



Multi-State, National and/or Large Provider Group Intake Checklist

Introduction

This form is used to capture critical information regarding large, multi-state Provider Groups that request to either join the Carelon Provider Network or to move to a national agreement/relationship. The data collected on this form is used to evaluate your value proposition to our members.

Ideally provider partner programs address key Carelon priorities such as filling Network gaps, expanding access, and fulfilling identified Member/Client needs, and enhancing our members experience.

The information collected on this form does not replace a presentation by the Provider Group.

Process

Please provide supporting documentation to help us understand your program and service delivery model(s). The information you provide will be presented to our Steering Committee, which meets monthly, to determine next steps and our path forward.

Email your completed application and associated documents to NationalContracting@carelon.com



General Intake Form

Entity Name:

Identification Number(s):

Tax Identification Number:

National Provider Identifier (Organization):

Group Point of Contact(s):

Website:

Are you in network with Carelon Behavioral Health for any services? Yes No

If so, what services and in which states?

Are you in-network with Elevance for any services? Yes No

If so, what services and in which states?

How many providers are in your group?

How many prescribers?

What populations do you currently serve: Commercial/Exchange Medicare

Medicaid EAP

What ages do you treat: Children (6-12) Adolescent (13-17) Adult (18-64) Senior (65+)

Any special populations served: (such as eating disorders, ABA, SUD, etc.)?

Member Experience:

How are services rendered? (identify all that apply) In-person Virtually Chat/Text

Do you provide a member website with articles, self-paced skill development, or other services? If so, please describe.

Do you have any self-scheduling appointment tools?

How quickly do new patients start treatment?

Payer Collaboration Experience

What differentiates you in the market?



SUD-Specific Questions

Please complete this section only if you provide SUD care.

Which ASAM levels of care for SUD/ODU is your group equipped to provide?

- Level 4 – Medically Managed Inpatient Services
- Level 3 – Withdrawal Management Residential / Inpatient Services
- Level 2 – Intensive Outpatient / Partial Hospitalization Services
- Level 3 - Outpatient Services (incl. Ambulatory Withdrawal Management / MAT)
- Emergency Department

What form(s) of Medication Assisted Treatment do you provide?

If you do not offer all 3 FDA-approved forms of MAT, describe your process to identify referral needs and coordinate care with other MAT providers as needed.

What arrangement do you have in place for dispensing MAT to patients?

How do you coordinate care to support your patients in maintaining MAT adherence across transitions between care settings?

Supplemental Document Checklist

- Provide a full roster of providers with NPIs, Licensure, and States where licensed to practice
 - Provide a roadmap of planned expansion in the next or year or two
- Provide a de-identified report of patient treatment outcomes / metrics