



## Transition to Blue Shield Behavioral Health Services

Effective January 1, 2026

### Overview and Frequently Asked Questions for Healthcare Providers

September 30, 2025 (updated)

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 (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.

## Frequently Asked Questions and Answers for Healthcare Providers

### 1. What resources will be available to behavioral health providers to assist them in providing services to members for dates of service beginning January 1, 2026?

#### October 17, 2025: Information included in the Provider Manual Change Notification Letters

On October 17, 2025, the annual provider manual “change notification letters” will be mailed and posted on our Provider Connection website, as usual, under the [Provider Manuals](#) section. These notifications will list the changes that will appear in the January 1, 2026 manuals. There will be several references to the sections that have been updated regarding Blue Shield Behavioral Health.

#### October 21, 2025: External-facing provider webinar for behavioral health providers and PCPs

Blue Shield will host a live provider webinar, featuring Blue Shield presenters, to introduce the transition of the 1.8M members and provide overviews on managing authorizations, claims, continuing care, and transition of care. The session will also include how to register for and use Provider Connection, [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider), contacts for provider assistance, and a live, moderated Q&A session with subject matter expert panelists.

#### Register now to attend the webinar:

**Transitioning Behavioral Health Services to Blue Shield, October 21, 2025, 1 p.m. to 2 p.m. PT**

**To navigate to the registration form, enter this link directly into your web browser:**

**[www.tinyurl.com/102125webinar](http://www.tinyurl.com/102125webinar)**

You will also receive separate invitations from Blue Shield’s Provider Education team during the next several weeks to ensure you save the date, and we encourage you to attend the webinar. Following the event, the webinar recording and presentation will be posted at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider) under News & education > Learning resources and will include a link to an online Frequently Asked Questions document.

#### 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](http://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.

The new *Behavioral Health resources* section will provide a combination of content and quick links to support both primary care physicians (PCPs) and behavioral health specialists in caring for our members.

- Information on Blue Shield’s Collaborative Care model (connecting medical and behavioral health).
- List of the types of services that DO require prior authorization, links to Blue Shield’s prior authorization requirements list, and how to find forms and/or submit authorizations, when needed.
- List of types of services that DO NOT require authorization.
- Link to our [Find a doctor](#) website as a source for finding in-network Blue Shield Behavioral Health providers to whom PCPs and others can offer as resources to their patients with Blue Shield benefit plans.
- Where to find:
  - Blue Shield Provider Education’s *Learning resources* section for provider webinar presentations and recordings.
  - Frequently Asked Questions
  - Blue Shield contacts for assistance.

In addition, continuing throughout 2026 and beyond, we will keep you informed with updates on all of the tools and services available to assist you in providing high-quality behavioral health care for our members.

## Eligibility, benefits and authorization requests beginning January 1, 2026

### 2. How will my office check behavioral health eligibility, benefits and claims status for the transitioning Blue Shield members?

As always, we 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.

### 3. Can my office call Blue Shield to inquire about behavioral health eligibility, benefits and claims status for the transitioning members?

- Beginning January 1, 2026, you can call (877) 263-9952 and it will be answered directly by Blue Shield (instead of Magellan, as it currently is). You may continue to use this number to inquire about eligibility, benefits and claims for Blue Shield Behavioral Health services.
- You may also continue to 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.

### 4. 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.

### 5. 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

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

- Acute care
- Applied Behavioral Analysis (ABA therapy)
- Electroconvulsive Therapy (ECT)
- Neuropsychological evaluations
- Opioid treatment, e.g., Medication Assistance Treatment (MAT)
- Transcranial Magnetic Stimulation (TMS)

**7. How will my office determine whether authorization is required for a specific behavioral health service for these transitioning members?**

You can determine whether a service or procedure needs prior authorization in several ways:

- Check the prior authorization list on our Blue Shield Provider Connection website. Visit [www.blueshieldca.com/provider](http://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.
- For convenience, lists of the types of services that DO and DO NOT require prior authorization will also be available on the new *Behavioral Health resources* section that will launch January 1, 2026 on Provider Connection.

## **Blue Shield Behavioral Health utilization management and care management**

**8. 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.

**9. 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 inpatient residential treatment that started before January 1, 2026), Blue Shield Behavioral Health will manage all services. If the member is mid-stay in a residential treatment facility, 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 care management. Together, they will review each individual treatment plan with the goal of ensuring high-quality, appropriate care for the patient.
- If the member’s current behavioral health provider is 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.

**10. 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.

**11. How will COC be managed as a result of this change?**

- Blue Shield members may apply for COC for behavioral health services by calling the Member Customer Service listed on the back of their member ID card, or a provider may request COC on behalf of the member.
- Updated COC 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.
- As a reminder, if you already participate in Blue Shield's Behavioral Health Provider Network, there will be no need for COC. Services with dates starting January 1, 2026 will simply be billed to Blue Shield instead of to Magellan.

**Claims**

**12. 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.

**13. 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](#).

**14. 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>.

**15. How will existing provider appeals/disputes be handled?**

- For claims or other issues with dates of service through December 31, 2025, Magellan will manage provider appeals/disputes.
- For claims or other issues with dates of service **beginning January 1, 2026**, Blue Shield will manage provider appeals/disputes, and they can be submitted online at Provider Connection, as usual.
- For inpatient residential treatment care that began before January 1, 2026 and extends past that date, Blue Shield and Magellan will work together to determine steps for managing provider appeals/disputes.

**Blue Shield Behavioral Health Network Participation**

**16. 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.

**17. 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.

**18. 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](#) 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.

**19. 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.

**20. Can Blue Shield members look up providers during the 2025 open enrollment period for 2026 benefits, for services they may want to have 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](#) tool beginning in early October, so those 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 before January 1, 2026. *Note: After January 1, 2026, Medicare members will be able to look up providers in Find a doctor.*

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.

**21. 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.

**22. How will a member know whether a provider offers telehealth visits for Blue Shield behavioral health?**

The online [Find a doctor](#) provider directory for members indicates whether a provider is available for virtual visits, is available for virtual visits only, or does not offer virtual visits, depending on the information the provider has given to Blue Shield. This is an existing capability.

### 23. 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\\_specialtynetmgmt@blueshieldca.com](mailto:bsc_specialtynetmgmt@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).