



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

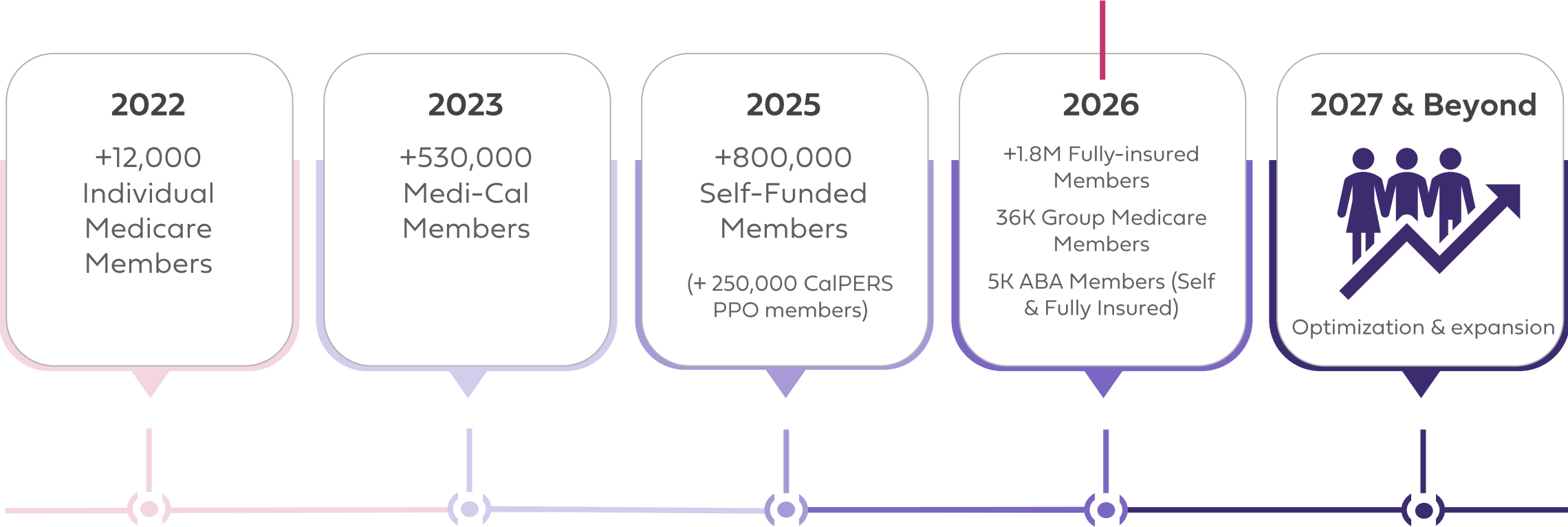


"...to create a healthcare system that is worthy of our family and friends and sustainably affordable."



Blue Shield Behavioral Health – past, present, and future

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



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



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 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



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

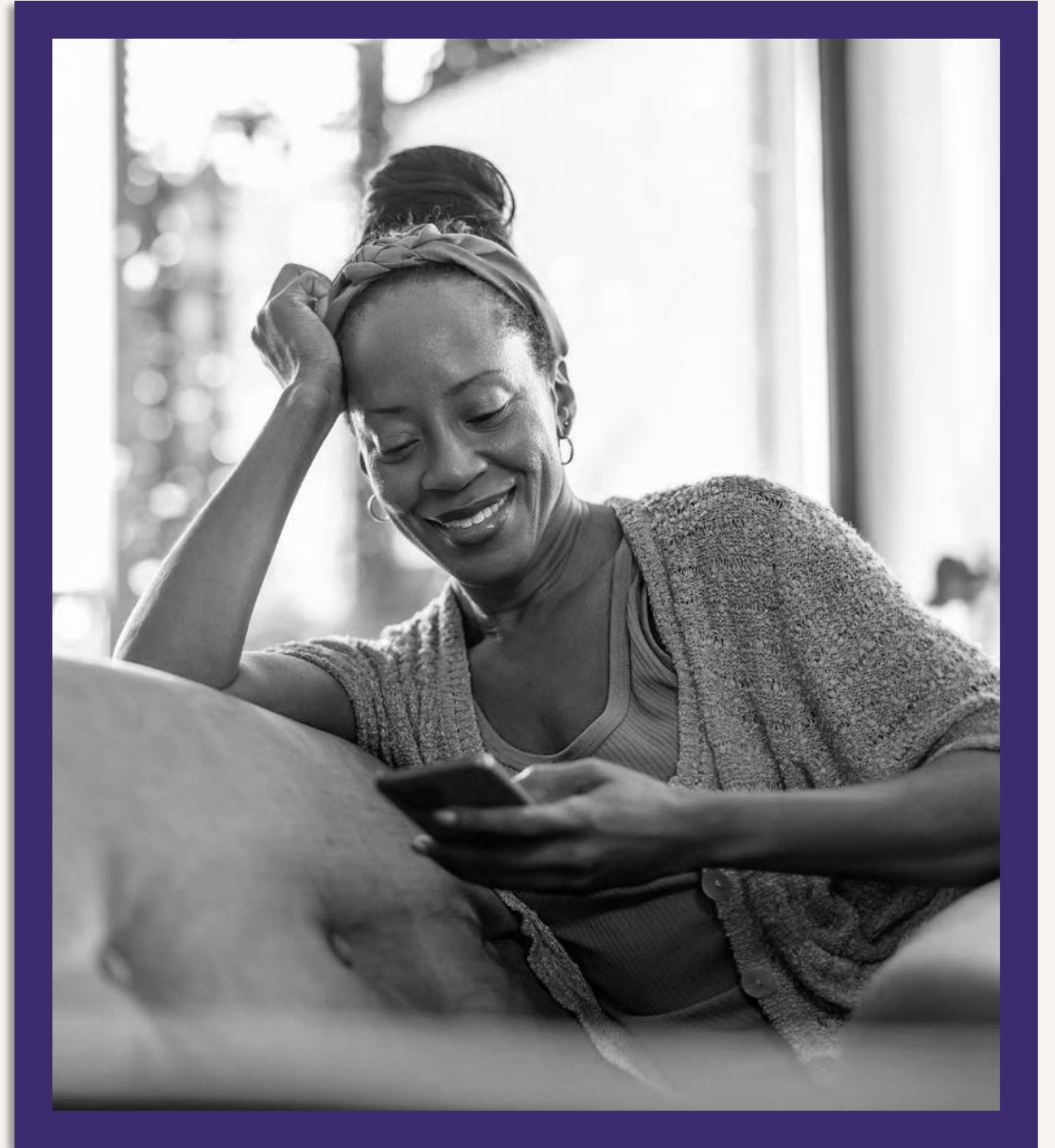


Prior Authorization

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)

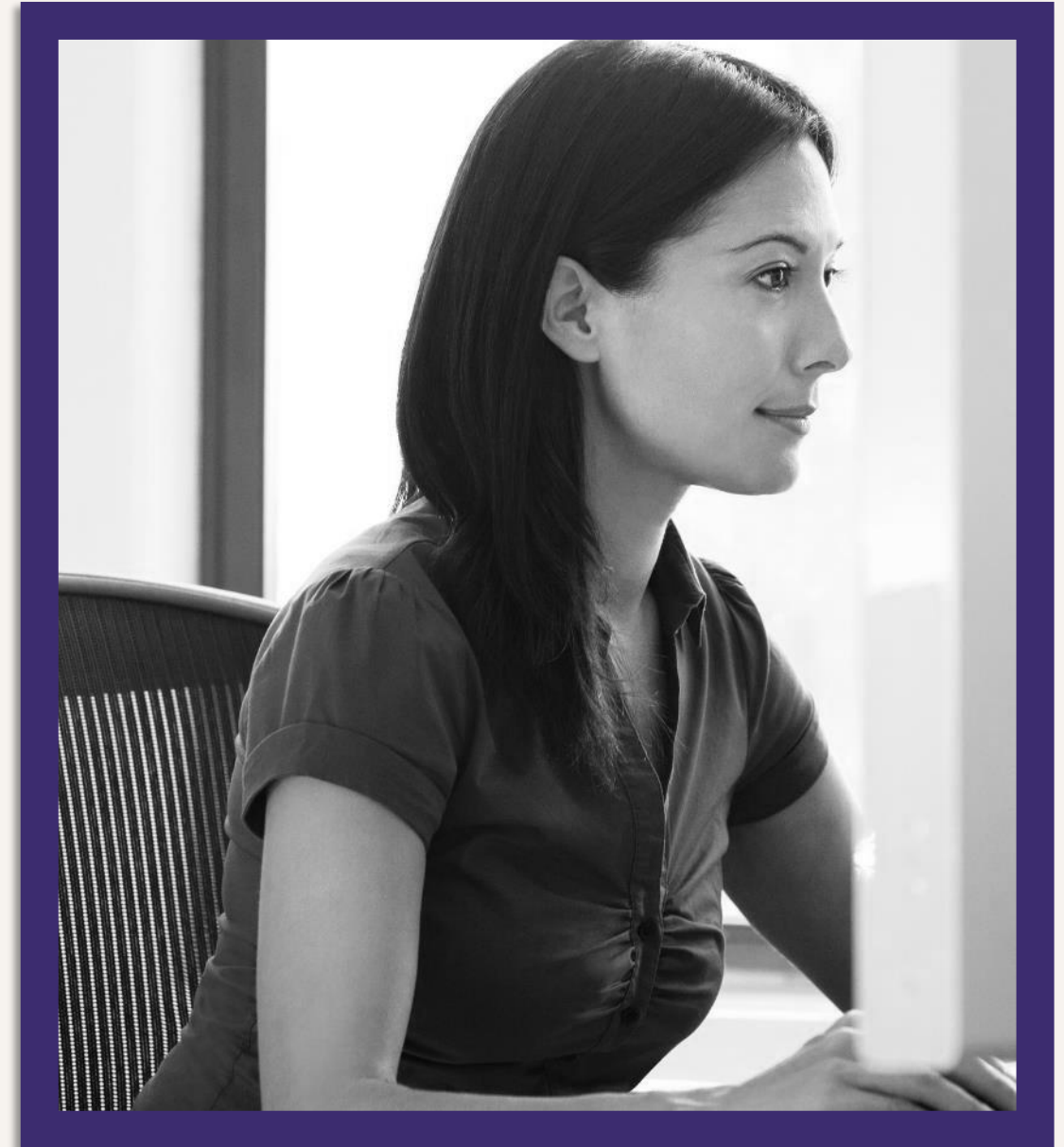
Members can contact their providers and/or can start behavioral health services at any point in the care continuum, receiving referrals, if/as needed, to other levels of care. Prior authorization is required for facility- based treatment.



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.

The screenshot shows the Blue Shield of California Provider Connection website. At the top, there's a navigation bar with links for 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education'. A 'Log in / Register' button is on the right. The main heading is 'The provider tools and resources you need'. Below this, a text block explains that users can verify eligibility, check claim status, and request authorizations online. A 'Register now to get started' link is provided. To the right is a photo of a smiling woman. Below the main heading, there are three columns of services: 'Eligibility and benefits' (with a heart icon), 'Authorizations' (with a heart icon), and 'Claims' (with a document icon). Each column has a brief description and a link to the respective service. At the bottom, there's a section for the 'BlueCard Program' which describes how it links Blue plans across the United States and abroad for claims processing and reimbursement. A link to 'Explore the BlueCard Program' is at the bottom.

AA Increase Text Size

Message center | Contact us | Help | Feedback

blue shield of california provider connection

Eligibility & benefits | Authorizations | Claims | Guidelines & resources | News & education

Log in / Register

The provider tools and resources you need

On Provider Connection you can verify eligibility, check claim status, and request authorizations online. You can also download member rosters, file a dispute, and submit an attestation.

[Register now to get started](#)

[Feedback](#)



Eligibility and benefits

Verify eligibility and review member benefits.

[Verify eligibility](#)



Authorizations

Submit and confirm prior authorization for medical and pharmacy services.

[Request prior authorization](#)



Claims

Check status of submitted claims, find EFT transactions and download EOBs.

[Check claim status](#)

BlueCard Program

The BlueCard® Program links Blue plans across the United States and abroad through a single electronic network for claims processing and reimbursement. When an out-of-area Blue plan member seeks medical care from your office, use our tools to simplify claims submission to Blue Shield of California.

[Explore the BlueCard Program](#)

[back](#)



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

Register as an account manager

Creating your Provider Connection account should take about 5 minutes.

Create account

To register you'll need:

- Your organization's tax ID number
- The provider tax IDs you'd like to represent

You may also need:

- A claim from the last 3 months for some tax IDs
- The Business Associate Agreement (BAA) date for each provider

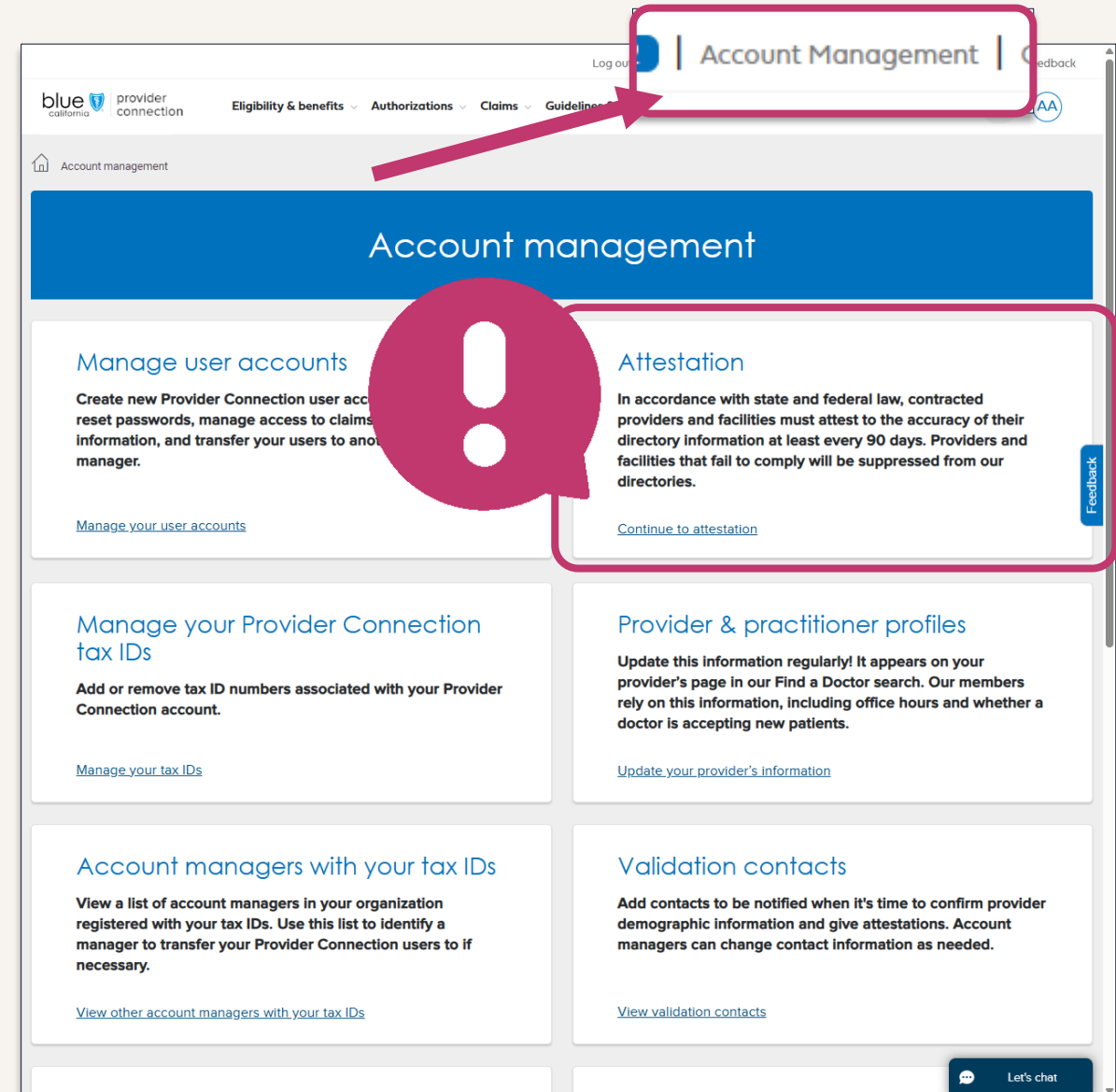
[Are you an account manager?](#) | [Not an account manager?](#)



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

 **blue**
CALIFORNIA

Provider
Connection

Log in/Register

Tools & resources for providers

Verify eligibility, check claim status, and request authorization. You can also download member rosters, file a dispute, and submit an attestation.

[Register now](#)



Eligibility and benefits

Verify eligibility and review member benefits.

[Verify eligibility →](#)

Authorizations

Submit and confirm prior authorization for medical and pharmacy services.

[Request prior authorization →](#)

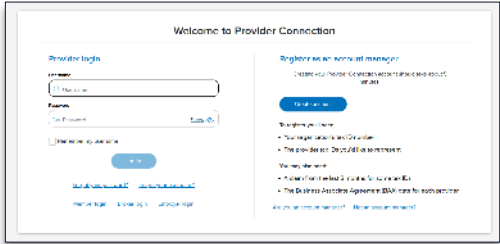
Claims

Check status of submitted claims, find EFT transactions and download EOBs.

[Check claim status →](#)



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

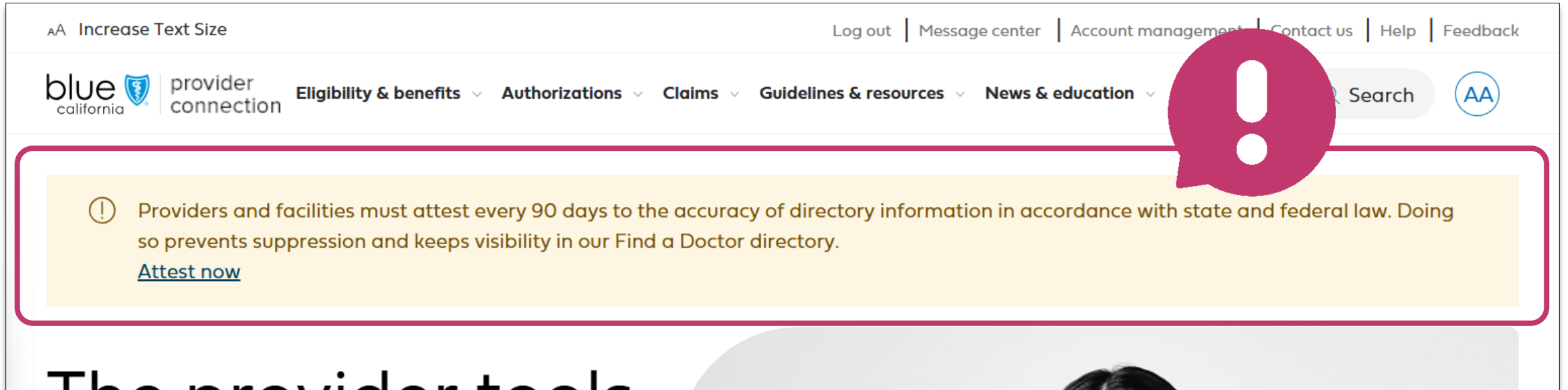


No account or log in required

- 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.



The screenshot shows the top navigation bar of the Blue Shield of California Provider Connection website. The navigation bar includes links for "Log out", "Message center", "Account management", "Contact us", "Help", and "Feedback". Below the navigation bar is a header section with the Blue Shield of California logo, the text "provider connection", and a list of menu items: "Eligibility & benefits", "Authorizations", "Claims", "Guidelines & resources", and "News & education". A search bar and a text size adjustment button (AA) are also present. A large yellow banner with a red border and a red exclamation mark icon contains the following text: "Providers and facilities must attest every 90 days to the accuracy of directory information in accordance with state and federal law. Doing so prevents suppression and keeps visibility in our Find a Doctor directory. [Attest now](#)". Below the banner, the text "The provider tools" is partially visible.

AA Increase Text Size

Log out | Message center | Account management | Contact us | Help | Feedback

blue shield of california provider connection

Eligibility & benefits | Authorizations | Claims | Guidelines & resources | News & education

Search

AA

Providers and facilities must attest every 90 days to the accuracy of directory information in accordance with state and federal law. Doing so prevents suppression and keeps visibility in our Find a Doctor directory. [Attest now](#)

The provider tools

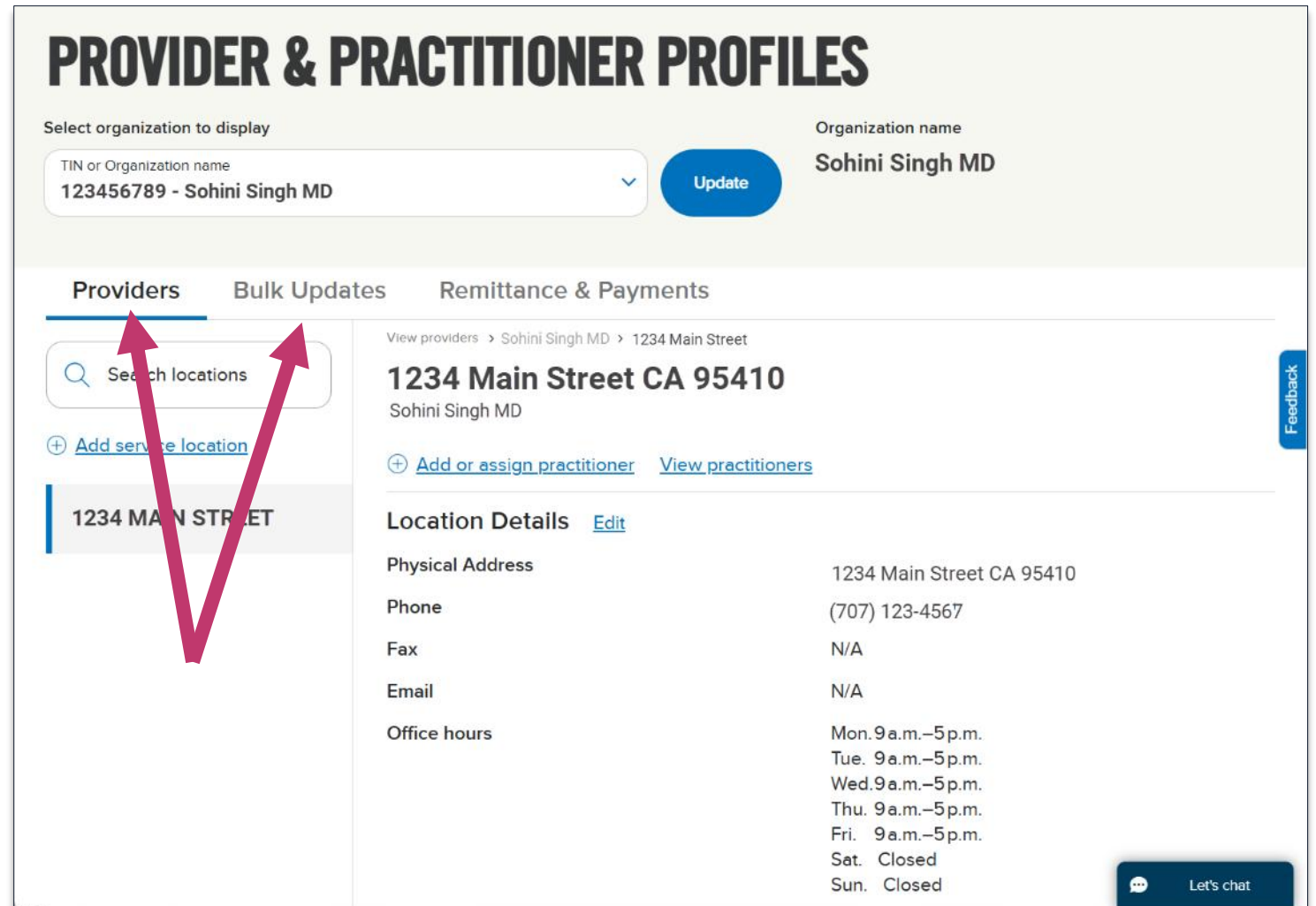
Update Provider Directory information

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.



The screenshot shows the 'PROVIDER & PRACTITIONER PROFILES' interface. At the top, there's a section to 'Select organization to display' with a dropdown menu showing '123456789 - Sohini Singh MD' and an 'Update' button. To the right, the 'Organization name' is 'Sohini Singh MD'. Below this are three tabs: 'Providers', 'Bulk Updates', and 'Remittance & Payments'. The 'Providers' tab is active, showing a search bar with 'Search locations' and a '+ Add service location' button. A list of locations is shown, with '1234 MAIN STREET' selected. To the right, the details for '1234 Main Street CA 95410' are displayed, including the provider 'Sohini Singh MD' and links to 'Add or assign practitioner' and 'View practitioners'. The 'Location Details' section includes fields for Physical Address, Phone, Fax, Email, and Office hours, all populated with specific information. A 'Feedback' button is on the right, and a 'Let's chat' button is at the bottom right.

PROVIDER & PRACTITIONER PROFILES

Select organization to display

TIN or Organization name
123456789 - Sohini Singh MD

Update

Organization name
Sohini Singh MD

Providers Bulk Updates Remittance & Payments

Search locations

+ Add service location

1234 MAIN STREET

View providers > Sohini Singh MD > 1234 Main Street

1234 Main Street CA 95410

Sohini Singh MD

+ Add or assign practitioner View practitioners

Location Details Edit

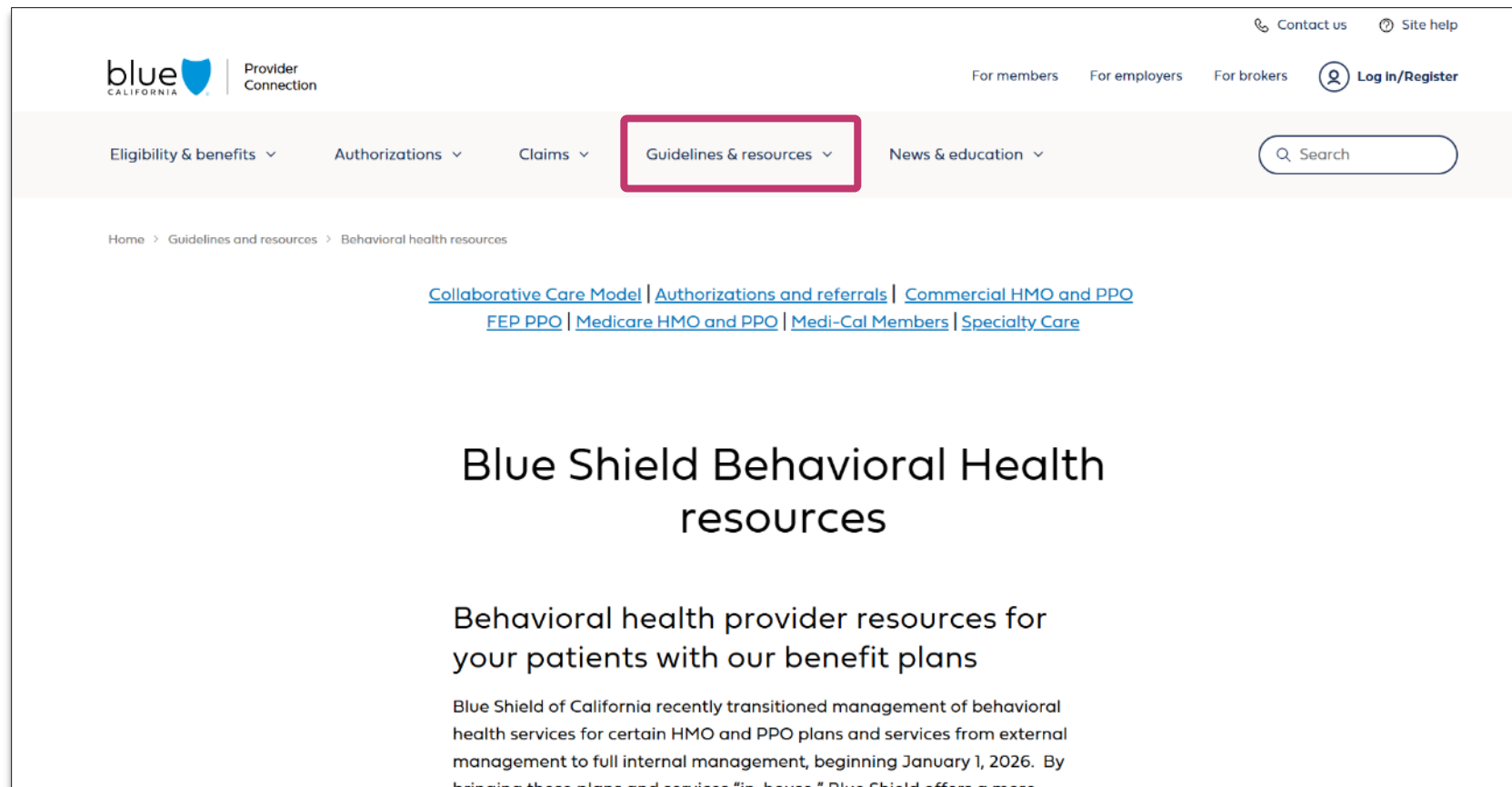
Physical Address	1234 Main Street CA 95410
Phone	(707) 123-4567
Fax	N/A
Email	N/A
Office hours	Mon. 9 a.m.–5 p.m. Tue. 9 a.m.–5 p.m. Wed. 9 a.m.–5 p.m. Thu. 9 a.m.–5 p.m. Fri. 9 a.m.–5 p.m. Sat. Closed Sun. Closed

Feedback

Let's chat

Behavioral Health resources

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



Authorizations Overview page



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



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



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



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.



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.

Online



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](#)

The screenshot shows the 'blue of california provider connection' website. The top navigation bar includes links for 'Eligibility & benefits', 'Authorizations', 'Claims', 'Guidelines & resources', and 'News & education', along with a 'Log In / Register' button. The main heading is 'Provider Connection training'. Below it, a paragraph states: 'These training and support tools are designed to help you get the most out of Blue Shield's Provider Connection website.' This is followed by a section titled 'Provider Connection Reference Guide' with the text: 'Instructions for how to access and use most website tools plus direct links to resources on the website.'

Instructions

1. Click **Log In/Register** in the upper right corner of the Provider Connection homepage. (www.blueshieldca/provider).

The **Welcome to Provider Connection** screen displays.

2. Click **Create account**.
3. Select **Provider** as the account type and click **Continue**.

The screenshot also shows the 'Welcome to Provider Connection' screen with a 'Log in' section and a 'Register as an account manager' section. The 'Register' section includes a 'Create account' button. Below this is a progress bar with four steps: 1. Account type, 2. Tax ID numbers, 3. Contact info, and 4. Account setup. The 'Select your account type' screen shows three options: 'Provider' (selected), 'Billing', and 'MSO'. The 'Provider' option is highlighted with a blue border and a checkmark. The 'Continue' button is at the bottom right.

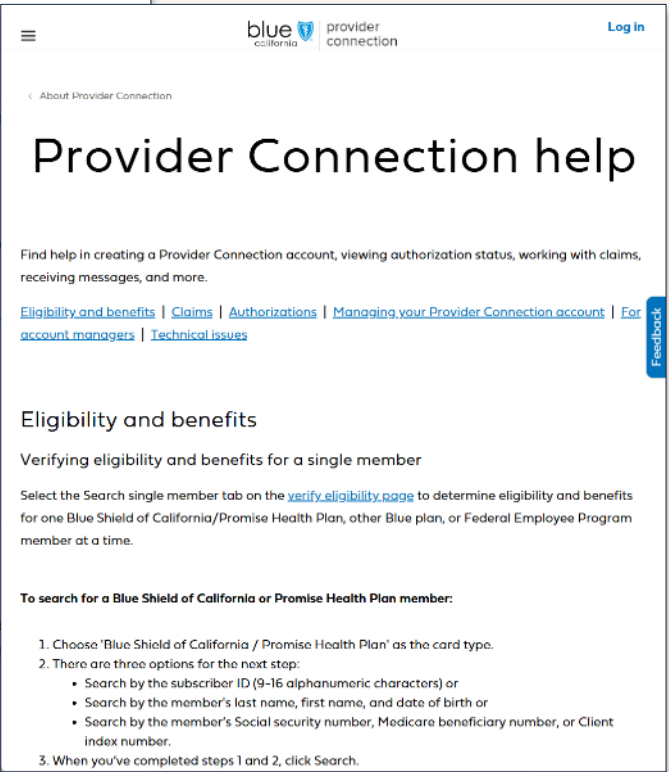
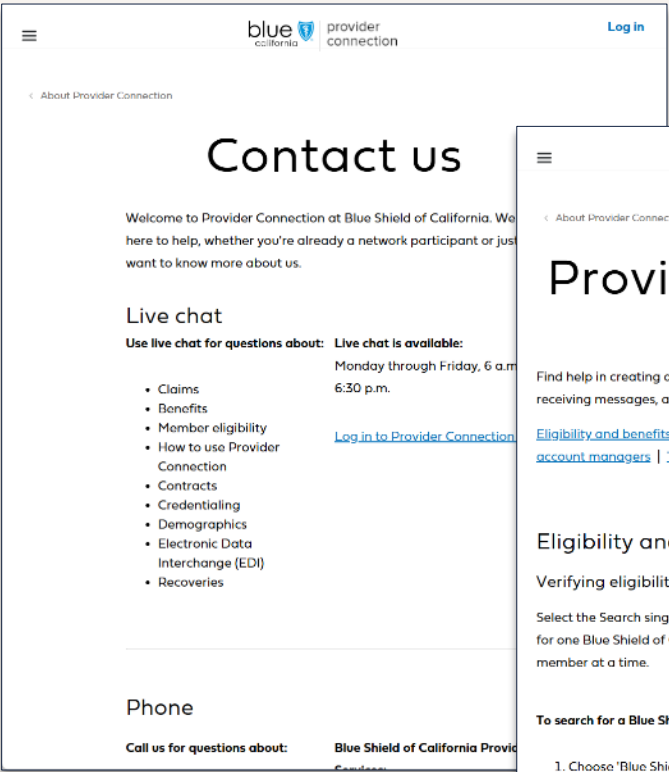
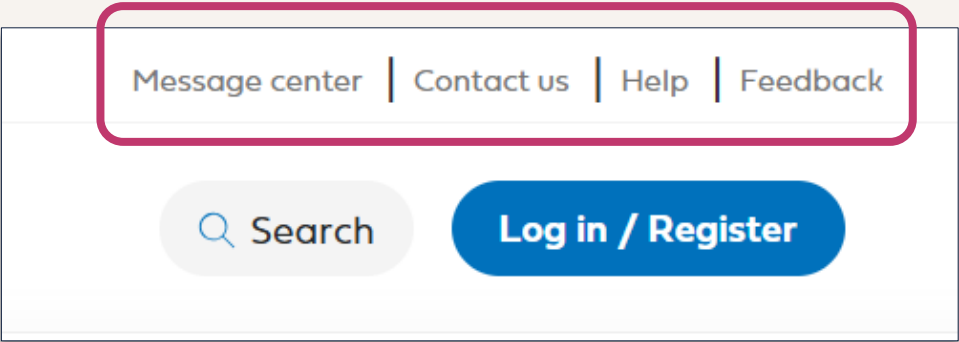
Contact us and Help

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.





Blue Shield of California is an independent member of the Blue Shield Association