

ProviderConnect Authorizations

House Keeping

- **Webinar Format**

Participants Pre-Muted

Limits Distractions

- **Chat Window**

Ask Questions

Answered during and after presentation

- **Presentation Availability**

Slides can be accessed online

Recorded presentations can be accessed online



Agenda

During the course we will review the following areas of ProviderConnect:

- Services and Benefits
- Projects and Initiatives
- Accessing the Provider Portal
- Authorizations
- Additional Training Options





Services and Benefits

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Services

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
- ▶ [Enter or Review Authorization Requests](#)
- ▶ [Enter Member Assessment](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter or Review BHSD Submissions](#)
 - [Enter a BHSD Submission](#)
 - [Review BHSD Submissions](#)
 - [View BHSD Drafts](#)
- ▶ [Enter Case Management Referral](#)
- ▶ [Enter or Review Claims](#)
- ▶ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)

***Disclaimer:** Please note that the appearance and functionality of ProviderConnect is based on individual contract needs, therefore some functions may not be available or may appear different for your specific contract.



Benefits



Saves Time

Reduces the need to call for routine information

Efficient processing allows for quicker payment



Saves Money

Free and Secure online application available 24/7

Decreases labor expenses, paper files, and postage



Reduces Errors

Integrates with practice management software

Decreased risk of human error or mishandling



Registering

Two registration options:

Click the Payspan link in [ProviderConnect](#)

Visit PayspanHealth.com or call
877-331-7154

Have registration code and PIN from the payment stub of a paper check handy

Note: EFT is location specific, so if you update or add an address, you will have to contact Payspan to add it to your file

Until successful registration with Payspan is complete, physical checks will continue be generated

Thank you for being a loyal Payspan customer.

With an evolving healthcare economy comes new changes and concerns for provider organizations. Payspan is ready with innovative provider solutions for the challenges your practice is facing.

Sign In

Username

NEXT

OR

REGISTER

The registration process on our site is secure, free and fast!

[Forgot your Username or Password?](#)

[Need more help?](#)



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Projects and Initiatives

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Availity Essentials

Availity Essentials is a secure, one-stop, self-service, multi-payer portal and our preferred choice for:

- Direct data entry claim submissions (professional and facility) and electronic data interchange (EDI) claims using the Availity EDI Clearinghouse.
- Checking eligibility and benefits.
- Claims status tracking.

Connectivity exists between Availity and ProviderConnect, eServices, and Payspan. If you use those solutions for claims submissions, you may continue to do so.

For information on the transition to Availity Essentials, please see the [Carelon Behavioral Health Transition to Availity Essentials Provider Frequently Asked Questions \(FAQ\)](#).

***ProviderConnect will continue to be available for claim submission, authorizations, and eligibility**

[Availity](#)

Visit the website for a description of services, training, and educational information.

[How to register your provider organization](#)

[Availity Essentials reference guide for users](#)

[Availity EDI Clearinghouse](#)

All the information you need to make the switch to Availity EDI Clearinghouse whether you currently use Availity to submit EDI transactions, currently only use Availity for the Availity Portal, or you're not an existing Availity user.

[Training and education](#)

Find tools and topics about eligibility, claims, and compliance.

[Availity training microsite](#)

This is the place for new users to get information about registering and for current users to learn next steps.

[Availity login portal](#)

Log in to view eligibility and benefits, claims status tracking, reporting, and dashboards.

Availity Client Services

800-262-4548

Monday to Friday, 8 a.m. to 8 p.m. Eastern time.



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Accessing our Provider Portal

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Carelonbehavioralhealth.com

The screenshot shows the website's navigation menu with the following items:

- Providers (highlighted with a red box)
- Members
- Find a Provider
- Other Carelon Sites

The dropdown menu for Providers includes:

- Provider Home
- Join Our Network
- Military OneSource
- EAP Providers
- Contact Us
- Resources
- Portals (highlighted with a red box)
- Handbook
- Toolkit
- Forms, Guides, and Resources
- Medical Necessity Criteria
- Clinical Practice Guidelines

The main content area features a banner with the text: "We believe in improving people's quality of life" overlaid on a photograph of a woman kissing a young boy on the cheek. The boy is wearing glasses and smiling.



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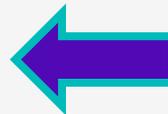
Provider portals

Portal login

Our provider portals make routine tasks such as processing claims, obtaining claims information, and verifying eligibility status easy and convenient.

Log in to or register for our provider portals to take advantage of our online services:

Log in



Logging Into The Portal



From this portal you can accomplish things like:

-  Check member real-time eligibility
-  View Authorizations
-  Update Provider Demographics

Login below

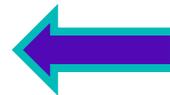
Please use your existing *eServices* or *ProviderConnect* credentials

Username



[Forgot Username](#)

Password



[Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)



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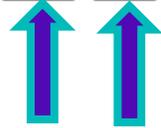
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Multifactor Authentication

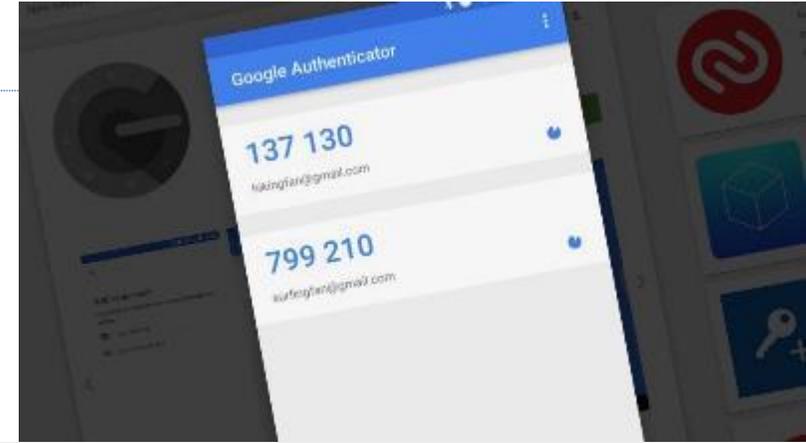
One-Time Password (OTP) - Multifactor Authentication

Your Submitter Id: 123456

Do you have a smart mobile device or a computer that can be used for authentication purposes?



If you would like to cancel this login attempt, please click on



One-Time Password (OTP) - Multifactor Authentication

Your Submitter Id: 123456

Multifactor authentication is required for ProviderConnect access

An email was sent to your email address on file with ProviderConnect with your OTP login Code. Please check your email and enter the OTP login code below.

If you have not received an email after multiple attempts, please try using a mobile device or computer authenticator app for Multifactor Authentication.

Enter OTP login code received in email:



Forgot User Name / Password



From this portal you can accomplish things like:

-  Check member real-time eligibility
-  View Authorizations
-  Update Provider Demographics

Login below

Please use your existing *eServices* or *ProviderConnect* credentials

Username

[Forgot Username](#)

Password

[Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)



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Registering an Account

NPI & Tax ID
required to
register

carelon
Behavioral Health

Registration

Step 1: Account Details (Active) | Step 2: Review | Step 3: Complete

* Required fields are denoted by an asterisk (*) adjacent to the label.

First Name* George	Last Name* Hawley	Contact Name George Hawley
NPI Number* 1234567890	Tax ID* 555555555	Group, Facility, or Clinic Name
Primary Email Address* george.hawley@Carelon.com	Verify Primary Email Address* george.hawley@Carelon.com	Secondary Email Address
Phone Number* 5185554970	Ext	Fax Number
Username* TRAINER	Password*	Confirm Password*

✓ One uppercase letter
✓ One lowercase letter
✓ One number
✓ One special character (?)
✓ 8-20 characters long
✓ Passwords must match

Username and
Password

Phone Number

Password
Requirements



Registering Continued

Select a Security Question*

What is the name of the street you grew up on? ▾

Answer to the Security Question*

Main St

Confirm the Answer to the Security Question*

Main St x

NEXT

BACK TO LOGIN

Enter Answer and Confirm

Drop Down to select a security question

Click "Next"



Account Creation

Review information for accuracy

carelon
Behavioral Health

Registration

Step 1: Account Details | Step 2: Review | Step 3: Complete

First Name*	Last Name*	Contact Name
George	Hawley	George Hawley
NPI Number*	Tax ID*	Group, Facility, or Clinic Name
1234567890	555555555	
Primary Email Address*	Verify Primary Email Address*	Secondary Email Address
george.hawley@Carelon.com	george.hawley@Carelon.com	
Phone Number*	Ext	Fax Number
5185554970		
Username*	Password*	Confirm Password*
TRAINER	*****	*****
What is the name of the street you grew up on? ▾		
Answer to the Security Question*		
Broadway		
Confirm the Answer to the Security Question*		
Broadway		
COMPLETE REGISTRATION		

If Correct Click "Complete Registration"



Alternate Registration Option

If unable to register online, there are form options available:

Multiple users at the same practice

Establishing Super User access

Setting up network-specific accounts

ProviderConnect forms

[Online Services Account Request](#)

This form authorizes Carelon Behavioral Health to receive and process claims electronically and certifies that claims will comply with all laws, rules, and regulations governing your contract with us. Providers who wish to have inquiry-only access to our system for conducting eligibility and claim status inquiries must also submit this form.

[Account Deactivation Form](#)

This form is required to deactivate any ProviderConnect account. Please note, this form must be signed.

[Account Request Form for Access to Multiple Providers](#)

This form allows the user access to multiple provider identification numbers under one login once the users have completed online registration or the Online Services Account Request form.

[ProviderConnect Contact Information Change Form](#)

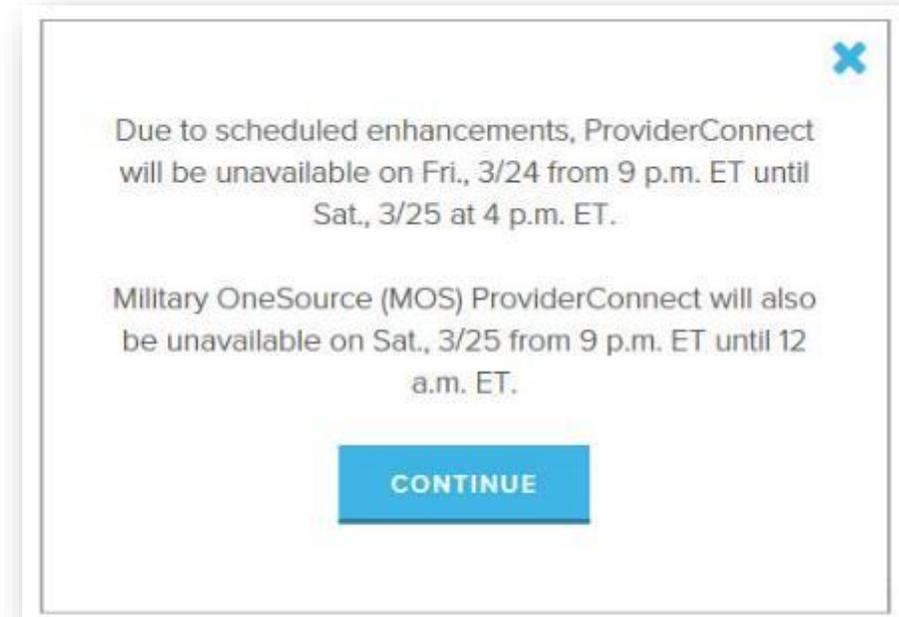
Use this form to make changes on the contact information in your ProviderConnect profile.



System Downtime

Carelon works daily to make enhancements to improve processes for our providers

Provider are notified of system downtime through website popup messages or other provider communications





Member Eligibility and Benefits

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Eligibility Verification

Member Search

Authorization Listing

Enter an Authorization/Notification Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter EAP CAF

Manage Users

Enter an Individual Plan

Enter Case Management Referral

Enter a Referral

Review Referrals

Enter Bed Tracking Information

Search Beds/Openings

Weekly Behavior Analysis Measures

Enter Member Assessment

Enter Member Reminders

YOUR MESSAGE CENTER (8 **NEW**) Message

INBOX

SENT

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge](#)
 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)
 - [Update Monthly Wage Information](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Openings](#)
- ▶ [Update Demographic Information](#)

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Eligibility Verification

Member ID

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	987654321	(No spaces or dashes)
Last Name		
First Name		
*Date of Birth	12021979	(MMDDYYYY)
As of Date	08112005	(MMDDYYYY)

Date of Birth

HealthCare+	HMO
Name JANE DOE	Group # xxx-xxx-xx
ID # xxx-xxx-xxxx	Effective xx-xx-xxxx
	Coverage INDIVIDUAL
	Plan HMO
Copay \$xxx.xx	Rx YES
	RXBIN xxxxxx
	RXPCN xxxxxxx

Click to Continue



Member Demographics

Demographics

Enrollment History

COB

Benefits

Additional Information

Primary Care Provider

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member

Member ID **987654321**
Alternate ID
Member Name **ASLAN, SUSAN**
Date of Birth **12/02/1979**
Address **5 WARDROBE WAY
NARNIA, VA 12345**
Alternate Address
Marital Status -
Home Phone **703 123-4567 X 12345678**
Work Phone
Relationship **1 - Self**
Gender **F - Female**

Eligibility

Effective Date **12/31/2003**
Expiration Date **01/15/2009**
COB Effective Date
[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID **111111111**
Subscriber Name **ROBERTS, JAMES**

Additional Information

CSP Type **AD04 - GMH/ARIZONA ONLY**
Primary Agency **123456 - DEMO SERVICES**
Effective Date **03/01/2007**
Expiration Date
Clinical Liaison **123456 - JANE DOE BHT**

^ Additional Information will appear for Arizona Members ONLY ^

Member Participates in Message Center Communication with Providers? **No**



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Member Enrollment History

Demographics **Enrollment History** COB Benefits Additional Information Primary Care Provider

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member Detail

Subscriber ID	Member ID	Member Name	Group #	Group Name	Account #	Fund	Effective Date	Expiration Date	Date Changed
111111111	123456	ASLAN, SUSAN	00001	Braided Funding Group	GRP1	80BB	11/05/2007	11/05/2008	11/20/2007
222222222	123456	ASLAN, SUSAN	00002	Braided Funding Group	GRP2	80CC	12/06/2007	12/25/2008	12/19/2007

View Member Auths View Member Claims View Empire Claims View GHI-BMP Claims

Enter an Authorization/Notificatio Enter Claim **Send Inquiry** Enter POMS Data

^ This button will appear
^ for SWPA Members only

Click to Communicate with Customer Service



Member Benefits

Demographics Enrollment History COB **Benefits** Additional Information Primary Care Provider

Member eligibility does not guarantee payment. Benefits are as of today's date.
This is a summary of the member's benefits. For additional information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.

Member Detail

Client ID:	GHI
Client Name:	GHI/BMP
Benefit Package(s):	G045

Please click the Benefits link below to launch the Self-Service Portal (SSP) where Member benefits can be viewed.

[Benefits](#)

Click for
Member
Benefits



Member Benefits

Click to Expand

Search Benefits

Benefit Name: Benefits as of:

- 23 Hour Observation Bed
- 72 Hour Observation Bed
- Ambulance
- Applied Behavioral Analysis (ABA)

Check all | Uncheck all | Invert select

Benefit Details

Note: Only members enrolled in CarePlus may be eligible for ABA. If eligible, your benefit is administered by CarePlus/UHC. Please call (877) 261-3340 for ABA benefit, eligibility and claims questions.

Show All | Hide All

+ Ambulance	Covered
+ Applied Behavioral Analysis (ABA)	Covered
+ Biofeedback	Covered
+ Consultation on Medical Floor	Covered
+ Crisis Intervention	Covered
+ Crisis Psychotherapy	Covered
+ Detoxification	Covered





Requesting Authorization

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Authorization Home Screen

1

Authorization Listing

- Enter an Authorization/Notification Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Enter an Individual Plan
- Enter Case Management Referral
- Enter a Referral
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Weekly Behavior Analysis Measures
- Enter Member Assessment

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge](#)
 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)

2

- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)



Disclaimer

Disclaimer

Please note that Carelon recognizes only fully completed and submitted requests as formal requests for authorizations. Exiting or aborting the process prior to completion will not result in a completed request. Carelon does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive a screen noting the pending or approved status of your request. Receipt of this screen is notification that your request has been received by Carelon

Next

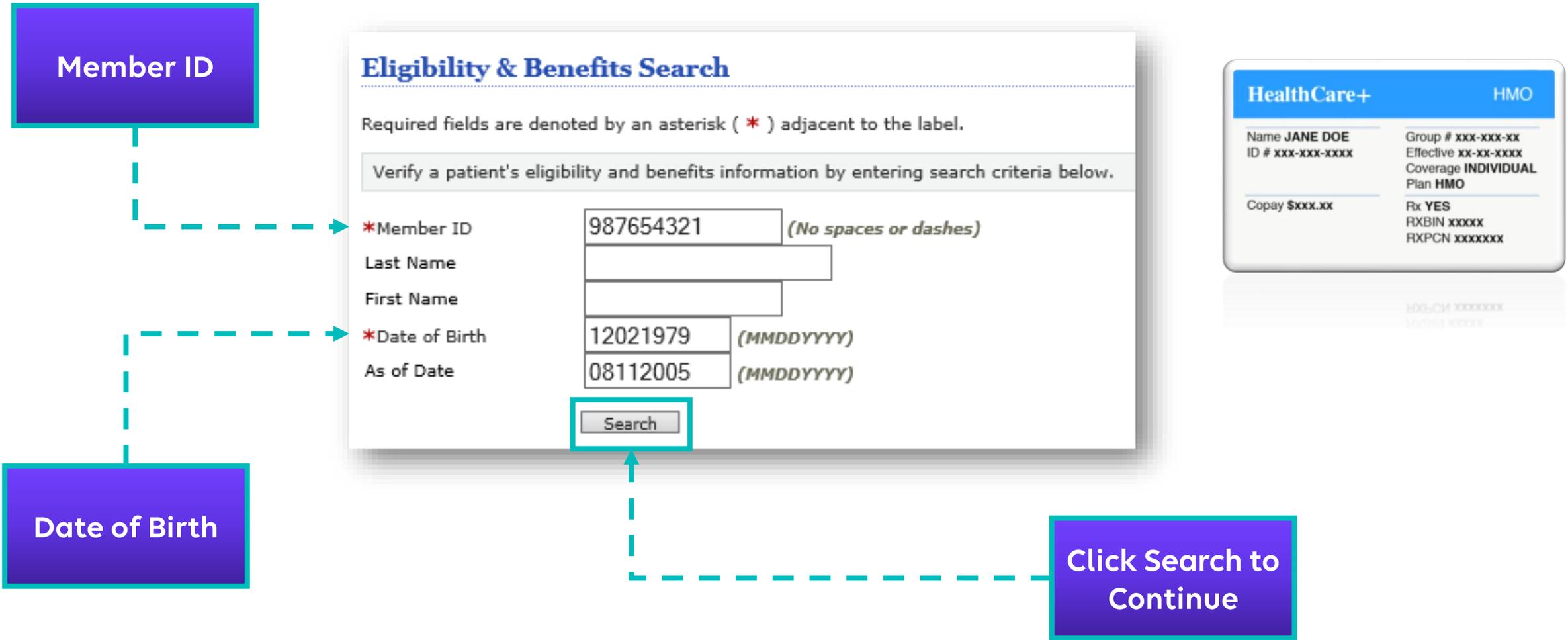
Click Next



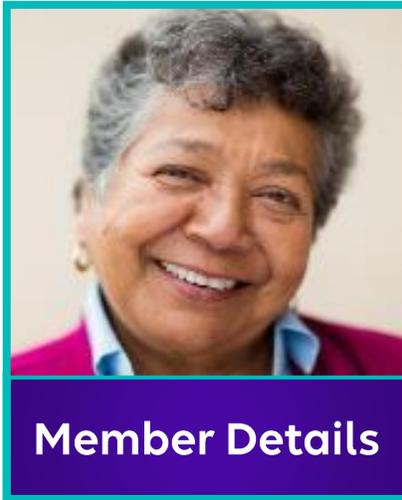
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Eligibility Verification



Member Information



Demographics | Enrollment History | COB | Benefits | Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member	
Member ID	987654321
Alternate ID	11111111
Member Name	ASLAN,SUSAN
Date of Birth	12/02/1979
Address	5 WARDROBE WAY NARNIA, VA 12345
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1 - Self
Gender	M - Male

←



Authorization Diagnosis

Switch Account Provider Home Contact Us Log Out

Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge

Effective Date:
  (MMDDYYYY)

Expiration Date:
  (MMDDYYYY)

Click to Begin



Service Provider

[ProviderConnect Home](#)

Provider

Provider ID: TUMNUS - 123456
Provider Last Name: TUMNUS
Provider First Name: PETER

Select Service Address

Provider	Vendor
Capture Provider ID Last Name First Name Tax ID Service Address Alternate ID	Vendor ID Vendor Last Name Vendor First Name Paid To Vendor ID Pay To Address
<input checked="" type="radio"/> 123456 TAX00001 712345	00003 XYZ ABC 14 BEAVER TRAIL NARNIA, VA 12345 -

Select Provider

Select Service Location

Click Next to Continue



Request Services

[ProviderConnect Home](#)

Requested Services Header

All fields marked with an asterisk (*) are required. Select the Requested Start Date to begin. Please review the Member's benefit coverage before creating this request.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)
10012015

*Level of Service
SELECT...
INPATIENT/HLOC/SPECIALTY
OUTPATIENT

▶ Provider

Tax ID 0000001	Provider ID 123456	Provider Last Name TUMNUS	Vendor ID A00003	Provider Alternate ID 712345
--------------------------	------------------------------	-------------------------------------	----------------------------	-------------------------------------------------

▶ Member

Member ID 987654321	Last Name ASLAN	First Name SUSAN	Date of Birth (MMDDYYYY) 120219791
-------------------------------	---------------------------	----------------------------	----------------------------------------------

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes No

*Document Description: SELECT...
 Click to attach a document Click to delete an attached document

Attached Document:

Select the Level of Service



Requested Services Header

[ProviderConnect Home](#)

Requested Services Header

All fields marked with an asterisk () are required. Select the Requested Start Date to begin. Please review the Member's benefit coverage before creating this request.
Note: Disable pop-up blocker functionality to view all appropriate links.*

*Requested Start Date (MMDDYYYY)  *Level of Service 

*Type of Service *Level of Care *Type of Care

▶ Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456	TUMNUS	A00003	712345

▶ Member

Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
987654321	ASLAN	SUSAN	120219791

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes No

*Document Description:

Click to attach a document *Click to delete an attached document*

Attached Document:



Type of Service
Level of Care
Type of Care



Finishing Request

[ProviderConnect Home](#)

- TYPE OF SERVICES
- CURRENT RISKS
- DIAGNOSIS
- TREATMENT HISTORY
- TREATMENT PLAN
- PSYCHOTROPIC MEDICATIONS
- REQUESTED SERVICES
- RESULTS

PAGE 1 of 8

Requested Services Header

Requested Start Date 03/04/2011	Member Name ASLAN, SUSAN	Provider Name TUMNUS, PETER	Vendor ID A000003	<input type="button" value="Save Request as Draft"/>
Type of Request INITIAL	Member ID 987654321	Provider ID 123456	Provider Alternate ID 71195	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service Substance Abuse	Level of Care Outpatient	Type of Care Behavioral	Authorized User <input type="text"/>

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.



Review an Authorization

Authorization Listing

Enter an Authorization/Notification Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter EAP CAF

Manage Users

Enter an Individual Plan

Enter Case Management Referral

Enter a Referral

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

Weekly Behavior Analysis Measures

Enter Member Assessment

YOUR MESSAGE CENTER (8 **NEW**) Message

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 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)

INBOX

SENT

- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)



Authorization Search

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

Vendor ID

Member ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'



Authorization Search Results

Authorization
Hyperlink

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
This Auth will take to Process Concurrent and Process Step transfer Review flows.					
01-123101-1-2	987654321	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		712345		Outpatient
04-111108-1-4	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		CST
01-011410-48-43	987654321	12/02/1979	12345	A00001	MENTAL HEALTH
	ASLAN, SUSAN		712345		Outpatient
For BHK Members					
01-032819-1-31	987654321	12/02/1979	12345	A00001	CARES IP
	ASLAN, SUSAN		712345		Inpatient
For BHK Members					



Authorization Screen

Summary

Details

Claims

Auth Summary Auth Details Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received

Authorization Header

Member ID	987654321
Member Name	SUSAN ASLAN
Authorization #	01-02232011-1-3
Client Auth # [?]	N/A
Authorization Status	O - Open
From Provider	PETER TUMNUS
Admit Date	01/14/2010
Discharge Date	

- Return to search results
- Send Inquiry
- Complete Discharge Review
- Enter EAP CAF



Resources

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Carelon On Track Outcomes Program

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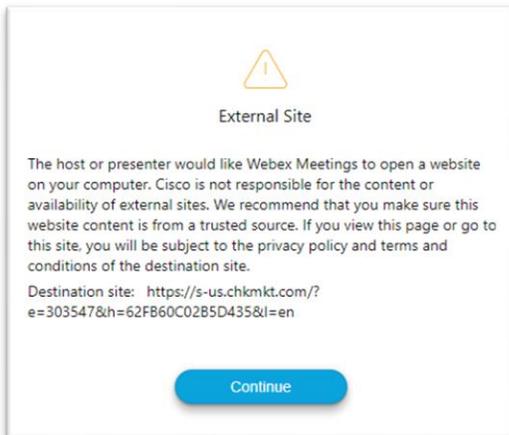
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Contact Carelon

National Provider Service Line

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Phone: 800-397-1630

Authorization and Benefit Support

Contact number on the back of the Member's card

Claims Support

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Provider Portal Support

› Availity Essentials

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Phone: 800-282-4548

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Phone: 888-247-9311

e-supportservices@carelon.com

