Click Attest now in the yellow banner at the top of the home page or from the Provider & Practitioner Profiles page.

* In addition to the yellow banner, Blue Shield sends a series of automated notifications on a rolling 90-day schedule.
2. The attestation screen displays with all Tax IDs (TINs) associated with your account.

3. Click the checkbox next to each TIN after validating information on file is accurate or click the TIN checkbox if attesting to accuracy of all TINs.

- To view data prior to attesting, download the XLSX file from the Attestation window or click Provider & Practitioner Profiles in the breadcrumb to view data in Provider Connection.

4. Click Submit.
5. An **Attestation Statement** presents. Click **I attest** to continue.

6. A green banner displays when the attestation process completes.
   - If the email address referenced in the confirmation is incorrect, please update your profile information.

* Account Managers can attest to the accuracy of their provider data at any time from their **Account Management** page. This option is not available to designated users.
Update provider information by single edits and bulk upload

• Both options are in the Provider & Practitioner Profiles section located on the Account Management page.
• For designated users, the link is on their home page.
Update provider information: Single edits

From Provider & Practitioner Profiles:

1. Select the Tax ID (TIN) you wish to update and click Search.
   - This step is not required if you have only one TIN linked to your Provider Connection account.
2. Click the view link for the provider record you wish to edit.
3. The View providers screen displays.
Update provider information: Single edits continued

4. **View providers** interface
   
   a. Search functionality and navigation located on the left.
   
   b. Click **Edit** to make changes and the **Save** button to save them.
   
   c. Depending on your organization’s type and structure, there are typically up to three levels* of data you can edit. Use link in the right corner to drill down from level to level.
   
   d. Use the breadcrumb or **Back** button to navigate between levels.

<table>
<thead>
<tr>
<th>Capitated Provider levels</th>
<th>Non–Capitated Provider levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provider details</td>
<td>• Provider details</td>
</tr>
<tr>
<td>• Practitioner details</td>
<td>• Location details</td>
</tr>
<tr>
<td>• Service location details</td>
<td>• Practitioner</td>
</tr>
</tbody>
</table>

* Some capitated IPAs may also see a “View clinics” level.
Update provider information via Provider Data Validation Spreadsheet

From Provider & Practitioner Profiles:

1. Select the Tax ID (TIN) you wish to update and click Search.
   - This step is not required if you have only one TIN linked to your Provider Connection account.

2. Click the Bulk Updates tab.

3. Click Download XLSX.

4. A pop-up box displays. Click Continue. Save the file that downloads.
Update provider information via Provider Data Validation Spreadsheet continued

The (Excel) file downloads as ProvDataVal_TIN_0000000001.xlsx.* There are four tabs in the spreadsheet:

1. **INSTRUCTIONS:** How to complete and save the spreadsheet.
2. **PROVIDER_GENERAL:** Pre-populated, used to add/update/term service location data.
3. **PRACTITIONER_GENERAL:** Pre-populated, used to add/update/term individual practitioner data.
4. **VALIDATION_CONTACTS:** Pre-populated, used to provide updated email(s) for the person(s) responsible for completing the spreadsheet.

<table>
<thead>
<tr>
<th>File</th>
<th>Description</th>
<th>Naming convention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta</td>
<td>Make changes to the pre-populated records as needed.</td>
<td>ProvDataVal_TIN_0000000001_Delta_File.xlsx</td>
</tr>
<tr>
<td>Full</td>
<td>Replace pre-populated data with full set of current data – retaining spreadsheet field names and providing all required data except Service Location Add/Term/Update and Service Location Term Date.</td>
<td>ProvDataVal_TIN_0000000001_Full_File.xlsx</td>
</tr>
</tbody>
</table>

Provider data for only one Tax ID is allowed per ProvDataVal file submission.
Update provider information via Provider Data Validation Spreadsheet continued

5. When finished, drag/drop or select your saved file. Once the file name displays in the gray area, click Upload.

   - A pop-up box displays for you to confirm that your uploaded file is correct. Click Yes.

   - A green banner displays when the upload process is finished.

   - An automated email is sent in three business days: Options:
     - **Successful**: Loaded to Find a Doctor as you submitted.
     - **Partially successful**: Some data must be manually updated by Blue Shield: Will take longer to see all changes in Find A Doctor.
     - **Rejected**: Please review the bulk spreadsheet instructions on Tab 1 and resubmit.
1. Changes to the spreadsheet are called out at the top.

2. Definitions and instructions for delta file provided.

3. Instructions (column name, description, and guidance) provided for both tabs:
   a. PROVIDER_GENERAL tab in yellow.
   b. PRACTITIONER_GENERAL tab in gray.

Select the type of change:
- **Add** when adding a new service location or practitioner.
- **Term** when removing or changing an address.
- **Update** when editing non-address related information like office hours.
Authenticated tools
Verify eligibility (log in required)

The Verify eligibility tool is available from the home page and from the Eligibility & benefits section after log in. It lets you confirm that a patient is a Blue Shield or Promise Health Plan member.

1. Select the member search type: SEARCH SINGLE MEMBER or SEARCH MULTIPLE MEMBERS.
2. Select the Member coverage/card type.
3. Search for the member by entering either the:
   - Member ID
   - Member Last/First and DOB
   - Medicare Beneficiary ID (MBI)
   - Social Security Number (SSN)
   - Client Index Number (CIN)
4. Click Search.
Verify eligibility results

5. Member eligibility results display. Eligibility displays in **green** when the member is active. For additional information, click:
   a. **Details**: Comprehensive member information related to eligibility, coverage, deductibles, etc.
   b. **ID Card**: Electronic copy for viewing, printing or download.
   c. **Benefits**: Online benefits tools for Blue Shield plans and a link to the Medi-Cal Member Handbook EOC for Blue Shield Promise plans.
   d. **Claims**: *Check claims status* tool.

| Member name | Status | Subscriber ID | Date of birth | Gender | Member address | Coverage effective / start date
|-------------|--------|---------------|--------------|--------|----------------|----------------------------------|
| MEMBER, G   | Eligible | 9077          | 02/10/1946    | Female | 1000 ALTON AVE | 05/01/2019
|             |        |               |              |        | LOS ANGELES, CA| Coverage end / redetermination date 02/2020
|             |        | Blue Shield Promise Medi-Cal - LA | Region | Coverage effective / start date | 05/01/2019 | Healthcare LA IPA | Participating provider group | Doctor, B | Healthcare LA IPA |
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

**Note:**

- For members not in one of the above networks, providers will be directed to *Find a Doctor* to determine network status.
- For capitated members, providers will be directed to contact the IPA.
Member network status continued

If you have more than one Tax ID registered with Blue Shield, a **Check status** link will present. Clicking this link launches a three-step process.

1. Identify the appropriate Tax ID by selecting or searching in the pop-up that presents. Click **Continue**.
   - Select = (1-5 Tax IDs)
   - Search = (5+ Tax IDs)

2. Identify the appropriate provider by selecting or searching in the pop-up that presents. Click **Continue**.
   - Select = (2-5 providers/practitioners)
   - Search = (5+ providers/practitioners)

3. The network status displays

Note: The system will save up to four recent searches as a default.
Eligibility results

Eligibility details screen

Click the + sign to expand sections:

• Special programs eligibility

• Current coverage information, plus future and historical if applicable.

• Current total deductibles, copayments and out-of-pocket maximums display by individual and family categories.
  • The Visits Accumulator presents here 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 ASH are not tracked by the tool.

• Current PCP and IPA/medical group

Benefits

Options for locating Commercial, Medicare, Small Group & IFP* benefit information:

• The Benefit summary view is the default – lists benefits in alpha order on the right.

• The Benefit categories view expands/collapses in left navigation pane. Detail provided on the right.
  • The Search field activates when Benefit categories view is clicked.

• Click 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.

* The link for Medi-Cal benefits takes you to the Medi-Cal Member Handbook EOC.
Determine if medical authorization is required

1. **Search prior authorization code lists on Provider Connection.** (Log in required.)
   - Commercial, FEP, and Medicare [prior authorization list](#). (Accessible from the [Prior authorization page](#).)

2. **Use AuthAccel for Commercial and FEP members.** (Log in required.)
   - AuthAccel, our online authorization system, can tell you if Blue Shield does not require authorization for a medical service, and if authorization is delegated to another approver.
     - When either is the case, completing and submitting the request in AuthAccel will result in an inquiry. You must complete the process and click **Submit** to secure an inquiry number. You can print the inquiry for your records.

3. **Contact Provider Customer Service.**
   - Use online chat after log in to Provider Connection – available from every page.
   - Call Blue Shield of California at **(800) 541-6652** or Blue Shield of California Promise Health Plan at **(800) 468-9935**
Submit medical authorizations 24/7 – including mental health

1. Via the Blue Shield’s AuthAccel online authorization system available from the Authorization section on Provider Connection. (Log in required.)
   - “How to” instructions are located on the medical request launch page and on the AuthAccel Online Authorization System training page.

2. By fax.
   - Blue Shield Promise authorization request form for Medi-Cal (Log in NOT required.)
   - Blue Shield authorization forms for Medicare, Commercial and FEP. (Log in NOT required.)
Determine authorization status

1. **View status via AuthAccel.** (Log in required.)
   - Launch with Tax ID under which you submitted the authorization.
   - Servicing providers and facilities can view authorization status under their own Tax ID(s), when they are linked to the request.
   - “How to” instructions are located on the medical and pharmacy request status launch pages and on the AuthAccel Online Authorization System training page.

2. **Use Provider Connection online chat** available from every page. (Log in required.)

3. **By phone**
   - Contact Blue Shield Promise Provider Customer Service at **(800) 468-9935** or Blue Shield Provider Customer Service at **(800) 541-6652**, 8 a.m. to 5 p.m. Monday through Friday.
How to ask a question

To ask a question:

1. Click Q&A on the top menu bar.
2. Type your question.
3. Click Ask.

We can answer general questions on today’s webinar.

For issues specific to your organization, contact Provider Customer Service or Provider Information and Enrollment.

Contact information is provided at the end of this presentation.
Options for submitting claims after login*

1. **By mail:** The Claims Routing Tool tells you where to submit paper claims. No log in is required.

2. **Electronically via Office Ally or another clearing house:** Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer. See the EDI, ERA/EFT and Secondary 277CA FAQ.
   - Account Managers view your organization’s payment preferences at Account Management > Provider & Practitioner Profiles > Remittance & Payments tab.

3. **On Provider Connection via SympliSend:** Submit digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims.
   - Go to Claims > Claim Tools > Submit Via SympliSend. See user guide for instructions.
   - Provider disputes CAN’T be submitted via SympliSend. Submit online in Provider Connection or by mail.

* For additional information on claims, How to submit claims on Provider Connection – no login required.
Check claims status (log in required)

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. It will display claims from the last five years with most recent at the top.

1. Enter data into one or more search fields: Member, Claim, and/or Provider Information. Click Search.

2. Results will display in the table below the blue header. To sort results in alphabetical or ascending/descending order by column, click the desired column header and the up/down arrow once it presents.

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.

1. Claim status
2. Download EOB
3. File a dispute or attach documentation to finalized claim
4. View all claims for this member
5. Toggle between full and summary view
6. View payment details
7. This section presents when there is history such as claim adjustments and/or related claims
8. This section includes line-item detail as well as claim messages and notes
Initiate dispute online from Check claims status

1. File directly from the Claim detail page by clicking Resolve claim issue or dispute.

2. The Resolving a claim issue pop-up displays. It includes other options for consideration before you initiate a dispute.

3. To continue filing your dispute online, click Online dispute form.
   - Note, if this is a claim type that cannot be disputed online, the link will say, “file a dispute by mail.”
Disputes can be filed for a single claim or multiple claims in a bulk dispute for the same type of issue. There are four steps in the online dispute process*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use claim number that populates or enter new one and click update.</td>
<td>• Describe dispute and expected outcome.</td>
<td>• Make edits to contact info if necessary.</td>
<td>• Review submission and edit, if needed.</td>
</tr>
<tr>
<td>• Default is filing a dispute for one claim, but you can change to bundled claims on this screen.</td>
<td>• Review and answer question(s).</td>
<td>• Include email so you receive dispute correspondence -- paper letters are not sent for online submissions</td>
<td>• Click the checkbox to consent to receiving email correspondence.</td>
</tr>
<tr>
<td></td>
<td>• Upload supporting documentation – up to 5 files at a time for a total of 20 – and categorize them.</td>
<td>• Establish a generic contact email so multiple staff have access to dispute correspondence.</td>
<td></td>
</tr>
</tbody>
</table>
Step 2: Entering dispute information

1. Drag/drop or select supporting documents in the order you would like them reviewed.
   - Select up to five (5) files at a time for a total of 20 files.

<table>
<thead>
<tr>
<th>File types</th>
<th>File size (per file)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All plan types except BlueCard</td>
<td>PDF, Excel, Word</td>
</tr>
<tr>
<td>BlueCard</td>
<td>PDF</td>
</tr>
</tbody>
</table>

2. A pop-up box displays for each uploaded file.
   - Select a type for each document. Options are:
     - Medical record
     - Contract/pricing
     - Itemized bill
     - Other, with a field to add a description

3. Click Attach.
Step 4: Reviewing your submission

1. If edits are needed, click **Edit** to return to a specific step and make changes. Click **Next** to return.

2. Click **checkbox** to consent to receiving electronic correspondence by email.
   - **Medicare note**: Not contracted with Blue Shield and submitting a Medicare dispute for a denied claim – A **waiver of liability checkbox** will also display, which you must check.

3. Enter your full name and date. Your e-signature must be an EXACT match of the name entered in the **Contact Information** section.

4. Click **Sign and submit**.
Submitted

- A confirmation screen displays with a case number for the submitted dispute.
  - For each dispute you file whether initial or final, a new case number is assigned.

- A digital PDF copy of the dispute generates within 15 minutes of submission.

- All dispute-related correspondence is available online under Submitted disputes.

- The View all disputes button will take you directly to Submitted disputes.
Bulk submission bundling rules

The option to bundle claims is in Step 1: Claim Info.

• To bundle, you have two options:
  1. Click **Yes**: Enter or copy/paste claim numbers up to 50 claims.
  2. Click **Upload a file**: Create and upload a CSV file up to 500 claims.

• Bundling rules:
  • Bundle claims by plan type.
    – **Exception**: Non-contracted providers cannot submit Medicare claims via a bulk file – Submitted individually
  • All claims in a bulk dispute must be for the same or similar issue.
    – **Exception**: FEP and BlueCard bulk submissions – All claims must be for the same or similar issue AND same member.
Bulk submission:
Enter or copy/paste claim numbers up to 50

1. Change the default from No to Yes – *I have claims to bundle.*

2. The *Enter claim numbers* field displays. Enter or copy/paste claim numbers in the left-hand column.

3. Click *Add.* Each claim populates on the right.

   a. A yellow banner will display if your claim attachment does not comply with the bulk bundling rules. You can click the *X* to remove non-compliant claim(s), or they will be removed for you when you click *Next.*
Bulk submission: Create and upload a CSV file up to 500 claims

Create a CSV file of claims you are disputing.

1. Click the **Upload a file** tab.

2. Drag/drop or select to upload the CSV file containing the claim numbers you are disputing.
   - **CSV instructions:** In Excel, export or save your file as a CSV (comma-separated values) file.
     - Include claim numbers in the first column and a header row at the top.
     - In the header, label the first column *Claim number* or *ICN*.
     - Claim numbers from the first column of your list will be checked against our records.

3. The **Claim list accepted** message displays.
Bulk submission: Create and upload a CSV file up to 500 claims

Note, if the attached claims do not comply with bundling rules, a “Some fixes are needed” message displays.

To address:

a. Download your submitted CSV file. Claims will be labeled by plan type to help you sort and separate them. Save the corrected file(s).

b. Click the X to remove the original CSV file with the errors and activate the Select a file button.

c. Drag/drop or select to upload the corrected CSV file. If no additional messages display, the Next button will activate.
View status of submitted disputes

1. Click **Claim issues & disputes** from the **Claims** section’s blue sub-menu bar after log in.

2. Click **View my disputes**.

3. Enter data related to the dispute(s) in one or more search fields and click **Show results**.

4. Results display under the light blue banner.

5. Click the dispute case number to access dispute case details including letters.
View status of submitted disputes

6. The Dispute case details screen displays all information and documentation connected to the dispute case number you selected.

   a. Dispute form and claim list (if bulk submission).

   b. Claim numbers included in the dispute submission.

   c. Supporting document uploaded by you with option to add additional documents to an open claim.

   d. Correspondence and determination.
## Resources to support you

<table>
<thead>
<tr>
<th>Action</th>
<th>Support</th>
</tr>
</thead>
</table>
| **Provider Connection Support** – no log in required                  | • [Provider Connection Reference Guide](#)  
• Provider Connection [website registration instructions](#) for Provider, MSO and Billing accounts and additional tutorials.  
• [Online text-based website help](#) available from every page – no log in required. |
| **Provider Data Management**                                          | • How to attest & update provider demographic data                                                                                                                                                        |
| **AuthAccel Online Authorization System training** – no login required. | • Instructions are also linked to each AuthAccel launch page (login required)                                                                                                                                 |
| **Blue Shield Customer Care** at (800) 541-6652  
**Blue Shield Promise Customer Care** at (800) 468-9935  
Live chat from Provider Connection – log in required.            | • General help with website if you can’t find answers in the resources above.  
• Removal or disabling of an Account Manager for your organization.  
• Provider and Tax ID association for one of your claims.                                                                                                                                 |
| **Provider Information & Enrollment at (800) 258-3091**  
bscproviderinfo@blueshieldca.com                                      | • [Provider network inquiries and applications](#)  
• [Credentials](#) (Can also email credentialling dept at bscinitialapp@blueshieldca.com)                                                                                                         |
| **Blue Shield prior authorization list**  
**Blue Shield prior authorization forms**                              | • Blue Shield (including Medicare) prior authorization list and forms – no log in required.                                                                                                               |
| **Blue Shield Promise prior authorization list**  
**Blue Shield Promise prior authorization forms**                      | • Blue Shield Promise prior authorization list and forms – no log in required.                                                                                                                           |
| **Claim issues & disputes**                                            | • Resources and information regarding provider disputes, including process, instructions, dispute resolution forms, and where to send them.                                                              |
| **Provider Connection News & Education section**                      | • View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.                                                                        |
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