



First Quarter 2023

Carelon Behavioral Health Provider Newsletter

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BEACON HEALTH OPTIONS IS NOW CARELON BEHAVIORAL HEALTH

Have you heard the news?

On March 1, 2023, we officially changed our name! Beacon Health Options' new name is Carelon Behavioral Health. Please know this name change does not change your contract, reimbursement, or level of support. For your patients, it will not change their plan or coverage.

Why did our name change

In June 2022, our parent company, Elevance Health, announced the launch of Carelon, a new healthcare services brand. The name "Carelon" is derived from the word "care" and suffix "-lon," which means full and complete. We are one of several businesses - including AIM Specialty Health, HealthCore, Meridian Resource Company, and myNEXUS - joining together to create a powerful suite of solutions dedicated to solving the industry's most complex challenges and delivering whole-person health.

What this means for you

While our name has changed, our commitment to our partners remains the same. All contracts, policies, and procedures will remain the same. Additionally, all existing phone numbers, emails, websites, and portals now redirect with no reregistration required. Please note this is not a change of ownership, and the legal entity you are contracted with is unaffected. Only our brand name and the names of our corporate entities are transitioning, pending receipt of required regulatory approvals.

Below is a chart of Beacon entities that and their new names. You may have a provider agreement with one or more of the below entities.

Current Name	New Name
Beacon Health Options, Inc.	Carelon Behavioral Health, Inc.
Beacon Health Strategies, LLC	Carelon Behavioral Health Strategies, LLC
Beacon Health Options of California, Inc.*	Carelon Behavioral Health of California, Inc.
College Health IPA ("CHIPA")	Carelon Health IPA of California ("CHIPA")
BHS IPA, LLC**	Carelon Behavioral Health IPA Strategies, LLC
CHCS IPA, Inc.**	Carelon Behavioral Health IPA, Inc.
ValueOptions Federal Services, Inc.	Carelon Health Federal Services, Inc.

* denotes pending regulatory approval.

** NY-based IPA networks.

How this increases value

Our healthcare model puts people first. The Carelon brand creates value through proven, effective services and a wide range of partnerships across the healthcare system. Through our digitally enabled solutions, we can streamline behavioral health experiences, reduce total cost of care, and connect people to care.

We're here to answer your questions

Please contact us any time at our National Provider Service line at 1-800-397-1630 with any questions you may have.

CLINICAL PRACTICE GUIDELINES

Carelon Behavioral Health reviews and endorses clinical practice guidelines on a regular basis to support providers in making evidence-based care treatment decisions on a variety of topics. The most up-to-date, [endorsed, clinical practice guidelines are posted on the Carelon Behavioral Health website](#).

Additionally, each year, Carelon Behavioral Health measures providers' adherence to at least three (3) Clinical Practice Resources. Carelon Behavioral Health has chosen the following two adult-focused and one child-focused Clinical Practice Resources for 2023 national measurement, unless otherwise required by contract:

Clinical Practice Resources

1. **American Psychiatric Association** [Practice Guideline for the Treatment of Patients with Schizophrenia – Third Edition](#) (PDF)
2. **American Psychiatric Association** [Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition](#) (PDF)
3. **American Academy of Pediatrics** [Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention Deficit/Hyperactivity Disorder in Children and Adolescents](#) (PDF)

Please take time this month to review the clinical practice guidelines and measurement tool to ensure your standards of practice align.

[Learn more](#)



MEASUREMENT OF CLINICAL PRACTICE GUIDELINES



As part of our member safety program and the recredentialing process, Carelon Behavioral Health measures provider adherence to clinical practice guidelines. Measurement of evidence-based care is conducted through three modalities: Treatment Record Reviews, review of selected Healthcare Effectiveness Data and Information Set (HEDIS®) measures or Carelon Behavioral Health-defined measures that follow HEDIS guidelines.

Treatment Record Reviews

Depending on contract and accreditation requirements, Carelon Behavioral Health reviews a random sample of provider/facility charts at least every 36 months. The treatment record review includes a review of required documentation for the following key areas:

- Coordination with other behavioral health (BH) providers
- Coordination of care with primary care providers (PCPs)
- Assessment
- Treatment plan
- Adherence to clinical practice guidelines
- Monitoring HEDIS measures

Monitoring HEDIS measures

Depending on contract and accreditation requirements, Carelon Behavioral Health will monitor two adult CPG's and one child/adolescent CPG through the following HEDIS measures:

- Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation & Continuation/Maintenance Phase
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia SAA & Diabetes Screening for People with Schizophrenia or Bipolar Disorder (SSD)
- Follow-Up after Hospitalization for Mental Illness (FUH), 7 & 30 day

FREE ONLINE SELF-MANAGEMENT TOOLS FOR MEMBERS – ESPECIALLY FOR DEPRESSION, SUICIDE, AND COMORBIDITY ISSUES

When members can self-identify risk factors or health issues early on, they can proactively take steps to improve their health and reduce potential risk factors.

Offering self-management tools encourages members to monitor, track, and take charge of their own behavioral and/or physical health conditions.

Carelon Behavioral Health offers member-specific self-management tools and educational content on its [Achieve Solutions platform](#), which you can find on the Carelon Behavioral Health website by visiting the [Achieve Solutions page](#).

Topics include, but are not limited to:

- Adult BMI Calculator
- Reducing High-Risk Drinking
- Increasing Physical Activity
- Integrated Care: Taking Charge of Your Health
- Do You Have a Nicotine Addiction?
- Are Your Weight Management Habits Healthy?
- Managing Stress in Your Life
- Identifying Common Emotional Concerns
- How Well Do You Bounce Back from Life's Challenges?

Consider using these member-specific tools with Carelon Behavioral Health members and/or recommending the website to members and their families, when appropriate.

[Learn more](#)

REMINDER TO USE STANDARDIZED SCREENING TOOLS WITH MEMBERS 13 YEARS AND OLDER

Carelon Behavioral Health supports the early detection and treatment of depressive and comorbid disorders to promote optimal health for members 13 years and older.

Carelon Behavioral Health offers many screening tools and programs available at no cost:

- [Provider Toolkit](#)
- [Depression Screening Program](#) (PDF)
- [Comorbid Mental Health and Substance Use Disorder Screening Program](#) (PDF)

Use screening tools at the first visit and repeat at regular intervals as clinically indicated to identify potential symptoms that may need further evaluation.

Depression

- Patient Health Questionnaire 9 (PHQ-9) is a brief, multi-purpose tool for assessing depression, and is available in [English](#), [Spanish](#), and a variety of other languages in Carelon Behavioral Health's Provider Toolkit.
- When assessing for depression, remember to rule out bipolar disorders; you may choose to use the [Mood Disorder Questionnaire \(MDQ\)](#).

Suicide

- Carelon Behavioral Health's [Provider Toolkit](#) endorses the National Action Alliance for Suicide Prevention's [Recommended Standard Care for People with Suicide Risk](#), which screens individuals for suicide and includes a list of screening tools in the Appendix.

Comorbidity issues

- Remember to screen for possible mental health disorders when a diagnosis of a substance use disorder is present and conversely to screen for a potential substance use disorder when a mental health disorder is present.
- The [CRAFT Screening Interview](#) (PDF) assesses for substance use risk specific to adolescents.

[Learn more about the Depression Screening Program](#)

[Learn more about the Co-occurring Mental Health and Substance Use Disorder Program](#)

MEDICAL NECESSITY CRITERIA

Medical Necessity Criteria Available Online

Carelon Behavioral Health's clinical criteria, also known as medical necessity criteria, are based on nationally recognized resources and updated at least annually.

Medical necessity criteria vary according to individual state and/or contractual requirements and member benefit coverage.

To find out more information about the development of Carelon Behavioral Health's Medical Necessity Criteria or to obtain copies, please visit Carelon Behavioral Health's website.

[Learn more](#)



DIVERSITY AND CULTURAL AWARENESS

Carelon Behavioral Health serves a diverse population, representing multiple cultural and linguistic groups and includes pediatric, adult and geriatric individuals across the United States. Carelon Behavioral Health is committed to promoting health equity to our members and providers to:

- Expand and standardize the collection, analysis and reporting of member preferences, demographics and attributes including race, ethnicity, language, and gender identity
- Cultivate and sustain a culture of health equity
- Offer trainings on diversity and cultural competency to our participating providers
- Offer interpretation services and written materials in alternative languages and formats for our membership (over 250 languages)
- Meet our members' cultural and linguistic needs and preferences.
- Improve our Provider Directory to contain accurate information on the race/ethnicity and languages spoken by the Provider community.

Carelon Behavioral Health's Cultural and Linguistic Program's purpose is to assess and improve healthcare quality and equity by reducing health care disparity and to deliver culturally and linguistic appropriate health care services to its member population. We assess the race, ethnicity, and language needs as well as gender identify and sexual orientation of our membership to ensure our network is able to meet our membership's cultural needs and preferences. Carelon Behavioral Health's strives to improve culturally and linguistically appropriate services, access and availability of language services, cultural competency in materials as well as information, training and tools for staff and providers to support culturally competent communication. Additionally, we collect data from our provider community to inform our Cultural and Linguistic Program evaluation and planning.



Please assist the Carelon Behavioral Health team by updating your provider directory profile for language capabilities and ethnicity so we can better serve our membership.

- **Practitioners:** Visit [CAQH](#), update, and attest
- **Provider Groups and Facilities:** Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630

Diversity and cultural awareness *continued*

Our Care Managers make referrals to participating providers, taking into account member preferences such as geographic location, hours of service, cultural or language requirements, ethnicity, race, gender and type of degree the participating provider holds. As part of Carelon Behavioral Health's Quality Management Program, Carelon Behavioral Health incorporates principles designed to encourage the provision of care and treatment in a culturally competent and sensitive manner. These principles include:

- Emphasis on the importance of culture and diversity
- Assessment of cross-cultural relations
- Expansion of cultural knowledge
- Consideration of sexual orientation and gender identity
- Adaptation of services to meet the cultural and linguistic needs of members
- Make resources available to members who require culturally, linguistically, and/or disability competent care such as disability and language lines

Participating providers are reminded to take the cultural background and needs of members into account when developing treatment plans and/or providing other services.

We encourage our participating providers to take Carelon Behavioral Health's [Cultural Competency Training](#) and attest completion via CAQH.

Helpful Articles and Webinars

Visit Achieve Solutions through our provider portal to find more information on Diversity and Cultural Awareness. Offerings include:

Articles:

- [Dealing With Prejudice](#)
- [Showing Respect](#)
- [Look to Your Culture to Cope With Trauma](#)
- [Talking to Children About Discrimination](#)
- [Culture Matters: How to Bridge Gaps and Work Effectively](#)
- [R-E-S-P-E-C-T Spells Cultural Competency](#)
- [Caring for Our Communities](#)
- [Look to Your Culture to Cope with Trauma](#)
- [Culture and Resilience](#)

Webinars:

- [Cultural Competency Training](#)
- [Fostering Inclusion in the Workplace](#)
- [Nurturing Respect in the Workplace](#)
- [Raising Children to Respect Diversity](#)
- [Unconscious Bias](#)



IMPROVING CARE COORDINATION: AN ESSENTIAL COMPONENT OF CLIENT CARE

Improving Care Coordination: An Essential Component of Client Care

The Agency for Healthcare Research and Quality (AHRQ) defines care coordination as “deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient’s care to achieve safer and more effective care. This means the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.”

Coordination of care between healthcare providers is an important and necessary process for optimal client health and wellness. This includes coordination of care between behavioral health providers and medical providers as well as coordination between different behavioral health providers who may be involved in a member’s treatment.

Tips to Improve Coordination of Care

1. Request a release of information from the member to coordinate with his/her medical providers or behavioral health providers. Use motivational interviewing techniques to encourage information sharing across providers.
 - Educate the member that care coordination improves patient safety and can lead to improved treatment outcomes. Explain in detail what will be shared and why.
 - Discuss any concerns about care coordination with the member. Encourage questions and provide adequate time for discussion.
2. Use a standard form to share information. You can use your own or one of the two versions available for free on Carelon Behavioral Health’s website: www.carelonbehavioralhealth.com/providers/forms-and-guides.
 - Example Authorization Forms For Coordination with a Primary Care Provider or other Behavioral Health Providers
 - » Authorization for Behavioral Health Provider and Primary Care Provider to Share Confidential Information Form
 - » Authorization for Coordination of Behavioral Healthcare
3. Follow a standard process for sharing and requesting information with the member’s medical or behavioral health provider(s).
 - Call the provider’s office and ask the office manager or receptionist how best to communicate and share information. Discuss a protocol for any urgent medical or behavioral health needs.
 - Routinely communicate with any other treatment providers at specific points in treatment, such as when treatment begins, when there are changes in the member’s status, or upon discharge.
4. Ensure that this coordination of care is documented in the member’s medical record. Audit your own records for compliance with your policies and procedures.
5. Ensure that your intake paperwork/process includes medical history and any other treatment history.
6. Keep the member in the communication loop, as clinically appropriate. Provide ongoing updates on communication between you and other providers.

REFERRING TO CARELON'S CARE MANAGEMENT PROGRAM



Carelon Behavioral Health's Care Management Program assists members with a variety of behavioral health care needs to achieve and maintain optimal functioning in the community. Dedicated clinical staff work directly with members who may need a wide range of support, from brief assistance connecting to supportive services to those with more complex conditions requiring individualized case management services over a longer period of time.

Carelon Behavioral Health clinicians offer members enrolled in the program assistance such as accessing behavioral health benefits, coordinating with medical care providers, providing condition-specific educational materials and patient safety education, and developing a plan to improve social determinants of health.

If you have a client you would like to refer to Carelon Behavioral Health's Care Management Program, you may do so via [ProviderConnect](#). After logging in, click the "Enter Case Management Referral" link on the home page and then follow the prompts to complete a brief referral. Providers may also call the National Provider Service Line at 1-800-397-1630 to make a referral. Carelon clinicians will review the request and follow up with the member as appropriate.

Members of any age can be referred to the program and are triaged according to risk. Examples of factors indicating high-risk case management services include, but are not limited to, the following:

- Multiple recent inpatient admissions for primary behavioral health issues or comorbid behavioral/medical health conditions and lack of outpatient follow-up
- Multiple recent emergency room admissions with psychiatric complaints and no evidence of ongoing treatment support
- Complex comorbid behavioral and medical health conditions, including but not limited to: diabetes, heart disease, obesity, HIV, pregnancy, postpartum depression or psychosis
- Significant suicidal or homicidal risk or repeated high risk behaviors
- Multiple failed substance use treatment attempts
- New and/or unstable high-risk behavioral health diagnoses such as eating disorder, schizophrenia, schizoaffective, or dissociative identity disorder
- High utilizers: Members in the top one to five percent of overall behavioral health service utilization for service population
- Special vulnerable populations with no evidence of ongoing treatment support to resolve potential issues associated with their condition, such as:
 - » Pregnant women with substance use disorders
 - » Children five years old or younger with a bipolar diagnosis
 - » Children 10 years old or younger with inpatient admission

HEDIS®

What is HEDIS®?

HEDIS® refers to the Healthcare Effectiveness Data and Information Set developed by the National Committee for Quality Assurance (NCQA). HEDIS is a set of performance measures used in the managed care industry, is part of NCQA accreditation, and is an essential activity for Carelon to ensure members are getting the best care possible. This is accomplished through the collection and analysis of data documenting the clinical care received by individual plan members from providers, influenced through activities and programs delivered by the health plans. The data is aggregated and reported collectively to reflect the 'collective' or population-based care received by the plan's membership. These reports have become a major component of quality rating systems that measure the clinical quality performance of health plans by Centers for Medicare & Medicaid Services, states offering Medicaid, and other entities.

Why is HEDIS® important?

HEDIS is an important part of the Quality Improvement Strategy at Carelon Behavioral Health. Strong HEDIS performance reflects enhanced quality of care. Additionally, since over 90% of health plans participate in HEDIS and the NCQA provides specific definitions for measures, Carelon Behavioral Health can compare rates across the organization in addition to setting performance targets and using benchmarks to monitor performance for our health plans in an 'apples to apples' way.

What Behavioral Measures does HEDIS® monitor?

HEDIS is a collection of over 90 measures across six domains of care. Nearly 20 of those measures are behavioral health focused, specific to mental health and substance use. These behavioral health measures focus on areas like medication adherence, effectiveness of care, utilization of services, and access and availability of care for mental health and substance use.

Follow Up After Hospitalization for Mental Illness: 7 & 30 Day (FUH)

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in re-admittance to an inpatient facility. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient's return to baseline functioning in a less-restrictive level of care. The FUH measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

Continues on following page

Follow Up After Emergency Department (ED) Visit for Mental Illness: 7 & 30 Day (FUM)

Research suggests that individuals who receive follow-up care for people with mental illness have fewer repeat ED visits. Additionally, the ability to provide continued care can result in improved physical and mental health outcomes and better compliance with follow-up instructions. The FUM measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of the ED visit, but no later than 30 days from the ED date.

Follow Up After Emergency Department (ED) Visit for Substance Use: 7 & 30 Day (FUA)

Over 20 million adult and adolescent Americans were classified as having a substance use disorder in 2016. Substance use reduction, future ED use, hospital admissions, and bed days were all associated with timely follow-up care after an ED visit for substance use disorder. The FUA measure assesses the percentage who receive an outpatient appointment within seven days of the ED visit, but no later than 30 days from the ED date.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Early identification of substance use disorder issues can help your patients avoid future drug-related illnesses and deaths, as well as improve quality of life. The IET measure assesses the percentage of adolescent and adult members with a new episode of substance use disorder who have received an initiation of treatment event within 14 days of diagnosis, as well as those who have received an initiation of treatment event and two or more additional qualifying services within 34 days of the initiation visit.

Antidepressant Medication Management (AMM)

According to NCQA's "State of Health Care Quality 2013" report, approximately 50% of psychiatric patient and primary care patients prematurely discontinue antidepressant therapy (when assessed at six months after the initiation of treatment):

- » Less than half of those impacted by depression receive treatment even though effective treatments are available.
- » Appropriate dosing and continuation of medication therapy in both the short-term and the long-term treatment of depression decrease the recurrence of depressive symptoms.
- » Increasing client compliance with prescribed medications, monitoring treatment effectiveness, and identifying and managing side effects are all best practices when managing care for clients with depression.

The AMM measures assess the rate of members aged 18 and older with a diagnosis of major depression who are treated with an antidepressant medication and remain on antidepressant medication throughout their treatment period.

Follow Up Care for Children Prescribed ADHD Medication (ADD)

Attention-deficit/hyperactivity disorder (ADHD) is the most common mental health disorder affecting children. The estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey, is 6.1 million (9.4%). This number includes 2.4 million children aged 6-11 years.

Both medication and/or behavioral therapy are recommended ADHD treatments, however:

- 43% are treated with medication alone
- 13% are treated with behavioral therapy alone
- 31% are treated with combination therapy (i.e. medication and behavioral therapy); and
- 6.5% of children with ADHD are receiving neither medication treatment nor behavioral therapy

The ADD measure assesses the rate of members ages 6-12 on ADHD medication who had at least three follow-up care visits within 10 months (one within 30 days) of the first ADHD medication being dispensed.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

As many as 60% of patients diagnosed with schizophrenia do not take medications as prescribed. When antipsychotics are not taken correctly, member outcomes can be severe, including hospitalization and interference with the recovery process.

Medication adherence problems may make it difficult for a prescriber to assess the member's medication response. Prescribers may unnecessarily alter medication type of dosage in order to resolve what appears to be medication complications for a member who actually has an adherence problem. The SAA measure assesses the percentage of members 18+ diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Screening & Monitoring Measures for People with Schizophrenia or Bipolar who are Using Antipsychotic Medication

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes; because of this, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream. The SSD measure assesses the percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The SSD measure assesses the percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

The SMC measure assesses the percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder AND cardiovascular disease who had an LDL-C test.

Diabetes Monitoring for People with Diabetes & Schizophrenia (SMD)

The SMD measure assesses the percentage of members aged 18-64 which schizophrenia or schizoaffective disorder AND diabetes who had both an LDL-C and an HbA1C test.

Please visit our website for additional information about these Behavioral Health Measures. Carelon Behavioral Health's website offers [Provider Tip Sheets](#), as well as member and provider-level tools to assist you in finding needed member services and other useful resources.

Important Reminder: Carelon Behavioral Health strives to provide members with accurate, current provider directory information. Providers are required to notify Carelon Behavioral Health's about any inaccuracies so that appropriate corrections may be made.

- **Practitioners:** Visit [CAQH](#), update, and attest
- **Provider Groups and Facilities:** Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630

ENHANCEMENT OF THE PROVIDER TOOLKIT

The Carelon Behavioral Health Quality team in collaboration with Medical, Clinical, Peers, Provider Relations and other stakeholders across the organization revised the online resource. The Provider Toolkit is intended to support primary care clinicians by providing a quick guide to behavioral health references. The toolkit is also a great resource for behavioral health providers and our health plan partners. The toolkit is useful for managing populations with co-occurring disorders. The toolkit promotes an integrated healthcare approach encouraging whole person health by offering provider resources they can use with the members they serve.

The toolkit includes resources for the management of attention-deficit/hyperactivity disorder, alcohol and substance use disorders, anxiety disorders, autism spectrum disorder, mood disorders (depression and bipolar disorder), eating disorders (including binge-eating disorder), obsessive-compulsive disorder, post-traumatic stress disorder, and schizophrenia disorder, all have been updated to reflect the most recent resources. The toolkit also includes information as it pertains to coordination of care, COVID-19, behavioral health medications, and social determinants of health. All topic areas include enhancements and a new page was created: Project TEACH. All sections include resources that the provider can use with the member including screening tools.

[Click here to access the new and improved Provider Toolkit](#)

Providers ▾ Members Find a Provider | Other Carelon Sites ▾

carelon
behavioral health

What We Offer ▾ Who We Are ▾ Perspectives Contact Us

Provider Toolkit

The tools you need when your patients need behavioral healthcare

You're often the first point of contact for patients with a behavioral health condition. This toolkit will help you with identification, information, and treatment steps.

For additional clinical resources, visit our [Clinical practice guidelines](#) page.

Explore the toolkit's topics

Click on a topic for quick access.

- [Alcohol and substance use disorder \(SUD\)](#)
- [Anxiety disorders](#)
- [Attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [Autism spectrum disorder \(ASD\)](#)
- [Coordination of care](#)
- [COVID-19 lingering impact](#)
- [Eating disorders](#)
- [Medication](#)
- [Mood disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Project TEACH](#)
- [Schizophrenia](#)
- [Social Drivers of Health \(SDoH\)](#)

ENHANCED SECURITY FEATURES FOR CARELON PROVIDER PORTALS WITH MULTI-FACTOR AUTHENTICATION (MFA)

Protecting your data is our top priority, which is why we continue to ensure strong security measures are always in place. With that in mind, **Carelon Behavioral Health (Carelon) provider portals will begin requiring Multi-Factor Authentication (MFA) effective May 17, 2023.**

MFA adds another layer of protection so that only you can access your online account. MFA is similar to leading industry best practices, such as those used by your bank or lender, to protect your personal information.

On March 18, 2023, MFA registration became available to all providers and users of Carelon Behavioral Health provider portals, ProviderConnect and eServices. Provider portal users have a 60-day window for MFA registration, making MFA required for login effective May 17, 2023.

We strongly encourage providers to begin registering for MFA as early as possible.

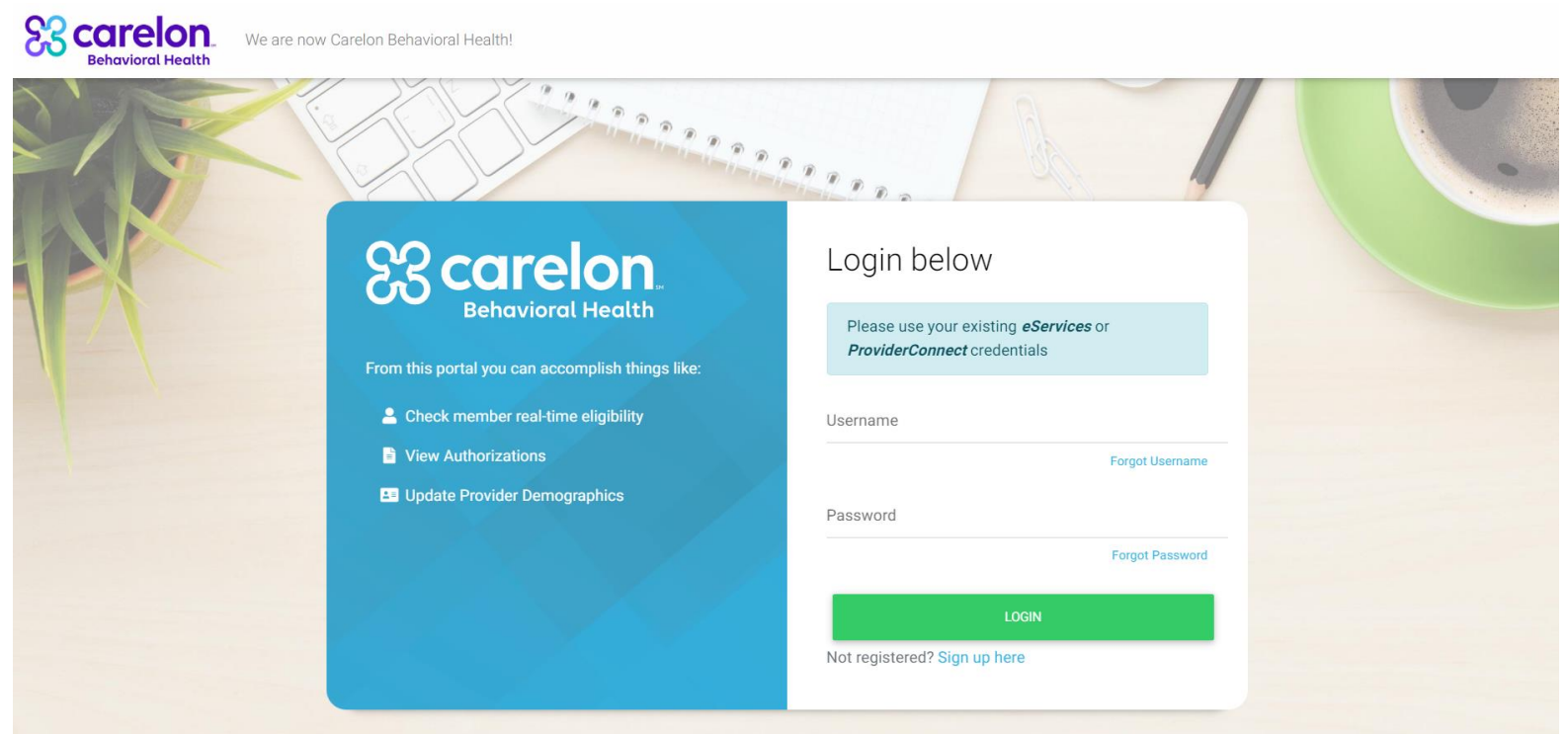
For more information on MFA setup and for a step-by-step guide by portal, please see our MFA FAQ. You can also access the MFA setup guides by linked below.

As a reminder, user account credentials should never be shared by multiple users. If you need additional user accounts or need to make changes to the contact information on an account, please refer to our [website](#) to access the ProviderConnect or eService forms.

For assistance with MFA setup, please email us directly at MFA-ProviderSupport@carelon.com.

We take our provider confidential account information seriously and will continue to do what is needed from a security standpoint to protect your information and prevent fraud.

We know change is not always easy, but along with providing enhanced services that allow provider information to be available at your fingertips, we must also improve what we do to protect that information.



Helpful Resources

- » [MFA FAQ](#)
- » [ProviderConnect MFA Setup Guide](#)
- » [eServices MFA Setup Guide](#)

Maternal Mental Health

What is Maternal Mental Health?

“Maternal mental health” means a mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

In accordance with the most recent regulatory guidelines for Medi-Cal members, Carelon Behavioral Health of California, Inc. and Carelon Health IPA (CHIPA) provide reimbursement for individual and/or group counseling sessions for pregnant or postpartum women with certain depressive, socioeconomic and mental health risk factors.

Carelon Behavioral Health of California and CHIPA are available to support perinatal members by providing referrals and linking these members to appropriate community resources and behavioral health providers with expertise in working with maternal mental health and improving care coordination.



HELPFUL REMINDERS

Member Rights and Responsibilities

Carelon Behavioral Health's Member Rights and Responsibilities Statements are available in [English](#) and [Spanish](#) for download from our website.

Providers and practitioners are encouraged to ensure your practice supports the Rights and Responsibilities of our Members.

[Learn more](#)

Reminders Regarding Carelon's Ethical Approach to Utilization Management Decisions

Licensed behavioral health care professionals work cooperatively with practitioners and provider agencies to ensure member needs are met. Utilization management decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

Carelon Behavioral Health does not provide rewards to any of the individuals involved in conducting utilization review for issuing denials of coverage or service. There are no financial incentives to encourage adherence to utilization targets and discourage under-utilization. Financial incentives based on the number of adverse determination or denials of payment made by any individual involved in utilization management decision making are prohibited.

Appointment Access Reminder

Carelon Behavioral Health strives to provide members with accurate, current Provider Directory information. Participating providers are expected to maintain established office hours and appointment access. Carelon Behavioral Health's provider contract requires that the hours of operation of all network providers be convenient to the members served and not discriminatory. Participating providers are required to maintain the following access standards:

If a member has a:	They must be seen:
Life-threatening emergency	Immediately
Non-life threatening emergency	Within 6 hours
Urgent needs	Within 48 hours
Routine office visit	Within 10 business days
Routine Follow-up office visit (non-prescriber)	Within 30 business days of initial visit
Routine Follow-up office visit (prescriber)	Within 90 business days of initial visit

The table above reflects the access standards that are the minimum standards for Appointment Accessibility for all states. Some state or market specific requirements may be stricter.

As a reminder, if at any time your practice is not able to meet the appointment access requirements, please update your Provider Directory information:

- Practitioners: Visit [CAQH](#), update, and attest
- Provider Groups and Facilities: Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630