



First Quarter 2026

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Carelon Behavioral Health Provider Newsletter

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AVAILITY ESSENTIALS – YOUR PROVIDER DIGITAL FRONT DOOR

Availity Essentials is a secure, comprehensive, self-service multi-payer portal that simplifies your office's daily operations. As a registered user, you can quickly verify patient eligibility and benefits, submit and review authorization requests, and access detailed claim information—all without needing to contact Carelon Provider Services. Registration is **free**, providing immediate access to the full range of tools and resources available through Availity.

Several new enhancements have been added to Availity, including:

- » **Single Sign-On:** Gain easy access to Carelon portals directly through Availity.
- » **Authorization Management Dashboard:** Effortlessly search for and request authorizations.
- » **Claims Dashboard:** Quickly search for and review detailed claim information.
- » **Message Center:** Manage all your web correspondence with us conveniently in one place.
- » **New Enrollment Process:** Providers wishing to join our network as Individuals, Groups, or as a provider joining a group must use Availity for enrollment.

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).

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



REMINDER: PROVIDER USER REGISTRATION UPDATE

Providers no longer need to fax in the [ProviderConnect Online Services Account Request Form](#) to request login credentials for ProviderConnect.

This form is currently used to:

- Request primary user login credentials
- Request secondary user login credentials
- Authorize Carelon to receive and process claims electronically

You can now submit login requests using the [online registration form](#) – no more paperwork or faxing!

This change is part of our ongoing efforts to make registration quicker and easier for you and your team.

PLEASE NOTE: You may continue to fax all other EDI forms.

The screenshot shows the 'Provider Online Services Registration' form from Carelon Behavioral Health. The form includes the following fields and instructions:

- First Name**: Text input field.
- *Last Name**: Text input field.
- Contact Name**: Text input field.
- *Provider ID ?**: Text input field.
- *Tax ID**: Text input field.
- NPI Number**: Text input field.
- Provider Group, Facility or Clinic Name (if applicable)**: Text input field.
- *Primary Email Address**: Text input field.
- *Verify Primary Email Address**: Text input field.
- *Phone Number (10 digit number without dashes)**: Two text input fields labeled 'Phone Number' and 'Ext'.
- Fax Number (10 digit number without dashes)**: Text input field.
- User ID**: A text box with the instruction: 'User ID must be between 6 and 10 characters long, can contain letter and numbers. It cannot contain special characters or spaces.'
- *Select a User ID**: Text input field.

PAYMENTS TRANSITIONING TO ZELIS PLATFORM

The payment process outlined below is specific to payments for Carelon members. For Anthem, continue with your existing payment process.

Zelis recently acquired **Payspan**, combining two leaders in healthcare payments to create a more powerful and unified platform. As a result, **Carelon Behavioral Health** will transition its payment processing from **Payspan** to **Zelis** in mid-2026 to ensure a smooth and seamless transition. *(The original go-live date of 2025 has been adjusted to mid-2026.)*

This change is designed to streamline your experience and provide faster, more secure access to payment data and remittances.

What you need to know:

- **For Providers Not Enrolled with Zelis:** To continue receiving your claim payment data and remittances electronically at no cost, please register through carelon.epayment.center or call 855-774-4392.
- **For Providers Already Enrolled with Zelis:** You'll continue to receive payments as usual – just log into the [Zelis Portal](#) to access your data and remittances. Need help? Call 877-828-8770 or email ClientService@zelispayments.com (8 a.m. – 7 p.m. ET, Monday – Friday).

You will still be able to access historical payment data at payspanhealth.com.

Zelis will be reaching out directly with additional information and guidance to help you through this transition.



🔒 Log in to the Zelis Payments Provider Portal

User Name

Password

Login

[Forgot my password](#) | [By logging in, I agree to the Terms Of Use](#) | [Locked out? Please contact the administrator at your organization.](#)

REMINDER: AVAILITY ENHANCEMENTS TO STREAMLINE YOUR CLAIMS DASHBOARD

In December, we introduced a simplified process in Availity to make it easier for providers to view and manage claim details. You may have noticed this updated experience when accessing your claims information.

What's Changed

- **No more organization administration setup dependency**; you'll be able to search and view claims directly by **Tax ID and NPI, or atypical ID**.
- Easier setup: To ensure full access, please confirm all **Tax IDs and NPIs** are properly configured through Availity's **Manage My Organization** feature. This is a one-time setup.
 - If anything appears missing, coordinate with your Carelon Organization Administrator to complete setup.

Enhanced Claim Details

- **Line-level claim details** are now available **within the Claims Dashboard** itself.
- Simply click on the **Claim Number hyperlink** to view detailed line-level information.

Previously, the claim number hyperlink would single sign-on (SSO) into **ProviderConnect** or **eServices** to display these details.

- The **SSO functionality has been removed**—all necessary claim information can now be viewed directly in the Claims Dashboard.

Training and Support

Join us for an upcoming training session to learn more about these enhancements and how to navigate the updated Claims Dashboard:

Availity Provider Portal Enhancements

This one-hour webinar will provide an overview of enhancements in the Availity Portal for Carelon Behavioral Health (CBH) providers.

- Claims Dashboard
- Authorizations Dashboard
- Account Administration and other important features for CBH providers
- [Thursday, April 9, 2026 11:00 a.m. Eastern time \(ET\)](#)

Availity Provider Enrollment Webinar for Carelon Behavioral Health Providers

This one-hour webinar will cover Provider Enrollment using Availity application for new providers. We will demonstrate the following features:

- Enroll as individual provider
- Join an existing group
- Create a new provider group
- [Thursday, April 9, 2026 3:00 p.m. ET](#)
- [Tuesday, April 21, 2026 11:00 a.m. ET](#)

ENHANCE YOUR CONNECTIVITY WITH CARELON: KEEP YOUR PROVIDER DATA CURRENT

Maintaining accurate provider information and keeping location access and availability up to date is essential for building an effective, accessible care network for our members. When you showcase your true availability, practice areas, and services, you make it easier for members to connect with the right provider—you.

Carelon is committed to provider safety and privacy, and we recognize that sharing personal information is a personal choice. While demographic details such as culture, race, ethnicity, and religion are optional and you may choose not to disclose them, we encourage you to share what you feel comfortable providing. Many members look for a provider they feel comfortable with, and demographic information can be an important part of identifying that “good fit.”

Our members come from diverse backgrounds and have unique care needs, making it vital to keep access and accommodation details up-to-date at every location you serve. Ensure your information includes whether you serve members in-person, any telehealth services offered, physical accessibility, hearing accommodations available, languages spoken fluently by you and your staff, and your ability to work with translators. Many members rely on this information to choose their providers. By keeping your details accurate, you help ensure that every member enjoys a seamless and equitable care experience.



Continues on the following page

Enhance Your Connectivity with Carelon: Keep Your Provider Data Current *continued*

As a reminder, all providers are encouraged to ensure your practice supports the Rights and Responsibilities of our Members. Carelon Behavioral Health's [Member Rights and Responsibilities Statements](#) are available for download on our website in English, Spanish and additional languages upon request, accessible to both you and our members.

Compliance and Auditing: Supporting Accuracy and Access

See what members see. We encourage you to regularly review your directory data under your credentialed plans at [Carelon's provider directory](#).

Our directory is not only a vital referral resource for members—it also supports the accuracy audits required by states, federal entities, clients, and accreditation bodies.

What to expect:

- You may receive email invitations to participate in audits.
- Larger groups and some providers may also receive phone outreach.
- Due to telehealth services and multi-state licensing, a single provider may be asked to complete multiple audits each year.
- Beyond directory audits, you may also receive requests from other departments to confirm compliance with access and availability standards.

Your participation ensures Carelon and our provider partners meet these requirements. Thank you for helping us maintain trust and compliance.

Streamlining the Update Process

Under the **No Surprises Act (CAA – Consolidated Appropriations Act)**, providers must review and attest to their data every 90 days. We know this can be burdensome—especially for those with multi-payer credentials. To simplify the process:

- **CAQH users:** Submit updates and attestations through CAQH.
- **Non-CAQH users:** Make updates directly in the Carelon Behavioral Health ProviderConnect portal.
- **Coming soon:** A new, comprehensive provider digital front door portal that will streamline demographic and location-specific updates.

If you encounter technical issues while updating your data, please reach out to Carelon directly for support at **800-397-1630**. Our goal is to make it as easy as possible for members to find and connect with you.

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 (UM2A Factor 4: Practitioner Involvement) requires 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, **cultural humility and responsiveness**, and cultural competency to our participating providers.
- Offer interpretation services and written material in alternative languages and **accessible** formats **to support meaningful communication** for our membership, **including members with language or disability-related communication needs** (including access to over 250 languages).
- Meet our members' cultural and linguistic needs and preferences.
- Improve **and maintain** our provider directory to contain accurate, **self-reported** 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, language needs, gender identity 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 cultural and linguistically appropriate services, access and availability of language service, cultural competence in materials as well as information, training and skills for staff and providers to support culturally competent communication. Additionally, we collect data from our provider community to inform our health equity program evaluations and planning.

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 that 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. Participating providers play a critical role in ensuring the network's ability to meet members' cultural and linguistic needs and preferences through the provision of culturally responsive care, meaningful communication, and accurate reporting of language and demographic information. These principles include:

- Emphasis on the importance of culture, diversity, **and health equity.**
- Assessment of cross-cultural **communication and relationships.**
- Expansion of cultural knowledge **and awareness.**
- Consideration of sexual orientation and gender identify.
- Adaptation of services to meet the cultural, racial, ethnic, linguistic, **and health literacy** needs of members.
- Make resources available to members who require culturally, linguistically, and/or disability competent care, **including language and disability assistance resources.**

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 provider to take Carelon Behavioral Health's Cultural Competency Trainings and attest completion via CAQH.



HELPFUL REMINDERS

Member Rights and Responsibilities

Carelon Behavioral Health’s Member Rights and Responsibilities Statements are available in [English](#), [Spanish](#) and additional languages upon request, accessible to both you and our members 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 800-397-1630

EMAILING THE CARELON PROVIDER RELATIONS TEAM

When emailing the Carleon provider relations team, the most efficient and expeditious way to get your inquiry to the correct staff member is to do the following:

- » **Subject Line:** Practice State (fully written out no, abbreviations) - County - Issue (Claims, Demographics, Contracting, etc.)
- » **Body of Email:** please include the NPI (Solo and/or Group) as well as the billing TIN pertaining to your inquiry.

This will allow your inquiry to be routed to the correct state representative for review and resolution in the quickest manner.

Contact our National Provider Services Line at 800-397-1630, Monday to Friday, 8 a.m. to 8 p.m. Eastern time.

You can find additional provider-specific contact information and resources [here](#).



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 (ET).

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 Questions: Contact our National Provider Services Line at 800-397-1630, Monday to Friday, 8 a.m. to 8 p.m. ET. You can find additional provider-specific contact information and resources [here](#).

Please have the following information available:
Provider Name, TIN, NPI, Brief Description of Issue and Dates of Service

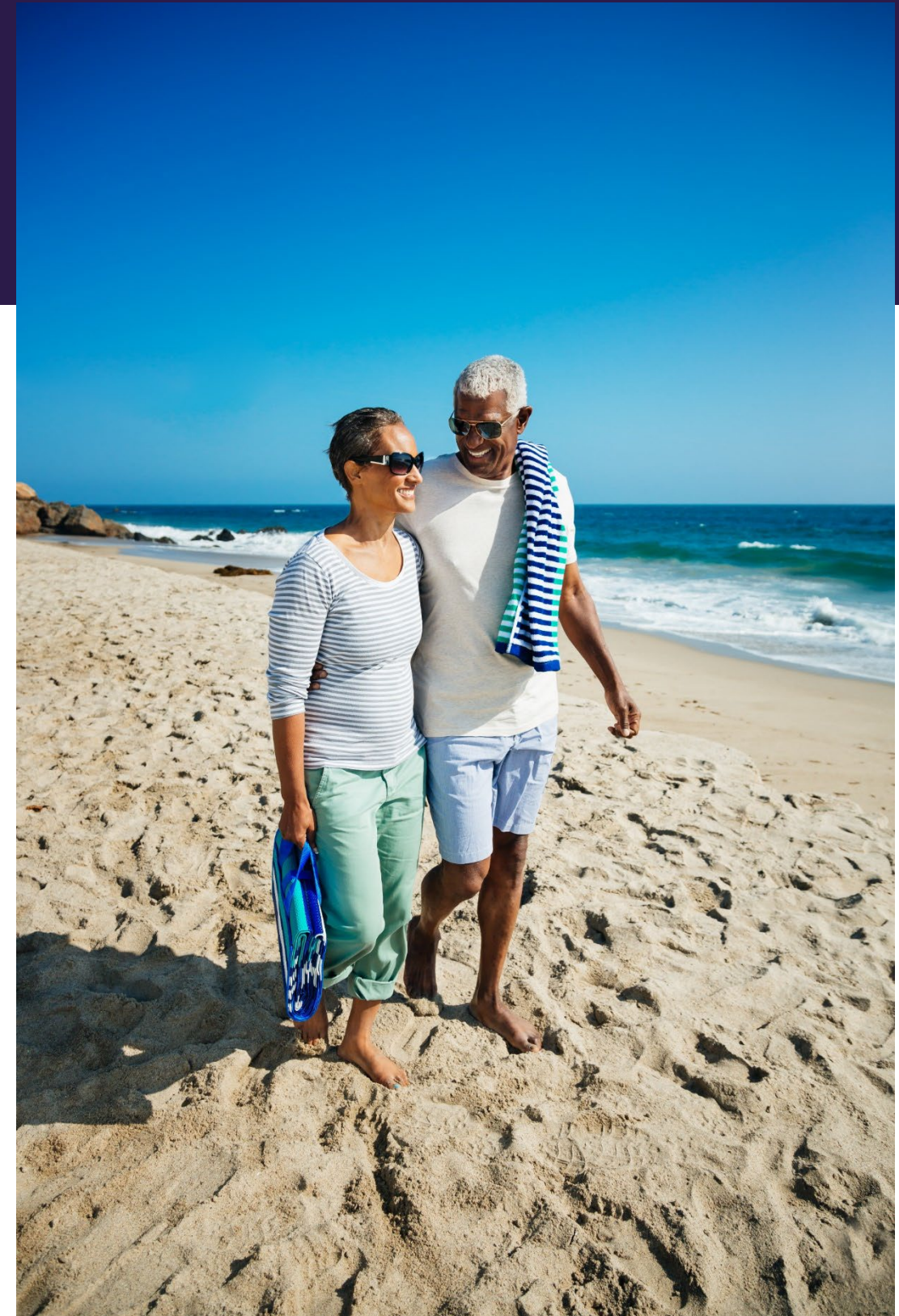


For more information, [click here](#) to access our provider handbook or visit www.carelonbehavioralhealth.com/providers/resources/provider-handbook

ANNUAL AFFIRMATIVE STATEMENT

Please be advised that Carelon Behavioral Health of California's policy (CSNT 117CA) and Carelon Health IPA's (CHIPA's) policy (UM 86) regarding Utilization Management and Case Management decision making is as follows:

- All Utilization Management (UM) and Case Management (CM) decision making are based only on appropriateness of care and services and existence of coverage. Medical Necessity Criteria are used as a guideline.
- 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.
- Carelon Behavioral Health of California/ Carelon Health IPA (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.
- The prohibition of financial incentives does not apply to financial incentives established between health plans and health plan providers.
- Utilization Management staff in no way rewards or incentivizes, either financially or otherwise, practitioners, utilization reviewers, clinical care 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.



MEDICAL NECESSITY CRITERIA-CALIFORNIA

Carelon Behavioral Health of California, Inc. is a professional corporation duly organized under the laws of the State of California and operated as a Behavioral Health Knox-Keene Licensed Health Plan. Carelon Behavioral Health of California enters into agreements with organizations such as managed health care services plans, employer groups, preferred provider organizations, exclusive provider organizations and other purchasers of medical services (collectively referred to as “Plans”) for the arrangement of the provision of health care services to subscribers or members of the Plans. Carelon Behavioral Health of California provides Utilization Management for Mental Health services and Substance Use related conditions.

Carelon Health IPA (CHIPA) is a professional corporation duly organized under the laws for the State of California and operated as an independent practice association. CHIPA enters into agreements with organizations such as health care services plans, preferred provider organizations, exclusive provider organizations and other purchasers of medical services (collectively referred to as “Plans”) for the arrangement of the provision of health care services to subscribers or members of the Plans. CHIPA provides Utilization Management for Mental Health services and Substance Use related conditions. Carelon Behavioral Health of California and CHIPA utilize clinical criteria, also referred to as medical necessity criteria (MNC), to guide clinical decisions on what service is necessary for a particular condition. MNC are based on nationally recognized resources and are updated at least annually.

The criteria are available for review through several options:

- a. Web page
 - » [Carelon Behavioral Health of California MNC](#)
 - » [CHIPA MNC](#)
- b. Via fax, email, or mail
- c. By having them read over the phone

Criteria are assessed and revised annually (and more frequently when indicated). Carelon Behavioral Health of California and CHIPA’s regional committees adopt MNC with input from the Corporate Scientific Review Committee. The National Committee for Quality Assurance (NCQA) accreditation standards (UM2A Factor 4: Practitioner Involvement) require 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.

Medical Necessity Criteria – California *continued*

“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 used by Carelon Behavioral Health of California and CHIPA 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.

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

1. Do you use the criteria when requesting prior authorization or concurrent review?
2. Do you have any suggestions for improving one or more of the medical necessity criteria used by either of these organizations?
3. Have you had any difficulty using one or more of the medical necessity criteria?
4. Is there any new scientific evidence that would support a change to one or more of the existing criteria?

NOTE: Cal. Code Regs. Tit. 28, § 1300.74.721(c)(d) requires full-service Commercial plans in California use clinical criteria developed by nonprofit professional associations, or a successor organization thereto, to make utilization review determinations that are within the scope of the criteria. A health plan shall not apply utilization review criteria other than those set forth in subdivision (c) of this Rule unless the circumstances in Health and Safety Code section 1374.721(c)(1) or (c)(2) apply.

5. Do you have any additional comment/feedback on one or more of the medical necessity criteria used by either of these organizations?

To find out more information about the development of Carelon Behavioral Health of California or CHIPA's MNC, submit feedback, or to obtain copies free of charge, please email: provider.inquiry@carelonbehavioralhealthca.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.

PARTNERING WITH FAITH LEADERS TO ADDRESS THE OPIOID EPIDEMIC

Carelon Behavioral Health Connecticut (CT) through the Connecticut Behavioral Health Partnership (CT BHP) is at the forefront of promoting faith leaders as an important resource for increasing access to care for individuals with substance use disorder (SUD) and their families, while working to reduce disparities in the support and services they receive.

The [Creating New Pathways: A Faith Leaders' Toolkit](#) is designed to enhance faith leaders' understanding of substance use, mental health, trauma, and stigma, while also increasing their knowledge of community resources and how to foster connections to care for individuals with Opioid Use Disorder (OUD) and their families. In doing so, it reinforces faith leaders and congregations as trusted partners on the path to recovery.

The Toolkit is also a practical resource for providers to strengthen trauma-informed care through a faith-based lens. It offers insights to integrate spiritual assessment into intake and ongoing sessions. This helps identify strengths and stressors and—with client consent—coordinate with a trusted faith leader as part of a broader support plan. Although focused on OUD, these principles apply broadly across SUD treatment.

Background

In September 2021, Connecticut was selected as one of five states to participate in a 36-month Post-Planning Demonstration Project under Section 1003 of the Substance Use Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.



The SUPPORT project goals were to:

- » Improve the quality of care for HUSKY Health members with OUD and their families across the lifespan
- » Identify the unique needs of HUSKY Health subpopulations
- » Recommend infrastructure improvements to strengthen OUD treatment and recovery service delivery in Connecticut

Partnering with Faith Leaders to Address the Opioid Epidemic *continued*

Exploring a Faith-Based Response to Opioid Use Disorder (OUD)

The project began with statewide engagement of individuals and families receiving SUD services, community providers, and other stakeholders. A survey of HUSKY Health members and families in recovery indicated 61.3% identified the faith community as their source of primary, non-clinical support. Because an estimated 94% of individuals with SUD do not receive treatment,¹ faith leaders can serve as a critical access point for non-clinical, judgement-free support in settings people already trust.

In 2023, Carelon convened faith leaders to gather their perspectives on supporting individuals with SUD. Participants expressed strong interest in creating supportive, nonjudgmental environments and deepening their understanding of behavioral health resources. They also voiced a desire to strengthen collaboration with providers and community organizations.

Subsequently, the project team hosted the virtual forum, *Integration of the Faith Community in Substance Use Recovery*, attended by 215 participants. The event focused on education and mobilization. Feedback highlighted the need for a culturally sensitive, faith-informed toolkit encompassing SUD education, trauma, and equity—laying the groundwork for continued collaboration. Click [here](#) and scroll to access the slides and the recording for the *The Integration of the Faith Community in Substance Use Recovery - November 1, 2023*.

Addressing SUD Health Disparities Through Faith Partnerships

Substance use has long been linked to social inequality, poverty, racism, and other systemic factors. For example, policies that criminalized substance use disproportionately harmed underserved communities and contributed to long-term cycles of incarceration and family disruption.

Recent Connecticut data highlights these SUD-associated health disparities. The state's Drug Overdose Mortality Rates by Race/Ethnicity Report (CY 2023)² showed increasing overdose death rates among Hispanic and Black populations, even as rates began to decline among White, non-Hispanic residents. The overdose death rate per 100,000 residents increased from 37.9 to 48.3 among Hispanic populations between 2020 and 2022. Among Black residents, the rate rose from 48.8 to 74.4 during the same period.

The COVID-19 pandemic exposed and worsened longstanding health and social disparities, particularly among Black, Indigenous, and other underserved populations. These communities experienced higher rates of illness and loss, along with increased economic stress, mental health challenges, and substance use risk.

Stigma continues to be a major barrier to care, often increasing the marginalization of vulnerable communities. Trauma, grief, and isolation further compound risk and underscore the need for compassionate, culturally responsive, and community-based approaches to recovery support.

The Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes partnership with faith communities as an effective strategy for increasing SUD awareness, education, and connection to treatment. Faith leaders are uniquely positioned to support individuals, families and communities impacted by SUD, often serving as critical support, especially during crises. They counsel individuals affected by generational trauma, substance use, and incarceration. They extend the healing ministry of faith through compassionate care that meets people where they are, while offering dignity and hope.

Partnering with Faith Leaders to Address the Opioid Epidemic *continued*

A Faith-Based Initiative and the Provider's Role

Carelon BH CT produced the *Creating New Pathways: A Faith Leaders' Toolkit* in response to faith leader requests statewide. It is part of an overall faith-based initiative to:

- » Build partnerships with faith communities
- » Increase awareness of substance use, mental health, and trauma
- » Reduce stigma
- » Strengthen connections to care for individuals with SUD and their families through trusted community partners

For providers, the Toolkit offers the following engagement strategies:

- » **Provider Relevance and Whole-Health Alignment with SAMHSA Wellness Framework**
- » **Spiritual Humility and A Culturally Responsive Practice** by deepening understanding of clients' beliefs and traditions, strengthening rapport, expanding referral options, and better aligning care with what matters most to each client.
- » **Clinical Application and Faith-Community Partnerships** by exploring how faith and spirituality influence coping, purpose, and treatment engagement.

[National Survey on Drug Use and Health \(NSDUH\)](#)

[Opioid and Drug Overdose Statistics, Department of Public Health](#)

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 MNC per client and regulatory requirements.

MNC 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, first identify relevant Centers for Medicare and Medicaid Services (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.

*Please note as of 9/21/2019, Carelon Behavioral Health began utilizing Change Healthcare's Interqual® Behavioral Health Criteria that can be accessed through the [Carelon Behavioral Health website](#).

Click here to access the 2026 Medical Necessity Criteria for Massachusetts



MEDETOMIDINE: A NEW THREAT

FROM THE MEDICAL DIRECTOR'S DESK, MARK G. FULLER, MD, MEDICAL DIRECTOR, CARELON, PENNSYLVANIA

Introduction

The illicit drug supply continues to evolve in terms of adulterants purposely added to these drugs. The most recent concern with this phenomenon occurred when fentanyl began appearing in the heroin illicit supply chain causing unexpected overdoses as it became harder to determine how powerful any specific batch of heroin might be. This was followed by fentanyl gradually supplanting heroin to the point that some parts of the country rarely experience pure heroin anymore.

Next came the presence of xylazine in the illicit opioid supply (initially with heroin and then following the fentanyl epidemic appearing regularly in fentanyl). This animal tranquilizer was added by drug suppliers to increase the potency and/or duration of the euphoria associated with opioid misuse and increase their profits.

As health care personnel and veterinary supply chain managers have become more watchful over xylazine supplies, the illicit drug supply chain has begun substituting another veterinarian sedative, medetomidine, for xylazine. Similar to xylazine, medetomidine is a veterinary drug not approved for human use, but many times more powerful than xylazine. Although initial reports indicated only occasional use in Pennsylvania, recent developments have demonstrated widespread contamination of illicit opioids throughout the Commonwealth. This has caused serious complications with overdoses and withdrawal management.

Please read the announcement from Debra L. Bogen, M.D., Pennsylvania Secretary of Health regarding, [“Responding to Overdose and Withdrawal Involving Medetomidine – Updated Guidance”](#).

Also included below are some additional links to other bulletins you may find useful:

- » [Medetomidine, Substance Use Philly](#)
- » [Emergence of Medetomidine in the Illicit Drug Supply: Implications for Emergency Care and Withdrawal Management, Science Direct](#)

WHAT IS A MENTAL HEALTH ADVANCED DIRECTIVE?

Many members want their care team to know what has helped in the past, what to avoid, and who they trust to be involved if they can't speak for themselves. A Mental Health Advance Directive (MHAD) is one way to capture those preferences. Feel free to use the quick member-facing language below to introduce MHADs during visits.

We all like having a say in our treatment. We want to partner with our doctors and therapists so we can feel and be the best we can be. There might be times when we are unable to make decisions because of symptoms we experience. It is good to plan ahead so our treating providers know what we want.

An **MHAD** is one way to do just that. It is a document that allows you to list your choices about your mental health treatment so if there comes a time you are unable to make decisions because of mental health symptoms, the treatment team has some direction.

So many decisions may need made during a course of treatment. If you are in a mental health crisis you may not be able to make decisions, so an MHAD can help the doctor and treating team know types of treatment or medications you would want.

In Pennsylvania, you can make an MHAD that is called a **declaration**, which lists directions to doctors, hospitals and other types of mental health providers about your wishes. It usually has specific situations and does not allow for too much flexibility. A **Mental Health Power of Attorney** is when you designate someone else to make treatment decisions for you. This person can make decisions based on the situation. It is important that this person (agent) be someone you trust and you feel they understand your feelings and treatment choices. You can have one or both of these for your MHAD. If you combine them, you can make decisions about certain situations, while the Power of Attorney would make decisions in others. This can be helpful when there are new treatment options that do not exist when the declaration is first completed.

Continues on the following page



What Is a Mental Health Advanced Directive? *continued*

What Needs To Be Included in a Mental Health Advanced Directive?

There is no specific form for a Mental Health Advanced Directive, but it does need to include certain elements to be valid or usable:

1. You must be at least 18 years old
2. You must not have been declared incapacitated by a court and had a guardian appointed or currently be under an involuntary commitment
3. The Mental Health Advanced Directive must be signed, witnessed and dated.
 - a. Witnesses must be at least 18 years old--you need two witnesses to sign
 - b. A witness cannot sign the document for you if you are unable to sign it
 - c. Your doctor, one of their employees, or an owner/operator of a residential facility where you are living cannot be your agent
4. The Mental Health Advanced Directive must list your choices on beginning treatment, continuing it or refusing treatment.
5. It can include things like who you want to care for your children or pets, who you want notified about your condition, and/or dietary preferences or religious choices.
6. If your MHAD is a Power of Attorney, you have to name the individual you want to serve as your agent and say you are authorizing that person to make whatever decisions you want them to make.
 - You can make changes to your MHAD in writing at any time. It might be a good idea to make a new document so there are no conflicts or misunderstandings. It is important to remember that any changes or a new MHAD must be signed again by two witnesses and that the new copies be given to your providers and other support people.
 - Healthcare providers have to follow the instructions in a MHAD unless they cannot comply in good conscience because of the instructions go against accepted clinical or medical practices or they are not in line with policies the provider has to comply with. If they cannot follow your instructions, they have to tell you or your agent as soon as possible.

Need more information? Below are resources and organizations that can help answer your questions about a Mental Health Advanced Directive:

- » [Mental Health Association of Pennsylvania](#)
- » [Pennsylvania Mental Health Consumer Association](#)
- » [PA Law Help](#)

BUILDING RESILIENCE AND VICARIOUS RESILIENCE IN THE WORKPLACE: A TRAUMA-INFORMED APPROACH

– DR. DANA TACCA, LPC, NCC MANAGER OF BEHAVIORAL HEALTH SERVICES, CARELON OF PENNSYLVANIA

In today's rapidly changing work environment, resilience is vital for maintaining productivity and well-being amidst stress. Resilience involves the ability to adapt, recover, and grow stronger from challenges (Fletcher & Sarkar, 2013). Integrating trauma-informed principles into the workplace further supports resilience by acknowledging the effects of potential past organizational trauma on employee behavior and performance, creating a more supportive and understanding environment (SAMHSA, 2014).

The Concept of Vicarious Resilience

Vicarious resilience emerges when individuals, particularly those in helping professions such as behavioral health professionals, therapists, peer recovery support specialists, and caregivers, experience positive changes by observing the resilience of those they support. This concept highlights the reciprocal nature of resilience—observing others overcome adversity can inspire hope, strengthen personal resilience, and provide fresh perspectives (Hernandez et al., 2015). This can lead to increased empathy, greater professional fulfillment, and a deeper appreciation for the human capacity to adapt and recover.

Understanding Resilience at Work

Resilience is not innate but comprises of skills and behaviors that employees can develop, including maintaining positivity, nurturing supportive relationships, learning from experiences, and problem-solving. Resilient employees view challenges as opportunities for growth (Luthans et al., 2015).

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Building Resilience and Vicarious Resilience in the Workplace: A Trauma-Informed Approach *continued*

Key Factors Shaping Workplace Resilience

- Creating supportive networks through encouraging open communication and trust-building can strengthen resilience (Shin et al., 2019). Trauma-informed practices contribute by fostering an environment where employees feel safe and supported.
- Essential for resilience is confidence in overcoming challenges, which enhances problem-solving and persistence (Bandura, 2019). Trauma-informed workplaces support this by acknowledging limits and encouraging help-seeking behaviors, ensuring a respectful and empowering environment.
- Effective stress management and problem-solving are vital. Employees who adapt well to change can address challenges productively (Carver & Scheier, 2020). Providing resources and training to promote stress management aligns with trauma-informed practices. This increases adaptive skill development.
- Aligning workplace challenges with personal career goals transforms perceptions and boosts motivation (Steger et al., 2019). A trauma-informed environment recognizes the need for a safe and inclusive space where individuals can find meaning in their work without fear. Employees thrive when they have meaning and purpose at their workplace.

Building Vicarious Resilience in the Workplace

To integrate vicarious resilience into workplace culture, organizations can implement purposeful strategies:

- Encourage regular opportunities for employees to share experiences, challenges, and triumphs. Team meetings, workshops, or informal gatherings foster mutual learning and new perspectives. Promote storytelling and experience sharing (Hernandez-Wolfe et.al., 2015).
- Facilitate sessions where employees discuss lessons learned by observing colleagues' resilience, thus boosting morale and fostering a supportive environment. This type of reflective learning opportunity builds positive outlook (Goncalves et.al., 2019).
- Develop programs to teach mindfulness and empathy, helping employees be present and understand colleagues to a deeper level. An empathetic space for dialogue reinforces mutual support.
- Create programs to celebrate resilience within the organization, validating and setting examples through stories of overcoming challenges and building a shared narrative of resilience. Recognize employees for their resilience and strength (Reivich & Shatte, 2002).
- Offer access to counseling, stress management workshops, and self-care programs to help employees manage emotions, encourage self-care, and prevent burnout.
- Cultivate a culture where employees feel psychologically safe to share without fear of judgment. Clear leadership communication about the value of openness supports thriving professional networks and shared resilience.

By implementing these steps, organizations can effectively integrate vicarious resilience, enabling employees to draw strength from each other's experiences and contributing to a resilient, supportive workplace.

In conclusion, fostering resilience and vicarious resilience with a trauma-informed approach creates a supportive environment where employees thrive. By adopting these principles, organizations cultivate a resilient culture adept at navigating challenges with fortified strength and optimism.

ELEVATING MEMBER SAFETY THROUGH EFFECTIVE REPORTABLE EVENT REPORTING

In the intricate and ever-evolving landscape of mental health (MH) and substance use disorder (SUD) services, the safety and well-being of our members is paramount. According to the [Carelon Health of PA Provider Manual](#), one of the cornerstones of maintaining high standards of care is the accurate and timely submission of [Reportable Events](#). These reports not only provide critical insights into potential risks but also enable timely interventions, safeguarding both patients and providers. Understanding and adhering to the criteria for Reportable Events ensures compliance with our network's [protocols](#) and reinforces [our commitment](#) to delivering exceptional care.

Understanding Reportable Event Categories

Reportable Events are essential indicators that help us monitor and enhance service delivery across our network. While each of the 22 event categories to the right have unique implications and response requirements, they all share the common goal of protecting the well-being of our clients and upholding exemplary care standards. Notably, some categories require reporting even if no Carelon member was involved in the event, and these are marked with an asterisk (*). Providers are encouraged to download the comprehensive [Reportable Events Table](#) to familiarize themselves with the specific reporting requirements for each category.

Reportable Event Categories

- » Absent Without Leave or Elopements
- » Accidental Injuries
- » Adverse Reactions to Medication or Treatment
- » Administrative, Behavioral, or at Staff Request Discharges
- » Against Medical Advice (AMA) Discharge with Member at Serious Risk
- » Allegations of Abuse, Neglect, Exploitation, or Sex Between Consumers*
- » Assaults
- » Attempted or Completed Homicide
- » Attempted Suicide
- » Breach of Confidentiality or HIPAA Violation
- » Communicable Disease Outbreak *
- » Death*
- » Illegal and Unsafe Situations Resulting in Emergency Services Summoning
- » Litigation Involving Carelon or Carelon Provider*
- » Medication or Treatment Errors
- » Media Involvement*
- » Other Noteworthy Incidents
- » Presence of a Deadly Weapon with Threat of Use
- » Restraints
- » Self-Injurious Behavior Requiring Medical Attention or New Behavior Pattern
- » Temporary Closure of Facility*
- » Undesirable Events Inconsistent with Routine Patient Care

Elevating Member Safety Through Effective Reportable Event Reporting *continued*

Ensuring Effective Reporting

To ensure accurate and timely reporting of events, providers should adhere to the following best practices:

Use Available Resources

- Utilize the [Reportable Events Table](#) to identify reportable events and understand their specific criteria.
- Download an electronic copy of the Carelon's Reportable Event Form for future use.

Provide Complete Documentation

- Complete all sections of the [Reportable Event Form](#).
- The individual completing the form is designated as the "Reporter."
- The provider involved in service delivery when the event occurred is the "Provider."
- Verify the accuracy of the member's information against your records.
- Clearly detail the event in the "Incident Description" section, ensuring it is understandable to any reader:
 - Refer to individuals by their titles or roles (e.g., the client, the member's mother, the program supervisor, the mental health worker).
 - Describe the incident clearly and avoid provider-specific jargon or acronyms.
 - Indicate where and when the event occurred, specifying whether it happened during service provision or was reported by others.
 - Document actions taken to ensure safety before, during, and after the event.
- Note any additional external reports and notifications that were completed.

Submit Swiftly

- Reportable Event forms are to be submitted within one business day of event occurrence.
- Submit the [Reportable Event form](#) to Carelon via email at CriticalIncident@Carelon.com or fax it to 855-287-8491.
- To avoid processing delays, providers are encouraged to review document protections and shared inbox permissions prior to emailing reports. Please review your security and permission settings to confirm files can be opened, downloaded, and updated by the authorized users of our shared email inbox.

Need Assistance or Have Questions?

Reach out to Carelon's Quality Management department by emailing CriticalIncident@Carelon.com for further guidance.

Conclusion

Adhering to the Reportable Event reporting criteria is crucial in ensuring the safety and quality of care for all our members. We encourage providers to review their current reporting processes and reach out for any additional guidance or clarification needed. Your feedback and questions are vital to ensuring clarity and understanding as we strive to maintain high standards of care across our network.

CREATING A CULTURE OF CELEBRATION

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 send your submissions to PAMedicaidProviderRelations@carelon.com.

