



Transition to Blue Shield Behavioral Health Services

Effective January 1, 2026

December 2025

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Overview

As part of our mission to provide access to high-quality and affordable care, Blue Shield of California (Blue Shield) will assume direct management of behavioral health services for 1.8M members whose services are currently managed by a third party, Human Affairs International of California, Inc. a/k/a Magellan, which has been serving as Blue Shield's Mental Health Service Administrator (MHSA) for those members.

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 will begin 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 of the services currently provided by Magellan for the benefit plans described above, Blue Shield Behavioral Health will offer a more streamlined and connected experience for both members and providers, directly managing all authorizations and care management, including ABA services.

To prepare for this transition, Blue Shield Behavioral Health has formed new and expanded internal teams that will be 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, as usual, under the [Provider Manuals](#) section. These notifications listed the changes that will 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.

January 1, 2026: a new Behavioral Health Resources section on Provider Connection

On January 1, 2026, a new, expanded *Behavioral Health resources* section will go live at www.blueshieldca.com/provider under *Guidelines & resources*. Along with other information, this will replace the current *PCP Toolkit* website owned and managed by Magellan, which will be shut down on this date.

Frequently Asked Questions

General Information

1. What behavioral health administrative functions will be directly managed by Blue Shield beginning January 1, 2026 for the transitioning members?

All of the functions currently provided by Magellan, including utilization management and care management will be managed by Blue Shield. The transitioning members will also have in-network access to Blue Shield's directly contracted Behavioral Health Provider Network for all services, including ABA provider specialists.

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

Beginning January 1, 2026, Magellan will only manage business, regulatory, and legal processes for those 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 will manage all services. If the member is mid-stay in facility-based treatment, and the stay extends past January 1, 2026, Blue Shield Behavioral Health will work with Magellan, beginning in early December 2025, to discuss transition of utilization management. Together, they will review 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.

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 have been managed by Blue Shield Promise for several years, already. They will continue being managed by Blue Shield Promise.

4. Will 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 will conduct Utilization Management, regardless of the member location. Members seeking services outside of California will access the Blue Cross Blue Shield network and claims for out-of-state services will continue to be processed through the inter-plan Blue Plan system, as usual.

5. Will patients have an option to stay with Magellan, or will all patients be 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, will be 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.

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

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

8. Are all of the 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. Will members get a new member/subscriber ID number on their plan card? Will Magellan member ID number be the same once Blue Shield begins managing services directly on January 1, 2026?

Blue Shield member ID will not change 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 because Blue Shield will take over that phone number (from Magellan) beginning January 1, 2026.

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

Beginning January 1, 2026, Magellan will only manage business, regulatory, and legal processes for those 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 will manage all services. If the member is mid-stay in facility-based treatment, and the stay extends past January 1, 2026, Blue Shield Behavioral Health will work with Magellan, beginning in early December 2025, to discuss transition of utilization management. Together, they will review 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 will my office check behavioral health eligibility, benefits and claims status for the transitioning Blue Shield members, after January 1, 2026?

We always strongly encourage you to use our online resources for this purpose. You can log in to 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 following the prompts to learn how you can 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?

Beginning January 1, 2026, you can still call the number (877) 263-9952, but it will be answered directly by Blue Shield (instead of Magellan, as it currently is) 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 will be directly managed by Blue Shield for dates of service beginning January 1, 2026.

13. Will benefits and copays stay the same as they were under Magellan's management after the transition to Blue Shield's direct management, or do we need to check everyone's benefits again?

We recommend always checking the members' 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. 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. Will Blue Shield cover telehealth visits for the patients who have Medicare plans, or will 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. Will telehealth be 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. After January 1, 2026, 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 will continue to NOT require prior authorization after the January 1, 2026 transition?

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

17. Which types of behavioral health services WILL continue to require prior authorization after the January 1, 2026 transition?

- 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 will be displayed on the newly revised *Blue Shield Behavioral Health resources* section that will launch January 1, 2026 on Provider Connection under the *Guidelines & resources* section.
- Check the prior authorization list on our Blue Shield Provider Connection website. Visit www.blueshieldca.com/provider and navigate to *Authorizations > Authorization forms & list > Prior authorization forms and list for Blue Shield (including Medicare 65+) and FEP members* and scroll down to click the link under "Prior authorization list (medical services claims)" to view and/or download the list.
- 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. Will contact phone and/or fax numbers for Blue Shield utilization management and care management be changing to accommodate Blue Shield Behavioral Health for the transitioning members?

Telephone numbers beginning January 1, 2026

- Existing telephone numbers for providers contacting Blue Shield's **general** Utilization Management and Care Management departments will not change. Beginning January 1, 2026, however, new prompts on the Provider Services (call center) IVR system available at (800) 541-6652, will direct providers to behavioral health dedicated team extensions, as needed.
- In addition, **beginning January 1, 2026, Blue Shield will take over the (877) 263-9952 telephone number that Magellan currently owns and uses.** 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 beginning January 1, 2026, specific to Blue Shield Behavioral Health

- 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. Will we be able to use the Blue Shield portal to submit prior authorization requests for behavioral health services?

Yes, you can log on to www.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. Starting January 1, 2026, can we use the (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 beginning January 1, 2026 for authorization or to ask additional questions. Blue Shield is taking over that telephone number from Magellan on that date.

22. Will 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 risk for behavioral health for their assigned members. In those cases, you will need to coordinate behavioral health care through their assigned medical group.

Beginning January 1, 2026, you can still call the number (877) 263-9952, but it will be answered directly by Blue Shield (instead of Magellan, as it currently is) 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, beginning January 1, 2026, updated forms will be available on our Provider Connection website, linked from the *Blue Shield Behavioral Health resources* section and also available in the [Prior Authorization forms & templates](#) under "Procedure authorization request forms for commercial procedures/HCPs" section to use for referring members for behavioral health care. The forms will be "fillable" and can be sent to Blue Shield using the appropriate email address available on each form.

24. Are HMO IPA referrals still going to be required for a detox program?

Members whose services are delegated to an IPA/MG will 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.

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. Do you have a published service level agreement for prior authorization processing and communication of the 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.

27. What would be the 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 not contracted with Blue Shield for behavioral health participation beginning January 1, 2026 will need to apply for continuity of care (COC). The member will need to meet the established criteria to be eligible for COC.

28. 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. Beginning January 1, 2026, members can also contact Blue Shield Behavioral Health (using 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.

As a reminder, if you already participate in Blue Shield's Behavioral Health Provider Network, there will be no need for COC for a member you have previously seen under Magellan's management. Dates of service starting January 1, 2026 will simply be billed to Blue Shield instead of to Magellan.

29. 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.

30. 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 www.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 patient.

31. 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.

32. 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.

33. What is the expected turn-around times 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.

34. 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

35. What are the actual steps to get a substance abuse 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 BH Clinician assigned to the case.

36. For intensive outpatient program authorization requests will it still be a 15-day turn-around time?

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

37. We operate substance use disorder residential and outpatient facility. If a patient is admitted at the end of December 2025, do we have to discharge the patient on January 1, 2026, then get a new authorization through Blue Shield while keeping the patient at the facility?

Members who remain in facility-based treatment in 2026 will not need to discharge and be readmitted. Blue Shield is transitioning authorizations from Magellan and will honor any authorization granted into 2026. If ongoing care is needed in 2026, beyond the authorization granted by Magellan, the facility should contact Blue Shield. Any step down in level of care will require a new authorization request through Blue Shield.

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

Requests for authorization for eating disorder 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 BH Clinician assigned to the case. Members can access Care Management services by calling (877) 263-9952.

39. Will there be a dedicated eating disorders team of care managers for higher level of care team?

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. Will patients be assigned to specific reviewers/care advocates? Or will all reviews be done by anyone on the team?

Admissions will be assigned to a Behavioral Health Clinician for review through discharge.

41. Will Transcranial Magnetic Stimulation (TMS) therapy authorization forms and guidelines be 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 will 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 for the medication.

43. Will 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. Will telehealth intensive outpatient program services require an authorization?

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

Claims

Claims submission

45. How should my office bill for behavioral health services during this 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 are 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 to Magellan, 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 that we were sending to Magellan previously, for services provided to Blue Shield members January 1, 2026 and after?

Those claims should be sent to Blue Shield. For more information on How to submit claims to Blue Shield is available on our Provider Connection website at www.blueshieldca.com/provider.

47. Will 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? Will the payor ID for Blue Shield remain the same as well?

Yes, 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 carries risk for behavioral health, 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?

Blue Shield of California Promise Health Plan has managed behavioral health services for Blue Shield Promise Medi-Cal members for several years. Claims should continue to be sent as they are sent now, to Blue Shield Promise.

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. Starting January 1, 2026, should we start billing to 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://www.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 or by the contract I have with Blue Shield, after January 1, 2026?**

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 <https://www.CMS.gov>.

- 57. Will the member ID need to be changed on claims? Or will it remain the same?**

The member/subscriber Blue Shield ID will not change. It will remain the same.

- 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 Claims section on Provider Connection website at www.blueshieldca.com/provider

- 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 our Provider Connection website to read about sending claims via Symplisend.

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

To read about [submitting claims via EDI](#) and receiving electronic payments, please visit the Claims section on our Provider Connection website at www.blueshieldca.com/provider.

62. How does the billing for Spravato work starting January 1, 2026?

For specific questions about billing certain items, information will be available beginning January 1, 2026 on the Provider Connection website. If you don't yet have an account, please visit 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 BH 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 would we contact to follow up on claims for dates of service through December 31, 2025?

For claims submitted to Magellan for dates of service in 2025, you should contact Magellan. For claims submitted to Blue Shield for dates of service in 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. These 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 will 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 (EFT) with Blue Shield from one bank account to the same one currently with Magellan?

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

70. If we have direct deposit right now 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 at www.blueshieldca.com/provider.

Network Participation

71. How do we determine which plan a current 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. Blue Shield will be managing behavioral health services for ALL Blue Shield benefit plan members whose behavioral health benefits were previously “carved out” to be managed by Magellan, beginning January 1, 2026.

72. What do we need to be opted into to have this covered through our contract?

You should review your contract to ensure you are not opted out of any Blue Shield products. If you have more questions, please contact our Behavioral Health Provider Relations team with specific questions about your existing Blue Shield contract. You can send an email to specialtynetworkspr@blueshieldca.com.

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

If you are already contracted for behavioral health services with Blue Shield of California, 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 any networks. If you have questions about your participation, please contact Behavioral Health Network Provider Relations at specialtynetworkspr@blueshieldca.com.

74. I have a Blue Shield contract and many policies were carved out to Magellan. Will they all now be covered through Blue Shield?

All behavioral health services previously carved out to be managed by Magellan will be 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?

Yes, 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 currently seeing 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 is making every effort to match and expand the Blue Shield Behavioral Health Provider Network to the existing Magellan network currently available to the commercial HMO and PPO, and Group Medicare HMO and PPO members who are transitioning to Blue Shield Behavioral Health. Members may also request COC with their current providers if they have a qualifying condition, if the member’s current 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 is to have all "newly contracted" providers appear on our [Find a doctor](https://www.blueshieldca.com) tool at 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 is not completely executed by January 1, 2026, will the transitioning member be able to receive in-network services from me in the meantime, beginning January 1, 2026?

If this occurs, the Behavioral Health Provider Network Contracting Team will 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.

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 PR 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.

82. Partial hospitalization program level of care is 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 can Blue Shield members look up providers during 2025 for services in 2026?

For members with commercial HMO and PPO coverage for 2026, an alternative provider search option "for care in 2026" will be available on our [Find a doctor](https://www.blueshieldca.com) tool is available before 2026 so members can see which providers are in the network beginning January 1, 2026.

Members with Group Medicare HMO or PPO plans may call Blue Shield's Customer Care for Medicare members at (800) 776-4466 for assistance.

All members may always call Blue Shield Member Customer Service, using the number on the back of their member ID card, to ask about a provider, explore their options for COC or discuss other questions.

84. 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, beginning January 1, 2026. 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.

85. How can we show our specialties on the website? I haven't been able to do this on your website.

If you have questions about submitting information about your practice specialty, please contact the Provider Services at (800) 541-6652, between 6 a.m. and 6:30 p.m., Monday through Friday.

86. I am a Blue Shield provider and a Magellan 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 by email at specialtynetworkspr@blueshieldca.com.

87. I have a Blue Shield contract and many policies were carved out to Magellan. Will they all now be covered through Blue Shield?

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

88. Can you please provide of 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.

89. Will providers who are currently credentialed with Blue Shield but not with Magellan now be able to see Blue Shield members?

Please check your 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.

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

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

91. 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.

92. 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.

Applied Behavioral Analysis (ABA) Participation

If you have questions about ABA participation or if new individual Applied Behavior Analysis (ABA) practitioners or ABA practitioners being added to an existing group, please send an email to with questions or completed application and required documentation to 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 for 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.
- For general inquiries and status related to professional credentialing applications for existing groups, send an email to 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.

- 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.