



eServices Orientation

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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



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Agenda

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

- Projects and Initiatives
- Account set-up and Administration
- Eligibility Verification
- Authorization Submission
- Authorization Status
- Claim Submission
- Claim Status
- Claim Re-submission



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Projects and Initiatives

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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



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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 \(FAQ\)](#).

***eServices 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.



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eServices

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E-Commerce

- Providers in the Carelon network are encouraged to electronically conduct all routine transactions.
- Benefits of E-Commerce
 - **Lower administrative costs**
 - eService is free
 - No need for claim forms
 - **Saves time**
 - No need to mail in claims or authorizations
 - No holding on phone lines to check a Member's eligibility
 - **Electronic fund transfer through Payspan[®]**



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eServices

What are eServices?

This is a free service that Carelon offers to all contracted and in-network providers. The goal of using eServices is to make clinical, administrative, and claims transactions **easy** to do. By utilizing eServices you will be able to perform the following:

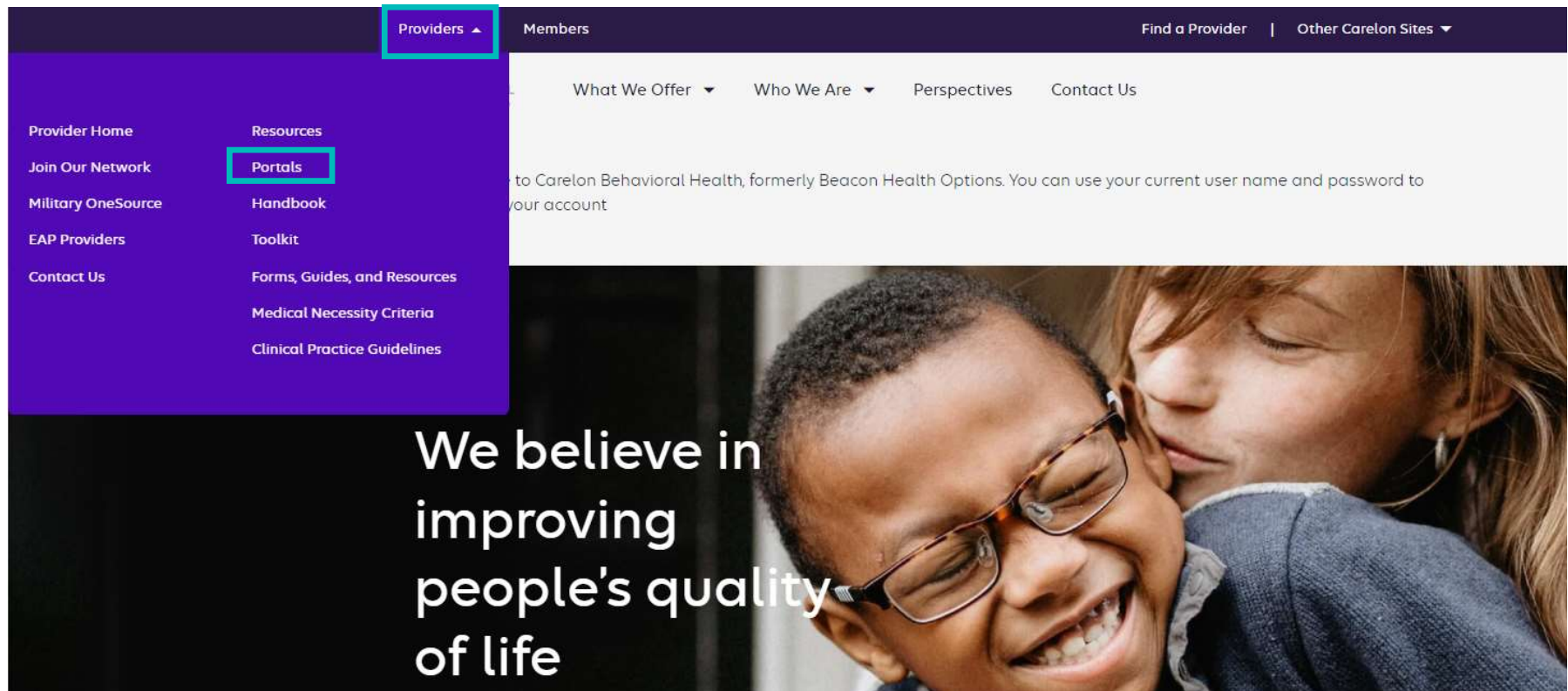
- **Submit claims and outpatient services requests (when needed)**
- **Verify member eligibility**
- **Confirm outpatient services status**
- **Check claim status**
- **Update and edit provider site information**
- **View claims performance information**
- **Access to provider manuals, forms, bulletins and mailings**
- **View or print frequently asked questions (FAQs)**



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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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Carelonbehavioralhealth.com

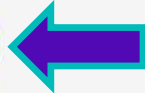


Provider portals

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](#) 






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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

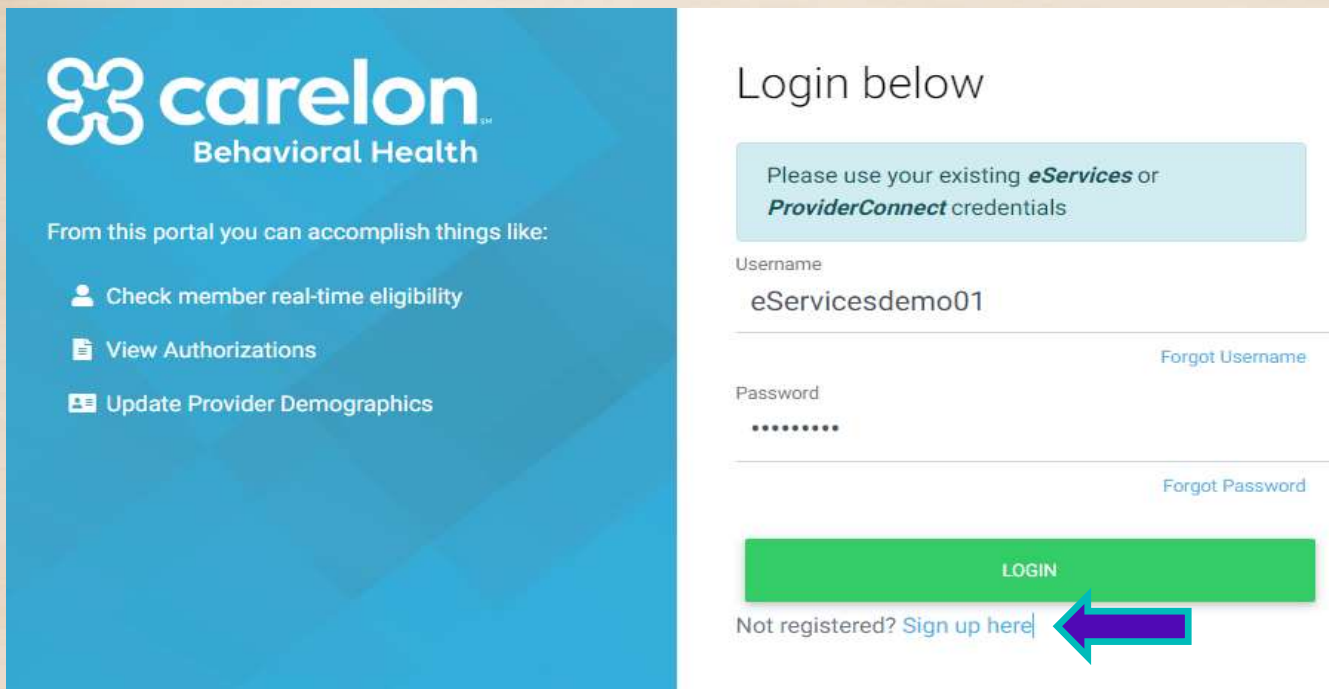
Not registered? [Sign up here](#)




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Forgot User Name / Password




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](#) 



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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*	Last Name*	Contact Name
George	Hawley	George Hawley
NPI Number*	Tax ID*	Group, Facility, or Clinic Name
1234567890	55555555	
Primary Email Address*	Verify Primary Email Address*	Secondary Email Address
george.hawley@Carelton.com	george.hawley@Carelton.com	
Phone Number*	Ext	Fax Number
5185554970		
Username*	Password*	Confirm Password*
TRAINER	*****	*****

✓ 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**




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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"



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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"**



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Account Administrators

Account Administrators

- First registrant
- Activate users
- Edit Permissions

Eligibility/Benefits	▼
Authorization	▼
PsychTesting	▼
NOA	▼
Clinical Stabilization Services	▼
SUD Resi Admissions	▼
Detox/DDAT MA	▼
Detox RI	▼
WellSense SUD NOA	▼
Carelon Behavioral Health Select Program	▼
FARS/CFARS Assessment	▼
Claims	▼
Provider Information	▼
Provider Reports	▼
Managing Entity Data System	▼
Auth File Upload	▼
Auth File Download	▼
Care Coordination Program	▼
Capitation	▼
IOP Extension and Discharge	▼
Discharge	▼
Manage Users	▲
Manage Accounts	▼
Alerts (0)	▼

Manage Users

Activate users and edit permissions for eServices user accounts.



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Active Users

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health
- Select Program
- FARS/CFARS Assessment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- IOP Extension and Discharge
- Discharge
- Manage Users
- Manage Accounts
- Alerts (0)

Manage Users

Show ONLY active accounts

Username	Name	City	State	Email	Account Locked	Account Active
Edit webdev	Apps, Web			webapplications@beaconhealthoptions.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Edit testdemouser	dhyaputal, naga	Boston	MA	naga.dhyaputal@beaconhs.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit kamran.khan@beaconhealthoptions.com	Khan, Kam			kamran.khan@beaconhealthoptions.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit mkonicov	konicov, marc	Woburn	MA	marc.konicov@beaconhs.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit nhptestUser	Patel, Berish			nhptest@beaconhealthoptions.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit eServicesDemo01	Trainer, eServices	Marblehead	MA		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Manage Users

Show ONLY active accounts

Username	Name	City	State	Email	Account Locked	Account Active
Edit webdev	Apps, Web			webapplications@beaconhealthoptions.com	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Edit testdemouser	dhyaputal, naga	Boston	MA	naga.dhyaputal@beaconhs.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit kamran.khan@beaconhealthoptions.com	Khan, Kam			kamran.khan@beaconhealthoptions.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit mkonicov	konicov, marc	Woburn	MA	marc.konicov@beaconhs.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit nhptestUser	Patel, Berish			nhptest@beaconhealthoptions.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edit eServicesDemo01	Trainer, eServices	Marblehead	MA		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Uncheck box
To view inactive
accounts**

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All Users

Manage Users

Show ONLY active accounts

Username	Name	City	State	Email	Account Locked	Account Active
Edit webdev				webapplications@beaconhealthoptions.com	<input type="checkbox"/>	<input type="checkbox"/>
Show ONLY active accounts <input type="checkbox"/>						
Username	Name	City	State	Email	Account Locked	Account Active
Edit ProviderTraining	Account, Demo				<input type="checkbox"/>	<input type="checkbox"/>
Edit JAALPC	Anderson, Jeffrey				<input type="checkbox"/>	<input type="checkbox"/>
Edit BeaconDemo	BeaconDemo, BeaconDemo	Woburn	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit nbnabil1	benchekroun, nabil	woburn	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit DBoothroyd	Boothroyd, David	Woburn	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit Hawaii	Brown, Brenda	New York	NY		<input type="checkbox"/>	<input type="checkbox"/>
Edit Beacon2016	Cassell, Barry	Woburn	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit bcassell	Castle, Justin	Woburn	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit demologin	Dhyapulai, Naga				<input type="checkbox"/>	<input type="checkbox"/>
Edit jdoe02	Doe, John	New York	NY		<input type="checkbox"/>	<input type="checkbox"/>
Edit jdoe01	Doe, John	New York	NY		<input type="checkbox"/>	<input type="checkbox"/>
Edit cGreen	Green, Cathy	Woburn	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit dhelfand	Helfand, David	NY	NY		<input type="checkbox"/>	<input type="checkbox"/>
Edit jeskin	Jetson, Judy	butler	MA		<input type="checkbox"/>	<input type="checkbox"/>
Edit dkaegebein	kaegebein, deborah				<input type="checkbox"/>	<input type="checkbox"/>

Page size: 15 39 items in 3 pages

Sortable Columns



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Assigning Administrators

Request for admin access, please click [here](#).

- Eligibility/Benefits ▾
- Authorization ▾
- PsychTesting ▾
- NOA ▾
- Clinical Stabilization ▾
- Services
- SUD Resi Admissions ▾
- Detox/DDAT MA ▾
- Detox RI ▾
- WellSense SUD NOA ▾

Manage Users

User Name	<input type="text" value="Hawaii"/>
First Name	<input type="text" value="Brenda"/>
Last Name	<input type="text" value="Brown"/>
Email	<input type="text" value="bbrown@lmn.com"/>
Locked	<input type="checkbox"/>
Active	<input checked="" type="checkbox"/>

**Request
Administrator Access**



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Registration Page

Eligibility/Benefits	▼
Authorization	▼
PsychTesting	▼
NOA	▼
Clinical Stabilization Services	▼
SUD Resi Admissions	▼
Detox/DDAT MA	▼
Detox RI	▼
WellSense SUD NOA	▼
Carelon Behavioral Health Select Program	▼
FARS/CFARS Assesment	▼
Claims	▼
Provider Information	▼
Provider Reports	▼
Managing Entity Data System	

Welcome to Carelon Behavioral Health's Provider eServices registration page.

Please choose the appropriate link to proceed..

Request Admin Privileges

Check Box

- If you are a provider contracted with **Carelon Behavioral Health Strategies (previously Beacon Health Strategies), Psychcare, Carelon Behavioral Health Strategies IPA (previously BHS IPA), Carelon Health IPA of California (previously College Health IPA), Carelon Behavioral Health Network (previously BHS Behavioral Health Network), or Passport Health Plan**, please click [HERE](#) to register.
- Using this secure portal, you will be able to perform eligibility checks, submit and check status of authorization requests, submit claims, check claim status among others.

Register

Click Register



Register

Do you have an existing eServices Account? Yes No

Create New Account

Enter User ID

Verify User ID

Click Verify User ID



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Disclaimer

Check Box

User ID found!

Please read and accept eServices account terms and conditions by clicking checkbox next to "I hereby certify that:" text, to proceed.

be pursued and prosecuted to the fullest extent permitted by law.

Use of eServices usernames and passwords belonging to other providers or staff members will result in termination of those users' eServices accounts. In order to protect Personal Health Information of members and to maintain the integrity of eServices, under no circumstances is sharing of usernames and passwords permitted to access eServices.

I hereby certify that:

- I have read and accepted this Terms of Use and Account Authorization Form for Carelon Behavioral Health Strategies eServices;
- I am an employee of the organization listed below and am designated the Account Administrator responsible for managing all eServices user accounts of the organization listed below, including activation, assigning access levels and deactivations; and
- I understand that violation of any of these Terms of Use will result in deactivation of all eServices user accounts for which I am the Account Administrator.

Click Submit



Assigning Roles

All users must have Eligibility Role



Request for admin access, please click here.

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization
- Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health
- Select Program
- PARS/CRAS Assessment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination
- Program
- Capitation
- IOP Extension and Discharge
- Discharge
- Manage Users
- Manage Accounts
- Alerts (0)

Manage Users

User Name: Hawaii

First Name: Brenda

Last Name: Brown

Email: bbrown@lmn.com

Locked:

Active:

Roles:

- Eligibility
- WellSense NOA
- Check Claims
- Submit Claims
- Edit Provider Information
- Reports
- Manage Authorizations
- Check Authorizations
- Submit Authorizations
- Detox NOA
- Neuro-PsychTesting
- Auth File Upload (WVHP)
- Care Coordination Program
- Clinical Stabilization Services
- Carelon Behavioral Health Select Program
- Capitation
- Detox NOA for Rhode Island
- SUD Resi Admissions
- IOP Ext and Discharge
- WellSense SUD NOA

Active Box

Check boxes to assign user roles



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Site Information

Edit Site Information

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization
- Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health
- Select Program
- FARS/CFARS Assessment
- Claims
- Provider Information
- Edit Site Information**
- Provider Reports
- Managing Entity Data
- System
- Auth File Upload
- Auth File Download
- Care Coordination
- Program
- Capitation
- IOP Extension and
- Discharge
- Discharge
- Manage Users
- Alerts (0)

Providers

Sites
eServices Demo Site
Jewish Board of Family & Child Svc - Uptown Clinic
Jewish Board of Family & Child Svc - Deveraux Clinic
Jewish Board of Family & Child Services- Midtown

Please remember, that in order to preserve member privacy, this session is set to expire in 30 minutes.

Sites

Account Administrator can update/edit Site Information



Site Information Overview



- eligibility/benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization
- Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health
- Select Program
- FARS/CFARS Assesment
- Claims
- Provider Information
- Edit Site Information
- Provider Reports
- Managing Entity Data
- System
- Auth File Upload
- Auth File Download
- Care Coordination
- Program
- Capitation
- IOP Extension and
- Discharge
- Discharge
- Manage Users
- Alerts (0)

Providers

Site

Address

eServices Demo Site
 Xxz Address
 BELLEVUE, Kentucky, 12345
 (781) 555-1111

[Edit Site](#)

Site Referrals

Is the Site Accepting New Referrals? Yes
 Effective Date 7/10/2020

Site Contacts

Contact	Address	Phone
Clinical Manager	Xxz Address	
Prior Authorization Letter Fax/Mail/Email		
Executive Director		
Managed Care Contracting		
CMO/Senior Clinical Director		
Claims/Billing		
Credentialing		
Intake		
Administrator/Practice Manager		

Site Hours

Day	Hours
Sunday	24 Hours
Monday	9:00 AM to 6:00 PM
Tuesday	4:00 PM to 8:00 PM
Wednesday	8:30 AM to 12:00 PM
Thursday	8:30 AM to 3:00 PM
Holidays	By Appointment

[Edit Site](#)

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Service Address

This feature does not allow for adding an additional location

Provider Relations
Email
Provider.Relations@Carelon.com
Fax
(781) 994-7639

Address(Current Information)

Site Name:	eServices Demo Site	City:	BELLEVUE
Address:	Xxz Address	State:	Kentucky
		Zip:	12345
		Phone:	(781) 555-1111
Address2:		Ext:	456
		Fax:	
		Email:	ABCD@ABC.COM
Room / Suite:			

Current Information

Address(To Edit)

Note:

- Updating this address will not change the mailing address of where payments/checks are being sent. If you would like to change your payee address please send an updated W-9 to Provider Relations either by emailing it to Provider.Relations@beaconhealthoptions.com or by faxing to Provider Relations at (781) 994-7639.
- This feature does not allow for adding an additional location
- Any Changes made will be discarded if you do not hit 'Save' on each page.

Cannot update payment address

Site Name:	eServices Demo Site	State:	Kentucky
Address:	Xxz Address	City:	BELLEVUE
		Zip:	12345
		Phone:	(781) 555-1111
Address2:		Ext:	456
		Fax:	
		Email:	ABCD@ABC.COM
Room / Suite:			

Update information



Referral Information

Site > eServices Demo Site

Site Referrals(Current Information)	
Is the Site Accepting New Referrals?	Yes
Effective Date	7/10/2020

Site Referrals(To Edit)	
Note: <ul style="list-style-type: none">Any Changes made will be discarded if you do not hit 'Save' on each page.	
Is the Site Accepting New Referrals?	Yes <input type="checkbox"/>
Effective Date	10/19/2021 <input type="text"/>
<p><input type="button" value="Back"/> <input type="button" value="Save"/> <input type="button" value="Skip"/></p>	

**Accepting New Referrals
Yes / No**

Date of Change

Click Save



Adding Site Contacts

Site

Site Contacts(Current Information)			
Contact	Address	Phone	
Clinical Manager	ABC Address	(711) 000-0111	Edit
Prior Authorization Letter Fax/Mail/Email			

Add New

Select Type:

Select Type then Click Add

Site Contact

Administrator/Practice Manager

Note:

- Any Changes made will be discarded if you do not hit 'Save' on each page.

Prefix
 First
 Name
 MI
 Last
 Name
 Title
 Phone

Ext
 Fax
 Email

Use Site Address

Address1

Address2

State
 City
 Zip

Enter Provider Information then Click Save



Updating Service hours

Current Site Hours

Site Hours(Current Information)			
Day	From	To	Hours
Sunday			24 Hours
Monday	9:30	6:00	
Tuesday	4:00	8:00	
Wednesday	8:30	12:00	
Thursday	8:30	3:00	
Holidays			By Appointment

Select Site Hours

Site Hours(To Edit)			
Note: • Any Changes made will be discarded if you do not hit 'Save' on each page.			
Day	From	To	Hours
Sunday	<input type="text"/>	<input type="text"/>	24 Hours
Monday	<input type="text" value="9:30 AM"/>	<input type="text" value="6:00 PM"/>	<input type="text"/>
Tuesday	<input type="text" value="4:00 PM"/>	<input type="text" value="8:00 PM"/>	<input type="text"/>
Wednesday	<input type="text" value="8:30 AM"/>	<input type="text" value="12:00 PM"/>	<input type="text"/>
Thursday	<input type="text" value="8:30 AM"/>	<input type="text" value="3:00 PM"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Holidays	<input type="text"/>	<input type="text"/>	By Appointment



Click Save



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Medicaid & FHK Appointment Access Standards

Quarterly Compliance Goal 90%

Medicaid

Appointment Type	Appointment Standard
Urgent Care (Initial and Follow-up –NOT requiring PA)	Within 48 hours
Non-Urgent Care (Follow-up post discharge)	Within 7 business days
Non-Urgent Care (Initial appointment – OP)	Within 14 days

**Florida
Healthy
Kids**

Appointment Type	Appointment Standard
Emergency	Immediately upon presentation
Non-life threatening Emergency	Within 6 hours
Urgent Care	Within 24 hours
Routine Care	Within 7 business days



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Updating Site Services

Current Site Services

Site Services(Current Information)

Inpatient	MH Adolescent SA Children	MH Adults	MH Children	SA Adolescent	SA Adults
Outpatient	MH Adolescent SA Children	MH Adults	MH Children	SA Adolescent	SA Adults
Accessibility	Handicap Accessible Public Transportation Staff fluent in languages other than English				
Additional					

Check all boxes that apply

Site Services(To Edit)

Note:
• Any Changes made will be discarded if you do not hit 'Save' on each page.

Inpatient	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> MH (age unspecified)	<input checked="" type="checkbox"/> MH Adolescent
	<input checked="" type="checkbox"/> MH Adults	<input checked="" type="checkbox"/> MH Children	<input type="checkbox"/> MH Geriatric
	<input type="checkbox"/> SA (age unspecified)	<input checked="" type="checkbox"/> SA Adolescent	<input checked="" type="checkbox"/> SA Adults
	<input checked="" type="checkbox"/> SA Children	<input type="checkbox"/> SA Geriatric	
Outpatient	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> MH (age unspecified)	<input checked="" type="checkbox"/> MH Adolescent
	<input checked="" type="checkbox"/> MH Adults	<input checked="" type="checkbox"/> MH Children	<input type="checkbox"/> MH Geriatric
	<input type="checkbox"/> SA (age unspecified)	<input checked="" type="checkbox"/> SA Adolescent	<input checked="" type="checkbox"/> SA Adults
	<input checked="" type="checkbox"/> SA Children	<input type="checkbox"/> SA Geriatric	
Accessibility	<input type="checkbox"/> Able to create print materials that are accessible for individuals with disabilities		
	<input type="checkbox"/> Answering service with one or more clinicians on call 24 x 7		
	<input type="checkbox"/> Beeper/direct number given to members to reach clinician on-call 24 x 7		
	<input type="checkbox"/> Can print materials that are appropriate for individuals with disabilities		
	<input type="checkbox"/> Can transcribe written material into Braille or have staff member read it to an individual who is blind or vision impaired		
	<input type="checkbox"/> Closed captioning available (subtitles) for video or audio on website for deaf or hard of hearing users		
	<input type="checkbox"/> Display ADA compliant major access symbols		
	<input type="checkbox"/> E-Appointment scheduling		
	<input type="checkbox"/> E-Prescribing		
	<input type="checkbox"/> E-Referrals		
	<input type="checkbox"/> EHR/EMR		
	<input type="checkbox"/> Electronic refill reminders		
	<input type="checkbox"/> Elevator buttons in Braille		
	<input type="checkbox"/> Flexible appointment times, including evenings and/or weekends		
	<input checked="" type="checkbox"/> Handicap Accessible		
	<input type="checkbox"/> Provide interpreter services for individuals who are deaf or hard of hearing		
	<input checked="" type="checkbox"/> Public Transportation		
	<input type="checkbox"/> RC4 Assistance (Eating)		
	<input type="checkbox"/> RC4 Assistance (Home Visit)		

Additional

- RC4 Assistance (Personal Care)
- Signs in Braille
- Staff fluent in American Sign Language
- Staff fluent in languages other than English
- Translation Services Offered
- TTY/ TDD (Telephone Typewriter/ Telephone Device for the Deaf)
- Website content developed with consideration to the needs of users with cognitive disabilities
- Website is accessible to users who are vision impaired, e.g., using screen reader technology
- Adjustable height exam table
- All services available on ground level
- Building access ramp
- Designated handicapped parking
- Elevator / Lift
- Home Visiting
- Passenger pick-up and drop-off zone
- Patient lifts available
- Staff experienced with wheelchair transfer techniques
- Transfer boards available
- Walkway free of stairs and obstacles
- Wheelchair access to facility
- Wheelchair accessible lavatory
- Wheelchair accessible office entrance / reception area
- Wheelchair accessible public transit routes
- Wheelchair accessible treatment space
- Home-based Services

Back Save Skip

Click Save

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Updating Site Clinicians

Site

Clinician	
Bobby Valentine	Edit
Demo Clinician	Edit

[Back](#)

Update Clinicians:

- Languages
- Degrees
- Specialties
- License Numbers





Using eServices: Eligibility Verification

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Eligibility Verification



- Eligibility/Benefits ▲
- Check Eligibility**
- Benefits
- Authorization ▼
- PsychTesting ▼
- NOA ▼
- Clinical Stabilization ▼
- Services
- SUD Resi Admissions ▼
- Detox/DDAT MA ▼
- Detox RI ▼
- WellSense SUD NOA ▼
- Carelon Behavioral Health ▼
- Select Program
- FARS/CFARS Assesment ▼
- Claims ▼
- Provider Information ▼

Member Search

The member look-up function on eServices will require three unique member identifiers in order to find a member through the search feature.Those elements are:

- Member ID /Alternative ID(which can be found on the members health plan identification card)
- Member Date of Birth
- Member Last Name.

Please ensure that you are collecting the three required elements from your members for eServices transactions.

Member ID / Alternative ID:

Date Of Birth:

Last Name:

Search for Member

Click To search

Member Information must be exact



Member Page

1 Member(s) Found in your Search

Name	DOB	Plan	Eligible?	Currently Eligible for Managed Care Plan?	
▼ DEMO MEMBER	12/20/1955	BEST	Yes	Yes	OTHER HEALTH INSURANCE
LATEST ELIGIBILITY CRITERIA					
Begin Date	End Date	Benefit Name	PCP Name	PCP Site Name	
08/01/05	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice	
DELINQUENCY GRACE PERIOD					
Is Grace Period in effect?	In effect as of	Date claims will pend			
No					
AVAILABLE OPTIONS					
Request Authorizations					
Check Authorization					
Check Claims					
FARS/CFARS Data					
Neuro-Psychological Testing					
Enter Member Maladaptive Behavior Data					
Enter Member Skills Data					
Submit eClaim					
Reconsideration					
Submit Electronic Review					

Provider Options

Eligible Yes / No

Recent Eligibility Segment



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Eligibility Information

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health
- Select Program
- FARS/CFARS Assesment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload

Eligibility and Benefits

Check up-to-date member eligibility, benefit levels and copayments.

Member Information:

Member: MEMBER, DEMO (BEST ID: MA1849952839)

City, State: Any Town, KY, 12345

DOB: 12/20/1955 **Sex:** F

	Begin Date	End Date	Benefit Name	PCP Name	PCPSite Name
MORE	08/01/2005	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice
MORE	08/01/2000	07/31/2005	Commercial Product A	Dr Jane Doe	XYZ Physician Practice
MORE	03/15/1999	07/31/2000	Medicaid	Dr John Doe	ABC Physician Practice
MORE	08/18/1998	02/21/1999	Medicaid	Dr John Doe	ABC Physician Practice
MORE	07/25/1997	04/30/1998	Medicaid	Dr John Doe	ABC Physician Practice

Outpatient Initial Encounters (IE's) used in the benefit year	Last Visit
0	

Historical Eligibility Segment

Providers Can View: Breaks in Coverage Plan Changes PCP Updates

Initial Encounters

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Benefit Information

- Eligibility/Benefits
- Authorization
- PsychTesting
- NQA
- Clinical Stabilization Services
- SUD Resl Admissions
- Detox/DDAT MA
- Detox RT
- WellSense SUD NQA
- Carelon Behavioral Health - Select Program
- FAMS/CFARS Assessment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- IOP Extension and Discharge
- Discharge
- Manage Users
- Alerts (0)

Eligibility and Benefits

Check up-to-date member eligibility, benefit levels and copayments.

Member Information:

Member: MEMBER, DEMO (BEST ID: MA1849952839)
City, State: Any Town, KY, 12345
DOB: 12/20/1955
Sex: F

BenefitLevel: Medicaid
MentalHealth IP: Prior authorization required, number of days is based on medical necessity.
MentalHealth OP: 12 initial encounters per member per calendar year before authorization is needed; visits beyond 12 are based on medical necessity. (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).
SubstanceAbuseIP: Detox is a post-admit review, number of days is based on medical necessity.
SubstanceAbuseOP: 12 initial encounters per member per calendar year before authorization is needed; visits beyond 12 are based on medical necessity. (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).
Other: Methadone maintenance is a covered benefit, no authorization required. No authorization required for the following services: medication management (90862), group therapy (90853), crisis intervention services (S9494 - on-site; H2011 P15 - mobile), case consult (90882) or family consult (90887). (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).

Benefit Level	Group Name	From	To	Days	Status
Medicaid	Medicaid 1	01/01/2023	12/31/2023	365	Normal
Medicaid	Medicaid 1	01/01/2022	12/31/2022	365	Normal
Medicaid	Medicaid 1	01/01/2021	12/31/2021	365	Normal
Medicaid	Medicaid 1	01/01/2020	12/31/2020	366	Normal

Other: Methadone maintenance is a covered benefit, no authorization required. No authorization required for the following services: medication management (90862), group therapy (90853), crisis intervention services (S9494 - on-site; H2011 P15 - mobile), case consult (90882) or family consult (90887). (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).

Benefit Level	Group Name	From	To	Days	Status
Medicaid	Medicaid 1	01/01/2023	12/31/2023	365	Normal
Medicaid	Medicaid 1	01/01/2022	12/31/2022	365	Normal
Medicaid	Medicaid 1	01/01/2021	12/31/2021	365	Normal
Medicaid	Medicaid 1	01/01/2020	12/31/2020	366	Normal
Medicaid	Medicaid 1	01/01/2019	12/31/2019	365	Normal
Medicaid	Medicaid 1	01/01/2018	12/31/2018	365	Normal
Medicaid	Medicaid 1	01/01/2017	12/31/2017	365	Normal
Medicaid	Medicaid 1	01/01/2016	12/31/2016	366	Normal
Medicaid	Medicaid 1	01/01/2015	12/31/2015	365	Normal
Medicaid	Medicaid 1	01/01/2014	12/31/2014	365	Normal

Page size: 10 29 items in 3 pages

Copay Type	Copay Value	Copay Range	DateFrom	DateTo
SA OP	0 (Dollars)	Per Visit	10/22/1999	12/31/2029

Benefit Information
Inpatient
Outpatient
Mental Health
Substance Abuse
Other

Copay Information

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Using eServices: Requesting Authorization

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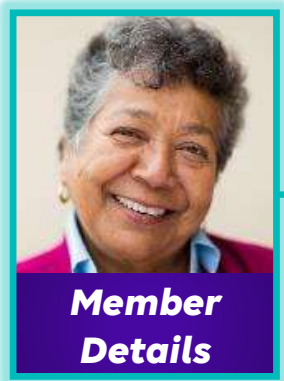
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carelon eServices Authorization Home Screen

Authorizations

Request for eAuthorization



Member Details
Date of Birth: 12/20/1955
Last Name: MEMBER
Member ID: MA1849952839

Please Select Authorization Type:

Please remember, that in order to preserve member privacy, this session is set to expire in 30 minutes. You will be prompted to continue your session 5 minutes before the expiration. If not responded, you session will terminate and all entered information will be lost.

Select Inpatient or Outpatient

Click Submit



Authorization Details

Authorizations

Outpatient Authorization

Member Information

Member: MEMBER, DEMO (BEST ID: MA1849952839)
City, State: Any Town, KY 12345
DOB: 12/20/1955

Clinician Details

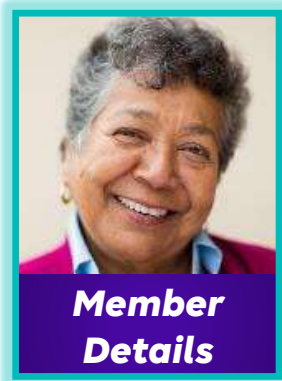
Clinician Name:
Clinician Phone #:

Date of Service Requested

Sessions over the next: 30 days 90 days 180 days Other
From Date:
Site of Service:
Total # of Visits Requested:

Save

Next



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Psychotropic Drugs

Authorizations

Outpatient Authorization

Existing Reviews

eServicesDemo01 01/30/2023

Show

Current Psychotropic Medications

Are psychotropic medications being prescribed? Yes

Psychotropic Medications *
Prescribing MD/RN, CS *
(or) Prescribing PCP *

Have you communicated with the member's prescriber of psychotropic drugs? *

Yes No
 Member Declined N/A Provider is the prescriber
 N/A Member not on Medication

Have you communicated with the member's PCP? *

Yes No Member Declined

Have you documented the communication or member declination? *

Yes No N/A I did not contact PCP

Have you been in communication with other BH providers for this member? *

Yes No Member Declined N/A There are no other BH providers

If Yes, please indicate the type of BH provider

List Current Psychotropic Medications Member is Taking

Notate communication with Member's PCP



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Authorization Diagnosis

Diagnosis

DSM Diagnosis: (Please select either a DSM-5 Description, ICD-9 Code, or ICD-10 Code for each diagnosis)

Diagnosis	DSM-5	ICD-10	ICD-9
Primary Diagnosis: *	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>
Additional BH/SA Dx's:	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>
	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>
	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>	<input type="text" value="Choose an Item"/>
	<input type="text"/>		

DESCRIPTION requires at least 6 characters to search **CODE** requires at least 3 characters to search

	Description	Code
Medical Diagnosis 1:	<input type="text"/>	<input type="text"/>
Medical Diagnosis 2:	<input type="text"/>	<input type="text"/>
Medical Diagnosis 3:	<input type="text"/>	<input type="text"/>
Medical Diagnosis 4:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	



Description

[Save](#) [Next](#)



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Treatment Status & Goals

TREATMENT STATUS
(Please rate the patient's response to treatment since last review or since start of treatment if this is first report)

Behavioral Symptoms that are focus of treatment:

Ability to perform work/school/household tasks:

Other Agency Involvement:


DMH DSS DYS DMR Court AA/NA

Other None DSHS DFPS Foster Care DADS

Location of Treatment:

Office Home School Other

Clinical Formulations:
(Please limit the total number of characters to 1000 or less)



Targeted Behavioral Goal (be specific)	*	<input type="text"/>
Modality	*	<input type="text"/>
Progress Update	*	<input type="text" value="v"/>

Targeted Behavioral Goal (be specific)	*	<input type="text"/>
Modality	*	<input type="text"/>
Progress Update	*	<input type="text" value="v"/>

Targeted Behavioral Goal (be specific)	*	<input type="text"/>
Modality	*	<input type="text"/>
Progress Update	*	<input type="text" value="v"/>

Symptoms & Agency Involvement

Must enter minimum of 2 Goals (3 recommended)



Risk Assessment



Risk Indicators

Harm to Self or Others

RISK ASSESSMENT
(Check all that apply)

Risk Indicators:

- Current substance abuse
- Fire setting
- Caring for ill family member
- Impulsive behavior
- Self-mutilation/cutting
- Assaultive behavior
- Prior psychiatric inpatient admission
- Psychotic Symptoms
- Sexually offending behavior
- Coping with significant loss (job, relationship, financial)
- Current family violence (abuse, domestic)

Other Risk Indicators:

Additional Risks

Suicidity:

- Not Present(Suicidity)
- Ideation(Suicidity)
- Plan(Suicidity)
- Means(Suicidity)
- Prior attempt (last 12 months)(Suicidity)

Homicidity:

- Not Present(Homicidity)
- Ideation(Homicidity)
- Plan(Homicidity)
- Means(Homicidity)
- Prior attempt (last 12 months)(Homicidity)

Rate level of Psychological distress:

1 [Minimal] 2 [Mild] 3 [Moderate] 4 [Marked] 5 [Severe]

Provider's assessment of current risk of psychiatric hospitalization:

1. Minimal 2. Mild 3. Moderate 4. Marked 5. Severe

If 3 or higher, have you created/ reviewed a crisis plan for this member?

Yes No Member Declined

If Yes, does the member have a copy?

Yes No

Member has been in higher level of care in past 12 months?

Yes No

Check all that apply

Distress & Risk Level



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Finalizing Request

Standard Instrument Used?

Was a standard instrument used to evaluate treatment progress? Yes No
If yes, which instrument?

Continuous Treatment?

Member has been in continuous treatment with you? Yes No

Save

Submit

Click Save or Submit




Completed Request

**Reference
Number
Generated**

Your request has been successfully submitted.

The Reference Number for this transaction is **3001874**

[Click Here](#) to go back to member search

 [Print this page](#)

**Option to Print
for Records**

**Authorization
Request Details**

Authorization Result:

Member Information :

Member : DEMO MEMBER- MA1849952839

eRecord :

Submitted By : Linda Robins (ABC Behavirol Health) Phone: 781-344-3321

Reference Number : 3001874

Submission Date And Time : 2019-04-05 12:09:53

Provider Information :

Clinician Name : John Doe

Clinician Phone # : 781-555-5555

Request for Session :

Requested Procedure : Outpatient Visits (OPVISITS)

Requested Visits : 12

Date From : 04/05/2019

Date To : 10/02/2019



Checking Authorizations

Check Auth Status

- Eligibility/Benefits
- Authorization
- Manage Pending Reviews
- Check Authorization**
- Request
- Submit Authorization Request
- Check Status
- PsychTesting
- NOA
- Clinical Stabilization Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health
- Select Program
- FARS/CFARS Assessment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download

Authorizations

Member Information:

Member: MEMBER, DEMO (BEST RecID: MA1849952839)

City, State: Any Town, KY, 12345

DOB: 12/20/1955 **Sex:** F

Selected Member

Select the month and year that the service was requested.

Service Requested Date:

Search by Year Search by Month

Search Dates by Month or Year

Search for Authorizations

	Continued Stay	Requested From	Requested To	Requested Procedure	Req. Units	Approved From	Approved To	App'd. Units	Paid Units	PA	Decision
MORE		01/30/2023	02/18/2023	H0015 (906)	16	01/30/2023	02/18/2023	16	0	13944176	Approved

Authorizations on File



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Using eServices: Reimbursement Requests

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Submitting a Claim

1 Member(s) Found in your Search

Name	DOB	Plan	Eligible?	Currently Eligible for Managed Care Plan?	
▼ DEMO MEMBER	12/20/1955	BEST	Yes	Yes	OTHER HEALTH INSURANCE
LATEST ELIGIBILITY CRITERIA					
Begin Date	End Date	Benefit Name	PCP Name	PCP Site Name	
08/01/05	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice	
DELINQUENCY GRACE PERIOD					
Is Grace Period in effect?	In effect as of		Date claims will pend		
No					
AVAILABLE OPTIONS					
Request Authorizations					
Check Authorization					
Check Claims					
FARS/CFARS Data					
Neuro-Psychological Testing					
Enter Member Maladaptive Behavior Data					
Enter Member Skills Data					
Submit eClaim					
Reconsideration					
Submit Electronic Review					

Submit eClaim



Claim Type

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Carelon Behavioral Health Select Program
- FARS/CFARS Assesment
- Claims

Claims

Submit eClaim

Please Select eClaim Type:

Outpatient/Professional (CMS 1500)
Inpatient/Institutional (UB 04)

Submit

Please remember, that in this session is set to expire in 30 minutes. You will be prompted to continue your session 5 minutes before the expiration. If not responded, you session will terminate and all entered information will be lost.

Choose Type
Inpatient
Outpatient

Click Submit



Outpatient Claim

- Eligibility/Benefits ▾
- Authorization ▾
- PsychTesting ▾
- NOA ▾
- Clinical Stabilization Services ▾
- SUD Resi Admissions ▾
- Detox/DDAT MA ▾
- Detox RI ▾
- WellSense SUD NOA ▾
- Carelon Behavioral Health ▾
- Select Program ▾
- FARS/CPARS Assessment** →
- Claims ▾
- Provider Information ▾

Claims

Submit eClaim (Outpatient/Professional - CMS1500)

Member	
Member	MEMBER, DEMO (BEST ID: MA1849952839)
City, State	Any Town, KY 12345
DOB	12/20/1955

Claim	
Is this claim a resubmission/adjustment of an original Claim? <input checked="" type="radio"/> NO <input type="radio"/> Yes	
Patient Control No: <input type="text"/>	*Federal Tax ID: <input type="text"/>
(Box 3A) [?]	

Must indicate resubmission or adjustment

Select NO if claim is original submission

Provider Assigns for their records

Provider's TIN



Claim Diagnosis

ICD Indicator

Service Site

Diagnosis Codes
Must enter at least 1

Billing NPI

Clinician

Claim	
Is this claim a resubmission/adjustment of an original Claim? <input checked="" type="radio"/> NO <input type="radio"/> Yes	
Patient Control No: <input type="text"/>	*Federal Tax ID: <input type="text" value="112345678"/>
(Box 3A) [?]	
Is this claim billed with:	
<input type="text" value="Select ICD Code"/>	
*Diag Code 1 <input type="text" value="F90.4"/>	Diag Code 7 <input type="text"/>
Diag Code 2 <input type="text"/>	Diag Code 8 <input type="text"/>
Diag Code 3 <input type="text"/>	Diag Code 9 <input type="text"/>
Diag Code 4 <input type="text"/>	Diag Code 10 <input type="text"/>
Diag Code 5 <input type="text"/>	Diag Code 11 <input type="text"/>
Diag Code 6 <input type="text"/>	Diag Code 12 <input type="text"/>
*Service Site: <input type="text" value="eServices Demo Site"/>	
Site Zip Code +4: <input type="text" value="01801"/>	
*Billing NPI: <input type="text" value="1851452510"/>	Billing Taxonomy: <input type="text"/>
Referring/Ordering NPI: <input type="text"/>	Referring/Ordering Taxonomy: <input type="text"/>
*Clinician: <input type="text" value="Clinician, Demo - 1073712121"/>	



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Service Lines

From and To Dates

Outpatient claims cannot be date span

Place of Service (POS)

Two digit code (example: 11 = Office)

Procedure

Can only use contracted codes

Units

Days or units

Charges

Total charges for services rendered

Clinician NPI

Auto populated from above

Diagnosis Pointer

Indicates Primary diagnosis

Add service line

Add

*From	<input type="text" value="3/2/2023"/>	*To	<input type="text" value="3/2/2023"/>	*POS	<input type="text" value="11"/>	*Procedure	<input type="text" value="90834"/>
Modifiers							
1	<input type="text" value="GT"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>
*Units	<input type="text" value="1"/>	*Charges	<input type="text"/>	*Clinician NPI	<input type="text" value="1073712121"/>	Other ID	<input type="text"/>
NDC Qualifier	<input type="text"/>	NDC Code	<input type="text"/>	NDC Units	<input type="text"/>	Rendering Taxonomy	<input type="text"/>
Diag Pointers							
* 1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>
9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>
*Total Charges:							<input type="text" value="80.00"/>

Submit ←



Additional Service Lines

Providers can bill up to 10 lines of service

**Total Charges
Total of all lines billed**

Service Lines Add

***From** 3/2/2023 ***To** 3/2/2023 ***POS** 11 ***Procedure** 90834

Modifiers
1 GT 2 3 4
5 6 7 8

***Units** 1 ***Charges** 80.00 ***Clinician NPI** 1073712121 **Other ID** **RecID**

NDC Qualifier **NDC Code** **NDC Units** **Rendering Taxonomy**

Diag Pointers
* 1 2 3 4 5 6
7 8 9 10 11 12

***From** ***To** ***POS** ***Procedure**

Modifiers
1 2 3 4
5 6 7 8

***Units** ***Charges** ***Clinician NPI** **Other ID** **RecID**

NDC Qualifier **NDC Code** **NDC Units** **Rendering Taxonomy**

Diag Pointers
* 1 2 3 4 5 6
7 8 9 10 11 12

***Total Charges:** 80.00



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Submission Errors

eServices will point out any missing required information

Claim

Is this claim a resubmission/adjustment of an original Claim? NO Yes

Please correct the following: close

Select a Site
Select Billing NPI

with:
ICD-10

*Diag Code 1	<input type="text" value="F904"/>	Diag Code 7	<input type="text"/>
Diag Code 2	<input type="text"/>	Diag Code 8	<input type="text"/>
Diag Code 3	<input type="text"/>	Diag Code 9	<input type="text"/>
Diag Code 4	<input type="text"/>	Diag Code 10	<input type="text"/>
Diag Code 5	<input type="text"/>	Diag Code 11	<input type="text"/>
Diag Code 6	<input type="text"/>	Diag Code 12	<input type="text"/>

*Service Site:

Site Zip Code +4:

*Billing NPI: Billing Taxonomy:

Referring/Ordering NPI: Referring/Ordering Taxonomy:

*Clinician:



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Reference Number

Your eClaim has been successfully submitted. The Reference Number for this transaction is **12379083**

You can check the status of this claim on our web site. Please allow 3 to 4 hours for the claim to be posted in our system. If you have any other questions regarding this claim please contact the Claims Hotline at 1-888-249-0478.

 [Print this page](#)

Member Information

Member:	MEMBER, DEMO (BEST ID: MA1849952839)
City, State:	Any Town, KY 12345
DOB:	12/20/1955

Claim Information


SiteName:	eServices Demo Site
Charge Amount:	\$80.00
eClaimID:	12379083
eAccountID:	101221
MemReclID:	9656
SiteID:	1777
Resubmission:	0
DateEntered:	3/2/2023 1:45:23 PM
UDate:	3/2/2023 1:45:23 PM
DateReceived:	3/2/2023 1:45:23 PM

**Print for
Records**

**Reference
Number**



Inpatient Claim

Service	
Type of Bill *	<input type="text"/> <input type="text"/> <input type="text"/>
Admission Date	<input type="text"/> 
Admission Hour	<input type="text"/>
Admission Type	<input type="text"/>
Admission Source	<input type="text"/>
Discharge Hour	<input type="text"/>
Discharge Status	<input type="text"/>

Statement Covers Period	
From *	<input type="text"/> 
Through *	<input type="text"/> 



Claim Information

Claim			
Is this claim a resubmission/adjustment of an original Claim? * <input checked="" type="radio"/> NO <input type="radio"/> Yes			
Is this claim billed with: *		ICD-10	
Patient Control No: (Box 3A) ?	<input type="text"/>	Federal Tax ID: *	<input type="text"/>
PRV DX:	<input type="text"/>	Admit Diag:	<input type="text"/>
		PPS Code:	<input type="text"/>
Diag #1: * ?	POA #1:	Diag #2:	POA #2:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diag #3:	POA #3:	More...	
<input type="text"/>	<input type="text"/>		
Service Location: *	<input type="text"/>		
Location Zip Code +4	<input type="text"/>		
Billing NPI: *	<input type="text"/>	Billing Taxonomy:	<input type="text"/>
Referring/Ordering NPI	<input type="text"/>	Referring/Ordering Taxonomy:	<input type="text"/>
Attending:	<input type="text"/>		



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Service Lines

Service Lines **Add**

Type Primary ▾	Service Date * <input type="text"/>	Procedure <input type="text"/>	Units <input type="text"/>	Clinician NPI <input type="text"/>	Other ID <input type="text"/>		
Rev Code <input type="text"/>			Charges <input type="text"/>		Rendering Taxonomy <input type="text"/>		
RecID <input type="text"/>							
Mod1 <input type="text"/>	Mod2 <input type="text"/>	Mod3 <input type="text"/>	Mod4 <input type="text"/>	Mod5 <input type="text"/>	Mod6 <input type="text"/>	Mod7 <input type="text"/>	Mod8 <input type="text"/>
					Total Charges: * <input type="text"/>		

Submit ←



Additional Claim Functions

1 Member(s) Found in your Search

Name	DOB	Plan	Eligible?	Currently Eligible for Managed Care Plan?	
▼ DEMO MEMBER	12/20/1955	BEST	Yes	Yes	OTHER HEALTH INSURANCE
LATEST ELIGIBILITY CRITERIA					
Begin Date	End Date	Benefit Name	PCP Name	PCP Site Name	
08/01/05	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice	
DELINQUENCY GRACE PERIOD					
Is Grace Period in effect?	In effect as of		Date claims will pend		
No					
AVAILABLE OPTIONS					
Request Authorizations					
Check Authorization					
Check Claims					
FARS/CFARS Data					
Neuro-Psychological Testing					
Enter Member Maladaptive Behavior Data					
Enter Member Skills Data					
Submit eClaim					
Reconsideration					
Submit Electronic Review					

Request to review previously denied claim



Reconsideration

Member	
Member	MEMBER, DEMO (BEST ID: MA1849952839)
City, State	Any Town, KY 12345
DOB	12/20/1955

Claim	
Patient Control No:	<input type="text"/>
(Box 3A) ⓘ	
*Federal Tax ID:	<input type="text"/>
Is this claim billed with:	
<input type="text"/>	
*Diag Code 1 <input type="text"/>	
Diag Code 2 <input type="text"/>	Diag Code 7 <input type="text"/>
Diag Code 3 <input type="text"/>	Diag Code 8 <input type="text"/>
Diag Code 4 <input type="text"/>	Diag Code 9 <input type="text"/>
Diag Code 5 <input type="text"/>	Diag Code 10 <input type="text"/>
Diag Code 6 <input type="text"/>	Diag Code 12 <input type="text"/>
*Service Site:	<input type="text"/>
Site Zip Code +4:	<input type="text"/>
*Billing NPI:	<input type="text"/>
Referring/Ordering NPI:	<input type="text"/>
*Clinician:	<input type="text"/>

Reconsideration	
Explanation	<input type="text"/>

Service Lines				Add
*From	*To	*POS	*Procedure	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Modifiers				
1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	
5 <input type="text"/>	6 <input type="text"/>	7 <input type="text"/>	8 <input type="text"/>	
*Units	*Charges	*Clinician NPI	Other ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NDC Qualifier	NDC Code	NDC Units	Rendering Taxonomy	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Diag Pointers				
* 1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
7 <input type="text"/>	8 <input type="text"/>	9 <input type="text"/>	10 <input type="text"/>	11 <input type="text"/>
				*Total Charges: <input type="text"/>

REC ID

RecID

Submit

Explanation



Claim Status

- Eligibility/Benefits ▾
- Authorization ▾
- PsychTesting ▾
- NOA ▾
- Clinical Stabilization Services ▾
- SUD Resi Admissions ▾
- Detox/DDAT MA ▾
- Detox RI ▾
- WellSense SUD NOA ▾
- Carelon Behavioral Health Select Program ▾
- FARS/CFARS Assesment ▾
- Claims ▲**
- Check Claims By Member
- Check Claims By Provider
- Check Claims By
- Authorization
- Submit eClaim
- Provider Information ▾
- Provider Reports ▾
- Managing Entity Data System

Claims

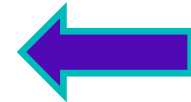
Member Information:

Member: MEMBER, DEMO (BEST RecID: MA1849952839)

City, State: Any Town, KY, 12345

DOB: 12/20/1955 **Sex:** F

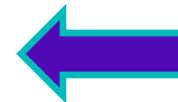
Outpatient Initial Encounters (IE's) used in the benefit year	Last Visit
0	



Select the month and year of the service.

Month of Service:

Search by Year Search by Month



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Search Results

Select the month and year of the service.

Month of Service:

Search by Year Search by Month

[Search for Claims](#)

More Information

Decision	Invoice	Record ID	From	To	Procedure	Authorization #	Paid	Status	Resubmit
MORE Denied	R0182003252	242751004	01/06/23	01/06/23	90837-00			Ready To Pay	 Resubmit
MORE Denied	R0262003226	243053926	01/12/23	01/12/23	H0006-95			Ready To Pay	 Resubmit
MORE Denied	R0542003341	244084249	01/12/23	01/12/23	H0005-95			Ready To Pay	 Resubmit



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Claim Information

Claims

Member Information:

Member: MEMBER, DEMO (BEST RecID: MA1849952839)

City, State: Any Town, KY, 12345

DOB: 12/20/1955 **Sex:** F

Claim Information:

Invoice R0182003252

Record ID 242751004

Dates of Services 01/06/23 - 01/06/23

Procedure 90837-00 (Psychotherapy, 60 minutes with Patient and/or Family Member)

Date Received 01/18/23

Date Entered 01/18/23

Date Paid

Provider 212810 (Demo Site)

Network

Units Claimed 1

Amount Charged \$125.00

Units Allowed

Amount Allowed

Diagnosis

908.37 (Mental Health Services)

Status In Process (This claim has been received and entered in our system and is currently being processed)

PlanID 2

Type	Amount	Check Date	CheckNo	Payee Name	Void Date
No records to display.					

Member Details

Claim Details

Claim Status



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Availity Resources

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Carelon On Track Outcomes Program

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

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Carelon Online Portal

[Provider Portal](#)

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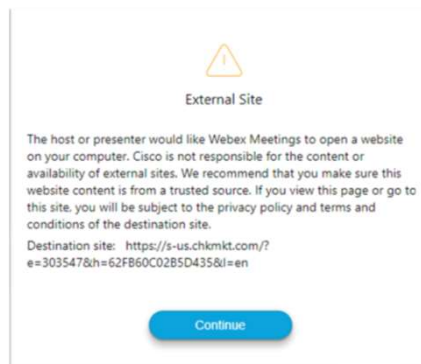
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Thank You

Contact Us



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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>	