



Third Quarter 2025

Carelon Behavioral Health Provider Newsletter

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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 Caredon 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 Caredon 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. ET.



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](#).
- Take this opportunity to review and optimize your current roster management practices in anticipation of the new process.

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, ensuring seamless integration and processing. This is part of our broader effort to improve the provider experience, reduce administrative burdens, and ensure the data in our systems reflect your network accurately and efficiently.

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 is transitioning its payment processing from Payspan to Zelis before the end of this year. 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 fee to you, 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).

Please note 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

User Name

Password

Password

Login

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

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.



Provider Online Services Registration

*Required fields are denoted by an asterisk (*) adjacent to the label.

First Name

*Last Name

Contact Name

*Provider ID ?

*Tax ID

NPI Number

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address

*Verify Primary Email Address

*Phone Number
(10 digit number without dashes)

Ext

Fax Number
(10 digit number without dashes)

User ID must be between 6 and 10 characters long, can contain letter and numbers. It cannot contain special characters or spaces.

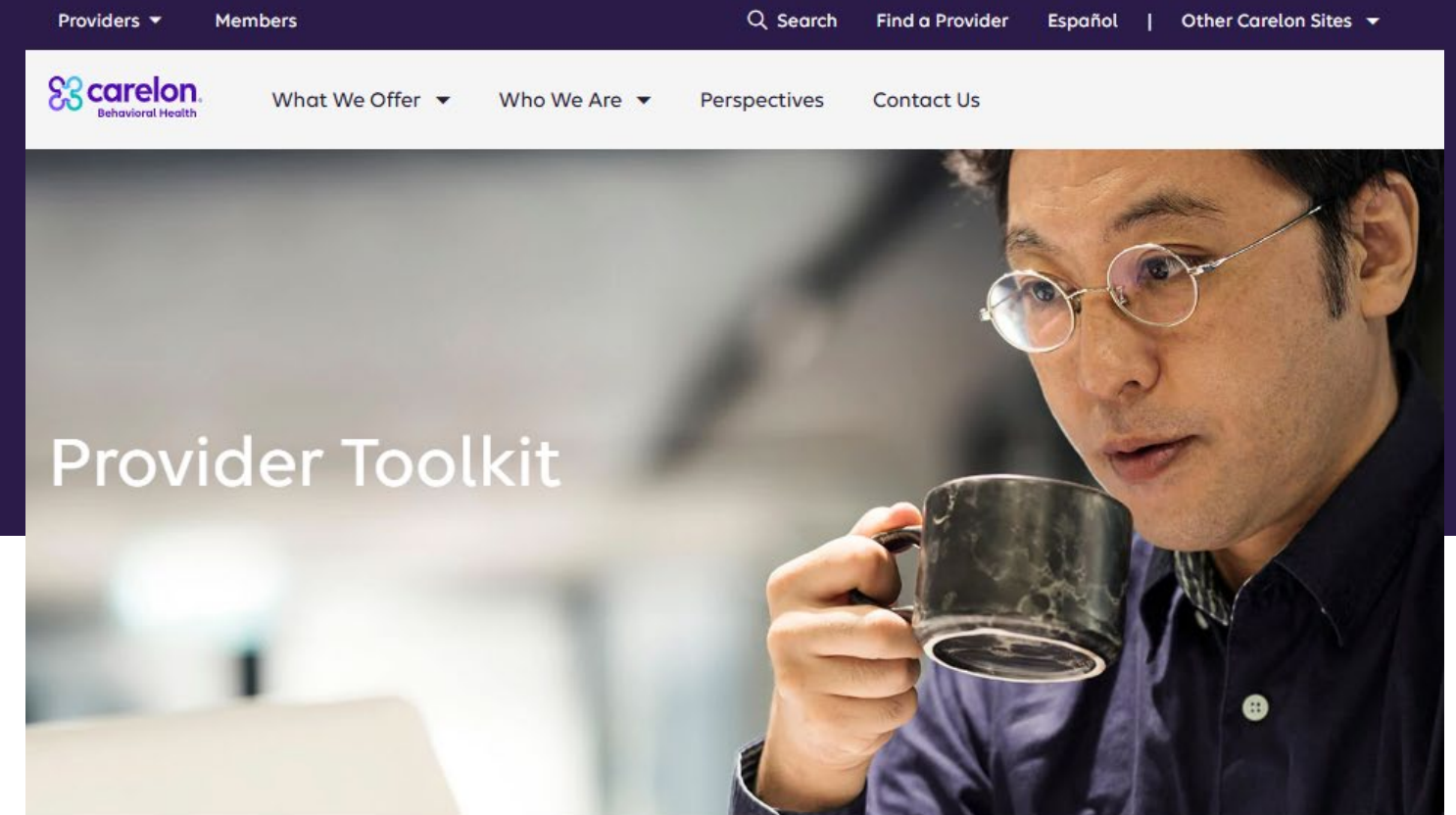
*Select a User ID

THE PROVIDER TOOLKIT

The Provider Toolkit is intended to support primary care clinicians by providing a quick guide to behavioral health references. The toolkit is also a great resource for behavioral health providers and our health plan partners. The toolkit is useful for managing populations with co-occurring disorders. The toolkit promotes an integrated healthcare approach encouraging whole person health by offering provider resources they can use with the members they serve.

The toolkit includes resources for the management of attention-deficit/hyperactivity disorder, alcohol and substance use disorders, anxiety disorders, autism spectrum disorder, mood disorders (depression and bipolar disorder), eating disorders (including binge-eating disorder), obsessive-compulsive disorder, post-traumatic stress disorder, and schizophrenia disorder. The toolkit also includes information as it pertains to coordination of care, COVID-19, behavioral health medications, and social determinants of health, judicious use of benzodiazepines, somatic symptom disorder, and Project TEACH. All sections include resources that the provider can use with the member including screening tools.

[Click here to access the Provider Toolkit](#)



The tools you need when your patients need behavioral healthcare

You're often the first point of contact for patients with a behavioral health condition. This toolkit will help you with identification, information, and treatment steps.

For additional clinical resources, visit our [Clinical practice guidelines](#) page.

Explore the toolkit's topics

Click on a topic for quick access.

- [Alcohol and substance use disorder \(SUD\)](#)
- [Anxiety disorders](#)
- [Attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [Autism spectrum disorder \(ASD\)](#)
- [Coordination of care](#)
- [COVID-19 lingering impact](#)
- [Eating disorders](#)
- [Judicious use of benzodiazepines](#)
- [Medication](#)
- [Mood disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Project TEACH](#)
- [Schizophrenia](#)
- [Social drivers of health \(SDoH\)](#)
- [Somatic symptom disorder \(SSD\)](#)

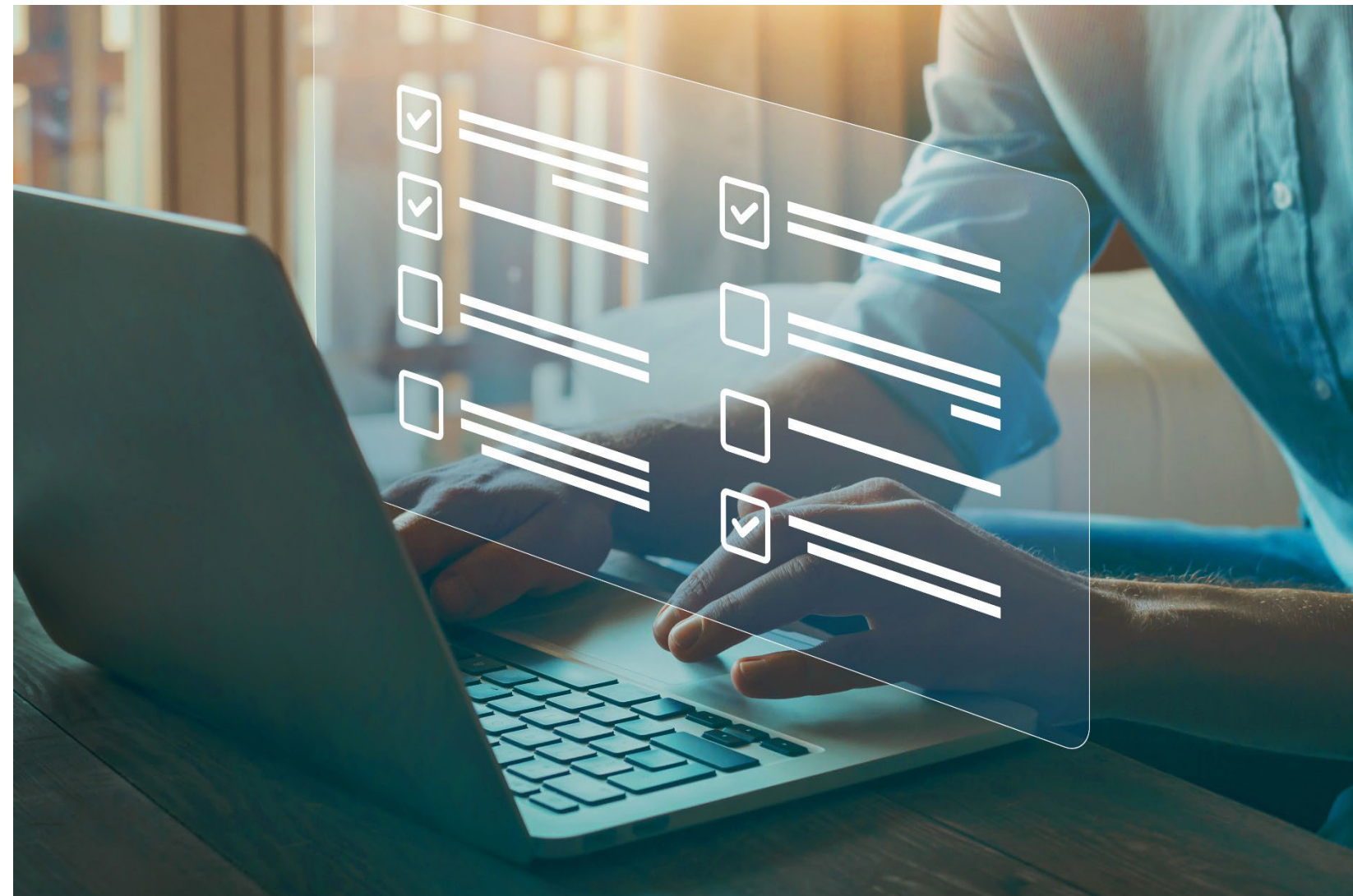
KEEP YOUR CARELON DIRECTORY DATA ACCURATE

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

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

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

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



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 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.

MEDICARE FRAUD SCHEME INVOLVING PHISHING REQUESTS VIA FAX AND OTHER MEANS

The Centers for Medicare & Medicaid Services (CMS) has identified a fraud scheme targeting Medicare providers and suppliers. Scammers are impersonating CMS and sending phishing requests for medical records or payment of alleged Medicare debts, often via fax or email, falsely claiming to be part of a Medicare audit or debt collection efforts.

Important: CMS generally doesn't initiate audits via fax or email unless a provider requests it, and Medicare overpayment collections are handled through an established process through the Medicare Administrative Contractors (MACs). Protect your information. If you receive a suspicious request, don't respond. If you think you got a fraudulent or questionable request, work with your [Medical Review Contractor](#) to confirm if a medical records request is real or your [MAC](#) for overpayment collections.



HELPFUL REMINDERS

Member Rights and Responsibilities

Carelon Behavioral Health’s Member Rights and Responsibilities Statements are available in [English](#) and [Spanish](#) for download from our website.

Providers and practitioners are encouraged to ensure your practice supports the Rights and Responsibilities of our Members.

[Learn more](#)

Reminders Regarding Carelon’s Ethical Approach to Utilization Management Decisions

Licensed behavioral health care professionals work cooperatively with practitioners and provider agencies to ensure member needs are met. Utilization management decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

Carelon Behavioral Health does not provide rewards to any of the individuals involved in conducting utilization review for issuing denials of coverage or service. There are no financial incentives to encourage adherence to utilization targets and discourage under-utilization. Financial incentives based on the number of adverse determination or denials of payment made by any individual involved in utilization management decision making are prohibited.

Appointment Access Reminder

Carelon Behavioral Health strives to provide members with accurate, current Provider Directory information. Participating providers are expected to maintain established office hours and appointment access. Carelon Behavioral Health’s provider contract requires that the hours of operation of all network providers be convenient to the members served and not discriminatory. Participating providers are required to maintain the following access standards:

If a member has a:	They must be seen:
Life-threatening emergency	Immediately
Non-life threatening emergency	Within 6 hours
Urgent needs	Within 48 hours
Routine office visit	Within 10 business days
Routine Follow-up office visit (non-prescriber)	Within 30 business days of initial visit
Routine Follow-up office visit (prescriber)	Within 90 business days of initial visit

The table above reflects the access standards that are the minimum standards for Appointment Accessibility for all states. Some state or market specific requirements may be stricter.

As a reminder, if at any time your practice is not able to meet the appointment access requirements, please update your Provider Directory information:

- Practitioners: Visit [CAQH](#), update, and attest
- Provider Groups and Facilities: Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630

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

TAKE THE SURVEY ON TIMELY ACCESS

Each year, health plans in California conduct Provider Appointment Surveys to assess our network’s ability to provide care within timely access standards. The survey is administered to specific randomly selected network providers. The PAAS Survey assists in evaluating whether members can obtain care provider appointments within timeframes mandated by the Department of Managed Health Care (DMHC) and California Department of Insurance. (CDI).

Some providers will receive a survey by email. If there is no response within five business days, providers will receive a survey call. Carelon requires your participation in PAAS to meet regulatory requirements. Repeated non-responses by your group will result in corrective action by Carelon. You may receive survey requests from multiple health plans.

Telehealth appointments demonstrate the means to provide timely access and should be included in your responses.

Timely access standards monitored through the PAAS include:

Urgent Care Appointments	Wait Times
Services that do not require prior authorization (PA)	48 hours
Specialty services that require PA	96 hours
Non-Urgent Care Appointments	Wait Times
Non-Physician Mental Health Providers	10 business days
Follow-Up Care Appointments	Wait Times
Mental Health/Substance Use Disorder	10 business days



Why is this important?

Providers are required by law to share their appointment availability annually with every Health Plan that sends a survey. Carelon must ensure that its network of providers can offer members an appointment within a specific number of days or hours. This means that there are limits on how long members can wait to receive health care appointments and telephone advice.

CALIFORNIA MEDI-CAL EXPANDED COVERAGE

Specific to **Medi-Cal** Plans in California, the Department of Health Care Services (DHCS) has expanded coverage for Transcranial Magnetic Stimulation (TMS), effective April 2024. When conducting prior authorization, **Carelon Behavioral Health of California, Inc.** and **Carelon Health IPA (CHIPA)** will use Change Healthcare's InterQual® Behavioral Health Criteria when reviewing requests for TMS services.

For more information, please refer to the March 2025 DHCS [Non-Specialty Mental Health Services: Psychiatric and Psychological Services Manual](#).

Medical necessity criteria and forms are available on your health plan's website.

- [Carelon Behavioral Health of California](#)
- [Carelon Health IPA \(CHIPA\)](#)



KAISER NORTHERN CALIFORNIA HELPFUL REMINDERS

Psychotherapy Codes and Billing Reminders

- CPT Codes 90832-90838 represent psychotherapy.
- Psychotherapy without medical evaluation and management services are reported as 90832, 90834 and 90837.
- Psychotherapy with medical evaluation and management services are reported with codes for E/M services plus a psychotherapy add-on code (90833; 90836; 90838).
- For psychotherapy sessions lasting longer than 90 minutes, reimbursement will only be made if the report is supported by the medical record documenting the face-to-face time spent with the patient and the medical necessity for the extended time. In general, you should select the code that most closely matches the actual time you spent.
 - 90832: 16 to 37 minutes
 - 90834: 38 to 52 minutes
 - 90837: 53 minutes or longer

For example, CPT code 90837 requires a minimum of 53 documented minutes of face-to-face time. Otherwise, 90834 would be the appropriate code to use.

Non-Detriment Statement

SB 221 requires HMOs and health insurers to provide follow-up mental health and substance use disorder therapy appointments within 10 business days, unless the treating therapist determines that a longer wait would not be detrimental. In this case, a non-detriment statement should be clearly documented within the member's health record.

A non-detriment statement must clearly document the waiting time will not have a detrimental impact on the health of the insured per SB 221. Treatment plans or plans of service can include a timeframe covering the expected duration of treatment from start to termination but must include the documented return timeframe.

Submitting Claims to Caredon

Providers should submit claims directly to Caredon for any Kaiser member referred to Caredon for outpatient therapy or medication management services. Kaiser members referred to Caredon should never be billed to Kaiser.

NURTURING FUTURES: SUPPORTING SUBSTANCE USE RECOVERY DURING PREGNANCY & BEYOND

The Connecticut Behavioral Health Partnership (CT BHP) is proud to sponsor a virtual forum that explores the impact of substance use disorders during pregnancy and the postpartum period. Join leading experts to:

- Learn the difference between substance use and substance use disorders experienced by perinatal individuals
- Explore best practices to support perinatal individuals to ensure continuity of care
- Understand the stigma and discrimination associated with perinatal substance use, including the impact on
- Mental health, recovery and maternal and infant outcomes
- Learn about the role of peer support and its value in promoting recovery and emotional well-being during
- Pregnancy and postpartum
- Identify key local and national resources that offer support to perinatal individuals dealing with substance use

Click [here](#) to learn more!



Tuesday, September 23, 2025

1:00 - 3:00 p.m. EST

[Click here to register](#)

SUBSTANCE USE DISORDER PROVIDERS: YOUR HELP IS NEEDED

As part of our ongoing quality improvement efforts to continually assess and improve the care and service our members receive from our network providers, we at Caredon feel that it is important to periodically gather feedback from our members. We have contracted with an external survey vendor to assist us with this process. Because of the confidential nature of member related information, our vendor (Press Ganey) is not able to call/contact our members who have or are receiving services related to their substance use.

We will be reaching out to high-volume SUD Providers in hopes of obtaining your assistance. We will be sending some written surveys along with explanatory cover letters for our members along with self-addressed stamped envelopes to assist them in returning the surveys to us. If you receive the surveys, if you would be so kind and distribute them to any Caredon Health of Pennsylvania members who visit your practice and who are currently receiving treatment or have received treatment in 2025, we would greatly appreciate it.



CELEBRATING THE CULTURE OF ACHIEVING TRUE SELF: A SWEET CARELON HEALTH OF PENNSYLVANIA PROVIDER

We are thrilled to celebrate Achieving True Self (ATS) and spotlight SpectroDolce, a new venture by ATS that's redefining what inclusive employment looks like, one treat at a time. SpectroDolce was created to tackle a staggering reality: over 85% of autistic adults remain unemployed. In response, this groundbreaking social enterprise is equipping neurodiverse individuals with real-world job experience, professional coaching, and a pathway to fulfilling, self-chosen careers. SpectroDolce isn't just a workplace, it's a launchpad. Associates earn \$10/hour while participating in a robust, individualized training program, preparing them for employment through the Autism Employment Network or beyond. It's not about placing people in any job; it's about empowering them to build meaningful futures. SpectroDolce funds its vision through sales of delicious, handcrafted confections, including shakes, fudge, ice cream, and custom chocolates. Every purchase directly supports wages and training for autistic adults.

SpectroDolce is more than a sweets shop, it's a social impact engine, proving that inclusive business can uplift individuals and enrich communities. This is what it looks like when business is built on purpose, and everyone gets a seat at the table. Check out their sweet treats at their locations in the Monroeville Mall and the Achieving True Self Center in Irwin, PA, we did!

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



TRANSFORMING BEHAVIORAL HEALTHCARE: STRIVING FOR ZERO SUICIDE

Suicide prevention remains a critical challenge in behavioral health, and the Office of Mental Health and Substance Abuse Services (OMHSAS) has prioritized improving it as a statewide initiative for 2026-2028. Achieving the goal of Zero Suicide hinges on prioritizing patient safety and fostering partnerships among healthcare providers and community allies. Together, we can create an effective safety net through screening, assessment, and evidence-based care for those at risk.

We at Carelon Health of Pennsylvania are eager to understand the current suicide prevention activities within your community or county. Your participation in a brief online survey will provide essential insights into the existing capabilities and highlight areas for growth. This information will be crucial in identifying strengths and addressing potential gaps as we work together to enhance our approach to suicide prevention.

Your input is vital to this effort. By taking just 10 minutes to complete this confidential survey, you will help guide our collective mission towards Zero Suicide. The aggregated findings will be shared at a meeting this summer, informing our collaborative efforts to transform behavioral healthcare. Thank you for your commitment to this important cause. Please click below to complete the survey and join us on this transformative journey.

[Click here to complete the survey](#)



INTRODUCING CARELON'S COMMUNITY OUTREACH AND MEMBER ENGAGEMENT TEAM (COMET)!

Our PEO team has a new name! Our small team has re-branded to become the Community Outreach and Member Engagement Team (COMET). New name--same mission: helping to educate Carelon members about their benefits and available treatment while also supporting the Carelon community with outreach and wellness initiatives.

They have a new team email that you can send requests for COMET outreach/attendance/assistance: CommunityOutreachPA@carelon.com



SOUTHWEST REGIONAL MEMBER RECOVERY FORUMS

Carelon Health of Pennsylvania would like to thank our members, our Primary Contractors, county partners and agencies, and our provider network for joining together for our 2025 Annual Southwest Regional Member Recovery forums! We welcomed over 400 individuals between both forums and each day was an opportunity to celebrate recovery, encourage fellowship and support and award Carelon members who are examples of leadership and strength. Below are some highlights of the forums, along with comments from attendees.

We want to especially thank **Stop the Judgement Project co-founder Sherry Jo Matt** for her emotional and powerful presentation. Sharing her daughter's struggle with mental health and substance use issues is testimony that there is work yet to do to ensure all have access to treatment and support throughout their recovery.

“Carelon is a leader in mental health recovery and these events are proof.”

“This was a wonderful event. It is about time people with mental health and or SUD receive the recognition they deserve. Thanks to Carelon.”



Southwest Regional Member Recovery Forums *continued*

Attendees were invited to start **Hope boxes**. They were given empty white boxes to fill with items that can remind and inspire them in times of trouble or discomfort. Carelon provided the boxes and a few examples of items like picture frames, seashells and affirmation stickers to get the attendees started. Each forum concluded with inspiring talent and music of **Band Together Pittsburgh**. The foundation provides instruments, support and safe space for individuals on the autism spectrum to explore their musical capabilities and share their music with the community. We are so grateful that they shared their musical gifts with us!

Our Community Engagement team reviewed all evaluations submitted by attendees. Any critiques will be reviewed with our Forum Planning Committee to influence future forums. Over 95% of attendees would recommend the forum to others.



“I’ve never really been nominated for anything. This day was the highlight of my recovery life. Thanks for everything and the encouragement.”

“Wonderful experience! Great representation of both substance use and mental health disorders. Kudos to Carelon for inviting vendors that are “pro-harm reduction.” Great resources provided to ALL populations. Very inclusive.”