



Fourth Quarter 2023

Carelon Behavioral Health Provider Newsletter

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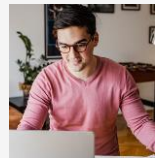
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COMING SOON: PROVIDER PORTAL ENHANCEMENTS TO AVAILITY ESSENTIALS



We're excited to announce enhancements to our secure provider portal, coming your way in January 2024! New functionality on Availity Essentials will help improve efficiency and allow Carelon Behavioral Health (Carelon) providers to access many tools used day-to-day through a single sign-on.

New year, new provider portal capabilities

In just a few weeks, you'll have access to a one-stop portal with exciting new features including Carelon's new authorization dashboard, claims dashboard, organization administration dashboard and single sign-on to existing Carelon provider portals.

These new features will allow you to:

- » **View member eligibility and benefits information**
- » **Search and review claims details**
- » **Submit prior authorization information and review previously submitted authorizations**

Carelon provider portals will still be accessible to you!

While we have a new way of accessing our provider portals, you will still be able to access ProviderConnect and eServices through our current login page. Come 2024, you will be able to access ProviderConnect and eServices via single sign-on through Availity. Our portals will be accessible through their current sign-on as we work hand-in-hand with you to get you trained and onboarded to the new single sign-on functions. Any plans to sunset existing access will be coordinated well in advance through your Carelon team.

What you can do to prepare for the update to Availity Essentials

Providers who are not yet registered with [Availity](#), can sign up today, at no charge. If you need registration assistance, contact Availity Client Services at **1-800-282-4548**.

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.

Register and Get Started with Availity Webinar

New to Availity? Attend this live webinar to learn the process of registering an account and organization with Availity Essentials.

Wednesday, January 3, 2024 @ 3:00 – 3:30 PM ET

[Click here to register](#)

[Click here to access the Availity Portal Enhancements FAQ to learn more about the new capabilities coming your way!](#)

Coming Soon: Provider Portal Enhancements to Availity Essentials *continued*

Register today for our upcoming live provider trainings to prepare for the Availity Essentials updates!

To register for the following Availity trainings, you must first [register for an Availity account](#).

Get Started with Availity Essentials

Register for one of the following training sessions. Both sessions will cover the same information.

[Thursday, January 11, 2024 – 10 AM – 11 AM EST](#)

[Wednesday, January 17, 2024 – 2 PM - 3 PM EST](#)

During this 60-minute live webinar, an expert Availity trainer will cover:

- » Availity Essentials Overview and Navigation
- » Administrative Functions
- » Payer Spaces
- » Eligibility and Benefits Inquiry
- » Help & Support

Submit and Follow-up on Professional and Facility Claims

Register for one of the following training sessions. Both sessions will cover the same information.

[Tuesday, January 16, 2024 – 10 AM – 11 AM EST](#)

[Thursday, January 18, 2024 – 1 PM - 2 PM EST](#)

During this 60-minute live webinar, an expert Availity trainer will cover:

- » EDI (Electronic Data Interchange) Reporting Preferences
- » Direct Data Entry Claim Submission (Professional and Facility)
- » EDI Batch Claim Submission
- » Following up on Submitted Claims
- » Claim Attachments and Follow-up



CARELON BEHAVIORAL HEALTH NETWORK CHANGES

MEET YOUR RVP

The Carelon Behavioral Health Network team is focused on fostering a network that exceeds access needs, outperforms the typical provider experience, and allows for seamless transitions end to end for our members. As part of our effort to improve provider experience and create a more relationship-driven partnership, we recently introduced a new organizational structure. Our Network team now consists of 4 teams covering the Northeast, Central-Southeast, West Region, and National. The team and functions will operate under a Regional Vice President (RVP) with dedicated Regional State Directors.



National – Nicole Nole

Nicole Nole, Staff VP Network Management, brings over 25 years of diverse experience in managed care sales, consulting, network development, contracting, provider relations, business development and project management. Nicole joined the organization in 2012 and has held various roles in the Network team with a focus on national network optimization and growth, looking at innovative solutions that drive change and create value for our members and providers. In this role, Nicole will lead National Network driving process efficiencies and standardization with a focus on increasing access and availability for our members.

Prior to joining Carelon, Nicole spent 11 years with Fidelis Care, now Centene, successfully leading the growth across New York State.

Nicole resides in New Hartford, NY with her husband Dean, son Santino, daughter Coco and dog Georgie.



Central-Southeast – Steve Thompson

Steve Thompson, Regional Vice President for the Central and Southeast Regions, brings 23 years of managed care experience to the role. He joined the organization in January 2023 as staff VP of Payment Innovation. Prior to joining Carelon he held several executive and leadership roles at HealthNet of CA, Kaiser Permanente, Group Health, and Blue Cross Blue Shield of Minnesota. While at Group Health, Steve was part of the leadership team (VP and Head of Network Management) that led the organization to be rated the #1 health plan in the country by Evalu8. In addition to network responsibilities, Steve served as the Head of Commercial Market Strategy for Blue Cross of Minnesota working with consultants and jumbo accounts; this outside-in perspective on health care fuels his vision and approach to delivering network value. Steve has a Bachelor of Science in business and an MBA, both from the University of Minnesota.

He lives in Eden Prairie Minnesota with his wife Katrina, son RJ, daughter Gwen, Labrador retriever Shadow and turtle Trinity.

Carelon Behavioral Health Network Changes

Meet Your RVP *continued*



Northeast – Gary Cowan

Gary Cowan, Regional Vice President for the Northeast Region, is a seasoned healthcare executive with over 26 years of Network Management experience. Prior to joining Carelon Behavioral Health in 2021, Gary held several leadership roles overseeing network development, contract negotiations, relationship development, and network strategy. Gary began his career in managed care at Montefiore Care Management Organization overseeing risk contracting. He then joined Empire BlueCross BlueShield HealthPlus, where he managed contracting, contract implementation, and provider relations. After his time at Empire BlueCross BlueShield HealthPlus, Gary moved into a VP of Network role for Amerigroup/Empire BlueCross BlueShield, where he gained added responsibility of managing contracting and operation teams to build successful networks.

Gary received his BA in Political Economy from the University of Hertfordshire. MA in Socio-Legal Studies (International Human Rights & Law), from Thames Valley University, London.

Gary was born and raised in London, England and currently resides in Connecticut.



West – Ryan Sorrell

Ryan Sorrell, Regional Vice President for the West Region has 25 years of healthcare experience, beginning his career as Behavioral Health Counselor and moving into operations management and provider informatics with a large group practice in Austin, TX. Ryan developed a business intelligence unit supporting network initiatives at Humana Behavioral Health, where he ultimately moved into a Regional Director of Contracting role overseeing 26 states. In addition to focusing on strategic vision and network oversight, Ryan worked for Christus Health as Director of Operations for their medical network and member services call center. He was promoted to Vice President of Health Plan and Population Health Networks, adding responsibility for the system ACO and CIN value-based relationships. Most recently Ryan served as the Vice President of Network for Community Health Choice in Houston, TX.

CONTACT US

Claims Related 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.

Grievances and appeals

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

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.



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

CLAIMS RESOLUTION

Providers now have a new form to assist in the Claims Resolution process. To file an appeal based upon the denial of a payment request, please use the [Provider Claims Based Dispute Resolution Request Form](#) located in the Billing and Claims section of the [Carelon Behavioral Health Forms and Guides webpage](#). Upon completing the form, mail to the address given in the PSV or mail to the following address:

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

Claims request must be submitted in writing to the address given in the PSV or the address above. A complete appeal request must be received within 60 calendar days from the date of the payment determination being appealed, unless the provider agreement or applicable laws or regulations establish a longer filing period.

For a more detailed explanation of the complaint and appeal processes please refer to the [Carelon Behavioral Health Provider Handbook](#).

Getting claims paid efficiently and effectively is a mutual effort between Carelon and you, the providers! Here is a cheat sheet of the things you can control to ensure a smooth claims process:

1. DO ensure your claims are submitted timely!
2. DO use the appropriate claim form so that you don't have to rebill with the correct claim form
3. DO ensure your NPI is filled, complete and active on the date of service
4. DO ensure the claim line identifier (Claim Line ID) entered is correct!
5. DO NOT bill separately from a valid primary procedure code!



REMINDER FOR MEDICAID MARKETS: PARTICIPATE IN CARELON'S QUARTERLY ACCESS AND AVAILABILITY SURVEYS

On a quarterly basis, Carelon Behavioral Health conducts [Access and Availability Surveys in our Medicaid markets](#).

The purpose of these surveys is to better understand the needs of our providers and identify access limitations in our network. More than that though, these surveys provide insight into the capabilities our providers have to meet the unique and diverse needs of our members and the communities in which they serve.

Access and Availability Surveys are sent out to Medicaid providers in our network via email. Please check your inbox and take a moment to give us your feedback. We appreciate your continued support and collaboration as we work to build a best-in-class network of behavioral health providers.

Questions? Email us at provider.inquiry@carelon.com



IMPLEMENTATION OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) 4th EDITION CRITERIA

The American Society of Addiction Medicine (ASAM) has issued updated criteria for adults (December, 2023). This will be effective May 1, 2024.

The following sources provide an overview of the changes:

- » [The ASAM Criteria 4th Edition Webinar Handout | The Change Companies.pdf](#)
- » [The ASAM Criteria – Fourth Edition](#)

Since the revised criteria only applies to adults, adolescent cases will depend on criteria currently in use (The ASAM Criteria Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, American Society of Addiction Medicine Third Edition, 2013).

The American Psychiatric Association (APA) recently issued revised guidelines for eating disorders: [eatingdisorders.pdf \(psychiatryonline.org\)](#). In Connecticut, these apply to adults; adult eating disorder guideline use also includes consideration of Association for Ambulatory Behavioral Health (AABH) guidelines ([Standards & Guidelines - Association for Ambulatory Behavioral Healthcare \(aabh.org\)](#)) when the services provided are Partial Hospital Program (PHP) and Intensive Outpatient Program (IOP). The Child and Adolescent Service Intensity Instrument Version 4.1, associated with the American Academy of Child and Adolescent Psychiatry (AACAP), is the guideline that applies to adolescent and child eating disorders: [CASII \(aacap.org\)](#).



MENTAL HEALTH OUTPATIENT TREATMENT AND REHABILITATIVE SERVICES (MHOTRS)

The New York State Office of Mental Health (OMH) has updated two documents specific to Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS):

1. Standards of Care Anchor Element document

The updated Standards of Care replaces “clinic” with “MHOTRS program” throughout, includes the addition of NPP signatures for Initial Treatment Plans and flexibilities for the provision of optional and off-site services. Additionally, Exemplary standards have been added to support Peer Support Services, when available. The Standards of Care can be found on the OMH Website [NYS Bureau of Inspection and Certification MHOTRS Program Standards of Care Anchor Element July 2023](#).

2. Program Guidance

Article 31 MHOTRS Program Guidance has been updated to address the changes in Part 599 regulations, that were approved in November 2022 to allow more flexibilities, since moving under the Rehab State Plan Amendment. The Program Guidance also contains updated language and formatting since the last guidance revisions. The following is a summary of the guidance updates:

1. Separated Program Guidance from Billing Guidance into two documents, billing guidance can be found [here](#).
2. Explanation of program name change to MHOTRS
3. Addition of Off-site Services allowances for all services and age ranges
4. Addition of Co-Enrollment allowances
 - a) Defining co-enrollment between two MHOTRS programs
 - b) Defining co-enrollment between MHOTRS programs and other programs
5. Defining PA credentials needed to provide psychiatric assessments and medication services
6. Expanding Crisis services definition to match regulations
7. Addition of examples of Complex Care Management into guidance, eliminating appendix
8. Addition of Peer Support Services definition and guidance that align with the Guidance for [Peer Support Services](#)

Mental Health Outpatient Treatment And Rehabilitative Services (MHOTRS) – New York

continued

9. Reorganization of information:
 - a) Assessment now includes Health Screening
 - b) Health Monitoring now includes Tobacco Use Disorder and Health Physical
 - c) Removal of Telepsychiatry guidance, released as separate Telehealth guidance
10. Addition of Neurobehavioral Status Examination definition and guidance
11. IOP
 - a) Added definition and guidance
 - b) Elimination of a waiver requirement, instead allowing an AA for authorization
12. Staffing definitions and requirements
 - a) Supervisory guidance
 - b) Definition of Peer Support Specialists/Advocates
 - c) Removal of requirement of Board Certification for Psychiatrists but identifying definition of Psychiatrist, including completing ACGME-accredited programs
 - d) Definition of the role and responsibilities of a Medical Director
13. Outline of Policies and procedures required, highlighting changes needed to programs' policies and procedures from regulation revisions
14. Inclusion of AOT recipients and individuals transitioning from ACT in the populations prioritized for admission/services in MHOTRS programs
15. Changes to Utilization Review requirements reducing provider burden
16. Addition of NPPs able to sign treatment plans
17. Updated definitions list

Program Guidance can be found on the [OMH Website Part 599 Clinic Program \(ny.gov\)](#).

OMH expects providers to rapidly review and come into compliance with this guidance.

Questions regarding the Standards of Care can be directed to certification@omh.ny.gov.

Questions regarding the MHOTRS Program Guidance can be directed to omh.sm.Adult-Clinic@omh.ny.gov for adult services and omhchildclinics@omh.ny.gov for child/adolescent services.

CREATING A CULTURE OF CELEBRATION

In 2023, Carelon Health of Pennsylvania focused greatly on *creating a culture of communication* with our targeted and archived provider alerts, a new and improved quarterly newsletter, invitations to Orientation Groups for new provider staff not just new providers and our partnership visits designed to support the success of our provider network.

As we look to 2024, you'll see our efforts expand to *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, I 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



CONTRACTUAL REQUIREMENTS FOR PROVIDERS OF INTENSIVE BEHAVIORAL HEALTH SERVICES (IBHS)

Thank you to all who have become licensed to deliver Intensive Behavioral Health Services. You've shown commitment to the service delivery through the approval processes that have allowed your organization to move forward. Remember that your contracts and clinical program description reflect what's been currently approved; any future IBH service additions or changes must be approved prior to implementation. If you have an OMHSAS-approved Attachment A, please notify your [Provider Field Coordinator](#) and it may be considered if it is determined that there is a defined clinical need. If you have waivers, you are aware that requests for continuation of any waiver must be submitted to OMHSAS 60 days prior to the expiration date of the waiver or 60 days prior to the date of your license renewal, whichever is earlier. Please reference [OMHSAS-16-03](#) for additional details. Notify your Provider Field Coordinator of the status of your waiver/s at all times.

We realize not all staff have access to contractual language. Therefore, the requirements as written in all Intensive Behavioral Health Services agreements are as follows:

"The provider agrees to abide by the regulations and bulletins as they apply to Intensive Behavioral Health Services (IBHS); the Beacon Health Options of Pennsylvania IBHS Policy and Procedure; their Office of Mental Health and Substance Abuse Services approved IBHS Service Description and the Beacon Health Options (now Carelon Health) of Pennsylvania approved IBHS Clinical Program Description and any IBHS applicable waivers or attestations. Any changes to the approved service delivery for Beacon Health Options (now Carelon Health) of Pennsylvania members must be proposed to the assigned Provider Field Coordinator and approved prior to implementation."



PENNSYLVANIA STATEWIDE TOBACCO-FREE RECOVERY INITIATIVE

The following messages are issued on behalf of the PA STFRI Advisory Board to (1) share a brief statement to reinforce the importance for tobacco-free behavioral health services and (2) generate and sustain awareness of the PA STFRI. For more information visit the PA STFRI website at:

www.tobaccofreerecoverypa.com

Message: Smoking and tobacco craving are strongly associated with the use of and craving for cocaine and heroin. Data suggests that tobacco and cocaine may each increase cravings for, and likelihood of continued use of themselves and each other.

Resource: https://www.academia.edu/29137770/Tobacco_cocaine_and_heroin_Craving_and_use_during_daily_life

Message: Association of racial discrimination in health care settings and use of electronic cigarettes to quit smoking among Black adults 2023. Discrimination in health care settings may be driving Black adults who smoke to engage in non-evidence-based stop smoking practices, such as e-cigarettes instead of those that are evidence-based and may be more effective in this population.

Resource: [https://www.jsatjournal.com/article/S2949-8759\(23\)00035-8/fulltext](https://www.jsatjournal.com/article/S2949-8759(23)00035-8/fulltext)

Message: While there is no one way to be in recovery, it begins the moment a person decides to make better choices about their physical and mental well-being, work to live a meaningful self-directed life, and strive to achieve their full potential.

Studies have shown that learning tobacco-free coping skills can:

- » Decrease depression, anxiety, and stress
- » Increase positive mood and quality of life
- » Boost self-confidence and self-image
- » Improve physical health and wellness.
- » Enhance the probability of long-term abstinence of alcohol and other drugs

Resource: [Taylor et al. Change in mental health after smoking cessation... BMJ 2014](#)



DON'T FORGET TO NOTIFY CARELON-PA OF ALL REPORTABLE EVENTS!

Member safety is of utmost importance to us at Carelon-PA, and we know that our providers feel the same way. One of the ways we can work together to keep our members safe is through timely notification of Reportable Events. All providers serving Carelon-PA members are contractually required to notify Carelon-PA within one (1) business day of the occurrence of a reportable event using [Carelon-PA's Reportable Event Form](#).

There are 22 total reportable event categories, which are listed below. More detailed information on inclusionary criteria for each category can be found on the Reportable Event Table and in the Reportable Events training which are both available [on our website](#) under the Quality Management section. We will also be offering a live Reportable Events training in January 2024 for anyone interested in learning more about reporting requirements and expectations. Click the registration link to reserve your space today!

Reportable Event Categories

Suicide attempt	Completed or attempted homicide	Death by any cause	Assault within a facility or at a provider site
Assault within a facility or at a provider site	Absent without leave for longer than 2 hours	Undesirable events inconsistent with routine patient care	Breach of confidentiality
Self-injurious behavior	Outbreak of a serious communicable disease	Medication/treatment errors	Adverse reactions to medication or treatment
Media events or media contact	Temporary closure of facility	Other member safety concern	Administrative Discharge
Restraints of any kind	Any real or threatened litigation in a case against a provider or Carelon	Possession of a deadly weapon with the threat of use by a member at a provider site	Accidental injuries at a provider site requiring medical treatment more than first aid
Parent/guardian taking child AMA from residential setting with child at risk or adult leaving treatment voluntarily while at serious risk	Fire setting, property damage, commitment of a crime, or other event that led to emergency services being summoned to facility	Allegations of sexual or physical abuse/neglect/exploitation or sexual contact between consumers at a provider site	

Don't Forget to Notify Carelon-PA Of All Reportable Events! – Pennsylvania [Medicaid]

continued

Not a Pennsylvania Medicaid provider? You may still be contractually required to report certain member safety events. Please take time to visit your Provider Manual and review the [Reporting a Potential Quality of Care \(PQOC\) Concern Form](#) for more guidance on reporting member safety events involving members in different states or regions.



SAVE THE DATE

CARELON-PA REPORTABLE EVENTS TRAINING FOR PROVIDERS

January 19, 2024 | 2 – 3:30 PM

Join us for a detailed presentation outlining the requirements for submitting reportable events to Carelon-PA. The presentation will include a review of all reportable event categories, examples of events that should and should not be reported, and guidance for filling out the reportable event form. We encourage participation from anyone who is responsible for submitting reportable events, not just provider leadership.

[REGISTER HERE](#)