



First Quarter 2025

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AVAILITY ESSENTIALS – YOUR SECURE SELF-SERVICE PORTAL

Availity Essentials (Availity) is a secure, one-stop, self-service, multi-payer portal that supports the day-to-day needs of your patients and office. Registered Availity users can quickly check patient eligibility and benefits, submit authorizations, view previously submitted authorization requests, search and review claim details, access payer spaces and more online, without having to call Caredon Behavioral Health. **There is no cost for you to register and begin accessing the many resources available to you on Availity.**

Recent functionality we have rolled out in Availity include:

- » **Single sign-on** through Availity allowing you to access Caredon portals
- » **Authorization management dashboard** to search and requests authorizations
- » **Claims dashboard** to search and review claim details
- » **Message Center** access through Availity to all your web inquiry correspondence with Caredon Behavioral Health

And more!

Keep a lookout for new features available to you in the near future, making it easier to work with us!

New to Availity?

Providers who are not yet registered with Availity, can learn more, and sign up today, at **no charge** by visiting **Availity.com**.

If you need further assistance, contact Availity Client Services at 1-800-282-4548. Assistance is available Monday through Friday 8 a.m. – 8 p.m. ET.



READY TO SIMPLIFY YOUR ACCESS? HOW AVAILITY'S SINGLE SIGN-ON CONNECTS YOU TO CARELON PORTALS!

Availity's single sign-on, makes it easier for you to access features within Carelon portals (ProviderConnect / eServices)!

To simplify your access and set up single sign-on, please follow the five simple steps outlined below. Please note, you only need to do this once to establish single sign-on. These steps can only be completed if you are already registered with Availity and have a ProviderConnect / eServices account with us. If you are not yet registered with Availity or have a ProviderConnect / eServices account, please register before proceeding with the single sign-on setup.

****Only account administrators can link ProviderConnect / eServices to Availity**

How to setup single sign-on via Availity

- 1 In the Availity Payer Space application, select **Organization Administration**
- 2 Select your **organization** from the drop-down list
- 3 Select **Portal** (ProviderConnect / eServices)
- 4 Enter Carelon **Provider ID** and **User ID**
- 5 Certify the information is correct and click **confirm**

[Click here to register for ProviderConnect / eService](#)

[Click here to register for Availity](#)

The screenshot shows the 'Organization Administration' page in the Availity Payer Space. The page title is 'Organization Administration' and the Carelon Behavioral Health logo is in the top right. The main content area has a heading 'Use this application to map the Availity user IDs of providers in your organization to the appropriate Carelon Behavioral Health (Carelon) Provider Portal. The "Manage My Organization" feature must be set up for your organization to use this application. Go to [Manage My Organization](#).' Below this is a section for 'Organization*' with a dropdown menu showing 'Carelon Behavioral Health Test Organization'. To the right of this is a dropdown menu for 'Select your organization from the drop-down list'. Below the organization dropdown are four input fields: 'Availity User ID*' (with a dropdown showing '(Auto populates)'), 'Provider Portal*' (with a dropdown showing 'Select...' and options 'ProviderConnect' and 'eServices'), 'Carelon Provider ID*', and 'Carelon User ID*'. Below these fields are 'Clear' and 'Save' buttons. A dashed arrow points from the 'Select Portal' label to the 'Provider Portal*' dropdown. Another dashed arrow points from the 'Enter Carelon Provider ID and User ID' label to the 'Carelon Provider ID*' and 'Carelon User ID*' fields. A third dashed arrow points from the 'Certify the information is correct and click confirm' label to a 'Save Provider Association' dialog box in the bottom right corner. The dialog box contains a checkbox and the text '* I certify that this provider's information and relationship to my organization information is correct.' and 'Cancel' and 'Confirm' buttons. A fourth dashed arrow points from the 'Go to Organization Administration from the Availity Payer Space' label to the 'Organization Administration' title.

Go to Organization Administration from the Availity Payer Space

Select your organization from the drop-down list

Select Portal

Enter Carelon Provider ID and User ID

Certify the information is correct and click confirm

AVAILITY PAYER SPACE MESSAGE CENTER FUNCTIONALITY

We recently introduced the Message Center as a new functionality within the Provider Portal payer space application. The Message Center is a collection of all your web inquiry correspondence with Carelon Behavioral Health. This new feature makes it easier for providers to access their web inquiry correspondence via the Availity payer space.

This functionality delivers quick access to previously submitted web inquiries. Within the Message Center, you can also review responses from our team to your inquiries.

For the Message Center, login to Availity and select **Payer Spaces > Provider Portal** > select your **Organization** and **Provider**. The Message Center Inbox and Sent tabs will show the same messages available in ProviderConnect. Upon clicking on the message, you will be able to view the message in Availity. Upon clicking “ProviderConnect” in the message, you will be directed to the ProviderConnect application, where you can respond or take any action on the message.

Please note: The Message Center is specific to ProviderConnect users

What is a web inquiry? Today, providers can send/initiate an inquiry for any of the functionalities they are using in ProviderConnect such as authorization, claims, member information (demographics, enrollment, etc....). These inquiries get routed to our team to respond to.

Provider Portal

Organization

Carelon Behavioral Health Test Organization

Provider

Change Organization and Provider

ProviderConnect

Message Center

The Message Center is a collection of all your web inquiry correspondence with Carelon Behavioral Health.

Inbox

Sent

Show: 30 Results

☐ Display unread only

Showing 1 - 30 of 300 Messages

Prev

1

2

3

4

...

Next

Inquiry #	Date Received	From	Subject	Member Name	Delete
	05/23/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/23/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/23/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/23/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/22/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/22/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/22/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		
	05/22/2024	CUSTOMER SERVICE	DUP MEMBER ISSUE		

5

ONLINE APPOINTMENT REQUESTS: OPT-IN AND LET PATIENTS BOOK WITH EASE!

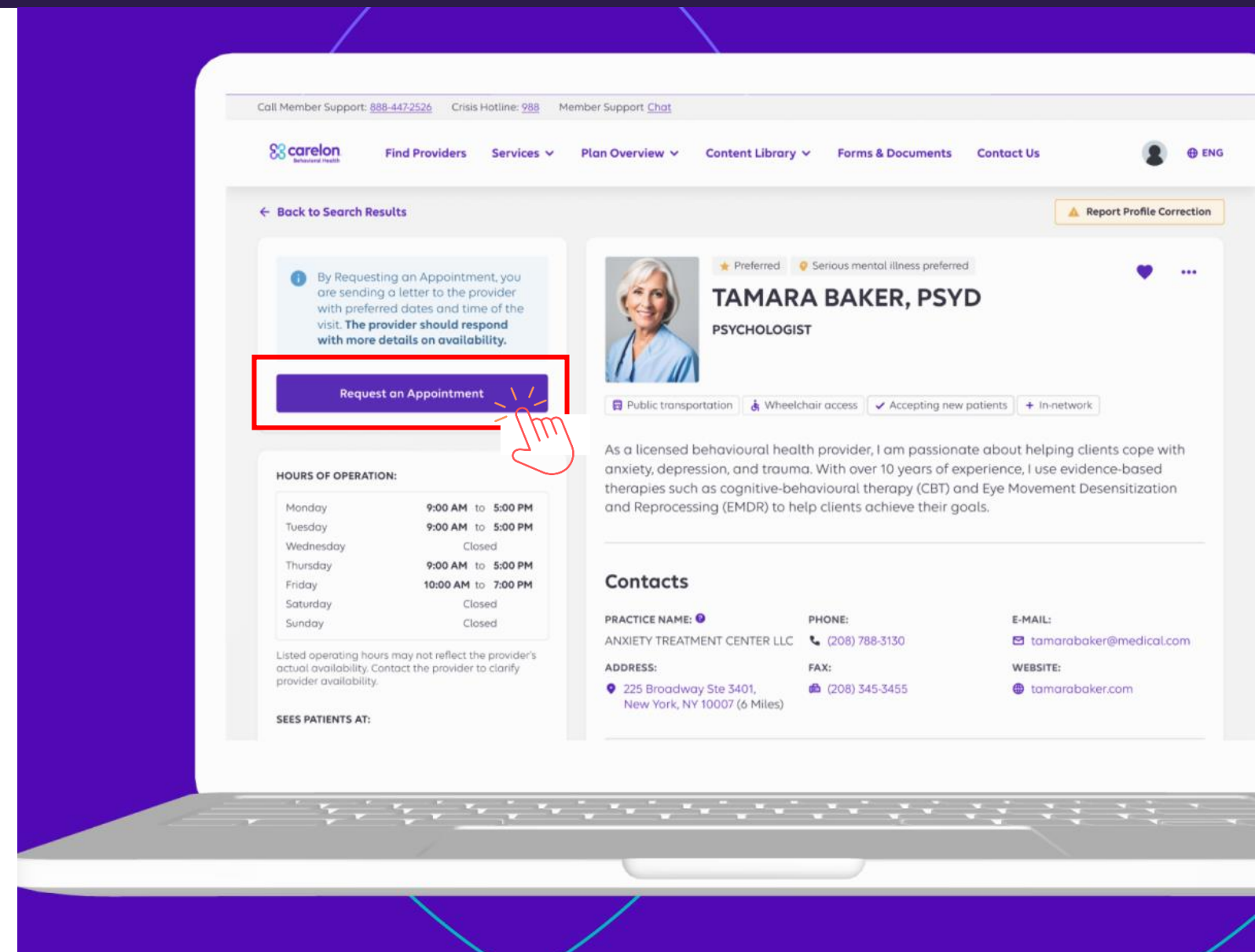
We're making it easier for patients to request appointments with you via our enhanced provider directory!

We are excited to announce that we recently begun gradually rolling out this new functionality, making it easier for members to access the care they need. Through our new member platform, patients will be able to request appointments with you with just a click of a button. If you opt-in, you will receive notifications about requests via email. You can then manage requests through the Availity Essentials portal, where you can review key patient information, and accept, decline, or reschedule the appointment.

This self-service feature empowers patients to access care anytime, anywhere, from their computer or smartphone. In turn, you will be able to filter referrals more easily by accessing key patient information such as preferred language, reason for appointment, and age. Through offering patients more options when it comes to booking their own care, we are reducing the back-and-forth calls to and from your office and improving the patient and provider experience.

Providers must opt-in to participate

If you would like to allow patients to request appointments with you via our provider directory, you must opt-in to participate in this new feature. **We have started to introduce this feature gradually, beginning with select clients and eventually expanding it to our entire network.** Keep an eye on your email for opt-in details and seize the opportunity to offer seamless appointment scheduling for your patients!



Providers must login to Availity to manage appointment requests.
Don't have an Availity account? [Click here to register.](#)

KEEP YOUR CARELON DIRECTORY DATA ACCURATE

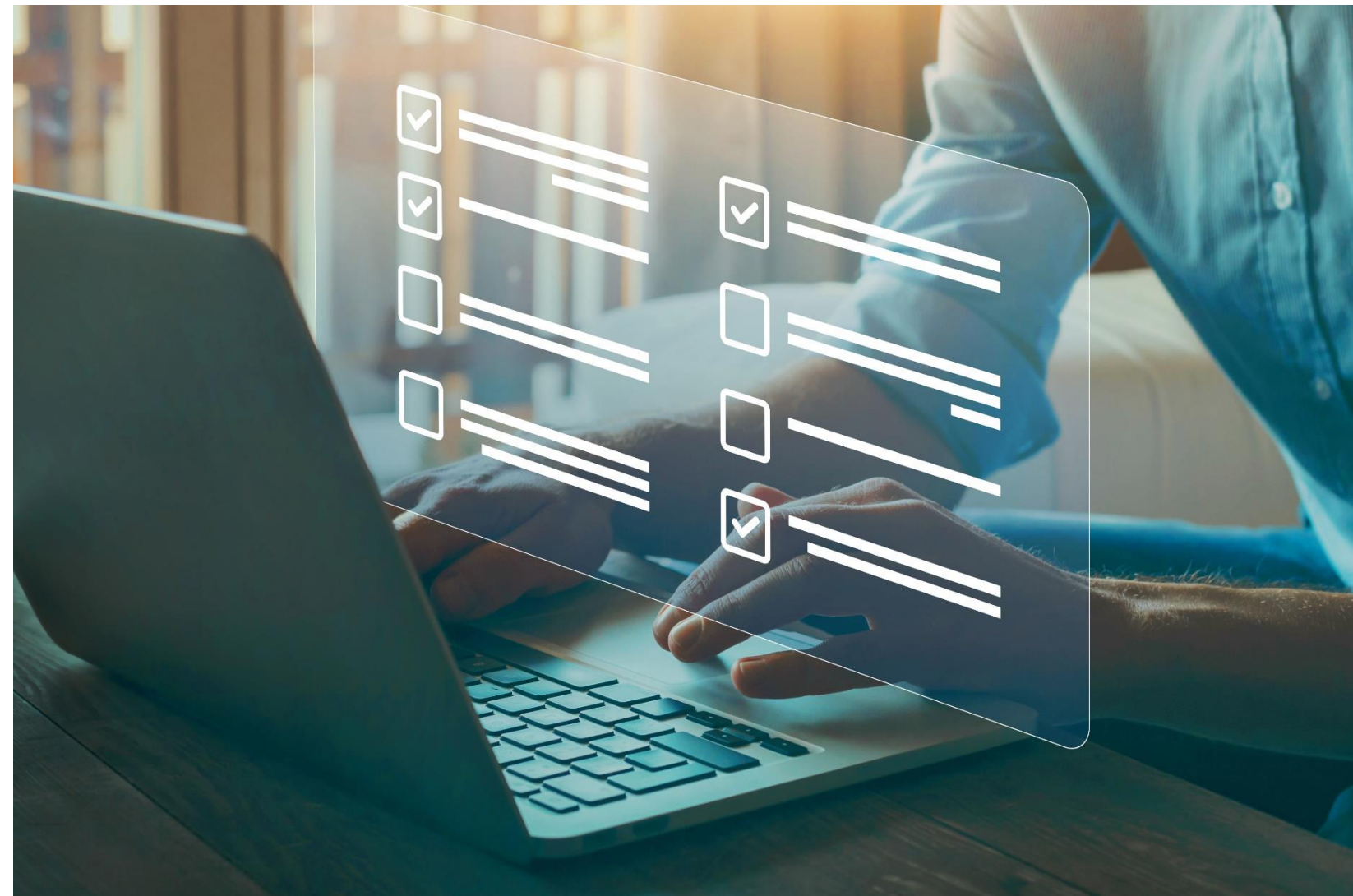
To best serve our members together, the most up-to-date provider data is essential.

Accurate provider data is members' primary gateway to access care - align with your current availability, your areas of practice and services, and optimize matching members to the right providers - you!

Carelon is committed to helping members find you. In addition to maintaining your provider data with CAQH and Carelon Behavioral Health's (CBH) ProviderConnect, you may receive a CBH Provider Data Validation Audit via email or text. Please keep an eye out for these digital audits. By participating in these provider data validations, you will help keep your data up-to-date by validating select directory fields and your current availability to see members. Together we are making a difference!

*CAQH Providers should attest, confirm, or update their data through the [CAQH portal](#). Non-CAQH Providers and Facilities should attest, confirm, or update their data directly with [Carelon Behavioral Health](#).

NEW: Federal regulations now require an annual submission of providers offering telehealth services. Please indicate whether you offer telehealth services when validating your information.



CLINICAL PRACTICE GUIDELINES AND RESOURCES

Carelon Behavioral Health reviews and endorses clinical practice guidelines and resources 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 2025 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](#)
2. American Society of Addiction Medicine (ASAM) [Clinical Practice Guideline on Alcohol Withdrawal Management](#)
3. American Society of Addiction Medicine (ASAM) [National Clinical Practice Guideline for the Treatment of Opioid Use Disorder](#)
4. Substance Abuse and Mental Health Services Administration (SAMHSA) [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants](#)
5. American Society of Addiction Medicine (ASAM) [Clinical Practice Guideline on the Management of Stimulant Disorder](#)
6. American Academy of Pediatrics [Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention Deficit/ Hyperactivity Disorder in Children and Adolescents](#)

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 two modalities: Review of selected Healthcare Effectiveness Data and Information Set (HEDIS®) measures or Carelon Behavioral Health-defined measures that follow HEDIS guidelines.

Treatment Record Reviews

As contractually required, Carelon Behavioral Health reviews a random sample of provider/facility charts at least annually. The treatment record review includes a review of required documentation for the following key areas:

- General documentation requirements (Member Rights, medical history, HIPAA Notice)
- Coordination of care with primary care providers (PCPs)
- Assessment
- Treatment plan
- Adherence to clinical practice guidelines (CPGs)
- DSM or ICD diagnostic consistency with treatment goals

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 and Continuation/Maintenance Phase
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia SAA and 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 under [Carelon's member page](#). Topics include, are not limited to:

Topics include, but are not limited to:

- Adult BMI Calculator
- Reducing High-Risk Drinking
- Increasing Physical Activity
- Integrated Care: Taking Charge of Your Health
- Nicotine Addiction
- 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.

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 12 to 21.

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.

The National Committee for Quality Assurance (NCQA) accreditation standards (UM2 Factor 4: Practitioner Involvement) requirements accredited health plans to seek annual non-staff network practitioner feedback on the development, adoption and review of clinical criteria used to make utilization management decisions.

"Non-staff network practitioners must also be involved in developing, adopting and reviewing criteria, because they are subject to application of the criteria. The organization may have practitioners review criteria if it does not develop its own UM criteria and obtains criteria from external entities."

Practitioners with clinical expertise in the use of criteria sets are asked to provide commentary on either the development and adoption of these criteria sets, or on the instructions for applying these criteria sets. Medical necessity criteria vary according to individual state and/or contractual requirements and member benefit coverage.

[Learn more](#)

The following questions may help to guide provider feedback but are not meant to be limiting: (please identify which criteria set you are referencing)

1. Do you use the criteria when requesting prior authorization or concurrent review?
2. Do you have any suggestions for improving either one or both of the medical necessity criteria noted above?
3. Have you had any difficulty using either one or both of the medical necessity criteria?
4. Is there any new scientific evidence that would support a change to either one or both of the existing criteria?
5. Any additional comment/feedback on either one or both of the medical necessity criteria noted above?

To find out more information about the development of Carelon Behavioral Health's Medical Necessity Criteria, submit feedback or to obtain copies free of charge Please email Provider.Inquiry@carelon.com

*Disclosure Statement: All feedback and recommendations about the medical necessity criteria (MNC) will be aggregated and shared in a de-identifiable format with the organization, governmental entity or 3rd party vendor that issued the MNC.

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 Health Equity Program's purpose is to assess and improve healthcare quality and equity by reducing health care disparity and to deliver culturally, ethnically, and linguistically 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 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 Health Equity Program evaluation and planning.



Please assist the Carelon Behavioral Health team by updating your provider directory profile for language capabilities, race 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, racial, ethnic 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

Carelon Behavioral Health offers member-specific self-management tools and educational content under [Carelon's member page](#). Topics include, are not limited to:

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 version 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 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

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

DEA ANNOUNCES NEW TELEMEDICINE RULES THAT CONTINUE TO OPEN ACCESS TO TELEHEALTH TREATMENT WHILE PROTECTING PATIENTS

On January 15th, the federal government released a new final rule to allow further flexibilities for the treatment of opioid use disorder (OUD). The final rule, Expansion of Buprenorphine Treatment via Telemedicine Encounter, aims to prevent lapses of care by allowing audio-only telemedicine prescriptions for OUD, subject to certain requirements.

Please note this rule only applies to patients who have never had an in-person evaluation for OUD.

Key Provisions:

- Providers may prescribe a six-month initial supply of Schedule III-V medications (such as buprenorphine) to treat OUD via audio-only telemedicine without a prior in-person evaluation.
 - Providers must review the prescription drug monitoring program (PDMP) data prior to prescribing buprenorphine and restrict prescriptions to seven days at a time when the PDMP cannot be accessed.
 - The initial six-month supply must be split across multiple prescriptions or refills as the practitioner deems medically appropriate.
- Additional prescriptions can be issued under other forms of telemedicine as authorized under the Controlled Substances Act, or after an in-person evaluation is completed.
- Patients are not required to undergo urine drug screens or blood tests, monthly pill counts, testing for alcohol use, or other measures.

These provisions are effective December 31, 2025. For more information visit: [DEA website](#)



REMINDER: UPDATE TO EAP REIMBURSEMENT PROCESS

APPLIES ONLY TO THE CARELON BEHAVIORAL HEALTH (CARELON) EAP NETWORK

As of December 2, 2024, providers can submit a CMS 1500 Claim Form through Availity for reimbursement of EAP services, eliminating the requirement for the Case Activity Form (CAF)

Submissions for EAP services should utilize the CMS 1500 Claim Form via Availity, applicable for services rendered on or after this date. Providers should use **CPT code 99404 with an HJ modifier** along with a valid diagnosis code. Claims submitted via the CMS 1500 Claim Form for EAP services prior to December 2, 2024, will be denied. Please be aware that any CAF submissions made after the 90-day grace period (March 2, 2025) may be denied.

EAP Claim(s) Date(s) of Service	EAP Claim Form
• Dates of service prior to December 2nd, 2024	• Case Activity Form (CAF)
• Dates of service on or after December 2nd, 2024	• Please submit CMS 1500 Claim Form using CPT code 99404 with an HJ modifier and a valid diagnosis code. Claim(s) submitted using Case Activity Form (CAF) may be denied.

Providers can submit and check the status of their EAP claims via Availity Essentials. Providers who are not yet registered with Availity, may register at apps.availity.com/web/onboarding/portal-entry.

Please note that this change does not apply to Anthem EAP claim submissions.

[Click here to access the EAP Provider Claims Submission Using Availity Essentials FAQ](#)

New to Availity?

Providers who are not yet registered with Availity, can learn more, and sign up today, at **no charge** by visiting [Availity.com](https://www.availity.com).

You can also visit the [Register and Get Started with Availity Essentials page](#) to learn more. Here you can register for live webinars to guide you through registering an account and organization with Availity, access pre-recorded webinars, and download Availity registration guides. If you need further assistance, contact Availity Client Services at 1-800-282-4548. Assistance is available Monday through Friday 8 AM – 8 PM ET.

A REMINDER OF OUR EXPANDED SERVICES AND COLLABORATION

In March 2020, Anthem, Inc. completed its acquisition of Carelon Behavioral Health, Inc. (formerly known as Beacon Health Options). Both WellPoint Behavioral Health (Anthem EAP) and Carelon's employee/member Assistance Programs remain committed to enhancing whole person care, improving overall health outcomes, and achieving high-quality performance metrics. Through this collaboration, we are strategically expanding our product portfolio, broadening our networks, optimizing health analytics, and diversifying our clinical expertise.

As of January 1, 2021, all affiliate providers – referred to as contracted or participating Employee Assistance Program (EAP) network providers – have the opportunity to accept referrals for both Carelon and Anthem EAP participants, supported by a single, integrated provider network managed by Carelon.

Questions? Please email EAPProviderNetworks@anthem.com or call 888-650-5748.



CONTACT US

Claims general questions

If you have general questions about claims, call 800-888-3944. For questions regarding claims submission addresses, please reference the member’s identification card, as the address may vary based on payment location.

For claims questions related to Anthem members, please refer to Anthem’s claim process.

Claims payment disputes

To file an appeal based upon the denial of a payment request, please use the [Provider Claims Based Dispute Resolution Request form](#) and mail to the address given in the PSV or mail to:

Provider Dispute Resolution
P.O. Box 1850 Hicksville, NY 11802-1850

For Anthem members, please refer to Anthem’s claims payment dispute process.

Credentialing status

To obtain information pertaining to your network status, contact our National Provider Services Line at **800-397-1630**, Monday to Friday, 8 a.m. to 8 p.m. Eastern time.

Update your contact information

If you are a participating Council for Affordable Quality Healthcare (CAQH) provider, please update your information with CAQH. If you do not participate with CAQH, please log into [ProviderConnect](#) and select the “Update Demographic Information” option.

Carelon Behavioral Health Provider Relations: Contact your assigned provider relations management associate or reach out to our regional mailboxes

» **East:** provider.relations@carelon.com » **West:** provider.inquiry@carelon.com

Please include the following information in your email:
Provider Name, TIN, NPI, Brief Description of Issue and Dates of Service



For more information, [click here](#) to access our provider handbook or visit www.carelonbehavioralhealth.com/providers/resources/provider-handbook

ANNUAL AFFIRMATIVE STATEMENT

Please be advised that **Carelon Behavioral Health of California's** policy (CSNT 117CA) and **CHIPA's** policy (UM 086) regarding Utilization Management decision making is as follows:

1. All Utilization Management (UM) and Case Management (CM) decision making are based only on appropriateness of care and services and existence of coverage. The member's healthcare is not compromised at any time. Medical Necessity Criteria are used as a guideline.
2. 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 UM decision making are prohibited.
3. Carelon Behavioral Health of California / CHIPA does not make decisions regarding hiring, compensation, termination, promotion or other similar matters with respect to any individual based upon the likelihood that the individual will support the denial of benefits.
4. The prohibition of financial incentives does not apply to financial incentives established between health plans and health plan providers.
5. Utilization Management staff in no way rewards or incentivizes, either financially or otherwise, practitioners, utilization reviewers, clinical case managers, physician advisers, or other individuals involved in conducting utilization/case management review, for issuing denials of coverage or service, or inappropriately restricting or diverting care including staff that engage in contract/network management activities that could potentially influence referrals to specific providers/services.



GUIDANCE ON OUTPATIENT MENTAL HEALTH CONSENT FOR MINORS

On December 31, 2024, the Department of Health Care Services distributed [APL 24-019: Minor Consent to Outpatient Mental Health Treatment or Counseling](#) to Managed Care Plans. This document provides guidance on the provision of non-specialty mental health outpatient treatment or counseling services to minors as a result of [Assembly Bill \(AB\) 665](#). AB 665 amends certain statutory sections that allow minors 12 years of age or older to consent to outpatient mental health treatment or counseling without parent or legal guardian consent.



INTENSIVE NON-BRICK AND MORTAR BEHAVIORAL HEALTH PROGRAMS

Intensive, coordinated behavioral health care with access to a team of providers including prescribers and individuals with lived experience (peers). A 12-month service delivery model that has flexibility to provide services at the level and combination that needed by the member; more intensive when stabilization is needed and less intensive when member is stable.

AWARE Recovery

- Ages 18+
- Primary diagnosis of a substance use disorder and co-occurring mental health disorders
- Awarerecoverycare.com
- (203) 779-5799

Equip

- Ages 6+
- Eating Disorder Treatment. Family-Based Treatment Model.
- equip.health
- (855) 387-4378

Aspire 365

- Ages 12+
- Mental health, substance use and dual diagnosis treatment
- Aspire-365.com
- (385) 352-9696

Instride

- Ages 7 - 22
- Anxiety disorders and obsessive-compulsive disorder
- instride.health
- (855) 438-8331



SIMPLY HEALTHCARE PLANS PARTNERSHIP – BEHAVIORAL ANALYSIS (BA) SERVICES

Effective February 1, 2025, Carelon Behavioral Health serves Simply Healthcare Plans' members seeking Behavioral Analysis (BA) services. Carelon complies with the Florida Medicaid requirements regarding continuation of care, authorization requirements and claims reimbursement.

If you have any questions or require assistance related to credentialing, contracting, or claims, please feel free to reach out to our Florida-dedicated Provider Relations Team. Our team is ready to assist with all inquiries and provide support tailored to your needs. You can contact Provider Relations directly at: provider.relations.FL@carelon.com or Carelon's National Provider Service Line: 1-800-397-1630, 8 am – 8 pm, EST.

You can also visit the Behavioral Analysis dedicated page on Carelon's provider site at www.carelonbehavioralhealth.com Navigate to: (Providers > Forms, guides and resources > State Specific Resources > Florida > Simply Healthcare Plans – Medicaid).



MEDICAL NECESSITY CRITERIA- MASSACHUSETTS

Carelon Behavioral Health's Medical Necessity Criteria (MNC), also known as clinical criteria, are reviewed and updated at least annually to ensure that they reflect the latest developments in serving individuals with behavioral health diagnoses. Carelon Behavioral Health's Corporate Quality Medical Management Committee (CQMMC) adopts, reviews, revises, and approves Medical Necessity Criteria per client and regulatory requirements.

Medical necessity criteria varies according to state and/or contractual requirements and member benefit coverage. To determine the proper medical necessity criteria, use the following as a guide:

1. For all Medicare members, identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members and for all non-Medicare members, identify relevant custom MNC.
3. If no custom criteria exists for the applicable level of care and the treatment is substance use disorder-related, the American Society of Addiction Medicine (ASAM) criteria would be appropriate.
* Exception: Substance Use Lab Testing Criteria is in InterQual® Behavioral Health Criteria.
4. If the level of care is not substance use disorder-related, Change Healthcare's Interqual® Behavioral Health Criteria would be appropriate.
5. If 1-4 above are not met, Carelon Behavioral Health's national MNC would be appropriate.

[Click here to access the 2025 Medical Necessity Criteria for Massachusetts](#)



MEDICAL NECESSITY CRITERIA- NEW HAMPSHIRE

Carelon Behavioral Health's Medical Necessity Criteria (MNC), also known as clinical criteria, are reviewed and updated at least annually to ensure that they reflect the latest developments in serving individuals with behavioral health diagnoses. Carelon Behavioral Health's Corporate Quality Medical Management Committee (CQMMC) adopts, reviews, revises, and approves Medical Necessity Criteria per client and regulatory requirements.

Medical necessity criteria varies according to state and/or contractual requirements and member benefit coverage. To determine the proper medical necessity criteria, use the following as a guide:

1. For all Medicare members, identify relevant Centers for Medicare and Medicaid (CMS) National Coverage Determinations (NCD) or Local Coverage Determinations (LCD) Criteria.
2. If no CMS criteria exists for Medicare members and for all non-Medicare members, identify relevant custom MNC.
3. If no custom criteria exists for the applicable level of care and the treatment is substance use disorder-related, the American Society of Addiction Medicine (ASAM) criteria would be appropriate.
* Exception: Substance Use Lab Testing Criteria is in InterQual® Behavioral Health Criteria.
4. If the level of care is not substance use disorder-related, Change Healthcare's Interqual® Behavioral Health Criteria would be appropriate.
5. If 1-4 above are not met, Carelon Behavioral Health's national MNC would be appropriate.

[Click here to access the Medical Necessity Criteria for New Hampshire](#)



UPDATE ON PENNSYLVANIA'S CONFIDENTIALITY REGULATIONS RELATED TO SUBSTANCE USE

From the Medical Director's Desk – Mark G. Fuller MD

As you may know, Pennsylvania has recently made significant updates to its confidentiality laws concerning substance abuse, aiming to better align with federal regulations and improve patient care coordination. Here's an overview of those changes:

1. **Integration with Federal 42 CFR Part 2 Revisions:** Pennsylvania has aligned its state regulations more closely with the federal Confidentiality of Substance Use Disorder Patient Records regulations (42 CFR Part 2). This includes more nuanced consent requirements, allowing for more comprehensive and streamlined sharing of patient information with different healthcare providers while maintaining privacy.
2. **Expanded Authorized Disclosures:** The changes permit broader disclosures of patient information under specific circumstances, such as emergencies, to improve treatment outcomes and facilitate coordinated care. This ensures that healthcare providers have access to essential information for delivering effective care.
3. **Use of Electronic Health Records (EHRs):** The updates support the integration of substance abuse treatment records into electronic health records, enhancing the ability to share data securely among authorized entities. This shift is intended to improve clinical decision-making and continuity of care.
4. **Enhanced Protections and Safeguards:** Despite broadened information-sharing capabilities, the revised laws incorporate enhanced safeguards to protect patient confidentiality. These include stringent penalties for unauthorized disclosures and detailed procedures to ensure data privacy and security.
5. **Patient Rights and Transparency:** Patients now have greater rights to access their records and more transparency regarding who has accessed their information. This empowerment aims to build trust and ensure that individuals are fully informed about their own care and data usage.

These changes reflect a careful balance between improving care coordination and protecting patient confidentiality. They are part of a broader effort to enhance substance abuse treatment and integrate it more effectively into the overall healthcare system.

For those impacted by these changes, it's advisable to stay informed and consult with healthcare providers or legal experts to understand how these modifications may affect their care and rights.

References:

Department of Drug and Alcohol Programs; SUD Confidentiality. PA.GOV. Accessed 10/18/2024. www.ddap.pa.gov/Pages/SUD-Confidentiality.aspx#:~:text=On%20July%207%2C%202022%20Act,and%2042%20CFR%2022%20Act%2033. Pennsylvania General Assembly. HB 1563. Legis.State.PA.US. Accessed 10/18/2024. www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2022&sessInd=0&act=33

MENTAL HEALTH ADVANCED DIRECTIVES FOR PENNSYLVANIANS

The Pennsylvania Department of Human Services offers assistance to you and your clients with a booklet that include forms and instructions to create advance directives. [Instructions Forms - English.pdf](#)

Other resources include:

- **Pennsylvania Mental Health Consumers' Association**
1-800-88PMHCA
pmhca@pmhca.org
- **Pennsylvania Protection & Advocacy / Disabilities Law Project**
1-800-692-7443
717-236-8110
1-877-375-7139 (TDD/TTY)
- **Mental Health Association in Pennsylvania**
1-866-578-3659
717-346-0549
info@mhapa.org



TOBACCO RECOVERY IS RECOVERY

A new year brings the possibility of new beginnings and endings. If you are thinking about decreasing or quitting tobacco use, hope and support is available. Pennsylvania has a vision for changing the way the behavioral health system views and treats tobacco recovery. When you are living with a mental health or substance use disorder, tobacco recovery may be overlooked or go untreated. Learning tobacco free coping skills can help support long-term recovery from substance use disorders and decrease feelings of anxiety and depression. Learn more about Pennsylvania's Statewide Tobacco-Free Recovery Initiative. Trainings are offered throughout the year and bring together stakeholders across the Commonwealth.

Carelon can help find providers and resources to help you on your tobacco-free recovery journey. Visit our website or call us to learn more.

For additional information: visit tobaccofreerecoverypa.com



Get Involved



TobaccoFreeRecoveryPA.com
1-800-QUIT-NOW

**Pennsylvania
Statewide
Tobacco-Free
Recovery Initiative**

Tobacco-Free recovery *is* Recovery.

Let's talk about it.

TEEN DATING VIOLENCE

February was Teen Dating Violence Awareness month.

Relationships are key to having a healthy and supportive childhood. When teenagers begin dating, it is important for them to know how to have safe and healthy dating experiences. Dating violence can happen in person or online and can impact lifelong health, wellbeing and have long lasting negative effects on those who experience it. Below is a list of behaviors associated with dating violence:

- Physical violence: using physical force such as hitting, kicking, etc. to hurt a person
- Sexual violence: forcing or attempting to force a partner into sexual acts without their consent and including situations where the partner cannot consent. Online sexual violence is sexting without consent, sending/sharing sexual images, etc.
- Psychological aggression: using verbal or non-verbal communication to mentally or emotionally control a partner
- Stalking: a pattern or repeated, unwanted attention and contact by a current or former partner that causes fear or safety concerns

It is important to let teens know what a “normal” relationship looks like and how to manage feelings and communicate in a healthy way. Teens need to understand the importance of treating partners with dignity, listening to their partner’s viewpoints and respecting their boundaries. Educating about what is not “normal”—like teasing, name-calling, increasing possessive behaviors can help prevent youth from experiencing dating violence.

For more information and resources for teens you support, visit: www.loveisrespect.org

Source: www.cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html



CREATING A CULTURE OF CELEBRATION

Firetree Ltd.'s New Way of Life program, located in Blairsville, PA, opened its doors on January 1, 2025. New Way of Life Blairsville is a 30-bed Halfway House for males aged 18 and older. Licensed by the Pennsylvania Department of Drug and Alcohol Programs, this facility focuses on individuals that meet the ASAM 3.1 level of care, Clinically Managed Low Intensity Residential Treatment. The program design at New Way of Life Blairsville is unique in that additional life skills have been added to better serve the needs of justice-involved individuals; however, anyone who meets the ASAM 3.1 criteria is eligible for services. The program provides Medication Assisted Treatment (MAT) options and also emphasizes life skills education for long-term recovery and community reintegration.

With a dedicated team including a Life Skills Coordinator, Case Manager, and Certified Recovery Specialist, residents receive comprehensive support such as workforce development, money management, and communication skills, with additional services like peer support and parenting classes tailored to their needs. The program at New Way of Life Blairsville ensures robust community engagement by partnering with local employers for job placements and offering transportation from anywhere within the Commonwealth.



Firetree Ltd.

**Conewago Family of Drug & Alcohol
Treatment Programs**

"Together Building a New Way of Life"

www.firetree.com

Is there a team or program you would like to celebrate? Are you producing outcomes that are making a positive impact on our members? Is there a service delivery that is new and innovative that you believe will produce a positive impact? Are you successfully collaborating with our members' physical health provider/s? If so, we encourage you to share your outcomes, stories, and the stories behind the stories.

Our partnership is a shared journey; we look forward to learning from you and celebrating with you.

Please remit your submissions to providerrelationsgeneralinbox@carelon.com

SAVE THE DATE: 2025 SOUTHWEST REGIONAL IN-PERSON ANNUAL FORUMS

The 2025 Southwest Regional Forums will include and acknowledge Adult Individuals and Families/Caregivers. Register for one of our upcoming forums:

» **Armstrong, Fayette, Indiana, and Westmoreland Counties**

Wednesday, April 23rd

CORE Event Center at 100 Colony Drive, North Huntingdon, PA

10:30 a.m. - 3:30 p.m.

Registration begins at 10:00am

» **Beaver, Butler, Lawrence, and Washington Counties**

Friday, April 25th

Pittsburgh Event Center at 232 Wise Road, Harmony, PA

10:30 a.m. - 4 p.m.

Registration begins at 10:00am

Deadline to register is April 13th, 2025

Featuring the ever-inspiring Leadership in Recovery and the Exceptional Parent/Caregiver Award ceremonies. Think about one outstanding adult individual and one family/caregiver from your county whom you would like to nominate. Nomination forms will be available in the near future. Additional details and the nomination form will be coming soon to pa.carelon.com.

