



ProviderConnect Overview

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Facilitator



George Hawley
Training Specialist
George.Hawley@Carelton.com



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

House Keeping

- **Webinar Format**

 - Participants Pre-Muted

 - Limits Distractions



- **Q & A Functionality**

 - Ask Questions

 - Answered during and after presentation



- **Presentation Availability**

 - Slides can be accessed online

 - Recorded presentations can be accessed online



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Agenda

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

- Services and Benefits
- Projects and Initiatives
- Accessing the Provider Portal
- Authorizations
- Provider Summary Vouchers
- Demographic Updates
- Member Eligibility and Benefits
- Claims
- Re-Credentialing
- Additional Training Options



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Services and Benefits

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



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/Openings](#)
- ▶ [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.



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

PaySpan

Providers must use PaySpan EFT for electronic fund transfer

Benefits:

Receive payments automatically to bank account of choice

Email notifications immediately upon payment

View remittance advices online and download an 835 file to use for auto-posting purposes



Providers

Significantly increase collections for patient responsibility payments, and boost practice revenue while providing a more satisfying payments experience for your patients.

[LEARN MORE](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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.

The screenshot shows a web interface for signing in or registering. At the top, it says "Sign In". Below that is a "Username" label and a text input field. Underneath the input field is a green button labeled "NEXT". Below the "NEXT" button is a horizontal line with "OR" in the center. Underneath the line is a blue button labeled "REGISTER". At the bottom of the form, there is a small line of text: "The registration process on our site is secure, free and fast!". Below that are two links: "[Forgot your Username or Password?](#)" and "[Need more help?](#)".



Projects and Initiatives

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



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

800-282-4548

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



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Claims Process Improvement (CPI) Project

Claims Analysis & Payment Integrity

Analysis processing rules

Review claims for payment accuracy

Adjust claims when overpayment is identified



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Telehealth Billing Information

- For Telehealth services
 - Submit claims with regular revenue codes, procedure codes and modifiers in addition to adding a Telehealth modifier
- Modifiers
 - Use GT or 95 modifier to indicate Telehealth services.
 - You may need the CR modifier depending on the service and new minimum standards for billing ACT/PRO's/CDT/PHP
- Place of Service (POS)
 - When billing CMS1500 (or electronic equivalent of 837P) use POS – 02 for telehealth services. Please be sure this is always a 2-digit code.
 - When billing UB04 (or electronic equivalent of 837i) use Type of Bill as usual



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



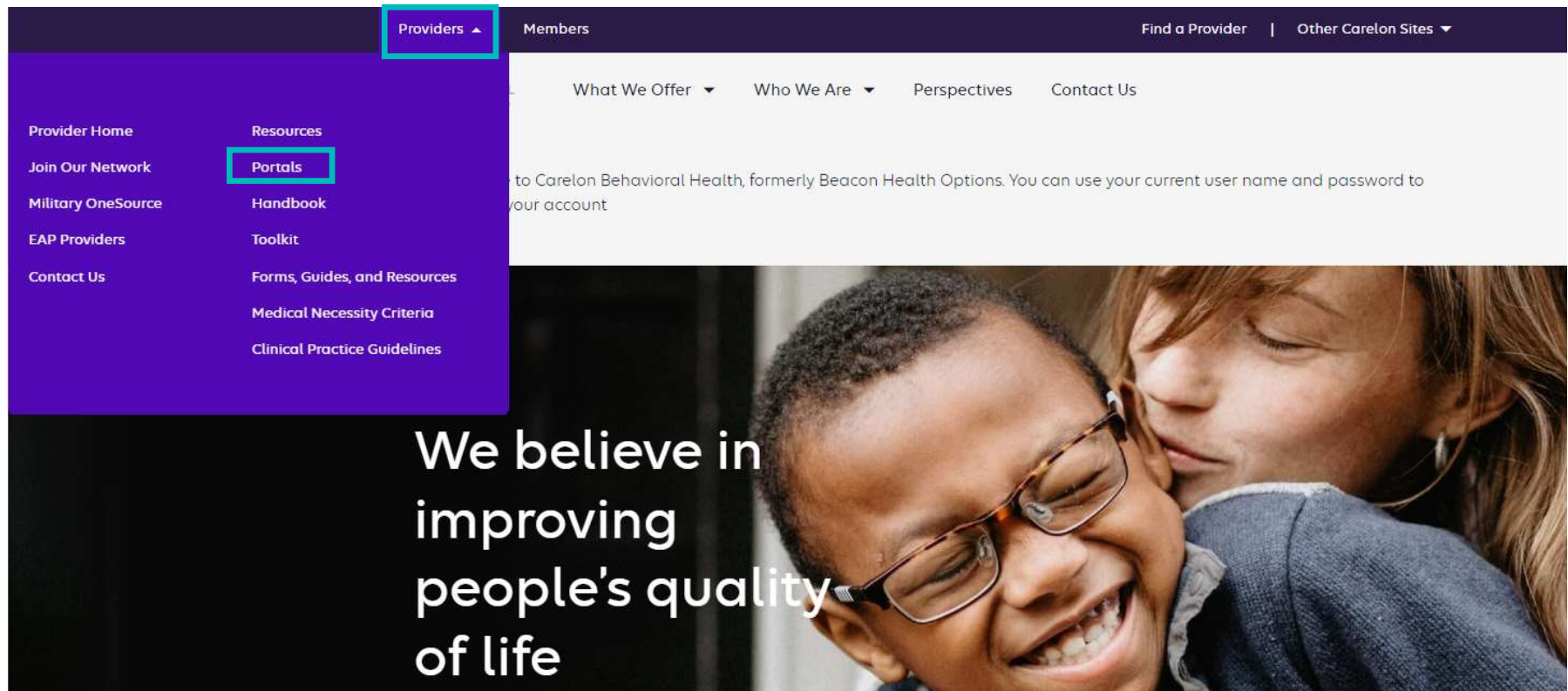
Accessing our Provider Portal

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Carelonbehavioralhealth.com



The screenshot shows the website's navigation menu with 'Providers' and 'Portals' highlighted. The main content area features a banner with the text 'We believe in improving people's quality of life' over a photo of a woman kissing a child.

Providers ▾ Members Find a Provider | Other Carelon Sites ▾

What We Offer ▾ Who We Are ▾ Perspectives Contact Us

to Carelon Behavioral Health, formerly Beacon Health Options. You can use your current user name and password to log into your account

Provider Home
Join Our Network
Military OneSource
EAP Providers
Contact Us

Resources
Portals
Handbook
Toolkit
Forms, Guides, and Resources
Medical Necessity Criteria
Clinical Practice Guidelines

We believe in
improving
people's quality
of life



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Carelonbehavioralhealth.com



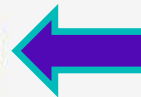
Provider portals

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






Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Logging Into The Portal



Behavioral Health

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 
eServicesdemo01

[Forgot Username](#)

Password 
.....

[Forgot Password](#)

LOGIN

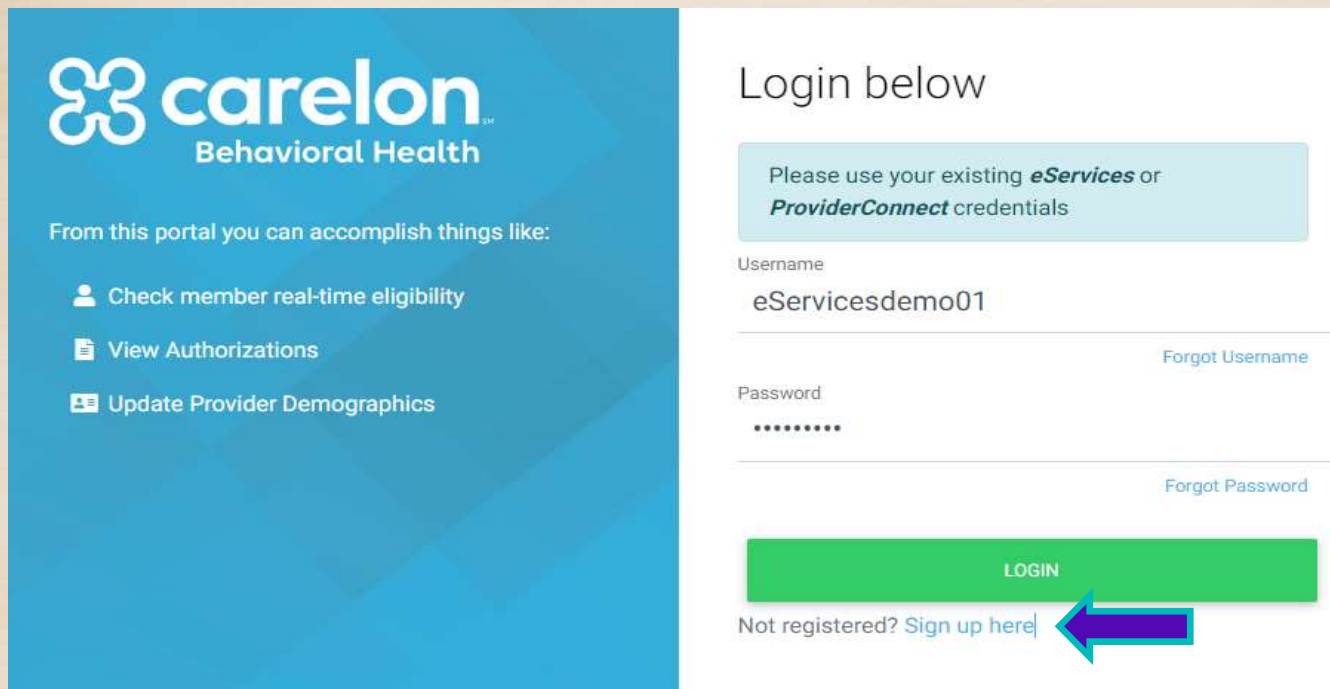
Not registered? [Sign up here](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Forgot User Name / Password



The screenshot shows the Carelon Behavioral Health login interface. On the left is a blue sidebar with the logo and navigation options. On the right is the main login area with fields for Username and Password, a LOGIN button, and a Sign up here link. Three blue arrows point to the 'Forgot Username' and 'Forgot Password' links, and the 'Sign up here' link.

carelon
Behavioral Health

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
eServicesdemo01

Forgot Username

Password
.....

Forgot Password

LOGIN

Not registered? [Sign up here](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Registering an Account

**NPI & Tax ID
required to
register**

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

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

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@Carelton.com | Verify Primary Email Address* george.hawley@Carelton.com | Secondary Email Address

Phone Number* 5185554970 | Ext | Fax Number

Username* TRAINER | Password* ***** | Confirm Password* *****

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

**Username and
Password**

Phone Number

**Password
Requirements**




Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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 

NEXT

BACK TO LOGIN

Enter Answer and Confirm

Drop Down to select a security question

Click "Next"



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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*

Confirm the Answer to the Security Question*

COMPLETE REGISTRATION

**If Correct
Click
"Complete Registration"**



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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.



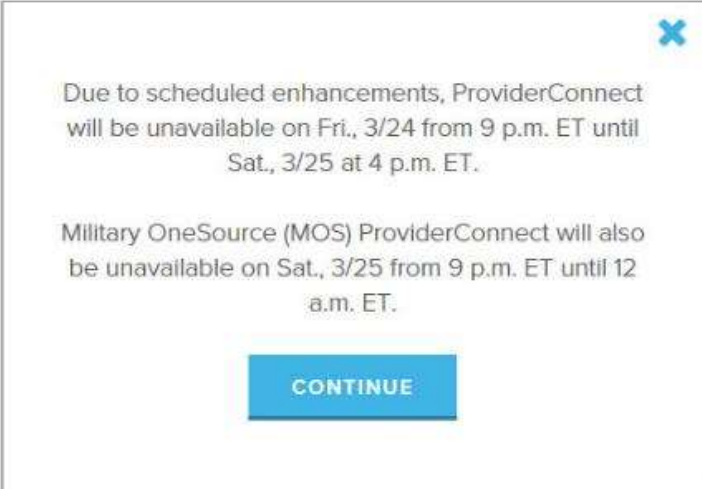
Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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



The screenshot shows a white rectangular popup message with a thin grey border. In the top right corner, there is a small blue 'X' icon. The message contains two paragraphs of text and a blue button at the bottom. The first paragraph states that ProviderConnect will be unavailable on Friday, 3/24 from 9 p.m. ET until Saturday, 3/25 at 4 p.m. ET. The second paragraph states that Military OneSource (MOS) ProviderConnect will also be unavailable on Saturday, 3/25 from 9 p.m. ET until 12 a.m. ET. The button is blue with the word 'CONTINUE' in white capital letters.

Due to scheduled enhancements, ProviderConnect will be unavailable on Fri., 3/24 from 9 p.m. ET until Sat., 3/25 at 4 p.m. ET.

Military OneSource (MOS) ProviderConnect will also be unavailable on Sat., 3/25 from 9 p.m. ET until 12 a.m. ET.

CONTINUE



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Member Eligibility and Benefits

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



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

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](#)
- [Update Monthly Wage Information](#)

▼ [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/Openings](#)

▶ [Update Demographic Information](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Eligibility Verification

Member ID

Date of Birth

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 (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

Click to Continue

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 xxxxx
	RXPCN xxxxxxx



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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**



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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**



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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](#)

View Member Auths

View Member Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth/Notification Request

Send Inquiry

Click for
Member
Benefits



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Member Benefits

Click to Expand

Search Benefits

Benefit Name:
 23 Hour Observation Bed
 72 Hour Observation Bed
 Ambulance
 Applied Behavioral Analysis (ABA)
Check all | Uncheck all | Invert select

Benefits as of:

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

<input type="checkbox"/> Ambulance	Covered
<input type="checkbox"/> Applied Behavioral Analysis (ABA)	Covered
<input type="checkbox"/> Biofeedback	Covered
<input type="checkbox"/> Consultation on Medical Floor	Covered
<input type="checkbox"/> Crisis Intervention	Covered
<input type="checkbox"/> Crisis Psychotherapy	Covered
<input type="checkbox"/> Detoxification	Covered



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Member Reminders



Enter Member Reminders

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](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)
- ▶ [Enter Member Assessment](#)
- ▶ [Enter Member Reminders](#)
- ▼ [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/Openings](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Locate Member

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	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="09142010"/>	(MMDDYYYY)

**Enter ID and
DOB then
Click Search**

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

Click Next



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Enter Member Reminder

Header Info

Member ID	987654321	Member Name	SUSAN, ASLAN
-----------	-----------	-------------	--------------

Enter Member Reminders

▶ [How would you like to receive your Appointment and Medication reminders?](#)

▶ [Appointment Reminders](#)

(After Clicking SAVE another reminder can be added.)

Current Appointment Reminders

Physician Name	Appointment Date	Appointment Time	
----------------	------------------	------------------	--

No records found.

▶ [Medication Reminders](#)

(After Clicking SAVE another reminder can be added.)

Current Medication Reminders

Medication Name	Reminder	Time 1	Time 2	Time 3	Time 4	
	Refill	Days Supply		Last Date Refilled		

No records found.

**Click to
Enter
Reminder**



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Requesting Authorization

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



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](#)



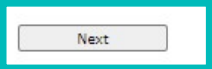
Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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 pended or approved status of your request. Receipt of this screen is notification that your request has been received by Carelon



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Eligibility Verification

Member ID

Date of Birth

Click Search to Continue

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)

Search

HealthCare+ HMO

Name JANE DOE
ID # xxx-xxx-xxxx

Group # xxx-xxx-xx
Effective xx-xx-xxxx
Coverage INDIVIDUAL
Plan HMO

Copay \$xxx.xx

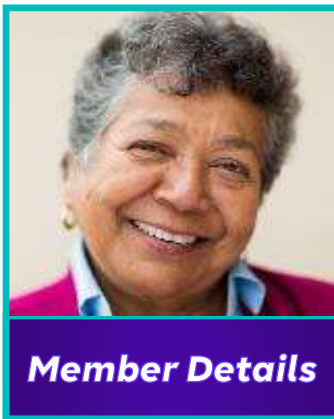
Rx YES
RXBIN xxxxxx
RXPCN xxxxxxxx



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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

←



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Service Provider

[ProviderConnect Home](#)

Provider

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

Select Service Address

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

Select Provider

Select Service Location

Click Next to Continue



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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:

Attached Document: Click to attach a document Click to delete an attached document



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



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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	Save Request as Draft
Type of Request INITIAL	Member ID 987654321	Provider ID 123456	Provider Alternate ID 71195	NPI # for Authorization 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.



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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

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](#)
- ▼ [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](#)

Copyright 2023, Celon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Celon Behavioral Health, Inc.



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 '|'



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

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 >>](#)

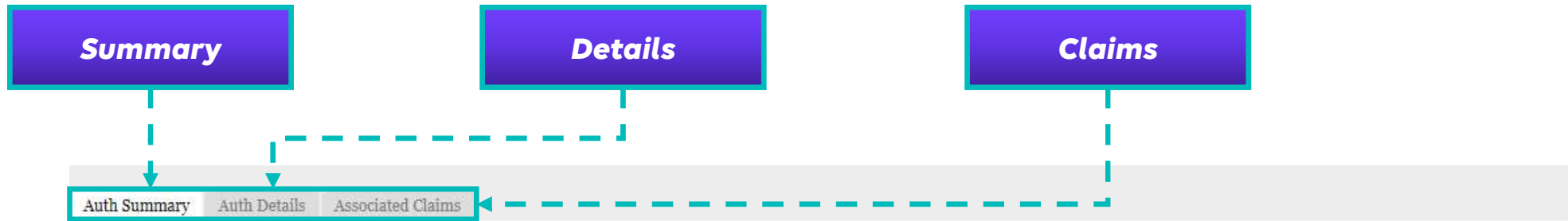
Auth # Y	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
This 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					



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Authorization Screen



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

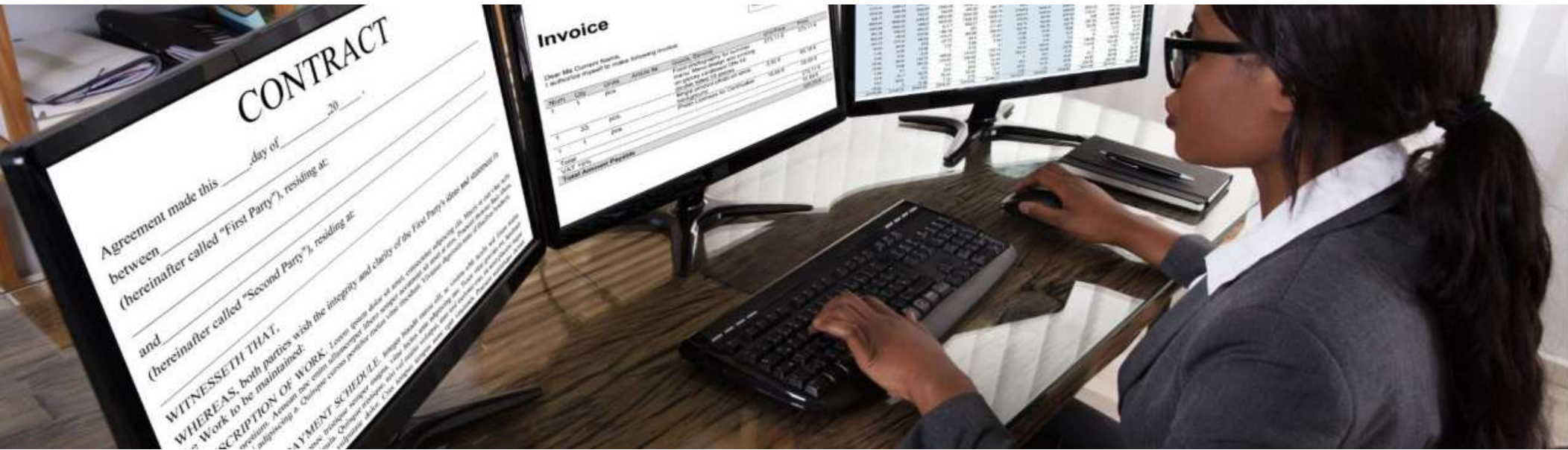
Member ID	987654321
Member Name	SUSAN ASLAN
Authorization #	01-02232011-1-3
Client Auth # [?]	N/A
Authorization Status	O - Open
From Provider	PETER TUMNUS
Admit Date	01/14/2010
Discharge Date	

- [Return to search results](#)
- [Send Inquiry](#)
- [Complete Discharge Review](#)
- [Enter EAP CAF](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Reimbursement Requests

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Direct Claim Submission

- Provides ability to enter a claim directly into the provider portal without using special software
- Expedites processing of the claim and payment
- Available for professional services only, not higher levels of care
- Recommended for providers submitting a lower volume of outpatient claims



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Entering a Single Claim

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

Click on inbox to view your messages



Click

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 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](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Claim Information

Select Service Provider Address

Provider

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

Select Service Address

Capture	Vendor ID	Service Address	Pay To Address
<input type="radio"/>	ABC003	PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA, VA 12345-1234	ABC VENDOR 15 HOKIE LANE STE D NARNIA, VA 12345-1234

Member Information

Submit A Claim - Step 1 of 3

- *Member ID: 987654321 (X-digits, no spaces or dashes)
- Member Name: (First Last)
- Member Account #: (X-digits, no spaces or dashes)
- *Member DOB: 12021979 (MMDDYYYY)
- *First Date of Service: 03202009 (MMDDYYYY - Enter Earliest Date of Service for this claim)
- *Is this claim being billed under EAP Services? Yes No



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Continued Steps

Claim Frequency

Submit A Claim - Step 2 of 3

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

member ID 987654321	member Name SUSAN ASLAN	Birth Date 12/02/1979	NPI Number 987654321	Service Address 14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234	Pay To Address 14 BEAVER TRAIL, STE C, NARNIA, VA 12345-1234
------------------------	----------------------------	--------------------------	-------------------------	--	---

Frequency Type ORIGINAL	Original Reference Number	Prior Authorization Number
----------------------------	---------------------------	----------------------------

ORIGINAL
 CORRECTED
 REPLACEMENT
 VOID

(ORP) provider's number or NPI on the claim. Populate the **ORP Number** and select the **Qualifier** or enter **ORP NPI** and select the **Qualifier** for services that require an ORP provider's information. If ORP Number or ORP NPI are populated, **ORP/Supervising First Name** and **ORP/Supervising Last Name** are required.

ORP Number **Qualifier** **ORP NPI** **Qualifier**

ORP/Supervising First Name **ORP/Supervising Last Name**

Service Information

Submit A Claim - Step 3 of 3

Service Line Entry

* Service From 12122008 <small>(MMDDYYYY)</small>	* Service Through <input type="text"/> <small>(MMDDYYYY)</small>	* Service Code <input type="text"/> <small>(ex: 86753)</small>	Modifier Code 1 <input type="text"/> <small>(no spaces or dashes)</small>	Modifier Code 2 <input type="text"/> <small>(no spaces or dashes)</small>	Modifier Code 3 <input type="text"/> <small>(no spaces or dashes)</small>	Modifier Code 4 <input type="text"/> <small>(no spaces or dashes)</small>	
* Charge Amount (\$) <input type="text"/> <small>(ex: 123.45)</small>	* Place of Service <input type="text"/> <small>(00 - 99)</small>	* Units <input type="text"/> <small>(3-digits)</small>					
* Diagnosis Code 1 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 2 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 3 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 4 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 5 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 6 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 7 <input type="text"/> <small>(ex: 765.4)</small>	Diagnosis Code 8 <input type="text"/> <small>(ex: 765.4)</small>

Primary Payer		Secondary Payer		Tertiary Payer	
COB Payer Paid 1 <input type="text"/> <small>(ex: 99999.99)</small>	COB Units Paid 1 <input type="text"/> <small>(ex: 999)</small>	COB Payer Paid 2 <input type="text"/> <small>(ex: 99999.99)</small>	COB Units Paid 2 <input type="text"/> <small>(ex: 999)</small>	COB Payer Paid 3 <input type="text"/> <small>(ex: 99999.99)</small>	COB Units Paid 3 <input type="text"/> <small>(ex: 999)</small>

This will add this service line information to the claim



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Batch Claim Submission

- Allows you to upload HIPAA 5010 compliant files directly to Carelon
- Expedites processing of the claim and payment
- Available for all levels of care
- Recommended for facilities and providers submitting a higher volume of claims
- Must have **EHR** to generate batch files
- Payer ID
- **FHC & Affiliates**, unless otherwise directed
 - Clearinghouses have their own five digit payer ID for Carelon
 - Contact your clearinghouse to see what payer ID is required



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Submitting a Batch

- 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
- EDI Homepage**
- Open IDD Portal

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](#)
- [Update Monthly Wage Information](#)
- [View Clinical Drafts](#)
- [Weekly Behavior Analysis Measures](#)

▼ [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/Openings](#)

▶ [Update Demographic Information](#)

▶ [Update Roster Information](#)

▶ [Update ABA Paraprofessional Roster Information](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

File Submission

Home
Submit Batch File
Search Files
Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it
****Signature must be on file.**

Previous Batch File Submissions

Submission #	Result	Date Received	Form #
0058040348	Failed Validation	01/04/2008 3:03:01 PM	ENC837i
0057190346	Passed Validation	01/02/2008 4:52:54 PM	837p

Incoming Files

File Name	Date Posted	File Size
004a120313	06/01/2005 05:11:49 PM	553020



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Steps

Submit Batch File - Step 1 of 4

To submit a claims batch file, begin with step 1 below.

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

* Form Type

Next

Cancel

Form Type
837i
837p



Total Claims
Total Dollars

Submit Batch File - Step 2 of 4

Next, enter information in the fields below. This information will be used to validate the actual file that is received in Step 3 of this process.

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

- * How many claims are in this file? (ex. "35889")
- * What is the total dollar amount? (ex. "35889.00")

Next

Cancel



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Steps Continued

Submit Batch File - Step 3 of 4

Enter the batch file to upload or click Browse to search your local hard drive. Click Upload to begin batch file transfer. This file should be formatted in the [pre-defined](#) format.
Required fields are denoted by an asterisk (*) adjacent to the label.

* Upload file
(Select a file from your local hard drive)

Note:

- only text and Zip files may be uploaded.
- All files must be at least 50 bytes in size.
- Compressed files may be uploaded and can contain uncompressed text files up to 1GB in size.
- Compressed files cannot be password protected.

For more information on compressing your files using ZIP, please visit the [WinZip](#) site if you are using a PC or the [MacZip](#) site if you are using an Apple computer.

All files will be scanned using McAfee VirusScan to ensure processing by our systems.



Submit Batch File - Step 4 of 4

Results:

File successfully uploaded.

A report on the outcome of your submission will be sent to the registered internet e-mail address. Please verify email address below.

Submission # **00000001**
Date/Time Received **8/18/2005 11:01:39 AM**

Important: Please print this page for future reference.



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

EAP Case Activity Form (CAF) Submission

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 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](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.




Authorization Search

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.

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 by
If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[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 EAP
	ASLAN, SUSAN		712345		
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral Inpatient
	ASLAN, SUSAN		712345		



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Entering EAP CAF

Provider Home Contact Us Log Out

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	Return to search results
Member Name	SUSAN ASLAN	Send Inquiry
Authorization #	01-02232011-1-3	Complete Discharge Review
Client Auth # [?]	N/A	Enter EAP CAF
Authorization Status	O - Open	
From Provider	PETER TUMNUS	
Admit Date	01/14/2010	
Discharge Date		



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Online CAF Key Points



EAP Case Activity and Billing Form

CAF Date
12/19/2012

Client Company/Organization
UNITED STATES COAST GUARD

*Billing Type
SELECT...
INTERIM
FINAL

Participant Relationship to Employee

Select Billing Type



Complete all *Case Opening* questions for both “Interim” and “Final” billing type

Complete all *Case Closing* questions if “Final” was selected for billing type



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

[CASE ACTIVITY FORM](#) | [SELECT SERVICE ADDRESS](#) | [STEP 1 OF 2](#) | **STEP 2 OF 2** | [RESULTS](#)

PAGE 4 of 5

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

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	SUSAN ASLANS	12/31/1979	1477642593	14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234	14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234

To enter detail service lines for the claim, please follow these steps:

1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.

Service Line Entry

*Service Date *Units

(MMDDYYYY) (3-digits)

This will add this service line information to the claim

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

This will remove the service line selected above | This will submit the entire claim (including all service lines added) | This will return to the preceding data entry page

Case Activity

Enter Service Date & Units

Address

1st DOS

MOS

Only One

DOS

Allowed

Add Service Line



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Summary Page

Billing Summary

Print Options

[ProviderConnect Home](#)

Submission Status : ***** CASE ACTIVITY & BILLING FORM SUBMITTED SUCCESSFULLY *****

Your Case Activity & Billing Form has been successfully submitted.

Member Name SUSAN ASLAN	Member ID 987654321	Member DOB 12/02/1979	Subscriber Name SUSAN ASLAN	Subscriber ID 987654321
Authorization # 01-011410-48-43	Client Authorization # 0003541789	Claim # 01- 051810- 4065- 1		
Date of Admission/ Start of Services 05/18/2010	Requested From 05/18/2010	Submission Date 05/18/2010		
Level of Service EAP				
Provider Name & Address PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345	Provider ID 123456	Provider Alternate ID 712345	NPI Number	Vendor ID ANNN03

Claim Details

Line #	Service Date		Service Code Place of Service	Modifier Code		Charge Amount (\$)	Diagnosis Code 1	To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date		Modifier Code 3	Modifier Code 4					Allowed	Deductible	Pre-Paid	COIN	CoPay	
1	12/12/2008	12/12/2008	AEA 11	60		60.00	300.00	60.00	0	60.00	0.00	0.00	0.00	0.00	

Submission Printing Options
(For the best print results, please print in 'Landscape' format)

<input type="button" value="Print Submission Result"/> <small>Print the Results page (this page)</small>	<input type="button" value="Print Submission"/> <small>Print the entire Submission</small>	<input type="button" value="Download Submission"/> <small>Download the Submission in a PDF file</small>
---	---	--



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Provider Summary Vouchers

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Provider Summary Vouchers

Switch Account 123456-General Account Provider Home Contact Us Log Out



Welcome PETER TUMNUS

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 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](#)



**Provider
Summary
Vouchers**



Copyright 2023, Carelon Behavioral Health, Inc.


No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Search by Provider

Search By Provider Search By Check





Search Provider Summary Voucher by Provider

Please disable the popup blocker to view the Summary Voucher.

Provider ID 

Tax ID  OR Vendor ID 

Check # (No spaces or alpha characters)

Paid Date Range  From  Through  (MMDDYYYY) 

Search 

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------



Copyright 2023, Carelon Behavioral Health, Inc.


No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Search by Check

[Provider Home](#) [Contact Us](#) [Log Out](#)

Search By Provider **Search By Check**

Search Provider Summary Voucher by Check Please disable the popup blocker to view the Summary Voucher.

*Check #	<input type="text" value="216329"/> (No spaces or alpha characters)
*Check Amount	<input type="text" value="3124.92"/>
*Paid Date	<input type="text" value="08262014"/>  (MMDDYYYY)

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------




Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Provider Summary Voucher Results

Search By Provider **Search By Check**

Search Provider Summary Voucher by Check **Please disable the popup blocker to view the Summary Voucher.**

*Check # (No spaces or alpha characters)
*Check Amount
*Paid Date  (MMDDYYYY)

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
View	PETER TUMNUS	A00003	08/26/14	0000216329	3124.92



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Re-Credentialing

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Re-credentialing in ProviderConnect

- Carelon prefers that providers participate with CAQH and maintain current attestation and credentialing materials
- The Practitioner re-credentialing application is accessible through an individual ProviderConnect account (Not group accounts)
- Allows for submission of required forms, such as the Disclosure of Ownership Form
- Available for most contracts and provider types



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Provider Data Sheet

Re-Credentialing

The screenshot shows a provider portal interface. At the top, there is a navigation bar with 'Switch Account' set to '123456-General Account', and links for 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand navigation menu lists various functions such as 'Home', 'Specific Member Search', 'Register Member', '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', 'Enter Member Reminders', 'EDI Homepage', 'Open IDD Portal Reports', 'Print Spectrum Release of Information Form', 'My Online Profile', 'My Practice Information', and 'Provider Data Sheet'. The 'Provider Data Sheet' link is highlighted with a red box and a red arrow pointing from the 'Re-Credentialing' box. The main content area displays a 'Welcome PETER TUMNUS' message, a 'YOUR MESSAGE CENTER (8 NEW) Message' section with 'INBOX' and 'SENT' icons, and a 'WHAT DO YOU WANT TO DO TODAY?' section with a list of links including 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Authorization Requests', 'Enter or Review Claims', 'Enter or 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', 'Enter Member Assessment', 'Enter Member Reminders', and 'Enter or Review BHSD Submissions'.




Copyright 2023, Carelton Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelton Behavioral Health, Inc.


Re-credentialing Screens in ProviderConnect

[1. Provider](#) | [2. Referral](#) | [3. Practice](#) | [4. Education](#) | [5. License/Certification](#) | [6. Insurance](#) | [7. Work History](#) | [8. EAP Counselor](#) | [9. Disability Provider](#) | [10. FFD Specialist](#) | [11. Provider Profile](#) | [12. Attestation](#) | [13. W-9](#)



1. PROVIDER INFORMATION

A. DEMOGRAPHIC INFORMATION

Last Name*	First Name*	MI	Gender
<input type="text" value="TUMNUS"/>	<input type="text" value="PETER"/>	<input type="text"/>	<input type="radio"/> Female <input type="radio"/> Male
			<input type="radio"/> Unknown
Mailing Address Line 1*	Mailing Address Line 2	State*	Zip*
<input type="text" value="14 BEAVER TRAIL"/>	<input type="text" value="STE C"/>	<input type="text" value="VA"/>	<input type="text" value="12345"/>
City*	County		
<input type="text" value="NARNIA"/>	<input type="text"/>		
Fax: (include area code)*	Telephone: (include area code)*		
<input type="text" value="5555555555"/> Ext: <input type="text"/>	<input type="text" value="5555555555"/> Ext: <input type="text"/>		
Mobile Phone	Pager		
<input type="text"/>	<input type="text"/>		
Social Security Number*	Date of Birth*	Professional Designation or Title*	
<input type="text" value="123456"/>	<input type="text" value="12021979"/> 	<input type="text" value="ABC"/>	
Indicate any other name you may have used in the past(e.g., maiden name, etc.)	Internet E-mail address*		
<input type="text"/>	<input type="text" value="ABC.XYZ@HOTMAIL.COM"/>		

is engaging in an automated approach to managing and maintaining your network Provider file information. As a network Provider this automated system will immediately update any change you submit regarding your practice and billing activities (i.e. address/phone number changes) and will automatically notify you of our need for you to submit updated license renewals and malpractice information.
To take advantage of this paperless and automated system, indicate your preferred method of communication, including the day and the time that is most convenient.



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Demographic Updates

Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.



Demographic Updates

FIRST: Always review, update, and attest through CAQH for consistency of provider data

Review information on a regular basis to ensure member referral information is accurate

Phone numbers	Fax numbers	Email addresses	Website URLs
Billing addresses	Mailing address	Disability access	Office hours
Service addresses	Foreign languages	Accepting new patients	Update Tax ID with W9 upload*

***Tax ID update takes 3-5 business days for validation**

If unable to update demographic information online, contact Carelon for assistance



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Demographic Updates

Switch Account: 123456-General Account | Provider Home | Contact Us | Log Out

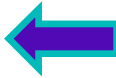
Welcome PETER TUMNUS .

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](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)
- ▶ [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](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Demographic Update Features

Edit Information

View Billing Address

Remove Information

PETER TURNER

Hailing Address

ID: 123456
 Address: 123 Main St, ABC, VA 12345, Country US
 Phone: 888-888-8888
 Website address: TESTEMAIL@BEACONHEALTHOPTIONS.COM
 ProviderConnect Email: TESTEMAIL@BEACONHEALTHOPTIONS.COM
 Correspondence Email: TESTEMAIL@GMAIL.COM

Identify any foreign language(s) or non-English text you use frequently in billing patients

This is required information for network participation. When you press submit, you attest your responses are accurate. Review any required documentation to verify the information.

Medical Provider Type: AMER. DISTED MD OF GENERAL PRACTICE
 Specialty Populations:
 Physically & Developmentally Disabled: Y
 Children & Foster Children: Y
 Adults & the Aged: N
 Non-English Speaking: N
 Members with Complex Behavioral or Physical Health Needs: Y
 Members with HIV: N
 Frail Elderly: Y
 Members who are released from DOC/Jail: Y

Provider Completed Training for Cultural Competency: Y

Service Location Information

The list below shows the current Service Locations for the Provider shown above. If you wish to view the Service Address corresponding Billing Location, click the green "Show" tab to expand the selection.

Set Dr: ID: Name: City: State

Service Address

ID: A00003
 Provider Type: CLINIC
 Name: PETER TURNER
 Address: 123 Main Street, ABC, VA 12345, Country US
 Phone: (888) 888-8888
 Fax: (777) 777-7777

Office Hours: Accepting New Patients: Yes, No, or Variable
 Disability Access: Yes, No, or Variable
 Public Transportation Access: Yes, No, or Variable
 Medical Payment Size Limit: Medical Provider Location ID
 Provider ADA Compliant: Yes, No, or Variable

Provider Demographics

Hailing Address

ID: 123456
 Address: 123 Main St, ABC, VA 12345, Country US
 Phone: 888-888-8888
 Website address: TESTEMAIL@BEACONHEALTHOPTIONS.COM
 ProviderConnect Email: TESTEMAIL@BEACONHEALTHOPTIONS.COM
 Correspondence Email: TESTEMAIL@GMAIL.COM

Identify any foreign language(s) or non-English text you use frequently in billing patients

This is required information for network participation. When you press submit, you attest your responses are accurate. Review any required documentation to verify the information.

Medical Provider Type: AMER. DISTED MD OF GENERAL PRACTICE
 Specialty Populations:
 Physically & Developmentally Disabled: Y
 Children & Foster Children: Y
 Adults & the Aged: N
 Non-English Speaking: N
 Members with Complex Behavioral or Physical Health Needs: Y
 Members with HIV: N
 Frail Elderly: Y
 Members who are released from DOC/Jail: Y

Provider Completed Training for Cultural Competency: Y

Service Location Information

The list below shows the current Service Locations for the Provider shown above. If you wish to view the Service Address corresponding Billing Location, click the green "Show" tab to expand the selection.

Set Dr: ID: Name: City: State

Service Address

ID: A00003
 Provider Type: CLINIC
 Name: PETER TURNER
 Address: 123 Main Street, ABC, VA 12345, Country US
 Phone: (888) 888-8888
 Fax: (777) 777-7777

Office Hours: Accepting New Patients: Yes, No, or Variable
 Disability Access: Yes, No, or Variable
 Public Transportation Access: Yes, No, or Variable
 Medical Payment Size Limit: Medical Provider Location ID
 Provider ADA Compliant: Yes, No, or Variable



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Resources

Availity Resources

[Availity Essentials Provider Resources | Carelon Behavioral Health](#)

Carelon On Track Outcomes Program

[On Track Outcomes Program | Carelon Behavioral Health](#)

Carelon Administrative Forms: Billing and Claims

[Administrative Forms | Carelon Behavioral Health](#)

Carelon Online Portal

[Provider Portal](#)

Webinar Archives and upcoming webinar schedule

[Trainings | Carelon Behavioral Health](#)



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Post-webinar Survey

Your opinion matters

***Please complete a short simple survey
at the end of our webinar***

***Your honest responses will help us to
improve our training***



Copyright 2023, Carelon Behavioral Health, Inc.

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Carelon Behavioral Health, Inc.

Thank You

Contact Us



Carelon Behavioral Health		
Website and EDI	<p>eServices Phone: 866-206-6120 eServices@Carelon.com</p> <p>Electronic Data Interchange Phone: 888-204-5581 EDI.Operations@Carelon.com</p>	<p>EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET</p> <p>Phone: 888-247-9311 e-supportservices@Carelon.com</p>
PaySpan	<p>PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com</p>	<p>Unable to locate your registration code?</p> <p>Email: corporatefinance@Carelon.com Reply will be received within three business days</p>
Provider Relations	<p>National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team</p>	