



ProviderConnect Online Services Account Request Form

Instructions for Account Request Form

The Account Request Form is only for activating online access to Carelon Behavioral Health ProviderConnect website.

If you need to update your address, tax ID or NPI information, you will need to contact our Provider Relations area at 800.397.1630. Please do not make additional notations on the Account Request Form unless advised to do so by these instructions or by the EDI Helpdesk.

For guides on Direct Claim Submission and Authorization Submission, visit the Compliance page at: <https://www.carelonbehavioralhealth.com/providers/resources>.

Additional User Account:

If a ProviderConnect account already exists for the provider or facility, and an office staff member needs their own unique ID/password, check the "Additional User Account" box at the top of page 2. If this secondary account needs to be disabled or deleted for any reason, it will be the provider's responsibility to contact the EDI Helpdesk immediately.

Super User Account:

Only check this box if you are registering to manage other users of your account.

CYBHI Participant Providers will not have their CBH Provider ID at the time this form is submitted. This field should be left blank on the account request form.

Provider ID number:

You can retrieve your Carelon Behavioral Health assigned provider number by reviewing any Provider Summary Vouchers/ EOBs you have previously received; the Provider # will be present at the beginning of each claim. Or, depending on what state and type of claims you will be submitting, the following service centers will be able to best assist you:

For all commercial accounts or states not listed below:	800.397.1630
Illinois Mental Health Collaborative:	800.397.1630
Massachusetts MBHP:	800.495.0086
Georgia Collaborative:	800.397.1630

Direct Claim Submission:

Direct Claim Submission: If you are a smaller practice or happen to have a low volume of Professional claims (normally submitted on a HCFA-1500 or CMS-1500), Single Claim Submission may be best and easiest. With this option, you can submit each claim directly on the website, the member and provider information are verified, and you receive a claim number right away.

Claim Adjustment: The ProviderConnect Online Adjustment Module allows users to electronically submit changes (adjustments) to previously processed claims. This feature allows users to correct claims where the original result of the claim's processing is not the correct outcome for the services rendered or where information was submitted incorrectly on the original claim.

Commercial and Medicaid Claims:

We may need to create more than one online account for you if you need to submit both commercial and Medicaid claims. If you only select commercial or Medicaid for now, and you need to add the other in the future, please contact the EDI Helpdesk and we can make the appropriate updates for you. **If no option is checked, the default will be Commercial Only.**

CBH will pre-populate on each LEA's account request form



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SUBMITTER ID: XXXX

Not applicable to CYBHI Providers. Please do not check any of these boxes.

- Additional User Account
- Super User Account
- Military OneSource

CYBHI PROVIDER/PRACTICE/FACILITY NAME HERE

Provider, Practice, or Facility Name

Leave Blank

NPI HERE

Carelon Behavioral Health Assigned Provider ID

Leave Blank

National Provider Identifier (NPI)

Carelon Behavioral Health Network Specific Provider ID (Massachusetts, Illinois, Georgia, CYBHI Only)

PROVIDER/PRACTICE/FACILITY TAX ID HERE

Provider, Practice, or Facility Tax ID(s) to be associated to this online account. If more than one, please list all.

PROVIDER/PRACTICE/FACILITY ADDRESS HERE (Address, City, State, Zip)

Address

City

State

PHONE NUMBER HERE

FAX NUMBER HERE

Check this box only

Telephone Number

Fax Number

Select all that apply: CYBHI GACO MBHP ILL Commercial Other

Check this box ("Yes") only in this section

If you intend to submit batch transactions for one of the markets below, please mark the appropriate box:

1. Illinois: batch registration for Illinois Mental Health Collaborative? Yes No
2. Georgia: batch registration, batch authorization, batch discharge for Georgia Collaborative AS?? Yes No
3. CYBHI: batch registration, standard provider import? Yes No

Default functions included with your account access: Reports, Eligibility Inquiry, Claim Status, Authorization Inquiry, and Provider Summary Voucher

Check "No" for this question

If you intend to submit Direct Data Entry claims via ProviderConnect please mark here: Yes No

INDIVIDUAL CONTACT NAME HERE

Contact Name (ProviderConnect Account User)

CONTACT EMAIL ADDRESS HERE

Contact's e-mail address

EMAIL ADDRESS FOR ALL NOTIFICATIONS. MAY BE THE SAME AS THE CONTACT EMAIL ADDRESS.

E-mail address for all notifications



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Agreement Terms:

- A. The undersigned submitter authorizes Carelon Behavioral Health, Inc. to receive and process batch registration, authorization and/or discharge submissions via Carelon Behavioral Health Online Provider Services Program on his/her/its behalf in accordance with the applicable regulations.
- B. All submitted information must be true, accurate and complete. I/We understand that payment of any claim submitted in falsification or concealment of a material fact may be prosecuted under any applicable state and/or federal laws.
- C. The Submitter agrees to comply with any local, state and federal laws, regulations and policies on Behavioral Health Online Provider Services. **Choose appropriate account user designation**
- D. The Provider agrees to accept, as payment in full, all bills rendered and bills paid in accordance with the fee schedules provided for under previously established agreements with Carelon Behavioral Health.

This is to certify that the following is true:

- I am a provider
- OR
- I am office staff of a Provider and am authorized to sign on their behalf.

Signatures:

If not signed, the account will only have default functions outline above.

LEGAL NAME HERE

TITLE OF INDIVIDUAL SIGNING THIS FORM

Legal name of Organization

Title of individual signing for organization

PRINTED NAME OF INDIVIDUAL SIGNING THIS FORM

SIGNATURE HERE

DATE

Name of Individual Signing for Organization

Authorizing Signature

Date

Fax completed form to this number

Please return all pages of this form via fax to 866.698.6032

Carelon Behavioral Health, Inc. | EDI Helpdesk | PO Box 1287, Latham, NY 12110

Phone#: **888.247.9311**

Incomplete, incorrect or illegible forms may delay or prevent proper processing