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Fourth Quarter 2025

Carelon Behavioral Health
Provider Newsletter

Contents

SIMPLIFY BUSINESS WITH US VIA AVAILITY ESSENTIALS – *YOUR PROVIDER DIGITAL FRONT DOOR*

Availity Essentials is your comprehensive, secure, and self-service multi-payer portal, designed to streamline the day-to-day operations of your office and enhance patient care. As a registered Availity user, you can efficiently handle multiple tasks such as checking patient eligibility and benefits, submitting authorizations, reviewing past authorization requests, and accessing detailed claim information— all without needing to contact Carelon Behavioral Health. **Best of all, registration is free, giving you immediate access to the array of resources Availity provides.**

We have recently introduced exciting new features 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.

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. Eastern Time.

GET READY FOR EASIER ROSTER SUBMISSIONS – NEW AUTOMATION LAUNCHING FALL 2025

We're making it easier for you to submit and manage your rosters – less hassle, fewer errors and quicker updates.

This fall, Carelon Behavioral Health will launch a new automated roster solution designed to simplify and centralize roster submissions, starting with provider groups. Facilities will be included in the rollout shortly thereafter.

This upcoming enhancement will transform how we intake, process, and update provider data. By automating the intake of roster files, we'll reduce the manual effort – ensuring faster, more accurate updates to our core systems.

What this means for you:

- **Enhanced communications**: Automated email updates to keep you informed on progress
- **Faster turnaround:** Automation speeds up processing and integration
- **Higher accuracy:** Data errors and inconsistencies are minimized
- **One centralized intake:** A single, streamlined entry point for roster submissions

How to prepare:

- Participate in our provider training
- Review the Roster Automation Provider Tip Sheet
- Inform your team involved in roster management about these changes. Encourage your team to set aside time for training to ensure everyone is well acquainted with the new process and our Group Practice Roster Automation Template.
- Notify Carelon in advance of submitting your first roster to ensure correct set up of your files.

For providers with delegated credentialing, this means that your monthly delegated rosters will be loaded into our systems in a timely manner, and you'll receive feedback if a provider record cannot be created. Providers new to the network and/or non-delegated credentialed providers, please submit through Availity.

To fully benefit from this new automation, providers must adhere to roster data guidelines, use the correct template and ensure all mandatory fields are completed.

We greatly appreciate your continued partnership and look forward to growing together as we enhance processes that support your success and the communities we serve.

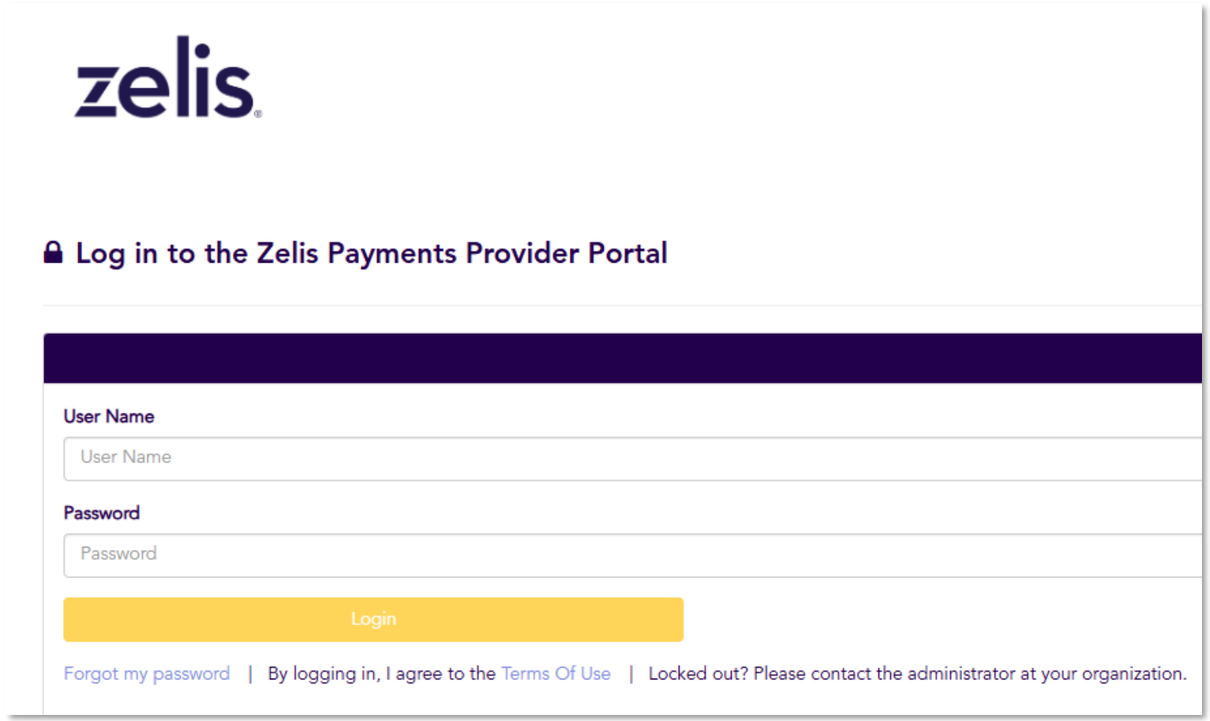
PAYMENTS TRANSITIONING TO ZELIS PLATFORM

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 early 2026. *(The original go-live date of 2025 has been adjusted to early 2026 to allow additional time for a smooth transition.)*

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, Mon – Fri).



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.

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

NEW AVAILITY ENHANCEMENT TO STREAMLINE YOUR ENROLLMENT EXPERIENCE

We're excited to share that enhancements are coming to the Enrollment application in Availity this December. These updates are designed to make it easier for you to share accurate practice information, ensuring our provider directories and network records stay up-to-date.

What's New

- Practice Location Type: You can now indicate whether your practice location is virtual, in-person, or both.
- Appointment Scheduling Method: We'll now collect your preferred appointment scheduling method (email/phone/website) to help members connect with you more efficiently.
- Network Selections: You can select the states you choose to serve and your line(s) of business, helping us route your application to the appropriate teams for accurate processing.

Training and Support

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

Date: Thursday, December 18, 2025
Time: 3:00 PM | (UTC-05:00 PM) Eastern Time (U.S. and Canada)

Register Here:
https://attend.webex.com/weblink/register/r712f3b50d9f06c91f8ae0379a78065f3

This session will walk through the new data that we will capture via the Enrollment application.

Thank you for your continued partnership and commitment to providing quality care.

PROVIDER USER REGISTRATION UPDATE

Good news! Providers no longer need to fax in the ProviderConnect Online Services Account Request Form to request login credentials for ProviderConnect.

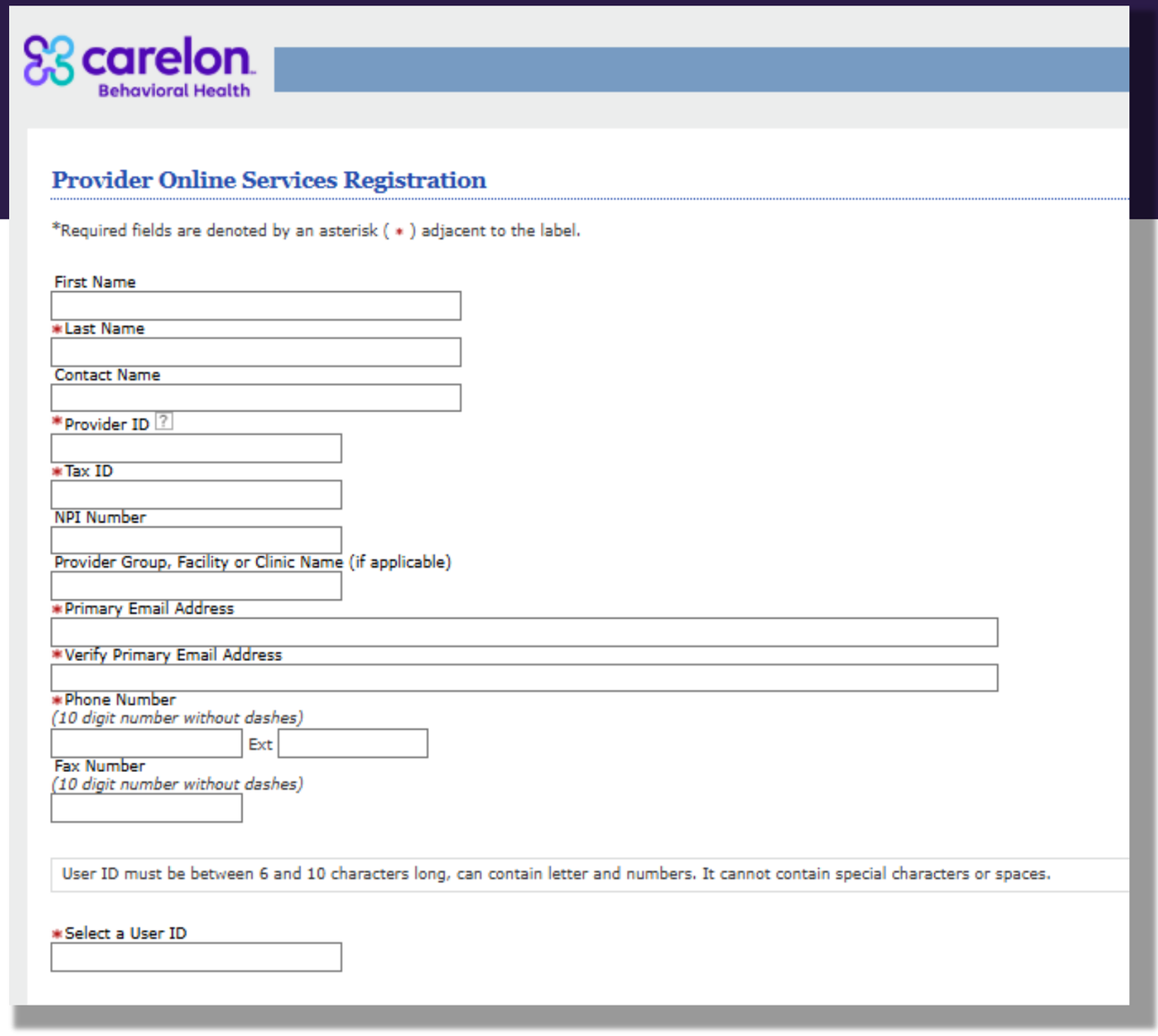
This form is currently used to:

- 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.

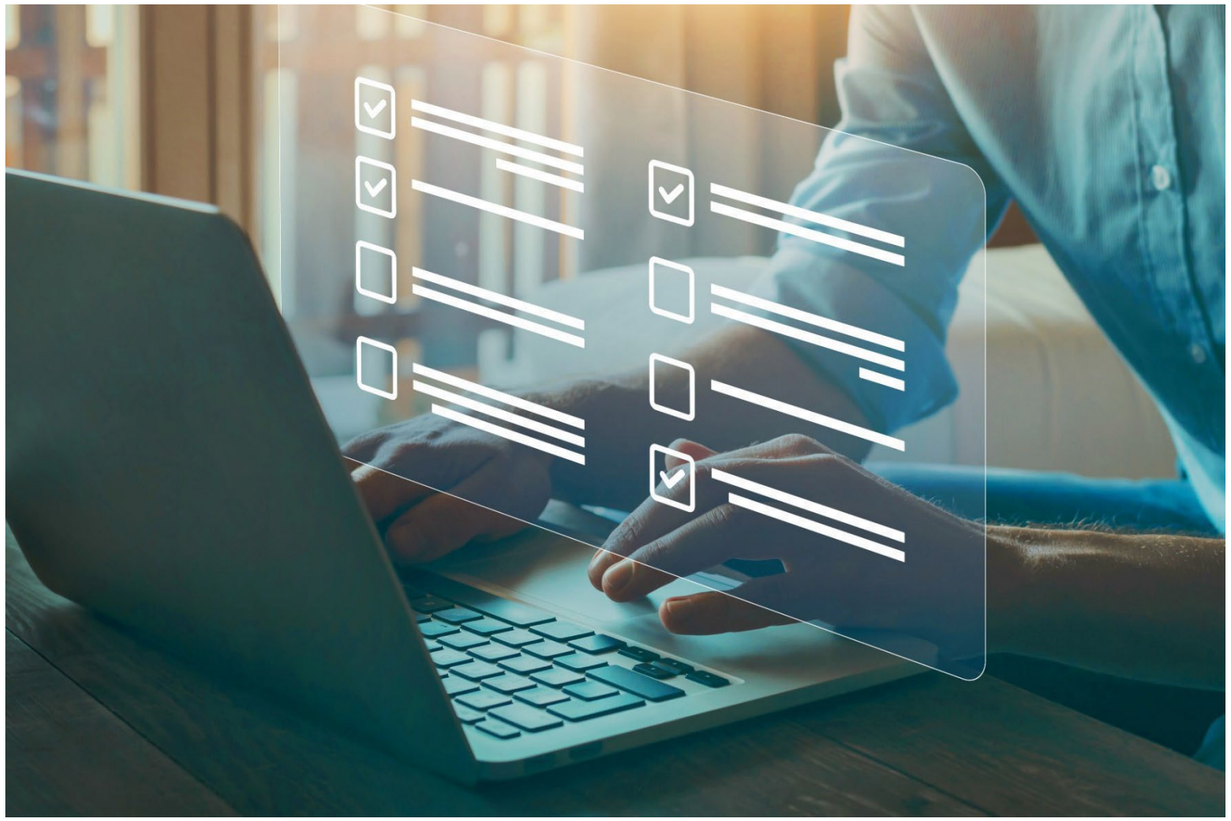
PLEASE NOTE: You may continue to fax all other EDI forms.



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.

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 physical accessibility, hearing accommodations available, languages spoken fluently by you and your staff, and your ability to work with translators. Additionally, provide any relevant details regarding culture, ethnicity and religion, as well as the telehealth services you offer. 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.



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

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. 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 (UM2 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 it if 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.

MANY TEMPORARY, NON-BEHAVIORAL MEDICARE TELEHEALTH FLEXIBILITIES EXPIRED OCTOBER 1, 2025

Many temporary, non-behavioral Medicare telehealth flexibilities expired October 1, 2025 when Congress did not pass a continuing resolution. Behavioral health (mental health [MH] and substance use disorder [SUD]), however, follows separate, largely permanent rules summarized below.

In Brief: The primary change for Carelon behavioral health (BH) providers and Medicare enrollees due to the COVID-era flexibilities expiring is the in-person visit requirement for MH telehealth visits.

- The Medicare in-person visit six months before initiating telehealth and annually thereafter applies to:
  - patients who are receiving only MH telehealth without a co-occurring SUD diagnosis, *AND*
  - who are accessing telehealth from their own home
- The Medicare in-person visit does not apply to:
  - Patients receiving telehealth treatment of a diagnosed SUD or co occurring MH disorder (there is a permanent rule that allows SUD or co-occurring MH telehealth in the home and without geographic restrictions).
  - Patients who access Medicare-covered MH and/or SUD telehealth services by going to an originating site such as a CMHC, FQHC, etc.

For further information, please visit Telehealth FAQ Calendar Year 2025 on the CMS website.

HELPFUL REMINDERS

Member Rights and Responsibilities

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.

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

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

MEDI-CAL MEMBERS

Carelon Medi-Cal providers are required to collaborate with Carelon to complete the Transition of Care (TOC) Tool form, facilitating the transfer of a member's care to the County Mental Health Plan (MHP) in cases where there is a change in acuity and level of care. The MHP is responsible for delivering higher-level care services, which include services related to substance use.

The TOC Tool form supports timely and coordinated care for members who are currently receiving mental health services from either the Managed Care Plan (MCP) or County MHP. This tool is used when completing a transition of services to the other delivery system or when adding a service from the other delivery system to their existing mental health treatment. The determination to transition services to and/or add services from the other mental health delivery system (i.e., MCP or MHP) must be made by a clinician via a patient-centered shared decision-making process.

State of California – Health and Human Services Agency — Department of Health Care Services

Transition of Care Tool for Medi-Cal Mental Health Services

REFERRING PLAN INFORMATION

☐ County Mental Health Plan ☐ Managed Care Plan

Submitting Plan:

Plan Contact Name: Title:

Phone: Email:

Address:

City: State: Zip:

BENEFICIARY INFORMATION

Beneficiary's Name: Date of Birth:

Beneficiary's Preferred Name:

☐ Beneficiary or Legal Representative is in Agreement with Referral or Transition of Care

Gender Identity:
☐ Male ☐ Female ☐ Transgender Male
☐ Transgender Female ☐ Non-Binary ☐

Pronouns:
☐ He/Him ☐ She/Her ☐ They/Them ☐

Address:

City: State: Zip:

Phone: Email:

Caregiver/Guardian: Phone:

Medi-Cal Number (CIN)/SSN:

To request TOC and/or add a non-duplicative service with the County MHP for a member, the treating Carelon provider contacts Carelon via the number on the back of the member's card or can send a completed Transition of Care Tool form to Carelon via fax at (562) 246-3655.

A Carelon licensed UM clinician will complete a review of the member's clinical information with the provider via phone to confirm if the member requires a transition or addition of a service with the County MHP delivery system. If a member requires a transition or addition of a service, the Carelon licensed UM clinician completes the TOC form based on the clinical information gathered during the review.

Carelon provider discusses the transition to the County MHP delivery system with the member and obtains appropriate consent for the transition. This includes the provider obtaining verbal consent from the member for Carelon to share their demographic and relevant clinical information with the County MHP. Carelon staff sends the TOC form to the County Mental Health Plan delivery system. Carelon's internal Case Management Team ensures the member receives an intake assessment appointment at the county delivery system and is connected with a county provider. The Carelon provider continues to treat the member until the transition to the County MHP is complete; Carelon's case management team will alert the Carelon provider once this occurs. Any coordination required between the County and Carelon providers is initially facilitated by the Carelon case management team.

EVIDENCE-BASED PRACTICES

As part of the new Florida Statewide Medicaid Managed Care (SMMC) contract, Carelon covers Evidence-Based Practice (EBP) programs. These programs are designed to strengthen family relationships, build resiliency in children and parents, and prevent child abuse and neglect. EBP services provide proven, prevention-focused support for children and families at imminent risk of entering foster care. A total of seven EBP programs are now included under this coverage.

If you currently provide EBP services, we encourage you to reach out to our Florida Provider Relations team to discuss adding these programs to your contract at provider.relations.FL@carelon.com.

Please include in the subject line "Evidence-Based Programs."

Name	Description
Brief Strategic Family Therapy	Family therapy aimed at forming a therapeutic alliance with the family to reduce problem behaviors in youth.
Family Functional Therapy	A program organized in multiple phases and focuses on developing a positive relationship between therapist/program and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to a broader context.
Healthy Families America	In home parenting skill development using an evidenced based curriculum.
Homebuilders – Intensive Family Preservation and Reunification Service	Intensive, in-home counseling, skill building and support services for families. Model uses safety plans, Motivational Interviewing, a variety of cognitive and behavioral strategies, and teaching methods intended to teach new skills and facilitate behavior change.
Motivational Interviewing	MI is a therapeutic technique not an intervention, or eliciting behavior change by helping clients to explore and resolve ambivalence.
Multi-Systemic Therapy	Ecological assessment, identification of drivers, crisis intervention/management and treatment sessions.
Parent Child Interaction Therapy	Parent coaching from an observation room, using a "bug-in-the-ear" system for coaching parents as they play with their child.

REGIONAL NEWS
Illinois

HUMANA FULLY INTEGRATED DUAL ELIGIBLE SPECIAL NEEDS PLAN

Carelon Behavioral Health is pleased to announce the collaboration with Humana on offering the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) for Illinois starting January 1, 2026. This plan is designed to provide comprehensive coverage by integrating both Medicaid and Medicare benefits for eligible individuals in Illinois. Through this partnership, members will continue to have access to a broad range a broad range of behavioral health services, including:

- Outpatient mental health care from qualified professionals under Illinois Medicaid or Medicare regulations
- Rehabilitation services, such as Integrated Assessment and Treatment Planning, crisis intervention, therapy, and case management, as recommended by a physician or a Licensed Practitioner of the Healing Arts
- Day treatment services
- Outpatient hospital services, including Clinic Option Type A and Type B services
- Medically necessary crisis intervention services
- Screening and treatment for substance use disorders

This initiative aims to enhance the quality and accessibility of behavioral health care for those dual-eligible residents of Illinois.

Should you have additional questions, please feel free to contact our National Provider Services Line at 800-397-1630, Monday thru Friday, 8 a.m. to 8 p.m. Eastern Time or our Illinois-dedicated Provider Relations Inbox: provider.relations.IL@carelon.com

REGIONAL NEWS
Pennsylvania [Medicaid]

TIPS FOR MENTAL HEALTH ADVANCED DIRECTIVES

Operationalizing mental health advanced directives (MHADs) involves workflows, staff education, crisis/discharge planning integration, record-keeping/renewal tracking and policy. Here are a few operational tips for those providers working mental health settings:

Intake Workflow	Staff Education	Crisis / hospitalization planning	Record-keeping and renewal	Communication and patient engagement	Policy development
• Integrate a routine question: “Do you have a mental health declaration or mental health power of attorney?” • If yes, ask for a copy and upload it to the patient’s record; note the agent’s name, contact information, effective date and when the directive expires or needs renewal. • If no, consider offering information or a form (particularly for high-risk or frequent crisis patients) with the patient (and their support persons) as part of planning.	• Train front-line staff (admissions, crisis, outpatient) on what an MHAD is and how to implement it (who can be an agent, what triggers implementation, what the provider obligations are).	• For individuals at risk of a mental health crisis, integrate review of the MHAD into crisis/discharge planning: does the directive exist? Does it contain preferences the team should know? Are copies available to hospital/residential providers? • Inpatient settings, check at admission whether an MHAD exists	• Note the expiration period; consider a policy to review and remind patients of renewal or revision ahead of expiry. • Encourage patients to keep copies	• Use the MHAD as part of a recovery-oriented planning discussion: “What do you prefer in the event you cannot make your decisions? What medications haven’t worked? What hospitals or treatments do you prefer or wish to avoid?” • Engage families/support persons so they understand the person’s choices.	• In your organization, include MHAD handling in policy: how to store/flag the document, how staff should check for it, how crisis/acuity triggers it, how the power of attorney is contacted. • Audit periodically: e.g., percentage of admissions with documented check for MHAD

REGIONAL NEWS
Pennsylvania [Medicaid]

NAVIGATING VICARIOUS TRAUMA: STRATEGIES FOR CLINICAL STAFF SUPPORTING MEMBERS THROUGH DIFFICULT TIMES

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

Working in a clinical setting often means bearing witness to members' most challenging and traumatic experiences. For clinical staff, providing support and empathy is integral to the healing process, but it also exposes them to vicarious trauma. Vicarious trauma, also known as secondary trauma, occurs when clinicians internalize the emotional distress of those they help, leading to potential negative effects on their own mental health and well-being. Understanding and navigating vicarious trauma is essential for maintaining the effectiveness and health of clinical staff.

Understanding Vicarious Trauma

Vicarious trauma is a transformation that occurs within the clinician because of empathetic engagement with trauma narratives. It can manifest as changes in perception, a sense of helplessness, hyper-vigilance, and emotional exhaustion. Over time, these effects can accumulate, impacting job performance, personal relationships, and overall life satisfaction.

Symptoms may include intrusive thoughts, avoidance behaviors, and reduced ability to feel empathy. Recognizing these signs early is crucial for clinical staff to address them and seek appropriate support and intervention.

Continues on the following page

Navigating Vicarious Trauma: Strategies for Clinical Staff Supporting Members Through Difficult Times *continued*

Building Resilience and Self-Care Practices

- Awareness and Education: The first step in navigating vicarious trauma is awareness. Clinical staff should be educated about its signs and symptoms. Regular training sessions and workshops can be invaluable in helping staff recognize and understand the early warning signs of vicarious trauma.
- Professional Supervision and Peer Support: Regular supervision provides a safe space for clinical staff to reflect on their work, express concerns, and receive guidance. Peer support groups also offer an opportunity to share experiences and coping strategies, reducing feelings of isolation.
- Developing Emotional Boundaries: Learning to set emotional boundaries is essential. Clinical staff should maintain a healthy professional distance while still offering empathetic care. Techniques such as mindfulness and grounding exercises can help maintain this balance, allowing clinicians to be present without becoming overwhelmed by their members' experiences.
- Self-Care Strategies: Implementing self-care routines is crucial in mitigating the effects of vicarious trauma. Regular physical activity, adequate rest, and hobbies that promote relaxation and creativity can help replenish emotional reserves. Mindfulness practices, such as meditation and yoga, can foster self-awareness and emotional regulation.
- Organizational Support: Organizations play a vital role in supporting staff. Creating a workplace culture that prioritizes mental health is essential. This can include offering flexible work schedules, promoting work-life balance, and providing access to mental health resources.

Ongoing Evaluation and Adaptation

Addressing vicarious trauma is not a one-time effort but requires ongoing evaluation and adaptation. Clinical staff should routinely assess their own mental health and the effectiveness of their coping strategies. Organizations should also regularly review their support systems to ensure they meet the evolving needs of their staff.

Conclusion

Vicarious trauma is an inherent risk in clinical work, but it can be effectively managed with awareness, resilience, and a supportive work environment. By prioritizing self-care, professional support, and organizational commitment, clinical staff can continue to provide compassionate and effective care while safeguarding their own mental health. In doing so, they not only enhance their personal well-being but also strengthen the overall quality of care provided to members, ultimately fostering a more healing and positive work environment.

Vicarious Trauma Resources

When researching evidence-based resources for vicarious trauma, it is important to look for materials produced by reputable organizations and experts in the field of psychology and mental health. Here are some valuable organizations that provide evidence-based information on vicarious trauma:

- American Psychological Association (APA): The APA offers a variety of articles, books, and research papers focusing on trauma, including vicarious trauma. The APA website contains resources for both professionals and the public.
- National Child Traumatic Stress Network (NCTSN): The NCTSN provides a comprehensive set of resources specifically geared toward understanding vicarious trauma and its impact on professionals working with traumatized children and families.
- Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA offers guides, toolkits, and training modules on trauma-informed care, which include sections on secondary and vicarious trauma.
- National Center for PTSD: While primarily focused on PTSD, this resource includes information on secondary traumatic stress, which is closely related to vicarious trauma. They offer educational materials and resources for clinicians.

SEPTEMBER WAS NATIONAL SUICIDE PREVENTION AND AWARENESS MONTH

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

Rural residents are at a higher risk for suicide than urban residents

Suicide rates almost doubled between 2000-2020 in rural areas

60% of rural Americans live in designated mental health provider shortage areas

1.6 million rural Americans reported having serious thoughts about suicide

Some factors that contribute to this include:

» A shortage of mental health providers in rural areas
  - Rural areas have 20% fewer primary care providers than urban areas
  - 65% of rural communities do not have a psychiatrist
  - 81% of rural communities do not have a psychiatric nurse practitioner

» Lower incomes and higher rates of those who are uninsured, making mental health care unaffordable

» People in rural areas may need to travel further to receive treatment. If they do not have reliable access to transportation or the time for making longer trips, this can be a barrier

» Due to the stigma around mental health conditions, people in small communities may be more concerned about remaining anonymous when seeking treatment

» Social isolation due to living farther away from neighbors and relatives

» Higher rates of substance use in rural communities compared to urban environments

» Easier access to firearms

» Unreliable internet connection for telehealth appointments
  - Rural residents are less likely than those in suburban areas to report having home broadband internet access, and roughly 3 in 10 rural Americans (28%) say they do not have a broadband internet connection at home

» Concerns like poor housing quality, unemployment and less access to higher education. Farmers and ranchers are especially vulnerable to financial hardship because of unpredictable weather and health threats to their crops and animals.

Additional Information and Resources

» Rural Suicide Prevention Toolkit
» The Rural Mental Health Crisis Webinar

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

Congratulations to Chestnut Ridge Counseling Services, Inc. on their new location in Lemont Furnace and a very successful ribbon cutting ceremony. A gorgeous charcuterie board was shared in celebration along with a lot of smiles.

HELP US HELP OUR MEMBERS: POST “TIPS FOR MAKING YOUR MANAGED CARE COMPANY WORK FOR YOU”

We all share the same goal, helping members get the care and support they need to live healthier, fuller lives. To make it easier for members to understand and use their managed care benefits, we’ve created a simple, easy-to-read flyer: “Tips for Making Your Managed Care Company Work for You.”

This flyer includes practical information to help members:

- Learn about their covered services and rights.
- Contact their care management company quickly when they have questions.
- Understand the difference between a complaint and a grievance.
- Share feedback through a satisfaction survey, so we can continue to improve.

How You Can Help

We’re asking provider offices to post this flyer in waiting areas or member resource spaces where it will be easy for individuals and families to see. By doing so, you’re helping members better navigate their care and feel more confident using their benefits. Together, we can make sure every member gets the information and support they deserve.