

Facility Roster Automation Training

1. Roster Automation Training

1.1 Facility Roster Automation



Facility Roster Automation

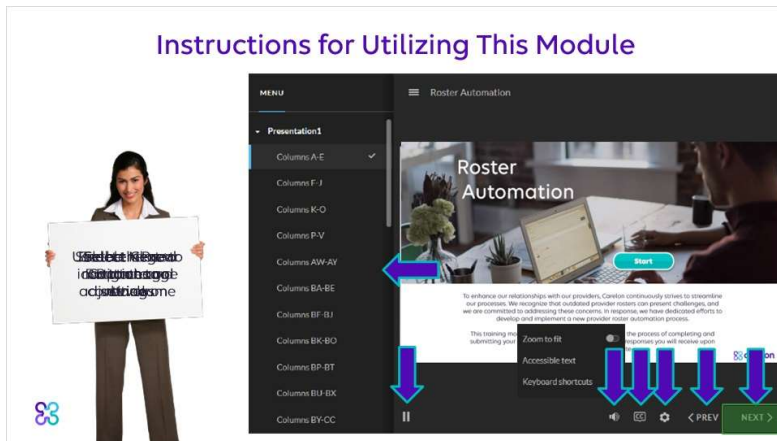
To enhance our relationships with our providers, Carelon continuously strives to streamline our processes. We recognize that outdated provider rosters can present challenges, and we are committed to addressing these concerns. In response, we have dedicated efforts to develop and implement a new facility roster automation process.

This training module is intended to guide you through the process of completing and submitting your rosters, as well as demonstrating the responses you will receive upon submission of the template.



Notes:

1.2 Instructions for Utilizing This Module



Instructions for Utilizing This Module

The image shows a woman holding a sign that reads "Visible text is displayed on the screen." The sign also contains the text "admission" and "admission".

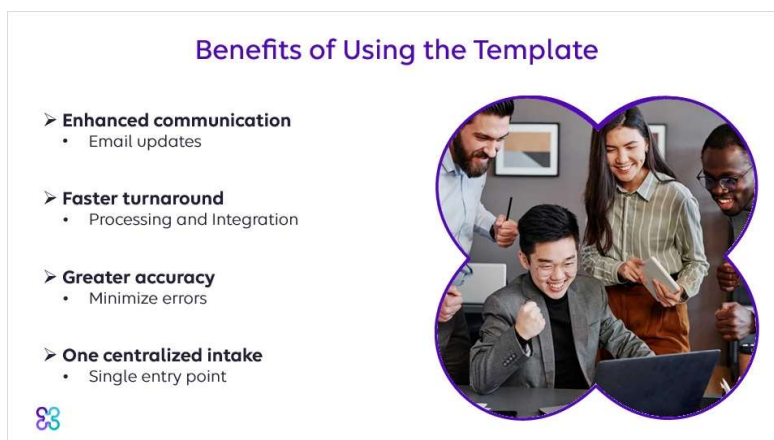
The image also shows a screenshot of the "Roster Automation" module interface. The interface includes a "MENU" sidebar with a list of columns (A-E, F-J, K-Q, P-V, AW-AY, BA-BE, BF-BJ, BK-BO, BP-BT, BU-BX, BY-CC). The main content area displays the "Roster Automation" title, a "Start" button, and a description of the process. The interface also includes a "Zoom to fit" button, an "Accessible text" button, and a "Keyboard shortcuts" button. The bottom of the interface features a navigation bar with "PREV" and "NEXT" buttons.

1.3 Goals of Roster Automation



Notes:

1.4 Benefits of Using the Template



1.5 Things to Consider

Things to Consider

- All facility rosters must be submitted using the Carelon Roster Automation Template.
- Completed Rosters can be submitted via Email.
- Rosters should include only behavioral health providers covered under Carelon contract.
- Do not include provisionally credentialed providers nor provisional credentialing dates.
- All fields in red or with an ** are Required fields.
- Do not change the existing formatting of the template.
- Utilize all drop-down functions when possible.
 - ❖ (Cut and paste available if data matches)



Notes:

1.6 File Size

File Size

Files cannot exceed:

- 35 Megabytes
- 10,000 lines

**Multiple Templates
Accepted**



Notes:

1.7 Getting Started

Getting Started

- A new template will be implemented starting in the Fall of 2026
- Roster Template provided by Carelon
 - Email
 - Provider Handbook
- Administrators complete template for:
 - Provider additions
 - Provider changes
 - Provider termination
- Update rosters when changes occur



1.8 The Template

The Template

The template contains two tabs including:

- Instruction page
- Full Roster

**Do Not Alter
Instructional Page**



This tab is for instructional purposes & should Not be Edited

Please submit full roster updates on a quarterly basis. All prior updates must be submitted by the deadline.

1. Complete/Save this roster template using the instructions provided.
2. Email completed roster to [redacted]

Please complete this roster form for all facility locations by listing the clinic/facility name and address.
All fields in red or with an asterisk are **required**.

CLINIC/FACILITY AND PROVIDER DATA

Clinic/Facility**	Name of the Clinic/Facility
Service Location Address Line 1**	Service Location Street Address for providers on list below
Service Location Address Line 2	Enter the Service Location Street Address line 2 (if needed for Suite #)
City**	Service Location City for providers on list below
State**	Select the Service Location State (for providers on list below) from the list below
Zip**	Service Location Zip Code on list below

> Instructions Full Roster +

1.9 The Facility Roster Template

Required	Required		Required	Required	Required	Required	Required
Clinic/Facility Name**	Service Location Address Line 1**	Service Location Address Line 2	City**	State** (Select from drop down)	Zip**	Organization TIN**	Provider Last Name*

The Facility Roster Template



1.10 Columns A - F

A Required	B Required	C Required	D Required	E Required	F Required
Clinic/Facility Name**	Service Location Address Line 1**	Service Location Address Line 2	City**	State** (Select from drop down)	Zip**
St. Eligius	11 East Newton St	1st Floor	Boston	MA	02118

- Enter the name of the Clinic/Facility.
- Enter the line 1 address information.
- Enter the line 2 address information.
- Enter the city where the clinic/facility is located.
- Enter the state where the clinic/facility is located.
- Enter the zip code.



1.11 Columns G - J

G Required	H Required	I Required	J Required
Organization TIN**	Provider Last Name**	Provider First Name**	Title** (Select from drop-down)
123456789	Hartley	Robert	DO

- Enter the Facilities Tax Identification Number (TIN).
- Enter the provider's Last Name.
- Enter the Provider's First Name.
- Use the drop-down arrow to select Title.



Columns in RED with Asterisks are Mandatory

1.12 Columns K-O

K Required	L Required	M Required	N Required	O Required
License State** (Select from drop down)	Individual Provider NPI**	Gender** (Select from drop down)		
NY	1102568387	Male		

- Use the drop-down arrow to select licence level.
- Enter the provider's licence number.
- Use the drop-down arrow to select the state.
- Enter the 10 digit NPI without dashes or spaces.
- Enter the provider's assigned gender.



1.13 Columns P - S

P	Q	R	S
	Required	Required	Conditionally Required
Date of Birth	SSN**	Medicare Participation Status** (Select from drop down)	Medicare ID
05/25/1969	321896547	Y	1102568387



- Enter the provider's date of birth (optional).
- Enter the provider's social security number.
- Use the drop-down box to indicate the provider's Medicare participation.
- Enter the provider's Medicare identification number (if applicable/eligible).

Date Format:
MM/DD/YYYY

1.14 Columns T - W

T	U	V	W
Required	Conditionally Required		Required
Medicaid Participation Status** (Select from drop down)	Medicaid ID	DEA Number	Taxonomy**
Y	321896547		2084P0800X



- Use the drop-down box to indicate the provider's Medicaid participation.
- Enter the provider's Medicaid identification number (if applicable/eligible).
- Enter the provider's DEA number.
- Enter the provider's taxonomy number.

Required Fields
cannot be left blank

1.15 Columns X - AA

X	Y	Z	AA
Srv Phone	Srv Phone Extension	Email Address	Fax Number (if different from contact fax)
413-568-7423	6752	providersemail@clinic.com	413-877-5584

- Enter the office contact phone number (use xxx-xxx-xxxx format).
- Enter the office contact phone number extension.
- Enter the provider's individual email address (seperate from clinic).
- Enter the provider's fax number (use xxx-xxx-xxxx format).

Optional Fields
leave blank if not applicable



1.16 Columns AB - AE

AB	AC	AD	AE
Specialty Code 1 (Select from drop down)	Specialty Code 2 (Select from drop down)	Pat age Start	Pat age End
FAMILY THERAPY SUBOXONE THERAPY TRANSCRANIAL MAGNETIC STIMULATION TRICHOTILOMANIA FAMILY VIOLENCE WOMEN'S ISSUES APPLIED BEHAVIORAL ANALYST ADOLESCENT BEHAVIOR DISORDERS FAMILY THERAPY DEPRESSIVE DISORDERS COGNITIVE BEHAVIORAL THERAPY MENTAL HEALTH STRESS MANAGEMENT		18	81

Enter the starting age of patient's seen.
 Enter the ending age of patient's seen.

1.17 Columns AF-AJ

AF	AG	AH	AI	AJ
Language Spoken Fluently other than English (Select from drop down)	Language Spoken Fluently other than English (Select from drop down)	Language Spoken Fluently other than English (Select from drop down)	Language Spoken Fluently other than English (Select from drop down)	Language Spoken Fluently other than English (Select from drop down)
German SPANISH CHINESE HEBREW RUSSIAN ARABIC GERMAN KHMER FRENCH ITALIAN PORTUGUESE CREOLES AND PIDGINS, ENGLISH BASED HUNGARIAN				

Enter any languages the provider speaks (other than English).

Notes:

1.18 Columns AK - AL

AK	AL
Required	
Eff Date/Hire Date**	End Date/Term date
01/01/2026	



- Enter the start date with the facility.
- Enter the last date with the facility.

Date Format:
MM/DD/YYYY



Notes:

1.19 Submitting Your Roster

Submitting Your Roster



1.20 Response Emails



Response Emails



Notes:

1.21 Missing Attachment

A composite image featuring a laptop keyboard and a potted plant on the left. On the right, there is a screenshot of an email notification from Carelton. A dashed purple line connects a text box on the left to the email content. The text box contains the heading 'Missing Attachment' and a message stating that no attachments were present in the submission. The email itself is addressed to a Facility Administrator and informs the provider that a recent facility roster submission was missing an attachment, preventing it from being processed. It includes details like the event ID, file name, and subject line, and requests the provider to resubmit the completed roster template. The email also includes a thank you note and a reference to the Carelton Behavioral Health Provider Handbook. A footer note states that the mailbox is intended for roster submission only and should not be used for general replies.

Missing Attachment

There were no attachments with the submission and therefore cannot be processed at this time.

To: Facility Administrator
From: Roster Automation Team
Subject: Action Required - Missing or Incorrect Attachment

Dear Provider,

Upon reviewing your recent facility roster submission email, we noticed that the required attachment was not included. As a result, we are unable to process your roster at this time.

EVENT ID : 11041478
FILE NAME: 11041478_Facilityroster_NY 26-276957.xlsx
SUBJECT LINE: Facilityroster NY26-276957 NOPH
EMAIL Submission Date: 6/19/2026

To ensure that we can accurately process your information, please resubmit with the completed roster template attached at your earliest convenience.

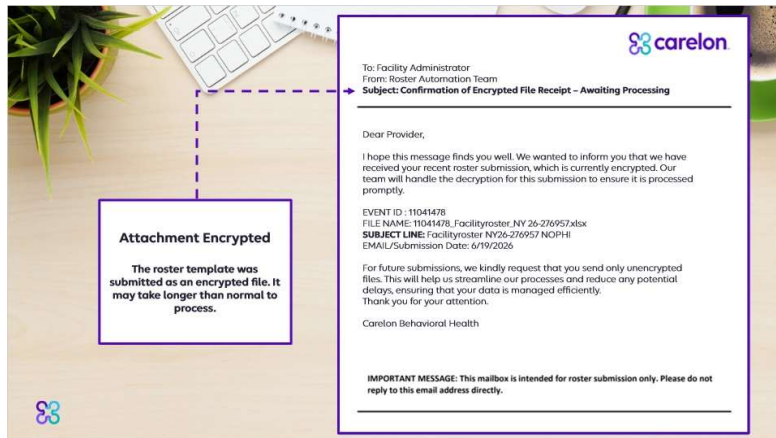
Thank you for your prompt attention to this matter and for your continued cooperation. See Chapter 2 of the Carelton Behavioral Health Provider Handbook [Provider Handbook](#) for more information on roster submission and to access the standard template guidelines.

Carelton Behavioral Health

IMPORTANT MESSAGE: This mailbox is intended for roster submission only. Please do not reply to this email address directly.

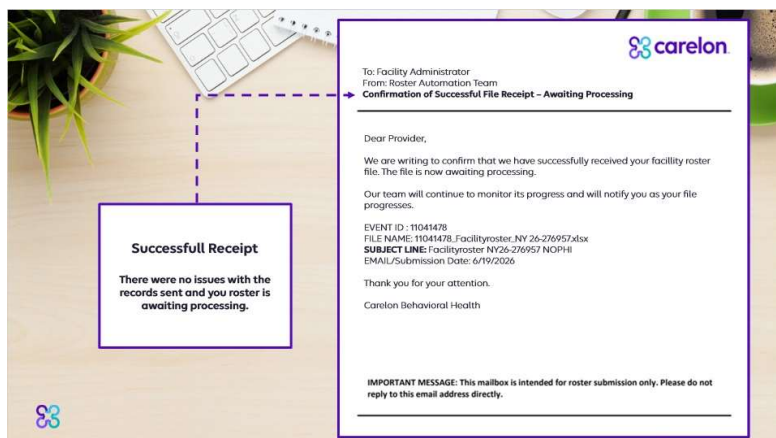
Notes:

1.22 Encrypted Templates



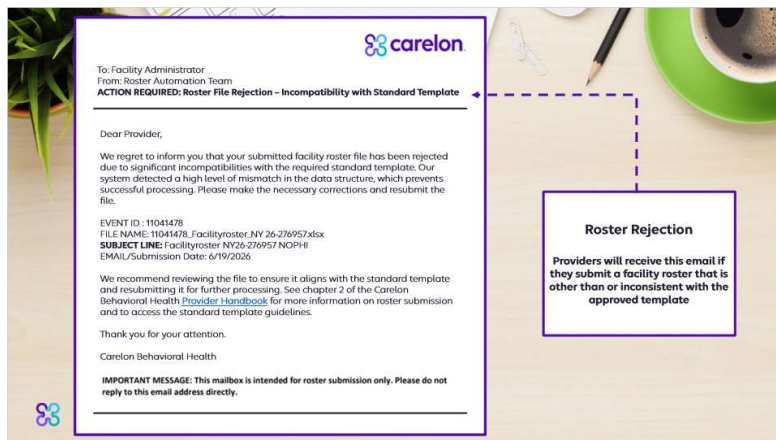
Notes:

1.23 Successful File Receipt



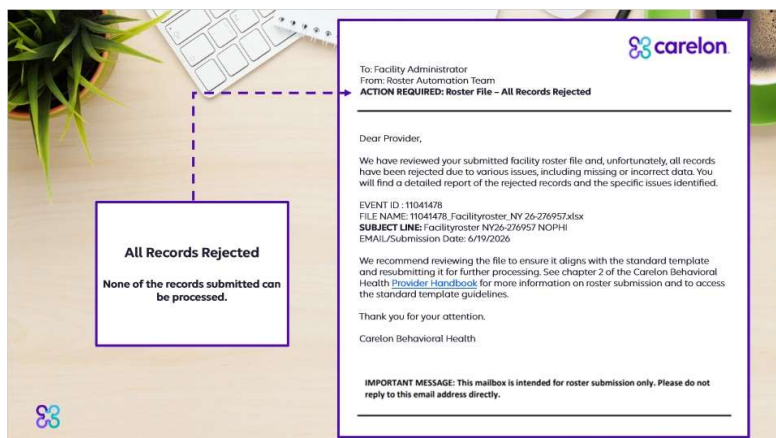
Notes:

1.24 Roster Rejection



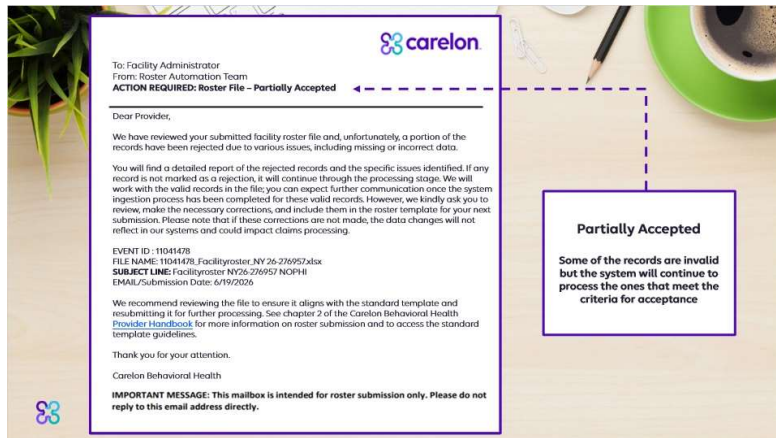
Notes:

1.25 All Records Rejected



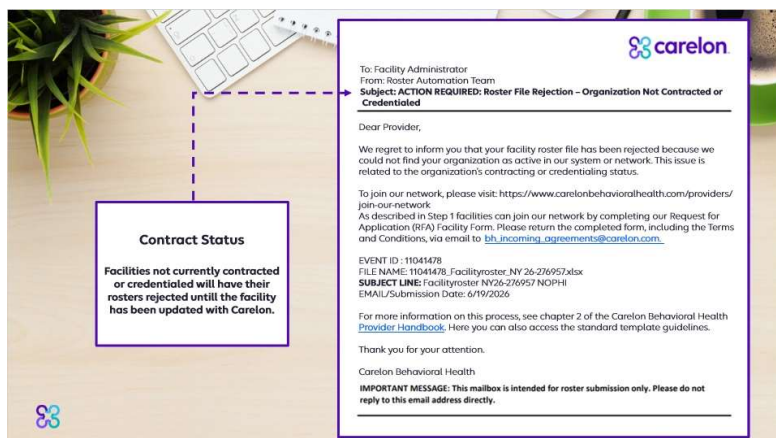
Notes:

1.26 Partially Accepted



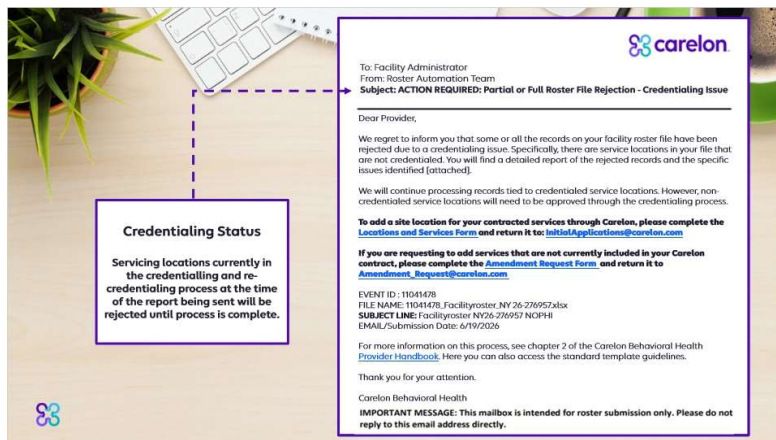
Notes:

1.27 Credentialing Status



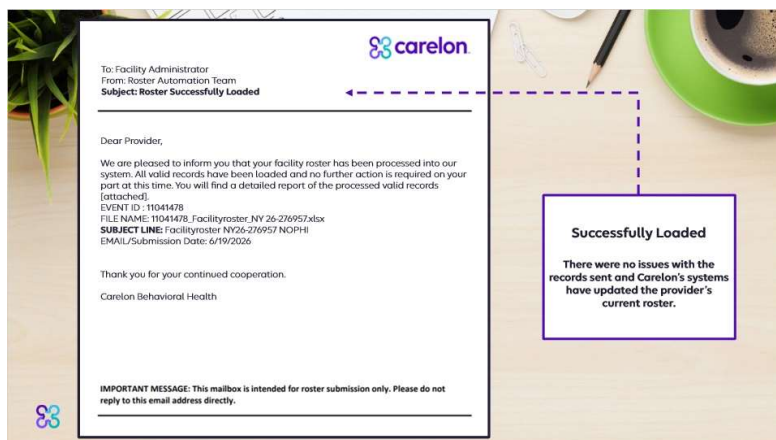
Notes:

1.28 Service Location



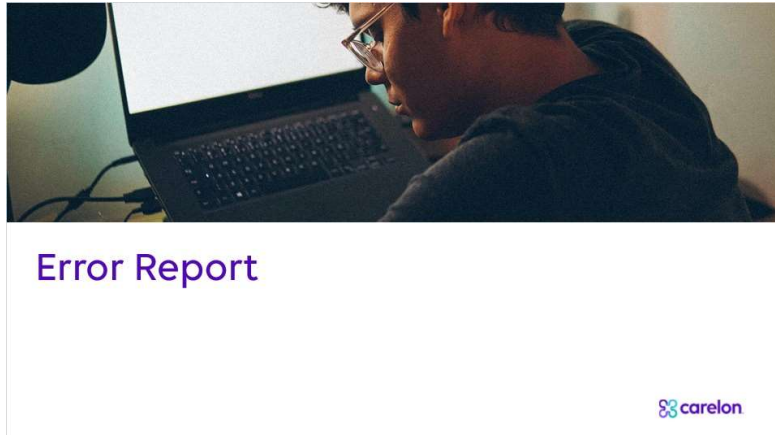
Notes:

1.29 Roster Successfully Loaded



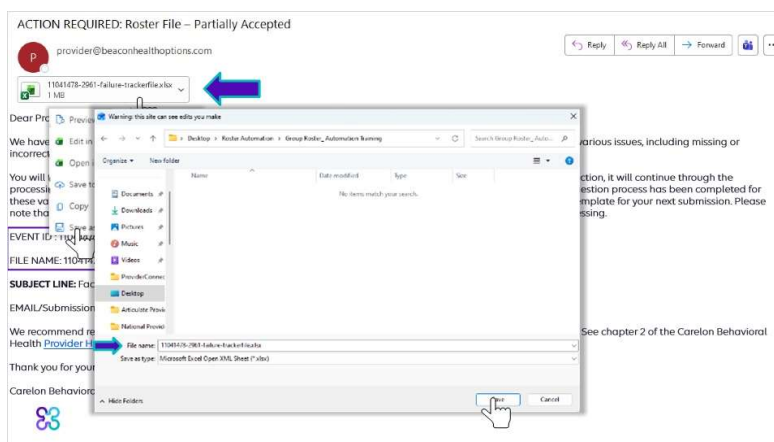
Notes:

1.30 Error Report



Notes:

1.31 Action Required



1.32 Roster Tab

	A	B	C	D	E	F	G	H	I	J	K
1/1/2021											
1/2/2021											
1/3/2021											
1/4/2021											
1/5/2021											
1/6/2021											
1/7/2021											
1/8/2021											
1/9/2021											
1/10/2021											
1/11/2021											
1/12/2021											
1/13/2021											
1/14/2021											
1/15/2021											

1.33 Final Validation Fallouts

Rule #	Rule Description	Validation Type	Manual Roster
1	Rule 1: Template Validation	Template Validation	Manual Roster
2	Rule 2: Template Validation	Template Validation	Manual Roster
3	Rule 3: Template Validation	Template Validation	Manual Roster
4	Rule 4: Template Validation	Template Validation	Manual Roster
5	Rule 5: Template Validation	Template Validation	Manual Roster
6	Rule 6: Template Validation	Template Validation	Manual Roster
7	Rule 7: Template Validation	Template Validation	Manual Roster
8	Rule 8: Template Validation	Template Validation	Manual Roster
9	Rule 9: Template Validation	Template Validation	Manual Roster
10	Rule 10: Template Validation	Template Validation	Manual Roster
11	Rule 11: Template Validation	Template Validation	Manual Roster
12	Rule 12: Template Validation	Template Validation	Manual Roster
13	Rule 13: Template Validation	Template Validation	Manual Roster
14	Rule 14: Template Validation	Template Validation	Manual Roster
15	Rule 15: Template Validation	Template Validation	Manual Roster
16	Rule 16: Template Validation	Template Validation	Manual Roster
17	Rule 17: Template Validation	Template Validation	Manual Roster
18	Rule 18: Template Validation	Template Validation	Manual Roster
19	Rule 19: Template Validation	Template Validation	Manual Roster
20	Rule 20: Template Validation	Template Validation	Manual Roster
21	Rule 21: Template Validation	Template Validation	Manual Roster
22	Rule 22: Template Validation	Template Validation	Manual Roster
23	Rule 23: Template Validation	Template Validation	Manual Roster
24	Rule 24: Template Validation	Template Validation	Manual Roster
25	Rule 25: Template Validation	Template Validation	Manual Roster
26	Rule 26: Template Validation	Template Validation	Manual Roster
27	Rule 27: Template Validation	Template Validation	Manual Roster
28	Rule 28: Template Validation	Template Validation	Manual Roster
29	Rule 29: Template Validation	Template Validation	Manual Roster
30	Rule 30: Template Validation	Template Validation	Manual Roster
31	Rule 31: Template Validation	Template Validation	Manual Roster
32	Rule 32: Template Validation	Template Validation	Manual Roster
33	Rule 33: Template Validation	Template Validation	Manual Roster
34	Rule 34: Template Validation	Template Validation	Manual Roster
35	Rule 35: Template Validation	Template Validation	Manual Roster
36	Rule 36: Template Validation	Template Validation	Manual Roster
37	Rule 37: Template Validation	Template Validation	Manual Roster
38	Rule 38: Template Validation	Template Validation	Manual Roster
39	Rule 39: Template Validation	Template Validation	Manual Roster
40	Rule 40: Template Validation	Template Validation	Manual Roster
41	Rule 41: Template Validation	Template Validation	Manual Roster
42	Rule 42: Template Validation	Template Validation	Manual Roster
43	Rule 43: Template Validation	Template Validation	Manual Roster
44	Rule 44: Template Validation	Template Validation	Manual Roster
45	Rule 45: Template Validation	Template Validation	Manual Roster

1.34 Correcting Errors

	A	B	C	D	E	F	G	H	I	J	K
1/1/2021											
1/2/2021											
1/3/2021											
1/4/2021											
1/5/2021											
1/6/2021											
1/7/2021											
1/8/2021											
1/9/2021											
1/10/2021											
1/11/2021											
1/12/2021											
1/13/2021											
1/14/2021											
1/15/2021											

1.35 Final Steps

Final Steps

- Save your roster
- Resubmit
 - Original submission
 - New template
- CBHFacilityRosterIntake@carelon.com





1.36 Degree License

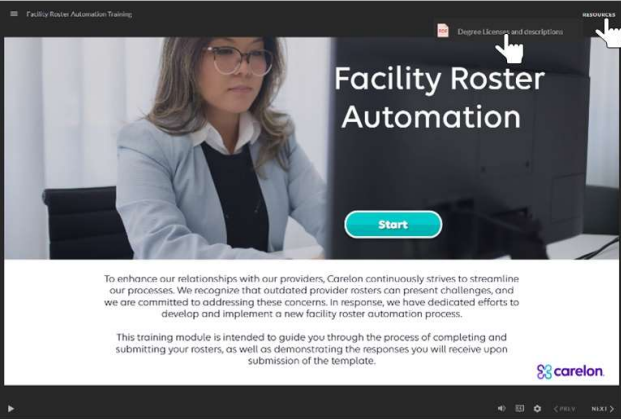
Facility Roster Automation

[Start](#)

To enhance our relationships with our providers, Carelon continuously strives to streamline our processes. We recognize that outdated provider rosters can present challenges, and we are committed to addressing these concerns. In response, we have dedicated efforts to develop and implement a new facility roster automation process.

This training module is intended to guide you through the process of completing and submitting your rosters, as well as demonstrating the responses you will receive upon submission of the template.





Notes:

1.37 Frequently asked Questions

Frequently asked Questions

- I didn't receive a roster template, can I submit my own excel spreadsheet?
 - No. All facilities must use the approved Carelon template. They can be download from our [provider-handbook](#)
- Do I need to complete every column on the sheet?
 - Only columns with red headings are mandatory. Columns with black headings allow submitters to add optional information if desired.
- How do I know if my roster has been processed?
 - Roster submitters will receive confirmation emails from Carelon throughout the process.
- If I receive an error report can I just make my changes to the attached file and resubmit?
 - No. All changes must be resubmitted on the original template (or a new template).
- Where do I email my completed roster?
 - You can email your completed roster to: CBHFacilityRosterIntake@carelon.com



1.38 Contact Carelon

Contact Carelon

Designated Network Manager

Access Provider Handbook
[provider-handbook](#)

A photograph of a young woman with long brown hair, smiling and looking towards the camera. She is wearing a white lab coat over a dark top and is holding a laptop. The background is a blurred outdoor setting with trees.