Blue Shield of California Behavioral Health Services Management

Behavioral Health Providers
June 2026

This presentation and a link to the recording will be emailed to you within five (5) business days.

Behavioral Health Services at Blue Shield of California

As of January 1, 2026, Blue Shield fully manages Behavioral Health benefits for ALL members

Blue Shield Behavioral Health now operates as a **single integrated service model**, including:

- Customer/member support
- Provider relations
- Utilization Management (UM)
- Care Management (CM)
- Claims administration
- Appeals & Grievance handling

"...to create a healthcare system that is worthy of our family and friends and sustainably affordable."

Blue Shield Behavioral Health – past, present, and future

We are 100% Insourced for ALL Behavioral Health Services in 2026!

2022

+12,000 Individual Medicare Members

2023

+530,000 Medi-Cal Members

2025

+800,000 Self-Funded Members

(+ 250,000 CalPERS PPO members)

2026

+1.8M Fully-insured Members

36K Group Medicare Members

5K ABA Members (Self & Fully Insured)

2027 & Beyond

Optimization & expansion

What's available to you as a Behavioral Health Provider?

Dedicated Behavioral Health phone support

Dedicated Provider Relations Behavioral Health representatives to help address your questions and assist with your needs.

(800) 541-6652

8am - 5pm PT Monday - Friday

Or email: specialtynetworkspr@blueshieldca.com

Behavioral Health Resources

https://www.blueshieldca.com/en/provider/guidelines-resources/behavioral-health

Specific Behavioral Health focused resources for:

- Authorizations guidance
- Specialty care
- Screening tools
- ...and more

Provider Connection

https://www.blueshieldca.com/en/provider

- Online Claims submission & tracking
- Eligibility and benefits
- Authorizations
- Guidelines and resources
- News and education (how to)
- ...and more

Behavioral Health - Care Coordination with Find a Doctor

https://www.blueshieldca.com/fad/home

- Share with partner physicians and colleagues. An excellent tool to find providers for referrals.
- Search by name, facility, medical group, or specialty, such as a therapist, psychiatrist, or facility-based treatment.

Care Delivery & Clinical Model

Behavioral Health – Care Management

- Member-centered care optimization + cost efficiency
- Coordinate across providers, facilities, and care teams, improve clinical outcomes and quality of life, and facilitate referrals and care transitions
- Provider referrals form for Behavioral Health - Care Management available on Provider Connection.
  Behavioral Health - Care Management Referral Form
- Integrated with medical care and co-management
- Behavioral Health is increasingly integrated with physical health programs: chronic care, maternity, pharmacy, etc.
- To support CA Law SB855 we added non-clinical team to support Access to Care and **connect members to available Providers and appointments within 10 business days per DMHC/CDI requirements**.

Collaborative Care Model (CoCM)

- Primary care + behavioral health collaboration
- Better access and earlier identification, improved treatment coordination, reduced stigma, better medication management

  The Collaborative Care Model

Utilization Management

Blue Shield's Behavioral Health UM team balances quality, access, compliance, and cost stewardship while helping members receive appropriate and effective care.

Objectives:

- Improve quality of care
- Promote patient safety
- Support timely access to appropriate care
- Improve care coordination
- Support better outcomes
- Create accountability and consistency

SB 855 – California Mental Health Parity law and access to care

SB 855 changed the rules:

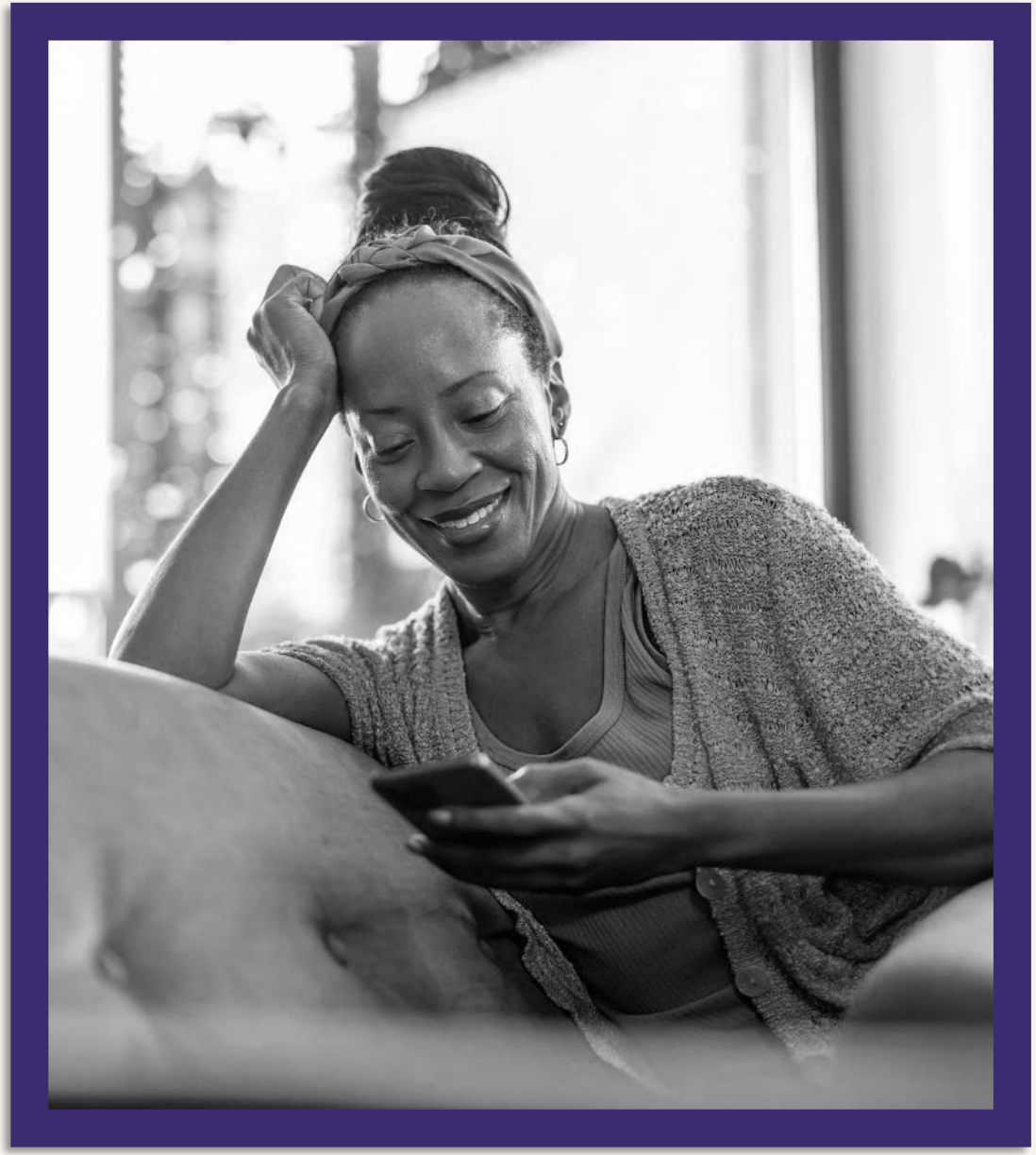
- Behavioral health coverage must be under the same terms and conditions applied to other medical conditions
- Coverage is broader; eliminated "parity diagnoses"
- Decisions must follow specific non-profit association clinical guidelines (ex: ASAM, LOCUS, CALOCUS, WPATH, CASP)
- Appointment and admission assistance
- Assistance with transition from out-of-network to in-network providers
- Access to care must be timely and adequate:
    - No more than 10 business days for outpatient, non-urgent services
    - Within 48 hours of the initial request for urgent MH/SUD services that do not require prior auth
    - Within 96 hours of the initial request for urgent MH/SUD services that do require prior auth

Prior Authorization

Prior authorization **is not required** for these behavioral health services:

- Emergency services
- Initial assessment to determine appropriate level of care
- Outpatient therapy
- Outpatient medication management
- Psychological testing
- Opioid Treatment Programs (OTP)

Members can contact their providers and/or can start behavioral health services at any point in the care continuum, receiving referrals, if/as needed, to other levels of care. Prior authorization is required for facility- based treatment.



Prior Authorization (cont.)

Prior authorization **is required** for these behavioral health services (mental health and substance use disorder):

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

Prior Authorization (cont.)

Prior authorization can be requested via:

- **Phone**: (800) 541-6652
- **Fax**:
  - BH Fax Intake: (844) 742-1155
  - BH Fax Intake (urgent): (844) 729-1416
- **Provider Connection:** Authorizations page

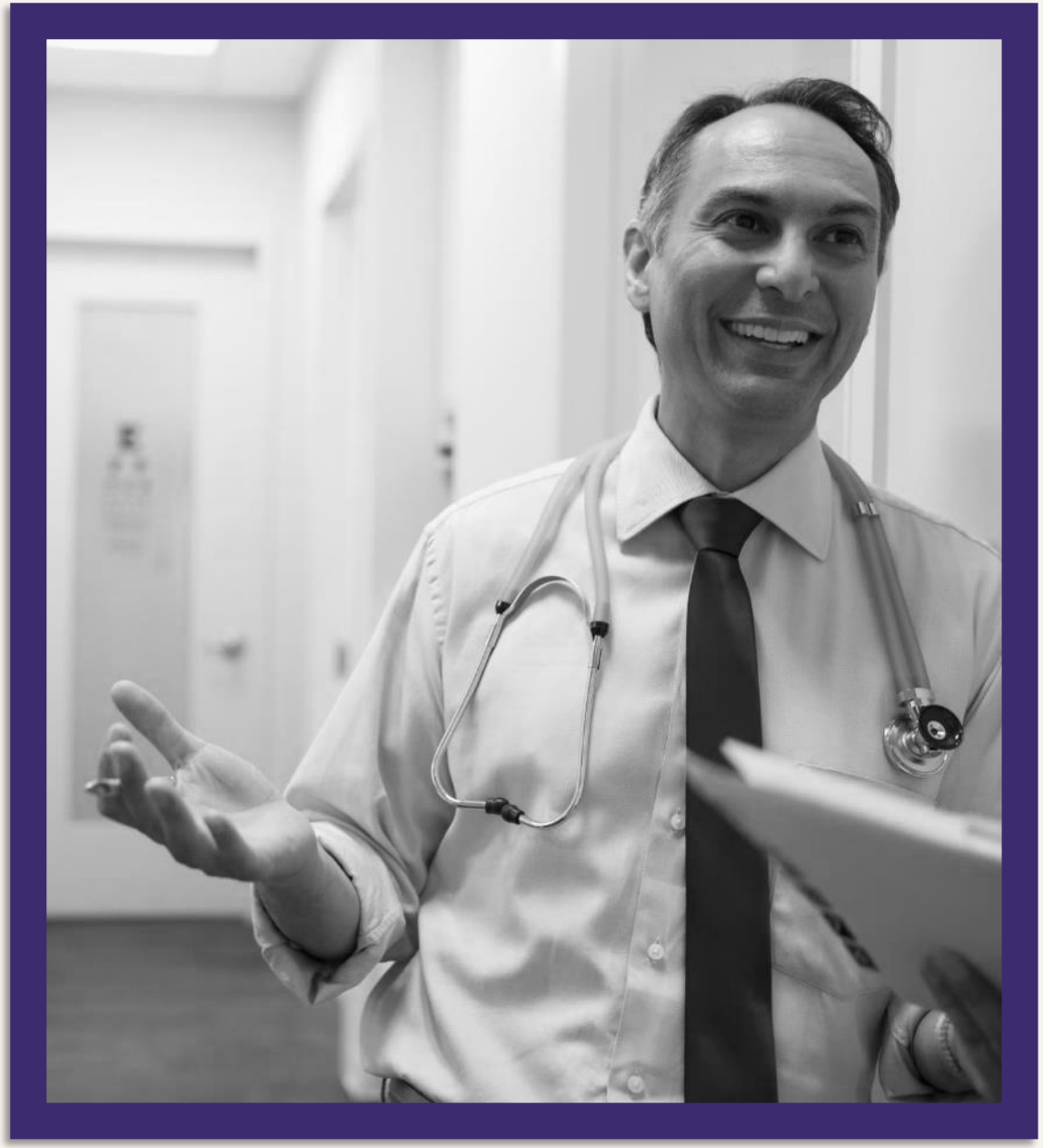
In accordance with SB855 (California Mental Health Parity law), **Blue Shield will apply Non-Profit Association guidelines, and Medical Policy based on Non-Profit Associate guidelines** to all clinical reviews for fully insured membership.

MCG and Medical Policy are applied to members covered under self-funded products.

BH **Treatment Authorization Forms available via Provider Connection**

Blue Shield Commercial and Medicare Members
Treatment Authorization Forms

Blue Shield Promise Medi-Cal Members
Behavioral Health Treatment Authorization Form



Provider Connection

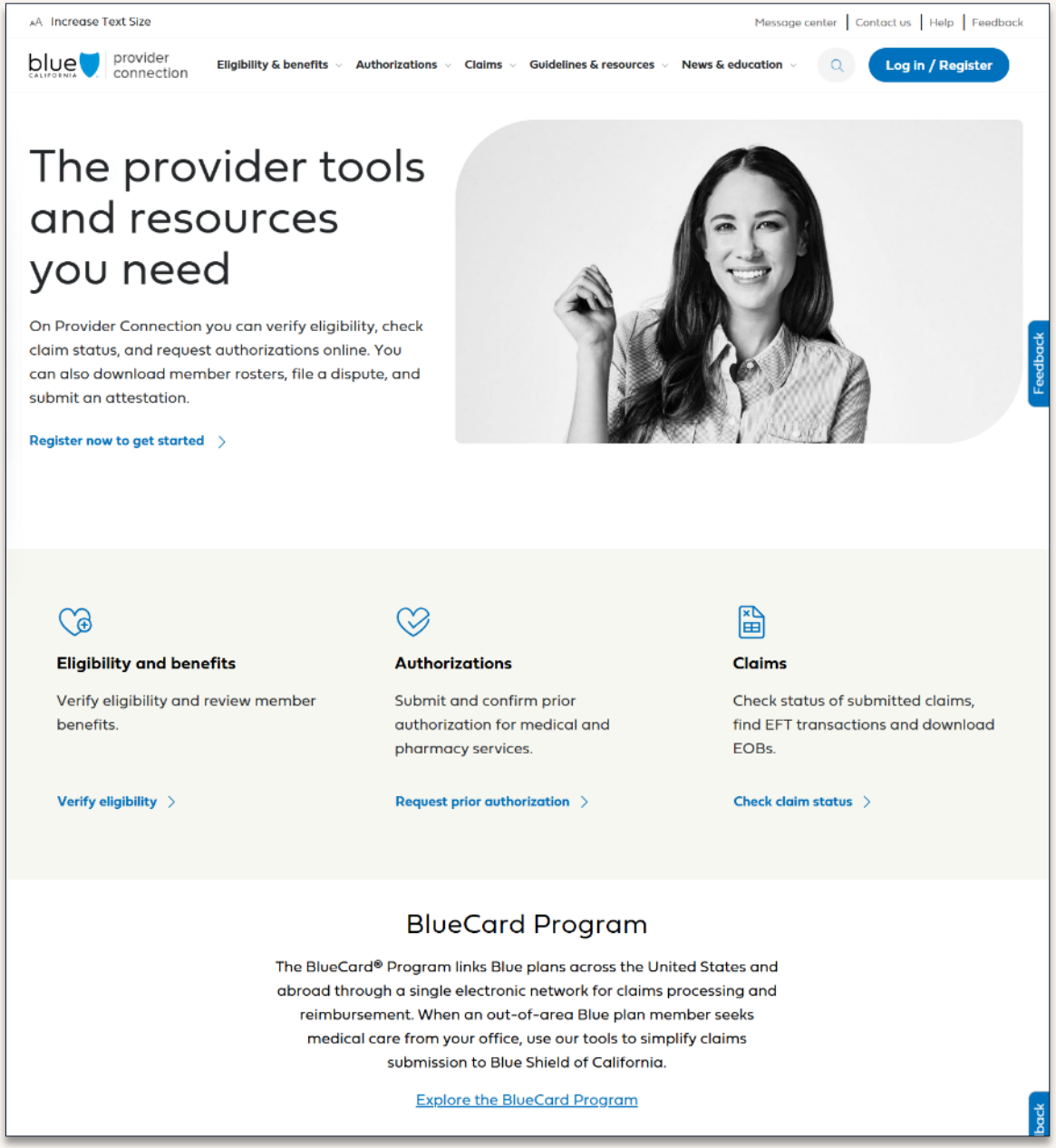
Provider Connection

Your *connection* to Blue Shield!

https://www.blueshieldca.com/en/provider

- ✓ Check member eligibility
- ✓ Submit authorizations
- ✓ Submit claims and check claim status
- ✓ Maintain your provider information so members can match the care they need to their preferences (location, specialty, etc.)
- ✓ Access resources

In addition, Provider Connection gives you access to authorization lists and forms, medical policies, patient resources, education on Blue Shield products, plans, and networks, Provider Connection training, and more.



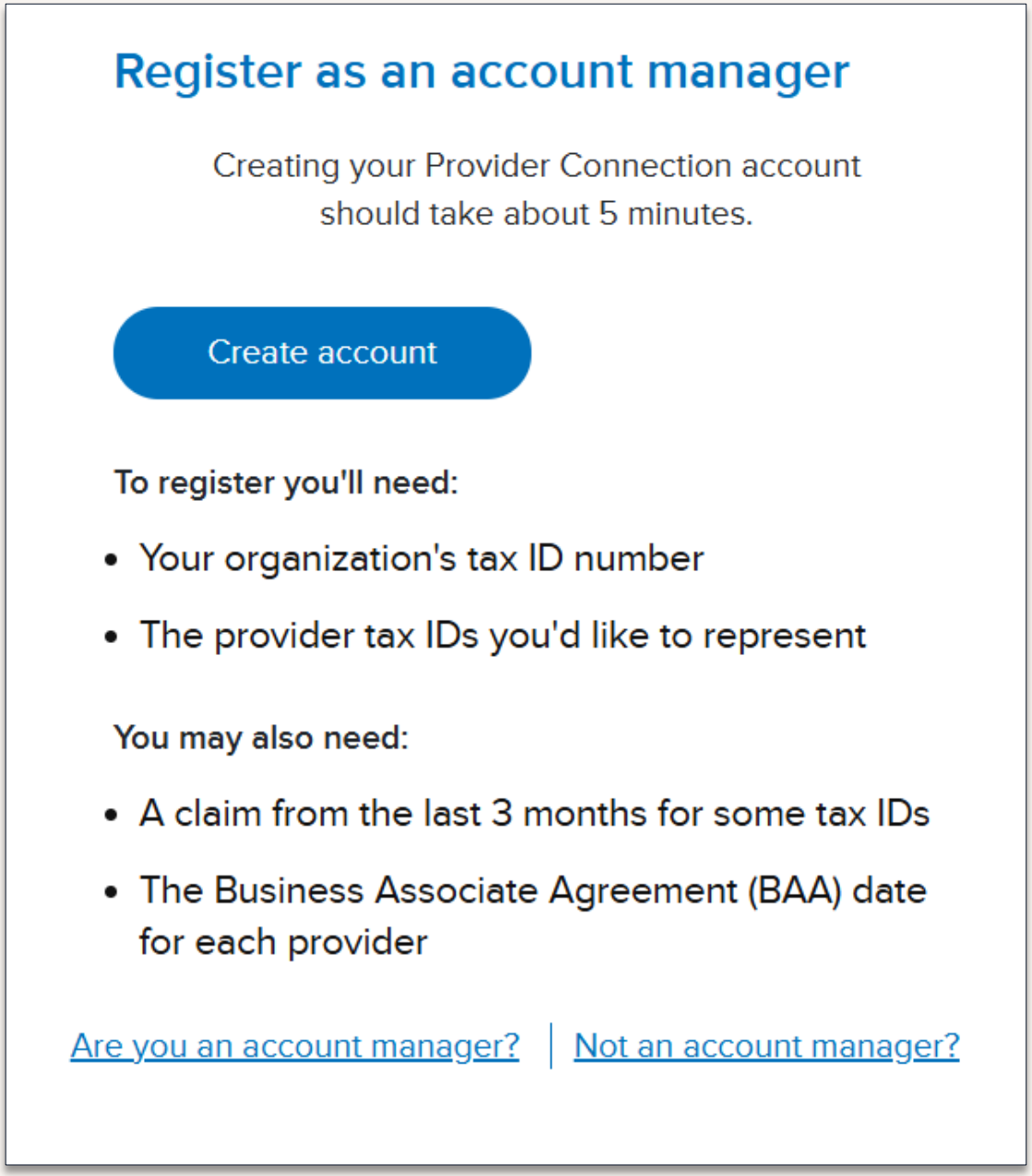
Registering on Provider Connection

For data security and privacy, most of the key features are “authenticated tools” and require you login as an authorized account manager or user.

Identify a Provider Connection **Account Manager** for your organization and create an account.

We must verify that you’re authorized to represent your provider; you need to provide information for one claim that is:

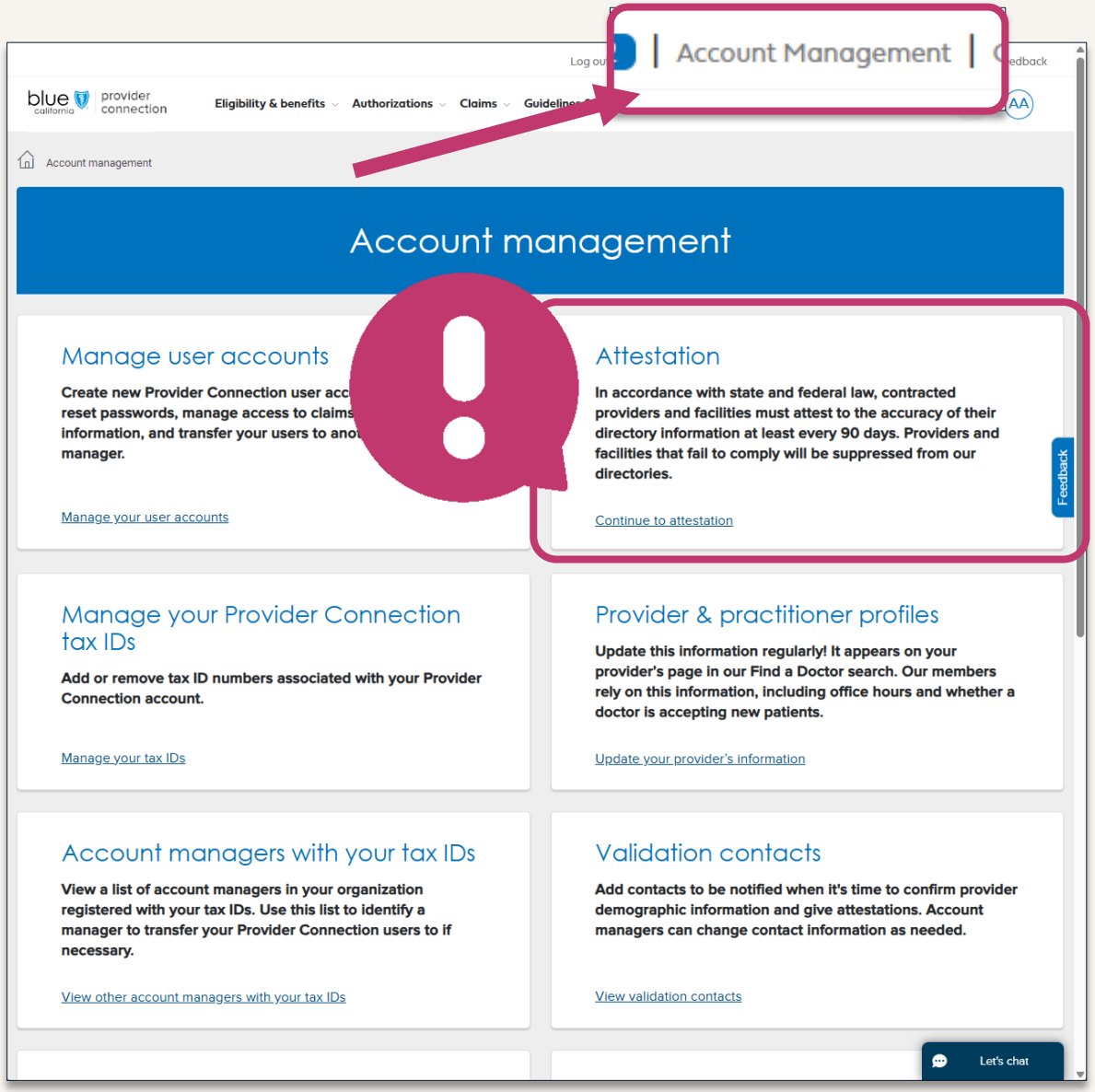
- Either Blue Shield of California or Blue Shield of California Promise Health Plan, dated within the last three months; and
- For those claims, you need a check/EFT number, claim number, or Member ID number and the check/EFT amount



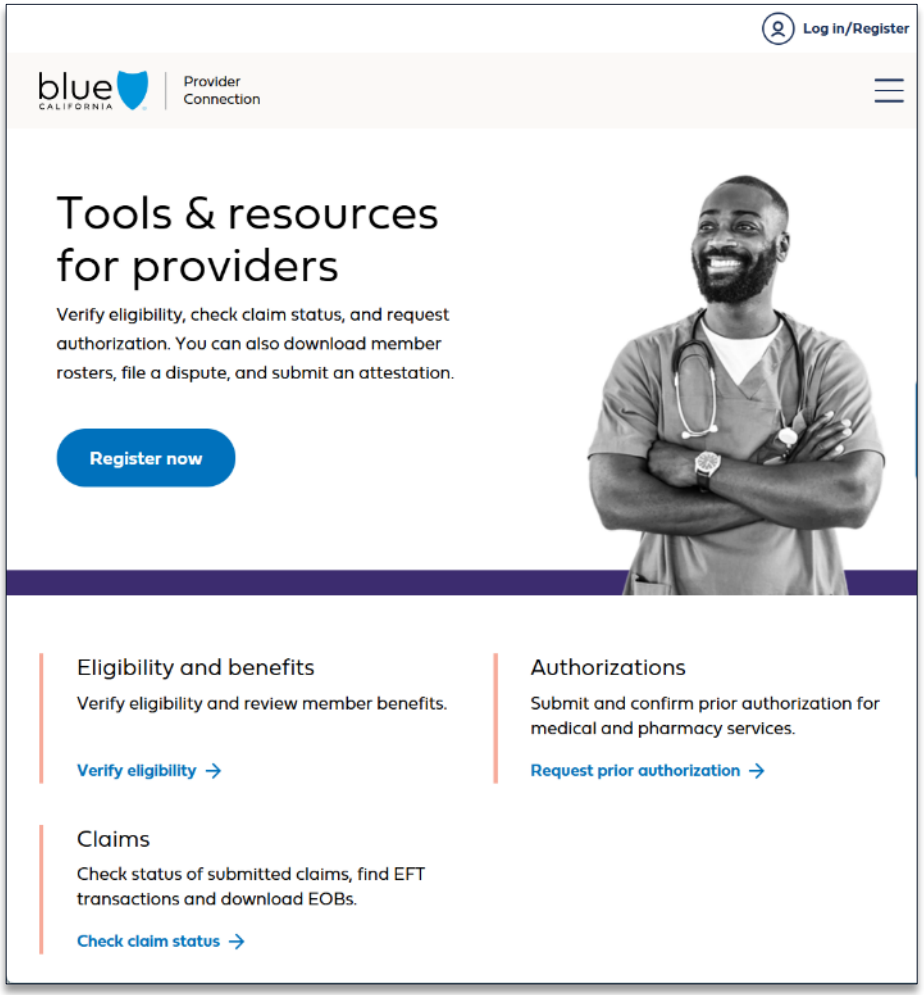
Provider Connection Account Management

As an account manager, use the Account Management page to manage important tasks such as:

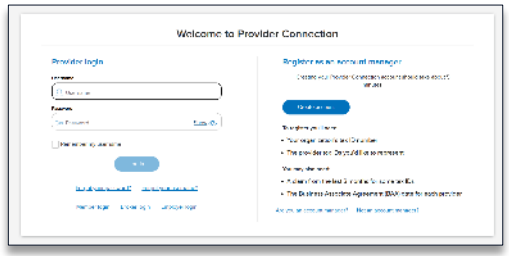
- ✓ Attest to accuracy of your provider directory information (required every 90 days) to remain visible in the active directory
- ✓ Update provider directory information
- ✓ Add and manage users



Access to tools, information, and support



Account and log in required



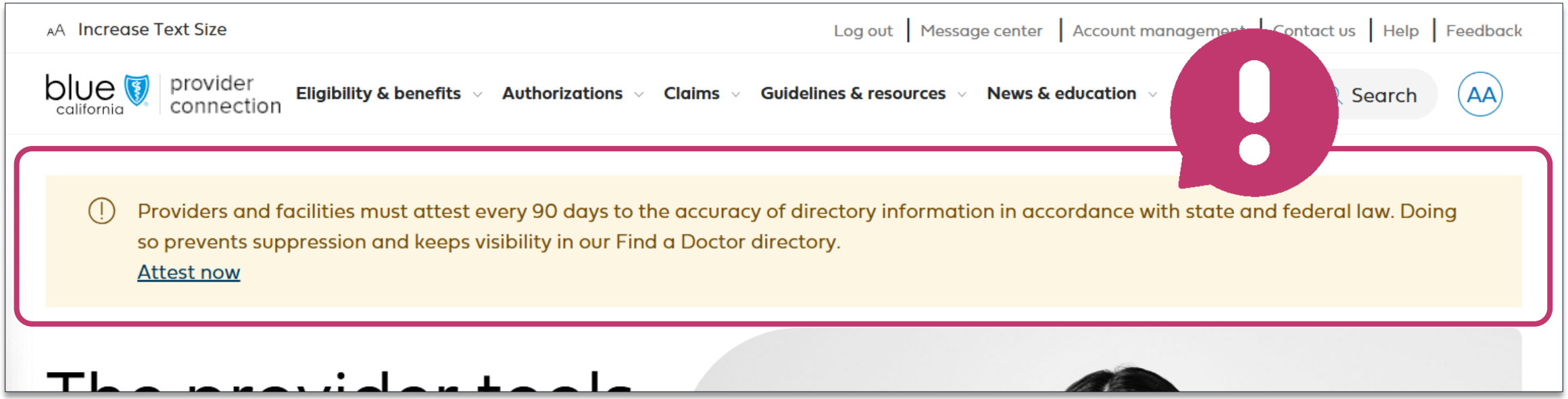
- Verify eligibility and benefits
- Submit authorization requests
- Submit claims
- Track claim status
- Attest to accuracy of directory info
- Maintain directory and demographic info

No account or log in required

- Instructions on how to submit and track claims
- Instructions on how to submit authorizations
- Access to provider manuals & guidelines
- Behavioral Health resources
- How-to instructions & training
- Help and support contact information

Attest & update Provider Directory information

Federal law requires providers to attest to their data every 90 days, even if it has not changed, and update it whenever it changes to remain visible in the active directory.

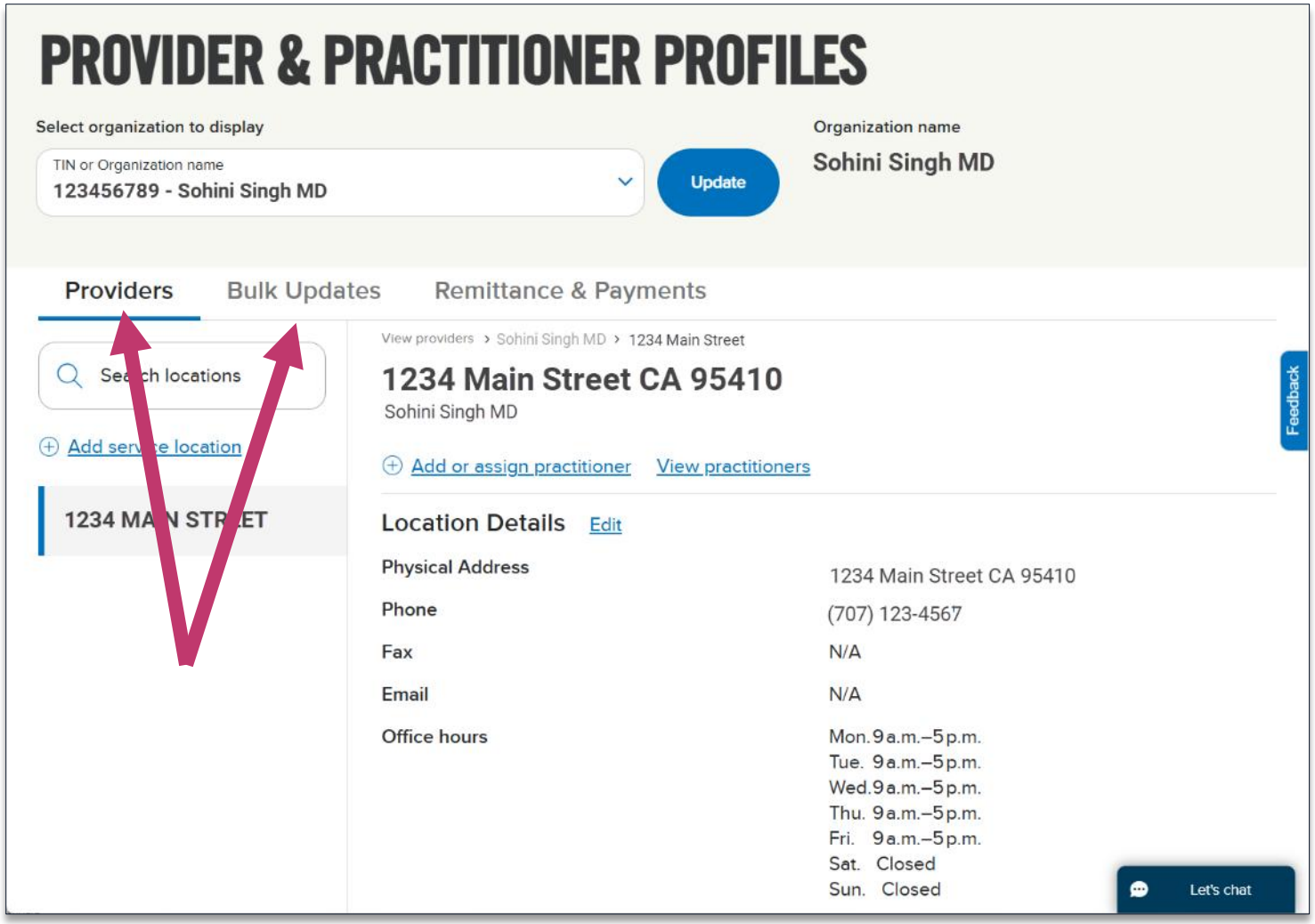


Update Provider Directory information

Keep your provider directory information up-to-date – **members rely on this information** when using "Find a doctor" search function to find a physician.

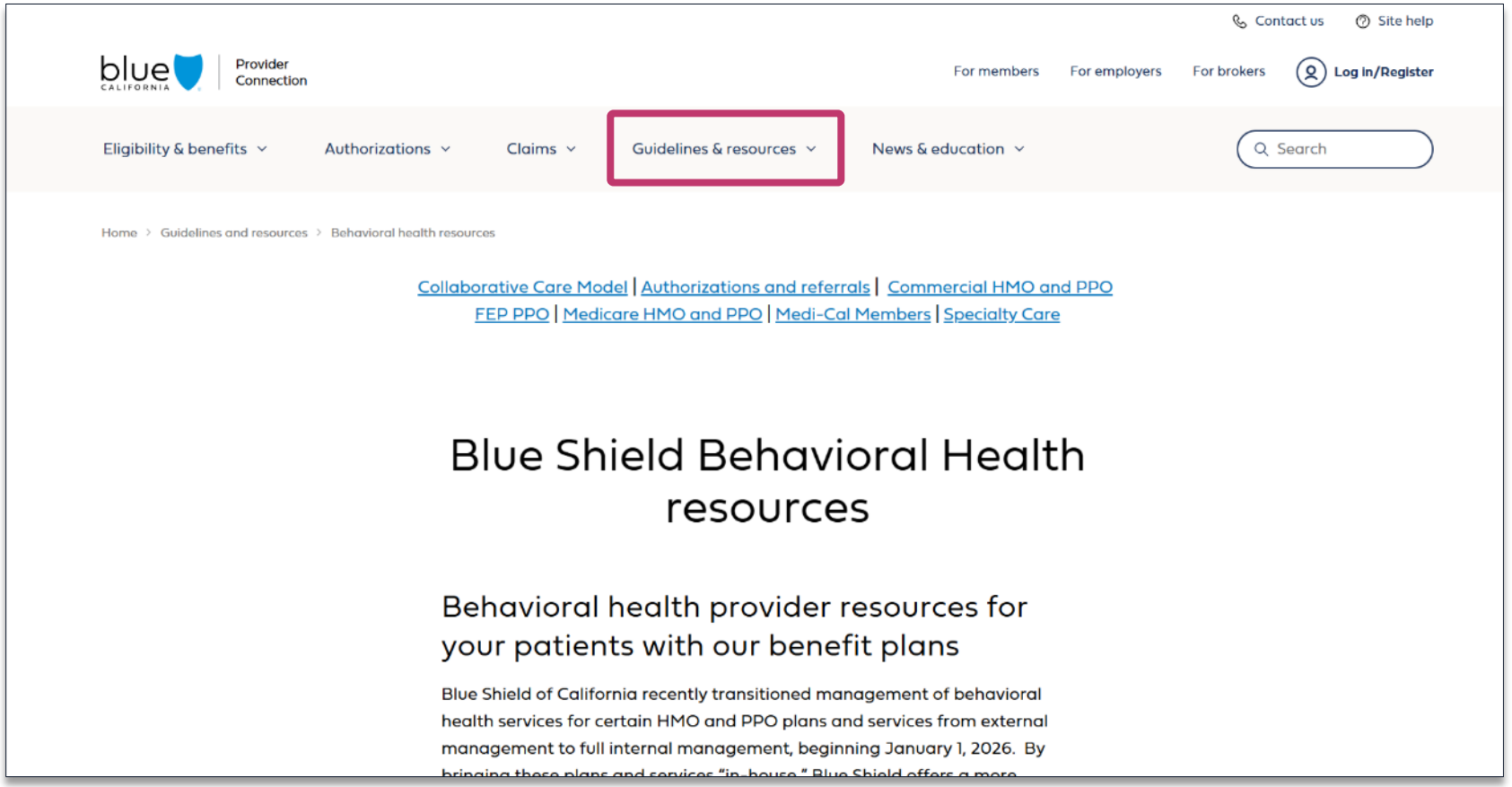
Please remember to add your specialties! Examples such as Adults vs Adolescents or Pediatrics, OCD, PTSD, Eating disorders, etc.

Make single edits or bulk updates for large provider organizations on the Provider & Practitioner Profiles page.



Behavioral Health resources

There is a dedicated page for behavioral health resources under the *Guidelines & resources* section.



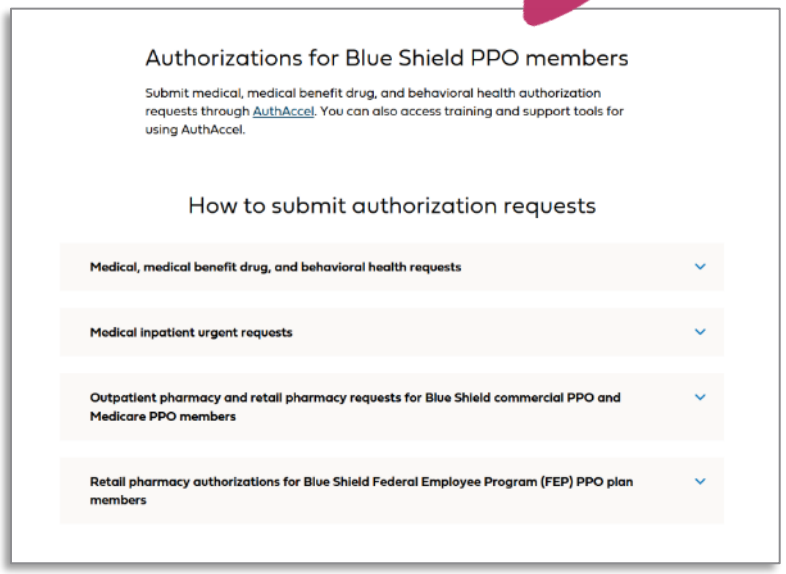
Authorizations Overview page

NEW UPDATE

Designed so you can easily find how to submit authorizations and find other authorization information by a member's plan.

blue CALIFORNIA

PPO



Authorizations for Blue Shield PPO members

Submit medical, medical benefit drug, and behavioral health authorization requests through AuthAccel. You can also access training and support tools for using AuthAccel.

How to submit authorization requests

- Medical, medical benefit drug, and behavioral health requests
- Medical inpatient urgent requests
- Outpatient pharmacy and retail pharmacy requests for Blue Shield commercial PPO and Medicare PPO members
- Retail pharmacy authorizations for Blue Shield Federal Employee Program (FEP) PPO plan members

blue CALIFORNIA

HMO

Contact us directly:

Blue Shield of California Provider Services
6 a.m. to 6:30 p.m. PT, Monday – Friday
Available 24/7 for hospital admissions

(800) 541-6652

blue CALIFORNIA

PROMISE

Authorizations for Blue Shield Promise (Medi-Cal) members

Medical and Medical Benefit Drugs

Check with the member's assigned IPA for next steps.

If you're referred back to Blue Shield or you are a contracted network provider, use Blue Shield's AuthAccel tool or contact us.

Outpatient/retail pharmacy

Since January 1, 2022, the state-run program Medi-Cal Rx began managing Medi-Cal pharmacy benefits. The Department of Health Care Services (DHCS) administers the Medi-Cal Rx program through their vendor, Magellan Rx. To learn more, visit the Medi-Cal Rx website any time or call (800) 977-2273, available 8 a.m. to 5 p.m. Pacific Time, Monday through Friday.

https://www.blueshieldca.com/en/provider/authorizations

Options for submitting claims

By mail

The Claims Routing Tool tells you where to submit paper claims. No log in is required.

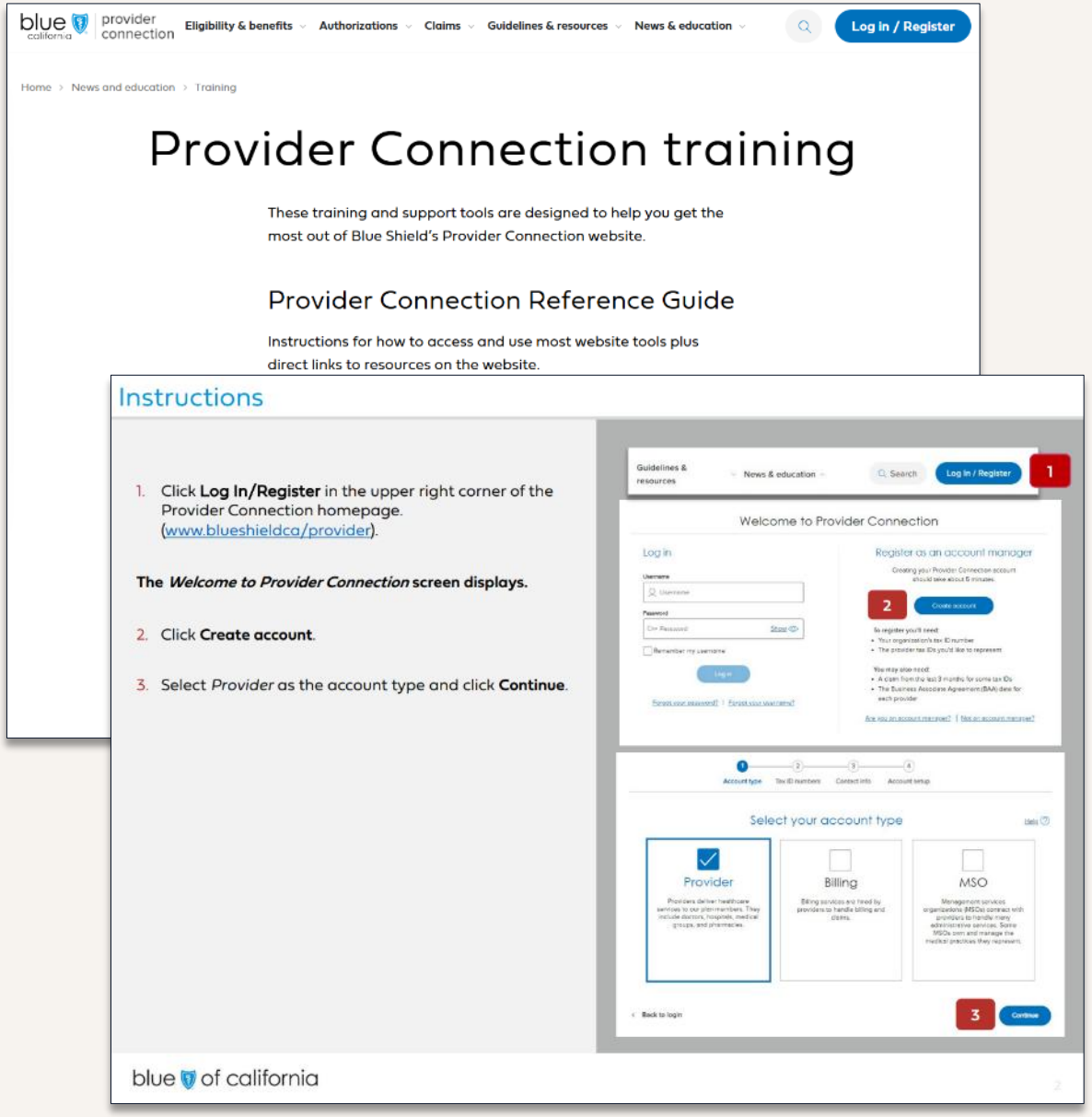
Online

EDI via Office Ally or another clearing house

- Electronic data interchange (EDI) lets you submit *fully electronic* claims and receive payments electronically via electronic funds transfer. See the EDI, ERA/EFT and Secondary 277CA FAQ .
- After log in, Provider Connection Account Managers can determine if your organization is enrolled in ERA/EFT.
    - If yes, you can edit your selections.
    - If not, you can enroll right from the *Account Management > Provider & Practitioner Profiles > Remittance & Payments* tab.

via SympliSend

- Submit digital paper claims, itemization requests, and digital correspondence related to previously processed or in process claims.
- Go to Claims > How to submit claims > Submitting claims > SympliSend. See user guide for instructions.
- Provider disputes CAN'T be submitted via SympliSend. Submit online in Provider Connection or by mail.



Provider Connection training and support pages

Step-by-step instructions for common tasks

[Provider Connection training]

[Provider Connection Reference Guide]

[Provider Connection Account FAQ]

Contact us and Help

Contact us

Access to live chat and customer service for phone numbers to both Blue Shield and Blue Shield Promise provider services.

Help

Detailed summaries of key tasks for referrals, authorizations, and claims including how to manage your Provider Connection account.