

Effective: January 1, 2025

Overview and Frequently Asked Questions for Blue Shield of California Behavioral Health Network Providers

Reminder of utilization management and care management for self-funded plans:
("Administrative Services Only," "Shared Advantage" or "Shared Advantage Plus") benefit plans
Effective for dates of service beginning January 1, 2025

Blue Shield of California has implemented changes to help support a long-term strategy for maintaining high-quality behavioral health services while driving cost-effective care utilization and affordability for both plan purchasers and members.

The changes also allow better integration of prior authorizations, claims review, and approaches to behavioral health services.

- Non-Applied Behavioral Analysis (Non-ABA) behavioral health services utilization management and care management have moved from Blue Shield's Mental Health Service Administrator, Magellan Health, Inc., to internal Blue Shield utilization management for **most** of the affected member plans. Blue Shield Provider Customer Service is available to assist in answering questions about mental health benefit administration for a specific member.
- Blue Shield has assumed behavioral health utilization management for non-ABA services for California Public Employees' Retirement System (CalPERS) beneficiaries who select 2025 PERS Platinum or PERS Gold PPO plans. Included Health, Inc. will provide care management for these members.

The new FAX numbers to reach Blue Shield regarding behavioral health utilization management and care management are:

- Standard requests: (844) 807-8997
- Urgent requests: (844) 807-8996
- These FAX numbers are on the [new prior authorization request form for Behavioral Health Services](#) which is available online at blueshieldca.com/provider, our Provider Connection website.
- For dates of service provided prior to January 1, 2025, Magellan Health, Inc. will have reviewed all authorizations, and those authorizations will be honored by Blue Shield going forward.

To contact Blue Shield Provider Customer Service with questions, please use the information below:

- Call (800) 541-6652, 24/7 to use the interactive voice response (IVR) system, providing the information requested. Call between 6 a.m. to 6:30 p.m. PT, Monday through Friday, to reach a live representative.
- Log in to blueshieldca.com/provider and use Live Chat with Provider Customer Service, between 6 a.m. and 6:30 p.m. PT, Monday through Friday.

Magellan Health, Inc.'s role for managing ABA Services has not changed. Magellan Health, Inc., will continue to provide utilization management, care management and treatment services for ABA, for members with coverage under all of the types of benefit plans described above. The FAX and phone numbers for reaching Magellan Health, Inc. remain the same.

Frequently Asked Questions

1. Which PPO benefit plan members have these changes affected?

Members whose PPO benefit plans are underwritten as self-funded “Administrative Services Only (ASO)”; shared risk (“Shared Advantage” or “Shared Advantage Plus”), including 2025 CalPERS members who select the PERS Platinum or PERS Gold plan.

2. Where can I find information about a member’s mental health benefits?

If you have member information (e.g., member ID, member full name and date of birth), you may locate information about a specific member’s mental health benefits using any of the actions listed below.

- Log in to blueshieldca.com/provider and click *Verify eligibility* on the homepage or from the *Eligibility & benefits* section. Use the single search option (default) to search for a specific member. When the results screen displays, click the *Benefits* link in the upper right corner. This opens the *Benefit summary view*. Benefits are listed in alphabetical order. Scroll to the *Mental Health/Substance Use Disorder* section.
- Contact Blue Shield Provider Customer Service:
 - Call (800) 541-6652, 24/7, to use the interactive voice response (IVR) system, providing the information requested. Call between 6 a.m. to 6:30 p.m. PT, Monday through Friday, to reach a live representative.
 - Log in to blueshieldca.com/provider and use Live Chat with Provider Customer Service between 6 a.m. to 6:30 p.m. PT, Monday through Friday.

3. Has this change affected authorizations already approved by Magellan, Inc., prior to January 1, 2025?

No. If Magellan has already approved an authorization for treatment that continues into 2025, it is already in Blue Shield’s system and will remain authorized until it expires, after which authorization directly from Blue Shield will be necessary by using the new form and contact information for Blue Shield Utilization Management.

4. How does a behavioral health provider determine if authorization is required for a non-ABA service for an ASO, Shared Advantage, Shared Advantage Plus, PERS Platinum or PERS Gold member?

There are four ways you may determine whether authorization is required from Blue Shield for a behavioral health service:

- On blueshieldca.com/provider, check the online [prior authorization list](#) (no login required).
- On blueshieldca.com/provider, log in and Live Chat with Provider Customer Service between 6 a.m. and 6:30 p.m. PT, Monday through Friday.
- Visit blueshieldca.com/provider to submit an authorization in AuthAccel, Blue Shield’s online authorization system.

To access AuthAccel, log in and navigate to Authorizations >Medical Authorization. Step-by-step instructions for how to submit medical authorizations are located on the Medical Authorization launch page. The AuthAccel system can tell you if Blue Shield requires authorization, or if authorization is delegated to be managed by a different organization, e.g., Magellan Health, Inc.

- Call Blue Shield Provider Customer Service at (800) 541-6652, 24/7 and follow the prompts available in the interactive voice system (IVR). Once you enter the member ID number and date of birth, you will be directed to the right source, via the IVR system, to obtain information on whether authorization is required for the service for the specific member. You will not need to identify the member in any other way other than the member's ID and date of birth.

5. How does a behavioral health provider submit an authorization to Blue Shield if it is required?

There are two ways to submit an authorization request to Blue Shield:

- Use Blue Shield's AuthAccel online authorization system: Log in at blueshieldca.com/provider and navigate to *Authorizations > Medical Authorization*. Step-by-step instructions for how to submit medical authorizations are located on the *Medical Authorization* launch page
- By FAX, download the appropriate **new [Behavioral Health authorization form](#)**, (no login required), then complete and send the FAX, using the number supplied on the form.

6. How can a Blue Shield behavioral health provider check the status of the submitted authorization request for these members for a non-ABA service?

There are three ways to check the status of the authorization request:

- **Log in to blueshieldca.com/provider** and navigate to Blue Shield's AuthAccel online authorization system: *Authorizations > Medical Authorization Status*. Step-by-step instructions for how to view medical authorization status are located on the *Medical Authorization Status* launch page.
- **Log in to blueshieldca.com/provider** and use Live Chat with Provider Customer Service, between 6 a.m. and 6:30 p.m. PT, Monday through Friday.
- Call Provider Customer Service at (800) 541-6652, 24/7 and follow the prompts to use the interactive voice system (IVR) or call the same number between 6 a.m. to 6:30 p.m. PT, Monday through Friday if you want to reach a live representative.

7. How do I register for a Provider Connection website account?

To get started, visit blueshieldca.com/provider, where you will see an option on the home page to "Login/Register." You will see instructions there for starting the registration process.

There are three types of Provider Connection accounts. The links below lead to step-by-step instructions with screenshots for how to register for the account type most appropriate to your business. The person executing the initial registration is considered to be the "Account Manager." Every Provider Connection account must have at least one Account Manager.

- [Provider](#)
- [Management Service Organization](#)
- [Billing Service](#)

For additional support, see the [Provider Connection Account FAQ](#) or contact Provider Customer Service at (800) 541-6652. There is no specific menu selection for Provider Connection in the interactive voice response system prompts, so feel free to choose any option.

Thank you for the care you provide for our members. If you have any questions, please use the information above to contact the appropriate department.