New Provider Orientation

Revised: November 2024

Agenda

1. Introduction to Carelon
2. Clinical and Utilization Review Procedures
3. Access and Availability Standards
4. Member Rights and Responsibilities
5. Cultural and Linguistics
6. Fraud, Waste, and Abuse
7. Billing & Claim Information
8. Provider Portal
9. Contact Information
10. Website Tools

Important

In order to receive credit for participating in this training, please complete an Attestation Form and return to Provider Relations *within 10 business days* after completion of credentialing.

Via Fax: 877-321-1779

Via Email: Provider.Inquiry@carelon.com

Introduction to Carelon Behavioral Health and College Health IPA

Who We Are

- A health improvement company that specializes in mental and emotional wellbeing and recovery
- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation

carelon℠
Behavioral Health

We help people live their lives to the *fullest potential.*

About Us

COMPREHENSIVE CARE

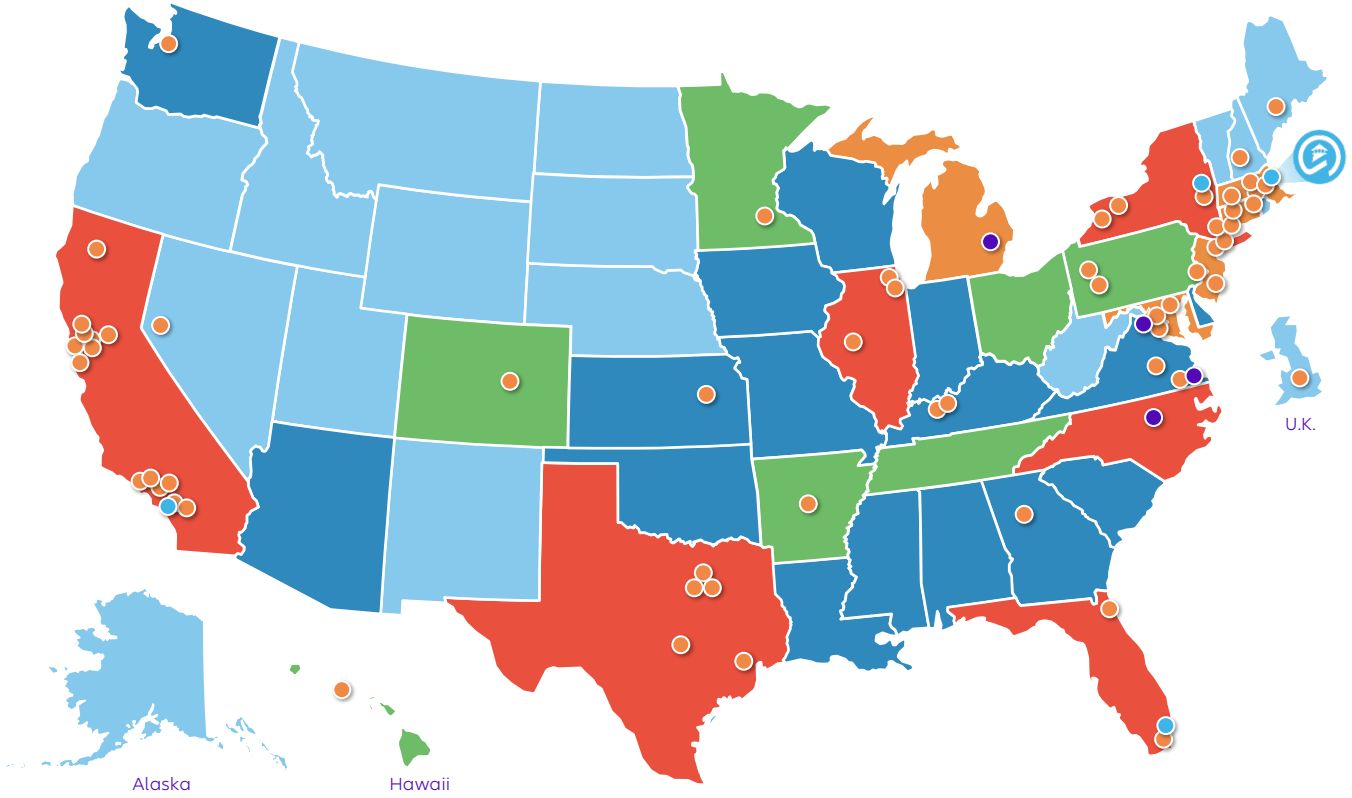
In close partnership with clients, Carelon Health IPA (CHIPA), in alliance with Carelon Behavioral Health , helps bring together the fragmented pieces of health care to achieve better results for the people in our care. Our programs are clinically driven, fiscally responsible, and focused onallowing our members to live theirlives to the fullest potential.

Since 1991, the CHIPA has provided managed behavioral health services to California residents, making it one of the state's largest regional behavioral health delivery systems to address the issues presented by behavioral health and chronic disease. CarelonBehavioral Health is an, NCQA-accredited managed behavioral health organization.

WHY OUR PARTNERS CHOOSE CHIPA AND CARELON BEHAVIORAL HEALTH

CHIPA and Carelon Behavioral Health bring together a collection of industry-leading behavioral health experts, managed and advised by nationally recognized medical, behavioral, human services, and pharmacy clinicians. We have developed uniquely effective programs built upon seamless integration with our clients' medical and disease-management programs that have been proven to lower the total cost of care while measurably improving patient outcomes.

Carelon Footprint



MEMBERSHIP

- Over 2.5 Million
- 1,000,000 – 2,500,000
- 500,000 – 1,000,000
- 100,000 – 50,000
- Under 100,000

CENTERS

- Corporate Headquarters
- Regional Service Centers
- Corporate Operation Centers
- Engagement Centers

5,000 employees nationally and in the U.K., serving more than 48 million people

LEADER IN QUALITY

NCQA- and URAC- Accredited Companies

KEY OPERATIONAL AREAS

- UM/CM
- QM
- IT
- Customer Service
- Data Analytics
- Reporting
- Processing
- Sales Support

LINES OF BUSINESS

- Commercial
- EAP
- Exchange
- Federal
- Medicaid
- Medicare

Carelon Behavioral Health & CHIPA Relationship

Carelon Behavioral Health and College Health IPA (CHIPA) work collaboratively to perform all behavioral health plan management functions on behalf of our California health plans. The relationship and operations are seamless to members and providers.

CHIPA and Carelon Behavioral Health have developed effective programs built upon seamless integration with our clients' medical and disease-management programs to improve patient outcomes and lower the total cost of care.

Carelon Behavioral Health	College Health IPA
Credentialing	Contracting for Outpatient Professional Services
Member Services	Utilization Management
Claims Adjudication/Payment	

Clinical and Utilization Review Procedures

Clinical Overview

Members Served

- Medi- Cal beneficiaries (mild to moderate impairment related to diagnosis and not able to be successfully treated in PCP setting)
- MediCare beneficiaries

Registering Services

- Members can call to register for services
- Pre – screening to identify member's acuity "Mild to Moderate" managed by Carelon Behavioral Health
- Clinical review every 6 months

Medi-Cal Outpatient Services

- Evaluation – initial
- Medication Management
- Psychotherapy – Individual and group
- Psychological testing with prior authorization w/ the exception to SFHP

Important Reminders!

- Please be aware that a member can self refer through Carelon Behavioral Health's online directory.
- It is the provider's responsibility to verify member eligibility prior to each session. Carelon Behavioral Health will have no obligation to pay for services rendered if member is ineligible.

Overview of Carelon Behavioral Health Screening of Medi-Cal Enrollees

Member calls to access mental health treatment

Carelon Behavioral Health licensed clinician will conduct a screening to determine appropriate system of care for member referral

If member falls within “Mild to Moderate” Acuity, member will be managed by Carelon Behavioral Health.

If member falls within “Moderate to Severe” Acuity, member will be managed by the County Mental Health Plan

Please Note: the screening to determine appropriate system of care can be conducted by any in network provider. (screening tools can be located on www.carelonbehavioralhealth.com or contact provider relations at Provider.Inquiry@carelon.com for assistance.

Carelon Behavioral Health Managed Coverage: "Mild to Moderate"

Medi-Cal Managed Plan (Carelon Behavioral Health)
Mental Health Services for "Mild to Moderate" * Impairments
Medication Management
Individual, Group and Family Therapy (Family Therapy is approved for certain plans only please review your contract for clarification)
Psychological testing (initial interview is required by in network provider administering/submitting psychological testing form, this service requires prior authorization)
Behavioral Health Treatment for ASD

* *Defining the Bright Line Between Mild to Moderate vs Moderate to Severe Impairments*

To be eligible for County-Funded Mental Health Services ALL of the following must be true:

1. **Diagnosis**: Must fall within one or more of the 18 specified diagnostic ranges

2. **Impairment:** The mental disorder must result in one of the following:
   a) significant impairment or probability of significant deterioration in an important area of life functioning
   b) For those under 21, a probability that the patient will not progress developmentally as appropriate, or when specialty mental health services are necessary to ameliorate the patients mental illness or condition

3. **Intervention:** Services must address the impairment, be expected to significantly improve the condition, and the condition would not be responsive to physical health care-based treatment

Title9,CaliforniaCodeofRegulations(CCR),Sections1820.205,1830.205,and1830.210

Utilization Management: Level of Care Criteria

Level of Care Criteria (LOC)
Proprietary, CA – Specific medical necessity criteria that complies with regulatory mandates.
ASAM criteria are used for substance abuse services.

What is LOC?

- Application of LOC criteria and authorization procedures represent a set of formal techniques designed to monitor the use of, and/or evaluate the medical necessity, appropriateness, and efficacy of behaviora l health care services.

Where can a copy of the LOC be obtained?

- All in-network providers can obtain a copy of Carelon Behavioral Health LOC via website at www.carelonbehavioralhealth.com or by requesting a copy via email from Provider.Inquiry@carelon.com

Utilization Management: Coordination of Care

Carelon Behavioral Health recognizes that more than one provider may contribute to the care of a member. Carelon Behavioral Health strongly encourages providers, particularly primary care and behavioral health providers, to share relevant information regarding diagnoses, medication, and/or treatment to help improve health outcomes. PCP coordination of care is an expectation by Carelon Behavioral Health. After obtaining a signed release of information, members PCP should be notified of member's treatment and progress.

Members must give consent before you share information with other providers. A Coordination of Care Authorization form is located on our website:

https://www.carelonbehavioralhealth.com/providers/forms-and-guides

**It is crucial to include documentation within the member's clinical record if/when a member declines signing a release of confidential information for their PCP or other treating provider(s).

Access and Availability Standards

Access and Availability Standards

The appointment access standards table below will assist with scheduling timely appointments

Type of Care	Standard
Routine/non-urgent services	Within 10 business days
Urgent visit	Within 48 hours
Non-life threatening emergency services	Offered or arranged within 69 hours of the request*
Follow-up care	Within 10 business days of prior appointment
Return member phone calls	Within 24 hours

*Note: to meet the non-life threatening emergency requirement, provider must have an appointment available within 6 hours or at minimum, have mechanisms in place to refer patients to the ER or to have a crisis evaluation team deployed to patients within 6 hours.

It is highly recommended that providers share this information with their appointment schedulers to ensure compliance with the required appointment availability standards.

Access and Availability Standards (cont'd)

Providers should notify Carelon Behavioral Health immediately if any of the following occurs:

1. Temporarily or permanently unable to meet the Access and Availability standards
2. Provider has restrictions on treating members (Examples: Available during limited hours or only in certain settings)
3. Demographic changes (Examples: telephone number change, suite change, moving office, etc.)

<u>CAQH Participating Providers</u>:

- Go to your CAQH Provider Directory Snapshot at https://proview.caqh.org/login/.
- Update Practice Location provider data elements as necessary and confirm the accuracy
- You must authorize a release of individual profile information to Carelon within CAQH in order for information to be visible within Carelon's Provider directory.
- For questions about CAQH, please contact CAQH directly at 888-599-1771. Chat support is also available at proview.caqh.org/PR.

<u>Non-CAQH Participating Providers:</u>

- Provider data information can be updated and/or attested to by logging in to the Carelon Provider Portal at the following link: https://providerportal.carelonbehavioralhealth.com/index.html#/login.
- Log-in using your ProviderConnect credentials
- Choose "Update Demographic Information"
- Scroll to bottom of page and choose "Attestation"
- Update data elements as needed and click "Save Attestation"

Member Rights and Responsibilites

Member Rights and Responsibilities

Providers must review and comply with the following requirements

1. **Be Familiar** with the Member Rights and Responsibilities

2. **Post** a statement of Member rights and Responsibilities in the primary language of the member served by the provider, in a highly visible place within their facility. Compliance with this requirement is reviewed during site visits.

3. **Inform** members of their rights and responsibilities in their primary language, verbally and in writing at the onset of treatment. This activity is to be documented in the member's medical record and reviewed for compliance during chart reviews

Member Rights and Responsibilities (cont'd)

Members have the right to:

- Be treated with respect and dignity.
- Have their personal information be private based on our policies and U.S. law.
- Get information that is easy to understand and in a language they know.
- Know about the way their health benefits work.
- Know about our company, services, and provider network.
- Know about their rights and responsibilities.
- Tell us what they think their rights and responsibilities should be.
- Get care when they need it.
- Talk with their provider about their treatment options - regardless of cost or benefit coverage.
- Decide with their provider what is the best plan for their care.
- Refuse treatment if they want, as allowed by the law.
- Get care without fear of any unnecessary restraint or seclusion.
- Decide who will make medical decisions for them if they cannot make them.
- Have someone speak for them when they talk with Beacon.
- See or change their medical record, as allowed by our policy and the law.
- Understand their bill.
- Expect reasonable adjustments for disabilities as allowed by law.
- Request a second opinion.
- Tell us their complaints.
- Appeal if they disagree with a decision made by Beacon about their care.
- Be treated fairly -even if they tell us their thoughts or appeal.

Culture and Linguistics

Culture & Linguistics

CarelonBehavioral Health has developed a Cultural and Linguistics (C&L) program to ensure that members receive equitable and effective care and services based on health literacy factors, and in a culturally and linguistically appropriate manner.

Carelon Behavioral Health C&L program includes, but is not limited to:

- Availability of free interpreting services 24-hours a day, 7 days a week, including American Sign Language (ASL)
- Availability of TDD/TYY and/or relay services
- Translation of written materials; provision of member materials in plain English
- Training for providers and staff on C&L requirements
- All providers are required to complete the Cultural Competency training initially upon contracting and annually thereafter. Training can be found on the Carelon website at: https://www.carelonbehavioralhealth.com/content/dam/digital/carelon/cbh-assets/documents/global/cultural-competency-training.pdf

Interpreter Services

Interpreter Services must be provided to Medi-Cal members and providers are required to:
- Document a member's preferred language (if other than English) in the medical record.
- Document the request and refusal of language/interpretation services in the member's medical record.

Providers should discourage members from using friends, family and minors as interpreters.

Telephonic interpreting services are made available to members 24-hours a day through a Carelon Behavioral Health contracted vendor. To access telephone interpreting services for members, please call the health plan specific phone number. Please note that the member and provider must be on the phone to provide the telephonic translation service.

Member/Provider Face-To-Face Interpretive Services

Face-to-face interpreters are covered for special situations:
- Services for hearing impaired members
- Complex courses of therapy or procedures

Prior authorization via phone is required. To request a face-to-face interpreter, contact the Member Services Department phone number located on the back of the Member's ID card. Requests must be made at least three (3) days, preferably five (5) days prior to scheduled appointment.

Services for the Hearing Impaired

- Members who are hearing impaired may contact the free California Relay Service at (800) 735-2922.
- Providers may use the free California Relay Service at (800) 735-2922 to communicate with a hearing impaired member via phone. For office visits, follow the instructions above to request a sign language interpreter.

Please Avoid Using Family Members or Friends as Interpreters

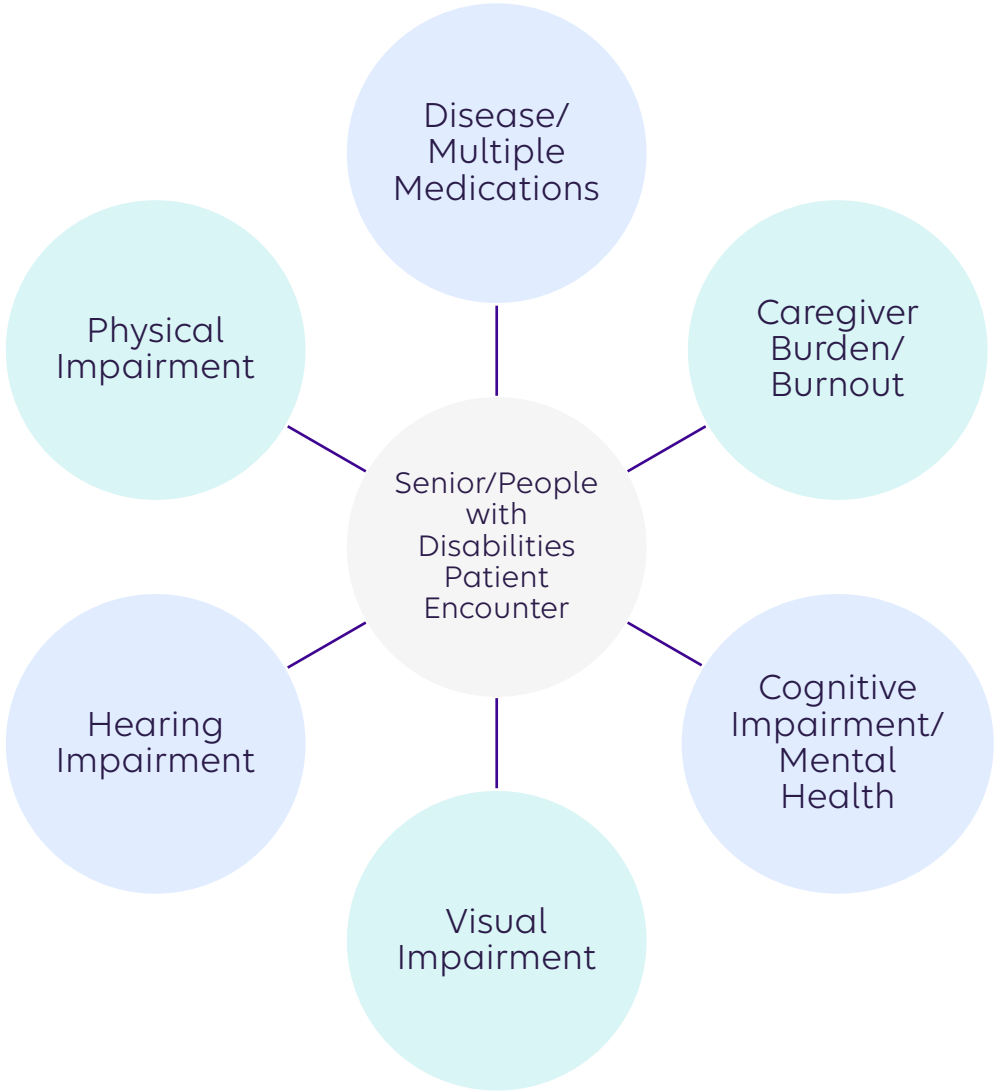
Carelon strongly discourages the use of family members or friends, especially minors, as interpreters. If a member declines interpreter services, the State requires providers to document such in the medical record.

Cultural Competence: Seniors and People with Disabilities

Americans with Disabilities Act (ADA)

- People with disabilities must be consulted before an accommodation is offered or created on their behalf.
- Providers are required to comply with all Americans with Disabilities Act (ADA) requirements. This includes:
    - Utilization of waiting room and exam room furniture that meets the needs of all members, including those with physical and nonphysical disabilities
    - Use of clear signage throughout provider offices
    - Providing materials in alternate formats
    - Providing adequate parking

Working with Seniors and Persons with Disabilities



Disease and Multiple Medications

Here's what we wish our Health Care team knew about some of our members:

- Their neurocognitive processing ability is impaired due to:
  - Stroke
  - Pain
  - Hypertension, Diabetes
  - UTI Pneumonia
- Their Medications are affecting their cognition
  - Pain medication
  - Antidepressants
  - Interactions

Here's what your team can do:

- Be aware
  - Slow down
  - Speak clearly
  - use plain language
  - recommend assistive listening devices
- Obtain thorough health history

Caregiver Burden/Burnout

Here's what we wish our Health Care Team knew about some of our Member's Caregivers:

- 12% of active caregivers may have their own limitations
- 16% of working seniors are also caregivers
- Caregivers report more stress and higher likelihood of depression

Here's what your Team can do:

- Ask about caregiver responsibilities and stress levels
- Offer caregiver support services

Person-Centered, Recovery-Oriented Behavioral Health Services

- We support behavioral health programs that provide members with access to **a full continuum of recovery and resiliency focused** behavioral health services through our network of contracted providers.
- The primary goal is to provide medically necessary care in the most clinically appropriate and cost-effective therapeutic settings.
- **We believe in recovery**: consumers should live and thrive in the community, with family and friends, engaging in gainful activity.
- **Person-centered focus is** designed to improve member well-being and quality of life
- Improve communication between behavioral and physical health care providers to ensure proper coordination/transitions of care for members to improve outcomes and reduce hospital and nursing home admissions/readmissions
- Continued use of preventive and screening programs can help decrease the occurrence, emergence or worsening of behavioral health disorders

Visual Impairment Examples

- Macular degeneration
- Diabetic retinopathy
- Cataract
- Glaucoma

Problems

- Reading depth perception, contrast, glare, loss of independence

Solutions

- Decrease glare
- Use bright indirect lighting and contrasting colors
- Share printed material with LARGE, non-serif fonts

Hearing Impairment

Here's What We Wish Our Health Care Team Knew About Some of Our Members' Caregivers:

- Presbycusis: Gradual, bilateral, high frequency hearing loss
  - consonant sounds are high frequency
  - word distinction difficult
  - speaking louder does *not* help

Here's What Your Team Can Do:

- Face patient at all times
- Speak slowly and enunciate clearly
  - do not use contractions
- Rephrase if necessary
- Do not cover your mouth
- Reduce background noise
  - air conditioner, TV, hallway noise, etc.
- Offer listening devices

Physical Impairment

Here's What We Wish Our Health Care Team Knew About Some of Our Members' Caregivers:

Pain and reduce mobility is common due to:

- Osteoarthritis
- Changes in feet, ligaments and cushioning
- Osteoporosis
- Stroke

Here's What Your Team Can Do:

- Keep hallways clear
- Lower exam tables
- Add grab bars/railings
- Use exam rooms nearest waiting area
- Offer assistance- transfers, opening sample bottles, etc.
- Recommend in home accessibility assessment

Fraud, Waste, and Abuse

Fraud, Waste and Abuse

Fraud: An intentional deception or misrepresentations made by a person or corporation with the knowledge that the deception could result in some unauthorized benefit to himself, the corporation or some other person. It includes any act that constitutes fraud under applicable Federal or State Law.

Waste: The overutilization of services, or other practices that directly or indirectly, result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions.

Abuse: Practices that are inconsistent with sound fiscal business and medical practices and result in unnecessary cost to the health plan, including but not limited to practices that result In reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards of care. It also includes enrollee practices that result in unnecessary cost.

Fraud, Waste and Abuse: Federal False Claims Act

The Federal False Claims Act (FCA) is defined as any person or entity who:

- Knowingly presents, or causes to be presented, to an employee of the United States government a false or fraudulent claim for payment or approval;
- Knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the government
- Conspires to defraud the government by getting a false or fraudulent claim allowed to be paid
- Knowingly makes, uses or causes to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money to the government
- Has actual knowledge of the information
- Acts in deliberate ignorance of the truth or falsity of the information
- Acts in deliberate ignorance of the truth or falsity of the information; or Acts in reckless disregard of the truth or falsity of the information; no proof of specific intent to defraud is required.

Examples of Potential Fraud and Abuse
Alteration of Claim Forms
Incorrect Coding
Billing for services not rendered an/or not rendered by the provider named
Substitution of services
Duplicate billing
Denying access to services
Billing members up front for services
Limiting access to medically necessary services
Ineligible member using eligible member's services
Failure to report Third Party Liability

Fraud, Waste, and Abuse: Federal False Claims Act

What Governs Compliance? :

- Social Security Act: Title 18
- Code Federal Regulations*: 42 CFR Parts 422 (Part C) and 423 (Part D)
- CMS Guidance: Manuals and HPMS Memos
- CMS Contracts: Private entities apply and contracts are renewed/non-renewed each year
- Other sources: OIG/DOJ (fraud, waste and abuse (FWA)) and HHS (HIPAA Privacy)
- State Laws: Licensure; Financial Solvency; Sales Agents

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is one of many federal and state laws regarding privacy and security.

Privacy
The right of each individual to :
Control his/her personal information and not have his/her personal information disclosed or used by others without permission

Security:
Protection of the physical and electronic information of members. This includes building access and workspace as well as system access.

Protected Health Information (PHI)

PHI includes any individually identifiable health information, as it relates to:
Protection of the physical and electronic information of members. This includes building access and workspace as well as system access.
A member's past, present, or future health conditions
The provision of healthcare to a member
Past, present, or future payment for healthcare for a member
Identification of a member
Where there is a reasonable basis to believe it can be used to identify that member

There are stiff penalties for the misuse and/or wrongful disclosure of PHI:

Government fines start at $100 per violation and can quickly escalate to a total of $1.5 million per year for identical violations. In addition, malicious or intentional wrongful disclosure of PHI would result in additional fines and criminal sanctions against Carelon Behavioral Health and/or an individual working for Carelon Behavioral Health .

Refer to the State Law for specific PHI Privacy Law.

Privacy Identifiers

HIPAA identifies 18 items that are considered PHI because they can be used to identify a particular individual:

1. Names
2. All Geographical subdivisions smaller than a state
3. Phone Number
4. Fax Number
5. Email Address
6. Social Security Numbers
7. All elements of dates directly related to an individual
8. Medical Records Number
9. Health Plan Beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers
13. Device identifiers and serial numbers
14. URLs
15. IP addresses
16. Biometric identifiers
17. Full face photographic images
18. Any other unique identifying number, characteristic or code

For more detail or specifics on Privacy Identifiers and HIPPA please visit www.hhs.gov

Reporting Fraud, Waste, and Abuse

Anyone who suspects or detects an FWA violation is required to report it either to Carelon Behavioral Health or within his/her respective organization, which then must report it to Carelon Behavioral Health

Anonymous hotline:
888-293-3027
Email:
Program.IntegrityReferrals@carelon.com

Carelon Behavioral Health strictly prohibits intimidation and/or retaliation against anyone who, in good faith, reports suspected or detected violation of ethical standards.

Any entity supporting Carelon Behavioral Health that offers a reporting option to its employees and downstream entities must provide 24/7 access and the same key features outlined below.

Key Features of Direct Reporting:
Anonymity: If the person making the report chooses to remain anonymous, he/she is encouraged to provide enough information on the suspected violation (i.e., date[s] and person[s], system[s] and type[s] of information involved) to allow Beacon to review the situation and respond appropriately
Confidentiality: Processes are in place to maintain confidentiality of reports.

Billing & Claim Information

Billing & Claim Information: Timely Filing

Health Plans	Line of Business	Claims Timely Filing in Days
Care 1st	Medicare Advantage	365 days from DOS
Care 1st	Medi-Cal	Tiered
Central CA Alliance	Medi-Cal	Tiered
Gold Coast	Medi-Cal	Tiered
Health Plan of San Joaquin	Medi-Cal	365 days from DOS
LA Care	Medi-Cal	180 days from DOS
LA Care	Commercial	365 days from DOS
Orange County Mental Health Plan	Medi-Cal	90 days fro
Partnership Health Plan	Medi-Cal	Tiered
San Francisco Health Plan	Medi-Cal	Tiered

Tiered Timely Filing		
Tier 1		
Time Frame	From	reimbursement
1 to 6 months	Last day of month in which service occurred	Full allowance
Tier 2		
Time Frame	From	Reimbursement
7 to 9 months	Last day of month in which service occurred	75% of allowance
Tier 3		
Time Frame	From	Reimbursement
10 to 12 months	Last day of month in which service occurred	50% of allowance

❖ For more detailed information regarding timely filing please refer to the provider manual designated for the Health Plan.

Claims Submission Methods

Paper:

CarelonBehavioral Health Claims Department
PO Box 1862
Hicksville, NY 11802-1862

Electronic: AvailityEssentials is the primary clearinghouse for electronic claims submission.

- Call (800) 282-4548, or
- Register online at www.availity.com
- Payer ID = BHOVO

Electronic Funds Transfer (EFT)

Providers must use Payspanfor Electronic Funds Transfer (EFT). Payspanenables providers to:

- Receive payments automatically in their bank of choice
- Receive email notification immediately upon payment
- View/Print remittance advice detail

To enroll call 877.331.7154 or email providersupport@payspanhealth.com*

*Providers will need to receive at least one paper check from CarelonBehavioral Health before enrolling

Other Healthcare Coverage & Share of Cost

Other Healthcare Coverage

- Medi-Cal beneficiaries with other health care coverage should be referred to their non-Medi-Cal private health coverage plan or policy that provides or pays for health care services. When mental health services are not covered by a recipient's other health coverage CHIPA providers are still encouraged to bill OHC (Other Health Coverage) first.

- The provider submits claims to Carelon Behavioral Health with a copy of the primary insurance's explanation of benefits (EOB) within 180 days of the date on the EOB. Providers are required to exhaust the recipient's OHC before billing Medi-Cal through Carelon Behavioral Health when OHC covers mental health services.

Share of Cost

- This is the monthly dollar amount that some Medi-Cal members must pay for their medical expenses before they qualify for Managed Care Medi-Cal benefits.

- Share of Cost is a set amount based on income. Generally, a recipient's SOC is determined by the County Social Services (or welfare) Department and is based a beneficiary's monthly income over the established "maintenance need level." The higher the income, the higher the share of cost

- Share of Cost is similar to a private insurance plan's out-of-pocket deductible and is sometimes referred to as the "spend down process"

- A Medi-Cal member is eligible for Managed Care Medi-Cal coverage when they meet their monthly share of cost. Unlike typical members who are eligible for coverage on the first day of the month, SOC members can be eligible for services any day of the month depending on when they meet their SOC.

Ways to verify SOC:

1. Medi-Cal Website (www.medi-cal.ca.gov)
2. AEVS (Automated Eligibility Verification System (800)456-2387

Member Liability

Member Billing Restrictions

- The Department of Health Care Services (DHCS) and Carelon Behavioral Health have specific guidelines restricting the billing of Carelon Behavioral Health members by providers
- Billing Members for Covered Services is Prohibited
- The DHCS prohibits providers from charging member for Medi-Cal covered services, or having any recourse against the member of the DHCS for Medi-Cal covered services rendered to the member

Prohibition Of Billing The Member Includes

- Covered Services provided during a period of retroactive eligibility
- Covered Services once the member meets his or her Share of Cost requirement
- Fees for missed, broken cancelled or same day appointment
- Fees for completing paperwork related to the delivery of care (e.g. WIC forms, disability forms, forms related to Medi-Cal eligibility)

Limited Circumstances In Which The Member May Be Billed

A provider may bill a member only for services not covered by Medi-Cal if:

- The member agrees to the fee in writing prior the actual delivery of the non-covered services, and
- A copy of the written agreement is provided to the member and placed in his or her medical record

It is a provider's responsibility to verify member's eligibility prior to each session

Claim Dispute Resolution

Carelon Behavioral Health requires providers to submit a written dispute, regardless of who is at fault

- Providers must use Carelon Behavioral Health "Claims Dispute Resolution Form" which can be found on the Carelon website at: https://www.carelonbehavioralhealth.com/content/dam/digital/carelon/cbh-assets/documents/ca/state-wide-resources/provider-claims-based-dispute-resolution-request-form-ca.pdf
- Disputes must be filed within 365 days from the date of denial
- Disputes may be submitted by:
  - Email: ProviderDisputeResolution@carelon.com
  - Mail:

Provider Dispute Resolution
PO Box 1864
Hicksville, NY 11802-186

- A written determination will be issued within 45 working days from date of receipt
- Once a determination has been made, Carelon Behavioral Health has 5 working days to notify provider and/or issue payment of claim

Provider Portal

eServices: Beacon's Web-based Portal

This is a free service for all contracted in-network providers. The goal of eServices is to make clinical, administrative, and claims transactions easy to do. By using eServices you will be able to:

- Submit claims
- Verify member eligibility
- Confirm authorization status
- Check claim status
- View level of care criteria (LOCC)

Register at: https://providerportal.carelonbehavioralhealth.com

Contact Information

Provider Relations Department

Providers can reach the Beacon National Provider Service Line by calling (800) 397-1630 or emailing provider.inquiry@carelon.com

Health Plan Contact Information

Plan	Carelon Behavioral Health Phone #	Counties
Care1st L.A.	855-765-9701	Los Angeles
Care1stSan Diego	855-321-2211	San Diego
Care1st Medicare	866-752-4075	El Paso, Texas, Riverside, San Bernardino, Fresno, Santa Clara, San Diego, San Joaquin, Stanislaus, Merced
Health Plan of San Joaquin (HPSJ) Autism Services/Telehealth ONLY	888-581-7526	San Joaquin and Stanislaus
Gold Coast Health Plan (GCHP)	855-765-9702	Ventura
Central California Alliance for Health (CCAH)	855-765-9700	Mariposa, Merced, Monterey, San Benito, Santa Cruz
Partnership Health Plan of California(PHPC)	855-765-9703	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba
L.A Care	877-344-2858	Los Angeles
Caremore	855-371-8092	Los Angeles
San Francisco Health Plan	855-371-8092	San Francisco
Orange County Mental Health Plan	800-723-8641	Orange County

Member Eligibility Verification System

Providers should always verify eligibility prior to rendering service

State Eligibility Verification System

- Medi-Cal website, the providers may verify Medi-Cal eligibility on the Medi-Cal portal at www.medi-cal.ca.gov
- Automated Eligibility Verification System (AEVS): (800) 456-2387

CarelonBehavioral Health Eligibility Verification Systems/Provider Portal:

- eServices
- Availity

Website Tools

Resources

Carelon Behavioral Health website: www.carelonbehavioralhealth.com

- Provider search tool and directories
- Important forms
- Provider Handbook
- Provider Portal
- Training links
- PCP Toolkit
- Medical Necessity Criteria
- Clinical Practice Guidelines

Thank you!