



# Transition to Blue Shield Behavioral Health Services

Effective January 1, 2026

March 2026

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## Overview

As part of our mission to provide access to high-quality and affordable care, on January 1, 2026, Blue Shield of California (Blue Shield) assumed direct management of behavioral health services for 1.8M members whose services were formerly managed by a third party (Human Affairs International of California, Inc. (a/k/a Magellan), Blue Shield's former Mental Health Service Administrator (MHSA).

This transition completes Blue Shield's strategic plan, implemented in phases during the last several years, to directly manage behavioral health services for all plan members in both Blue Shield and Blue Shield of California Promise Health Plan (Blue Shield Promise).

### **Beginning January 1, 2026, Blue Shield began managing all behavioral health services for:**

- Fully Insured commercial HMO and PPO plans, including Applied Behavioral Analysis (ABA) services;
- Group Medicare Advantage HMO and PPO plans, including, for the eligible members, ABA services; and
- Self-funded (Administrative Services Only) and Shared Advantage plans, transitioning for ABA services. All other behavioral health services for ASO and Shared Advantage lines of business are already directly managed by Blue Shield.

By bringing in-house all services once provided by Magellan for the benefit plans described above, Blue Shield Behavioral Health offers a more streamlined and connected experience for both members and providers, directly managing all authorizations and care management, including ABA services.

Blue Shield Behavioral Health has formed new and expanded internal teams that are dedicated specifically to behavioral health service needs for both members and providers.

## Learning Resources

### **Information included in the 2026 Provider Manuals**

On October 17, 2025, the annual provider manual "change notification letters" were mailed and posted on our Provider Connection website at [blueshieldca.com/provider](https://blueshieldca.com/provider), under the [Provider Manuals](#) section. These notifications listed the changes that appear in the January 1, 2026 manuals. Several sections in the provider manuals were updated regarding Blue Shield Behavioral Health.

### **Webinar presentations and recordings in our Learning Resources section**

Visit our Provider Connection website [Learning Resources](#) section and look under the section titled "Transitioning Behavioral Health Services Management to Blue Shield of California" to find a copy of the presentation and a recording of the webinar Blue Shield conducted in October 2025.

### **A new Behavioral Health Resources section on Provider Connection**

A new [Blue Shield Behavioral Health resources](#) on our website replaces the PCP Toolkit website previously owned and managed by Magellan.

# Frequently Asked Questions

## General Information

**1. What behavioral health administrative functions are directly managed by Blue Shield, as of January 1, 2026, for transitioning members?**

All functions once provided by Magellan, including utilization management and care management, are now managed directly by Blue Shield. The members also have in-network access to Blue Shield's directly contracted Behavioral Health Provider Network for all services, including ABA provider specialists. These members previously used Magellan's behavioral health network.

**2. Will Blue Shield still delegate any clinical or network services to Magellan after December 31, 2025?**

As of January 1, 2026, Magellan only manages business, regulatory, and legal processes for those behavioral health services provided through December 31, 2025 for which they are still financially responsible, including any provider disputes for those services.

For services provided January 1, 2026 and after (with the exception of mid-stay facility-based treatment that started before January 1, 2026), Blue Shield Behavioral Health manages all services. If the member was mid-stay in facility-based treatment in December 2025, and the stay extended past January 1, 2026, Blue Shield Behavioral Health worked with Magellan to discuss transition of utilization management, reviewing treatment plans with the goal of ensuring high-quality, appropriate care for the patient.

If the member's behavioral health provider in 2025 was contracted with Magellan, but NOT contracted for the Blue Shield Behavioral Health Provider Network, and the member wants to complete a treatment plan with the provider who was contracted with Magellan, the member (or provider, on behalf of the member) was permitted to submit a request for Continuity of Care (COC) consideration, if the member has a qualifying condition for care in 2026. If Blue Shield approved the COC submission, the member would complete the care under the approved agreement.

**3. Does this transition affect Blue Shield of California Promise Health Plan Medi-Cal members?**

Blue Shield of California Promise Health Plan (Blue Shield Promise) Medi-Cal members behavioral health services were already managed by Blue Shield Promise, and continue to be managed by Blue Shield Promise. This transition did not affect those members.

**4. Does this transition only apply for Blue Shield members who are California residents or is this across the board for out-of-state member services, as well?**

This transition applies to Blue Shield members receiving services both in and out of California. Blue Shield conducts Utilization Management, regardless of the member location. Members seeking services outside of California may access the Blue Cross Blue Shield network and claims for out-of-state services and continue be processed through the inter-plan Blue Plan system, as usual for Blue Shield members receiving out-of-area services.

**5. Do patients have an option to stay with Magellan after January 1, 2026, or have all patients transitioned to Blue Shield for behavioral health services management?**

All behavioral health services for Blue Shield members that were previously “carved out” and managed by Magellan on behalf of Blue Shield, are now managed directly by Blue Shield for dates of service beginning January 1, 2026. If a member wishes to stay with a provider who is contracted with Magellan, and is not contracted by Blue Shield, the member can apply for continuity of care benefits by visiting the Blue Shield website [Continuity of Care](#) page to learn how to apply. The provider may also apply on behalf of the member.

**6. How does this transition impact provider directory maintenance?**

All Blue Shield contracted providers are included in the provider directory in accordance with participation requirements. The directory is available in our [Find a doctor](#) website.

**7. Does this transition from Magellan to Blue Shield apply to pediatrics?**

Yes, Blue Shield manages behavioral health care for all Blue Shield pediatric-age members.

**8. Are all members to whom this transition applies actually Blue Shield members?**

Yes. This transition applies to Blue Shield Health Plan members. If you have a contract with Magellan for “carved out” behavioral health care for **other health plan insurance companies, this does not apply to them.**

**9. Do members have a new member/subscriber ID number on their plan card? Is the Magellan member ID number the same?**

Blue Shield member IDs have not changed as a result of this transition. These are Blue Shield plan members and their member ID card is based on their Blue Shield benefit plan. In addition, the same phone number that has appeared on their member ID card for mental health services — (877) 263-9952 — will remain on their cards. **That phone number is now owned and managed by Blue Shield.**

**10. Will Blue Shield still delegate any clinical or network services to Magellan after December 31, 2025?**

As of January 1, 2026, Magellan only manages business, regulatory and legal processes for behavioral health services provided through December 31, 2025 for which they are financially responsible, including any provider disputes for those services.

For services provided January 1, 2026 and after (with the exception of mid-stay facility-based treatment that started before January 1, 2026), Blue Shield Behavioral Health now manages all services. If the member was mid-stay in facility-based treatment, and the stay extended past January 1, 2026, Blue Shield Behavioral Health is working with Magellan to discuss transition of utilization management for any care that extended past January 1, 2026. Together, they are reviewing treatment plans with the goal of ensuring high-quality, appropriate care for the patient.

If the member’s current behavioral health provider is contracted with Magellan, but NOT contracted for the Blue Shield Behavioral Health Provider Network, the member (or provider, on behalf of the member) may submit a request for Continuity of Care (COC) consideration, if the member has a qualifying condition.

## Eligibility and Benefits

### 11. How can my office check behavioral health eligibility, benefits and claims status for Blue Shield members?

We always strongly encourage you to use our online resources for this purpose. You can log in to [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider) and navigate to the *Eligibility and benefits* section and/or *Claims* section and follow the prompts to find the information — 24/7.

If you don't yet have an account on Provider Connection, click [Login/Register](#) at the top of the page and follow the prompts to set up an account.

If you don't find what you need online, you may also call Blue Shield Provider Services at (800) 541-6652 at any time and use the Integrated Voice Response (IVR) system, by entering the member's identification and following the prompts, to check medical eligibility and benefits. Live assistance with a representative is available between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

### 12. What if I want to get information on eligibility, benefits or claims for behavioral health services that were provided to these members BEFORE January 1, 2026?

As of January 1, 2026, you can still call (877) 263-9952, but it will be answered directly by Blue Shield (instead of Magellan) to inquire about eligibility, benefits and claims for Blue Shield Behavioral Health services. If the call turns out to be about services rendered before January 1, 2026, or any other issue that Magellan needs to manage, Blue Shield will redirect the call to Magellan.

All behavioral health services previously carved out to be managed by Magellan are now directly managed by Blue Shield for dates of service beginning January 1, 2026.

### 13. Are benefits and copays stay the same as they were under Magellan's management, or do we need to check everyone's benefits again?

We recommend always checking the member's specific benefit plan, as benefits and copayments may change each year. Please note, however, that benefits for behavioral health services for Blue Shield members have always been based on the **member's specific benefit plan**; Magellan was simply the Mental Health Service Administrator of the Blue Shield benefit plan through December 31, 2025. Any benefit changes that may occur to benefit plans offered in **2026** are not related to this transition from Magellan's administration to Blue Shield's direct management.

### 14. Does Blue Shield cover telehealth visits for patients who have Medicare Advantage plans, or follow Medicare guidelines?

Answers to specific benefit plan questions for Medicare Advantage plan members are best addressed to our Provider Services team at (800) 541-6652, between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

### 15. Is telehealth covered for psychological testing under Blue Shield as it was covered under Magellan?

It is important to check the benefits for each member to determine coverage identified within the member's benefit plan. **Psychological testing is on the list of services that require authorization prior to rendering services.** We recommend that you check with Blue Shield Behavioral Health at (877) 263-9952 to ask for details regarding psychological testing authorization requirements.

## Authorizations, Referrals and Care Management

### 16. Which types of behavioral health services **DO NOT** require prior authorization?

- Emergency services
- Initial assessments
- Outpatient therapy
- Outpatient medication management (usually with a psychiatrist)
- Psychological testing

### 17. Which types of behavioral health services **DO** require prior authorization?

- Acute care
- Residential Treatment Center (RTC)
- Partial Hospital Program (PHP)
- Intensive Outpatient Program (IOP)
- Applied Behavioral Analysis (ABA therapy)
- Electroconvulsive Therapy (ECT)
- Neuropsychological Testing
- Transcranial Magnetic Stimulation (TMS)

### 18. How can my practice determine whether authorization is required for a specific behavioral health service for Blue Shield members?

You may check for this in several ways:

- For convenience, lists of the types of services that DO and DO NOT require prior authorization are displayed on the newly revised [Blue Shield Behavioral Health resources](#) section on our Provider Connection website.
- Check the [Prior authorization list](#) on our Blue Shield Provider Connection website.
- Call Blue Shield Provider Services at (800) 541-6652. You can use the self-serve methods available at this number to obtain menu-driven responses. If you need live assistance, a representative is available between 6 a.m. and 6:30 p.m., PT, Monday through Friday.

### 19. Have phone and fax numbers for Blue Shield utilization management and care management changed to accommodate Blue Shield Behavioral Health for the transitioning members?

#### Telephone numbers, as of January 1, 2026

- Existing telephone numbers for providers contacting Blue Shield's general Utilization Management and Care Management departments have not changed. As of January 1, 2026, however, new prompts on the Provider Services (call center) IVR system available at (800) 541-6652, direct providers to behavioral health dedicated team extensions, as needed.
- In addition, **as of January 1, 2026, Blue Shield has taken over the (877) 263-9952 telephone number that Magellan once owned and used.** Both members and providers can use the number to reach Blue Shield when they are calling specifically about behavioral health services. If, for any reason, the call pertains to services rendered before January 1, 2026, or is about anything else Magellan needs to manage, Blue Shield will transfer the call to Magellan.

### **Fax numbers, as of January 1, 2026**

- Standard care utilization management intake: (844) 742-1155
- Urgent care utilization management intake: (844) 729-1416

Other fax numbers will be made available to providers, as needed, to assist in member care.

#### **20. Can we use the Blue Shield provider website to submit prior authorization requests for behavioral health services?**

Yes, you can log on to [blueshieldca.com/provider](https://blueshieldca.com/provider) and select [Authorizations](#) to find information on submitting authorization requests to Blue Shield, when necessary, for behavioral health services. If you don't yet have an account, click [Login/Register](#) on the home page and follow the prompts to establish your account.

Please keep in mind that if the authorization is for an HMO plan member, you may need to work directly with the member's assigned IPA/medical group, if the group carries the risk for behavioral health, for services that require authorization.

#### **21. Can we call (877) 263-9952 to request authorization for behavioral health services for a Blue Shield plan member?**

We encourage you to use online resources at the Provider Connection website, but you may also call Blue Shield Behavioral Health at (877) 263-9952 for authorization or to ask additional questions. Blue Shield took over that telephone number from Magellan as of January 1, 2026.

#### **22. Do patients with HMO plans need authorization from their assigned IPA/medical group to receive behavioral health services?**

Some Blue Shield HMO IPA/medical groups carry the financial responsibility for the behavioral health services for their assigned members. In cases where the services would require authorization, you will need to coordinate behavioral health care through their assigned medical group.

You can still call (877) 263-9952, but it will be answered directly by Blue Shield (instead of Magellan, as it previously was) to inquire about eligibility, benefits and claims for Blue Shield Behavioral Health services. If the call turns out to be about services rendered **before January 1, 2026**, or any other issue that Magellan needs to manage, Blue Shield will redirect the call to Magellan.

#### **23. How does an HMO IPA refer members for behavioral health care management to Blue Shield? Is there an email address or a form for us to fill out?**

Yes, updated forms are available on our Provider Connection website, linked from the *Blue Shield Behavioral Health resources* section. The form is "fillable" and can be sent to Blue Shield using the appropriate email address available on the form.

#### **24. Are HMO IPA referrals still required for a detox program?**

Members whose behavioral health services are delegated to an IPA/medical group will still need to obtain authorization for detox through their IPA/MG. Blue Shield reviews requests for detox for members whose services are not delegated to an IPA/MG. Authorization forms for submission are available in the [Prior Authorization forms](#) page on our Provider Connection website, to download and use as needed. If you need assistance to ensure downloading the correct form, please call Blue Shield Behavioral Health at (877) 263-9952.

**25. Does outpatient psychotherapy for an HMO plan require a prior authorization?**

No, patients with Blue Shield benefit plans can self-refer for outpatient psychotherapy as long as it is to the appropriate type of provider as outlined in their benefit plan.

**26. How does Blue Shield integrate behavioral health care with medical care?**

At Blue Shield, we collaborate with experts to assist healthcare providers in implementing integrated models of care. The Collaborative Care Model is an evidence-based, team-driven approach to integrating mental health into medical care settings. For more information, review the [Collaborative Care Model](#) page under Behavioral Health resources on Provider Connection.

**27. Do you have a published service level agreement for prior authorization processing and communication of prior authorization decisions?**

Blue Shield adheres to regulatory and accreditation requirements regarding turnaround times for determinations and provider/member notification. Prior Authorization determinations are made within:

- Expedited Acute: Within 24 hours for admission to an acute care facility
- Expedited Prior Authorization: Within 72 hours after receipt of request if all the necessary information is received at the time of the request.
- Standard Prior Authorization: Within five business days after receipt of request, if all the necessary information is received at the time of the request.

**28. What would be a reason for a member to need to apply for Continuity of Care?**

A Blue Shield benefit plan member who wishes to see a provider who is contracted with Magellan but is not contracted with Blue Shield for behavioral health participation beginning January 1, 2026 would need to apply for continuity of care (COC). The member will need to meet the established criteria to be eligible for COC approved by Blue Shield.

**29. How does a member apply for continuity of care?**

[Continuity of Care](#) information is available online. Updated application forms, with an option specific to behavioral health processes, will be posted/downloadable on the member, broker, employer, and provider websites. Submission instructions are included in the form.

Members can access the form and submit directly via fax. As of January 1, 2026, members can also contact Blue Shield Behavioral Health at (877) 263-9952 (the number on their member ID card) for assistance with filling out and submitting the form. The CoC form requires provider information as well, and we recommend that the member (patient) work with the provider to obtain the right information.

**30. How does Blue Shield determine which members will qualify for continuity of care services and how much additional time will they be provided?**

Each case is evaluated in accordance with the required criteria outlined on the [Continuity of Care](#) resources online at [blueshieldca.com](https://blueshieldca.com).

**31. If a provider is not contracted with Blue Shield, how long will the continuity of care last and how do we go about getting that for our patients?**

Applications for continuity of care services are evaluated for each patient (or provider, on behalf of their patient) in accordance with the criteria required for consideration. Members may call the Member Services number on the back of their Blue Shield member ID card, or visit the [Continuity of Care](#) section at [blueshieldca.com](https://blueshieldca.com) to find an application in multiple languages. Providers may call Blue Shield Provider Services at (800) 541-6652, between 6 a.m. and 6:30 p.m., Monday through Friday, to inquire about continuity of care on behalf of their patients.

**32. Will single case agreements and associated authorizations under Magellan be transitioned and honored by Blue Shield?**

A standing authorization from Magellan that crosses the January 1, 2026 date will be honored by Blue Shield for the duration of the authorization. If you have questions about establishing a single-case Letter of Agreement (LOA) after that, please contact Blue Shield Behavioral Health Provider Relations at [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**33. For authorizations from Magellan that continue into 2026, will the authorization approval number remain the same, or will Blue Shield assign a new and different number to the existing authorization, for dates of service beginning January 1, 2026?**

Blue Shield will honor the authorization number provided by Magellan; claims will be paid when submitted with the Magellan authorization number.

**34. What is the expected turn-around time for concurrent reviews?**

Blue Shield adheres to regulatory and accreditation requirements regarding turnaround times for determinations and provider/member notification. Concurrent review determinations are made within the following timeframes:

- Urgent: Within 72 hours after receipt of request if "urgent" criteria definition is met.
- Non-Urgent: Within five business days after receipt of the request if all of the necessary information is received at the time of the request.

**35. What medical necessity criteria will Blue Shield be using for substance use disorder services? Can we get clinical UM guidelines showing what will be required for 2026?**

- Blue Shield will apply Non-Profit Association (NPA) guidelines, as required under SB855, to all substance use disorder and mental health reviews.
- Substance Use Disorders: ASAM
- Child (0-5) Mental Health: ECSII
- Child/Adolescent (6-19) Mental Health: CALOCUS-CASII
- Adult Mental Health: LOCUS
- TMS/ECT/Neuropsychological Testing/ABA: Blue Shield Medical Policy based on the NPA guidelines

**36. What are the actual steps to get substance use disorder authorizations for all levels? What is the process for continued stay?**

Requests for authorization for all services requiring prior authorization can be submitted via portal, by fax (844) 742-1155 or phone (800) 541-6652. For concurrent review, clinical information can be submitted via fax (844) 269-4319 or by calling the behavioral health clinician assigned to the case.

**37. What is the turnaround time for intensive outpatient program authorization requests?**

Intensive Outpatient Program (IOP) determinations will be made within five business days after receiving all the necessary information.

**38. What are the steps for authorization of partial hospitalization programs and intensive outpatient authorizations and care management for eating disorders?**

Requests for authorization for eating disorder services requiring prior authorization can be submitted via the Provider Connection website, or by fax at (844) 742-1155 or phone at (800) 541-6652. For concurrent review, clinical information can be submitted via fax at (844) 269-4319 or by calling the behavioral health clinician assigned to the case. Members can access Care Management services by calling (877) 263-9952.

**39. Is there a dedicated eating disorders team of care managers for higher level of care?**

Blue Shield's higher level of care team will review all mental health and substance use disorder services rendered in an inpatient acute or residential treatment setting.

**40. Are patients assigned to specific reviewers/care advocates? Or are all reviews done by anyone on the team?**

Admissions are assigned to a Behavioral Health clinician for review through discharge.

**41. Are Transcranial Magnetic Stimulation (TMS) therapy authorization forms and guidelines available on Blue Shield's Provider Connection website?**

Yes, providers can access Treatment Authorization Forms specific to TMS, ECT, ABA and Neuropsychological testing on Blue Shield's website in the [Prior authorization forms and templates](#) section.

**42. How does this transition affect Esketamine (Spravato) authorizations, including buy and bill programs?**

Authorization for Esketamine (Spravato) should be obtained by contacting Blue Shield's Pharmacy Services team. Blue Shield does not require prior authorization for administration of the medication.

**43. Do you have a template for how you want notes to be done?**

Completed treatment authorization forms specific to TMS, ECT, ABA and Neuropsychological testing (available on Provider Connection website in the [Prior authorization forms and templates](#) section) include the information necessary to render the decision; supporting documentation does not need to be in a specific format. Facility based treatment reviews will be conducted based on either verbal review or submission of the relevant sections of the medical record.

**44. Do telehealth intensive outpatient program services require authorization?**

Yes, Intensive Outpatient Program services require prior authorization regardless of the place of service.

## Claims

### Claims submission

#### 45. How should my office bill for behavioral health services that fall into the “cross-over” transition from Magellan to Blue Shield Behavioral Health?

- Generally, for dates of service through December 31, 2025, you should bill Magellan for services delegated to Magellan for management and financial responsibility. This includes members who were mid-stay at a facility as of January 1, 2026.
- For those services where Blue Shield has consistently held financial responsibility, i.e., services that were never delegated (“carved out”) to Magellan for administration, even before January 1, 2026, Blue Shield should be billed, regardless of the dates of service.
- For dates of service beginning on or after January 1, 2026, providers should bill Blue Shield.

#### 46. Where do we send claims for services provided on and after January 1, 2026 (that we previously would have sent to Magellan)?

Claims should be sent to Blue Shield. For more information, review [How to submit claims](#) on our Provider Connection website.

#### 47. Should claims for Blue Shield Behavioral Health be submitted to the same claims address/electronic payor ID for Blue Shield medical claims or is there separate claims submission information? Has the payor ID for Blue Shield remained the same, as well?

Everything remains the same for Blue Shield claims. To learn more, review [frequently asked questions](#) about submitting claims via EDI on our Provider Connection website under the Claims section.

#### 48. How do I sign up to submit electronic claims with Blue Shield?

If you are not already set up with Blue Shield to submit claims electronically, you can visit the [Claims](#) section of the Provider Connection website for more information or to enroll in [Electronic Data Interchange](#).

#### 49. For Blue Shield HMO members, are claims submitted to the member’s IPA/medical group, or directly to Blue Shield for behavioral health?

If the member’s assigned IPA/medical group is delegated to carry financial responsibility for behavioral health services, you will need to submit the claims to their IPA/medical group. When you check eligibility and benefits for the member you can find whether their assigned IPA/medical group carries that risk.

#### 50. Will Blue Shield claims for Medi-Cal members be sent to Blue Shield after January 1, 2026?

Yes, those claims will continue to be sent to Blue Shield of California Promise Health Plan, which has managed behavioral health services for Blue Shield Promise Medi-Cal members for several years.

#### 51. Does an associate need to contract with Blue Shield as an associate or just bill under the supervisor?

Blue Shield does not contract with associates; the claim should be billed under the billing supervisor.

**52. As of January 1, 2026, should we bill Blue Shield under payer ID 94036 (that's what I have listed in my EHR)? This is different than the code mentioned earlier (BS001). Is there a separate code for facility vs. professional claims?**

Contact your trading partner to obtain Blue Shield's payer ID. Visit our Provider Connection website at [blueshieldca.com/provider](https://blueshieldca.com/provider). Please also review more information about [submitting claims via EDI](#), in the [Manage electronic transactions](#) section under the Claims tab on the home page of Provider Connection.

**53. For services through December 31, 2025, will providers be paid by the Magellan contract?**

Claims for services provided through December 31, 2025 **will be processed by Magellan**. Those claims should be submitted to Magellan.

**54. For a claim that has a date of service in 2025 that is being submitted for the first time in 2026, should the claim be submitted to Magellan, or Blue Shield?**

For dates of service in 2025, the claim should be submitted to Magellan.

**55. Will claims need to be split for Magellan for 2025 and Blue Shield for 2026 dates of service?**

Yes, claims will need to be split. 2025 dates of service will be processed by Magellan while 2026 claims will be processed by Blue Shield.

**56. Which form should be used by professional and non-institutional healthcare providers to submit a behavioral health services claim?**

For commercial plan claims (HMO and PPO, including self-funded and shared advantage plans), as well as for Medicare Advantage plan claims, the CMS 1500 form should be used. More information is available at [www.CMS.gov](http://www.CMS.gov).

**57. Do member plan IDs need to be changed on claims? Or have they remained the same?**

The member/subscriber Blue Shield member ID has not changed. That ID is based on the member's Blue Shield benefit plan and is not related to Magellan.

**58. Can the Magellan modifiers that are used for education be used for Blue Shield?**

Industry-standard coding should be used. If you have questions about billing, please refer to the [How to submit claims](#) or call Provider Services at (800) 541-6652, where representatives are available from 6 a.m. to 6:30 p.m. PT, Monday through Friday.

**59. Can I use Office Ally to bill Blue Shield for behavioral health claims?**

Yes, and to find more information on submitting claims, we recommend that you visit the [How to submit claims](#) section on our Provider Connection website.

**60. Will we still be able to use Symplisend for submitting claims?**

Yes, please visit [How to submit claims](#) to read about sending claims via Symplisend.

**61. Do you have your own clearinghouse or method by which we can submit claims for free?**

Please visit our website to read about [submitting claims via EDI](#) and receiving electronic payments.

**62. How does the billing for Spravato work, as of January 1, 2026?**

For specific questions about billing certain items, information is available on the [Provider Connection](#) website. If you don't yet have an account, please visit [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider) and click Login/Register, then follow the prompts to establish an account.

You may also call our Provider Services team at (800) 541-6652 between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

**63. Will Blue Shield Behavioral Health allow Partial Hospitalization Program (PHP) and intensive outpatient program (IOP) to be billed as telehealth services when billed by a facility, or is PHP/IOP telehealth restricted to professional claims?**

Yes, they can be billed as telehealth services.

### Checking claims status

**64. Who should we contact to follow up on claims for dates of service through December 31, 2025?**

For claims submitted to Magellan for dates of service during 2025, you should contact Magellan. For claims submitted to Blue Shield for dates of service during 2026, check with Blue Shield.

**65. For a claim that has a date of service in 2025 and is submitted to Magellan, would we check claims status after January 1, 2026 by contacting Blue Shield?**

No, contact Magellan to check claims status for dates of service in 2025.

**66. What will happen to claims sent to Magellan that are still pending for processing by January 1, 2026?**

Magellan will process claims prior to January 1, 2026 through a run out period. The claims will still be processed by Magellan.

### Claims reimbursement

**67. Can I still get reimbursed via paper checks for behavioral health services?**

Yes, you can still be reimbursed via paper checks for behavioral health services.

**68. How can providers receive payments for services?**

We encourage you to sign up for [electronic data interchange](#) (EDI) to receive payments electronically. Learn more by visiting our Provider Connection website.

**69. How do we change the current electronic funds transfer with Blue Shield from one bank account to the same one we used with Magellan?**

Assistance with electronic remittance advice or electronic payments is available through the EDI Help Desk. Contact the Help Desk at [\(800\) 480-1221](tel:8004801221).

**70. If we have direct deposit with Magellan how do we set that up with Blue Shield?**

To read about [submitting claims via EDI](#) and receiving [electronic funds transfer](#) payments, please visit our Provider Connection website [Claims](#) section.

## Network Participation

**71. How do we determine which plan a Magellan client has with Blue Shield to ensure we are “in-network” for the Blue Shield member?**

The member’s Blue Shield member ID card will show which plan the member has. As of January 1, 2026, Blue Shield manages behavioral health services for ALL Blue Shield benefit plan members whose behavioral health benefits were previously “carved out” to be managed by Magellan through December 31, 2025.

**72. What do we need to be “opted into” to have services covered through our contract?**

You should review your contract to ensure you are not “opted out” of any Blue Shield products (types of benefit plans). If you have more questions, please contact our Behavioral Health Provider Relations team via email at [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**73. I am a Blue Shield contracted provider, but I am not a Magellan contracted provider. Do I need to take any action to see Blue Shield members for behavioral health as in-network?**

If you are contracted for behavioral health services with Blue Shield, you do not need to take any action to see a Blue Shield benefit plan member to provide in-network behavioral health services, but please review your provider contract to ensure you are not “opted out” of providing services for any Blue Shield products (types of benefit plans). If you have questions about your network participation, please contact Behavioral Health Network Provider Relations via email at [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**74. I have a Blue Shield contract, and many policies were “carved out” to be managed by Magellan. Are all of those services now managed by Blue Shield?**

Yes. All behavioral health services previously carved out to be managed by Magellan are now directly managed by Blue Shield for dates of service beginning January 1, 2026. Please review your contract to ensure you are not opted out of any Blue Shield commercial products.

**75. Does Blue Shield allow associates to provide therapy services under the supervision of a Licensed Therapist?**

This is permissible for commercial plans and Medi-Cal plan members, for services where Blue Shield is financially responsible. **It is not permissible for Medicare Advantage plan members.**

**76. If I am a behavioral health specialist who is already participating in the Blue Shield Behavioral Health Provider Network, do I need to take any action related to this transition?**

No, if you are already contracted for the Blue Shield Behavioral Health Provider Network, you do not need to take any action other than ensuring that you send any necessary authorization requests, as well as all claims, directly to Blue Shield (not Magellan) for behavioral health services provided on and after January 1, 2026.

**77. Will behavioral health specialists who previously saw members under the Magellan behavioral health network continue to be available to those same members January 1, 2026 and after?**

Patient/provider disruption should not occur on any significant scale as a result of this change. Blue Shield has made, and continues to make every effort to match and expand the Blue Shield Behavioral Health Provider Network to the existing Magellan network previously available to the commercial HMO and PPO, and Group Medicare HMO and PPO members who have now been transitioned to Blue Shield Behavioral Health. The members may also request COC with their behavioral health

providers they visited under Magellan's provider network if they have a qualifying condition, if the member's Magellan network provider decides not to join Blue Shield's Behavioral Health Provider Network.

**78. If I am newly contracted for the Blue Shield Behavioral Health Provider Network, when will my practice appear in Blue Shield's provider directory for members?**

Blue Shield's goal was to have all "newly contracted" providers appear on our [Find a doctor](#) tool at [www.blueshieldca.com](http://www.blueshieldca.com), by January 1, 2026. There may be a delay, however, for some new providers if they were not able to finish their application or credentialing process on time.

All members may always contact Blue Shield Member Customer Service using the number on the back of their member ID card, for assistance in finding an in-network provider.

**79. If I am a new participant in Blue Shield's Behavioral Health Provider Network, and my contract and/or credentialing was not completely executed by January 1, 2026, will I be able to bill for in-network services provided to a Blue Shield member beginning January 1, 2026?**

If this occurs, the Behavioral Health Provider Network Contracting Team is able to create a *Letter of Agreement (LOA)* that will allow you to render in-network services to a Blue Shield member, assuming your participation is already approved for Blue Shield's Behavioral Health Provider Network.

**80. For practices that provide both medical and mental health services, do we need two contracts with Blue Shield (one for medical and one for behavioral health services), or is there a single contract for both?**

For general inquiries and status related to professional credentialing applications for existing groups, send an email to [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**81. What if my contract with Blue Shield only has one level of care and the rest is with Magellan? Do I need to do single-case agreements with Blue Shield to provide those services to a Blue Shield member?**

You should contact the Blue Shield Behavioral Health Provider Relations team so that they can assist with adding all services to your contract. Continuity of care may apply, but more details will be needed for a full evaluation. Contact the Blue Shield Behavioral Health Network Provider Relations team at [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**82. Partial hospitalization program (PHP) level of care was included in our Magellan in-network services. PHP is not currently included in our in-network Blue Shield services. Will our Magellan PHP in-network service be transferred to Blue Shield?**

No, you will need to apply to add services to your contract.

**83. How will Blue Shield members find providers for behavioral health services, beginning January 1, 2026?**

Blue Shield fully insured commercial HMO and PPO plan members may either visit our [Find a doctor](#) tool or contact Blue Shield's Member Customer Service number on the back of their member ID card for assistance in finding an in-network Blue Shield Behavioral Health practitioner.

Blue Shield Medicare Advantage plan members may also check the [Find a doctor](#) tool, They may also contact Blue Shield's Customer Care for Medicare members at (800) 776-4466. This number is listed on the back of their member ID card.

**84. Blue Shield's Find a doctor tool doesn't accurately reflect my status as a contracted behavioral health services provider. Who should I contact?**

Please contact Provider Services at (800) 541-6652, between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

**85. How can we show our “areas of special interest” on your Find a doctor website? I haven't been able to do this so far.**

During regular provider attestation updates, please remember to fill in both your medical specialties, as well as areas of special interest (found in a separate field) in the provider profile. This helps patients find the provider that best fits their needs in the [Find a doctor](#) tool. If you have additional questions about submitting information about your practice specialties, please contact Provider Services at (800) 541-6652, between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

**86. I am a Blue Shield contracted provider and a Magellan contracted provider. Will I automatically be made a provider for Blue Shield HMO plans, so I can continue to see my Magellan patients with those HMO plans? My Provider Connection account currently does not show me as an HMO provider (only PPO).**

You will need to contact the Blue Shield Behavioral Health Network team to determine the details of your contract and how it will apply to this transition. There will be no automatic actions taken with your contract without your involvement. Contact the team via email at [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**87. Can you please provide a list of delegated groups that carry the risk for behavioral health and will not fall under Blue Shield Behavioral Health for complete management?**

We recommend that you check each member’s benefits before providing services to an HMO benefit plan member whose assigned IPA/medical group may carry risk for behavioral health for its Blue Shield plan members. This will ensure that you bill the correct organization for behavioral health services provided to the member.

**88. Will providers who are currently credentialed with Blue Shield but not with Magellan now be able to see Blue Shield members without re-credentialing?**

Please check your Blue Shield contract to ensure that your contract includes seeing Blue Shield members for behavioral health, and if you have questions about your contract, contact our Blue Shield Behavioral Health Provider Relations team at [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**89. Do we need to have a new contract with Blue Shield for Medicare Advantage plans if we only have contract with Magellan?**

Yes, for in-network services, a provider must be contracted with Blue Shield and be credentialed with Blue Shield.

**90. Does an associate need to contract with Blue Shield as an associate or just bill as the supervisor?**

They need to be added to the roster, not directly contracted (Blue Shield does not contract with associates). For any other general inquiries please send an email to [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

**91. Will the rates paid to providers January 1, 2026 and after be different than the rates that were paid by Magellan for services through December 31, 2025 for Blue Shield members for behavioral health services?**

For inquiries about a professional contract for the Behavioral Health Provider Network and related credentialing applications, send an email to [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).

## Applied Behavioral Analysis Participation

### 92. What if I have questions about Applied Behavior Analysis (ABA) participation?

New individual ABA practitioners or ABA practitioners being added to an existing group should email their completed application and required documentation to [BSCABAContracting@blueshieldca.com](mailto:BSCABAContracting@blueshieldca.com).

## Network Credentialing

### 93. If a provider is credentialed with Magellan and not Blue Shield, can they still see Blue Shield members or do they need get credentialed with Blue Shield?

For in-network services, a provider must be contracted with Blue Shield and be credentialed with Blue Shield.

### 94. Does Blue Shield confirm credentialing provider information through the Council for Affordable Quality Healthcare (CAQH) database? If I update my information through CAQH, would that be enough?

Yes, Blue Shield requires CAQH for credentialing. In addition, you need to go through Blue Shield credentialing approval.

### 95. For continuation of care, will we need to be credentialed directly with Blue Shield (if not already) to continue services in the long term?

You should begin the credentialing and contracting process with Blue Shield for the long term.

## Network Contracting Contacts

### 96. What if I have questions related to my Behavioral Health Provider Network contract or credentialing?

You can visit the Provider Connection website and navigate to the [Join the Behavioral Health Provider Network](#) page to find information for reaching the Behavioral Health Network Contracting team. Some of the Information available there is also listed below:

- For inquiries about a professional contract for the Behavioral Health Provider Network and related credentialing applications, send an email to [bsc\\_specialtynetmmgt@blueshieldca.com](mailto:bsc_specialtynetmmgt@blueshieldca.com).
- For general inquiries and status related to professional credentialing applications for existing groups, send an email to [specialtynetworkspr@blueshieldca.com](mailto:specialtynetworkspr@blueshieldca.com).
- For general inquiries and status related to facility credentialing for the Behavioral Health Provider Network, send an email to [BH\\_Facilities@blueshieldca.com](mailto:BH_Facilities@blueshieldca.com).
- New individual Applied Behavior Analysis (ABA) practitioners or ABA practitioners being added to an existing group should email their completed application and required documentation to [BSCABAContracting@blueshieldca.com](mailto:BSCABAContracting@blueshieldca.com).