carelon

Third Quarter 2026

Carelon Behavioral Health Provider Newsletter

Contents

CAQH SERVICE LINE ADDRESSES:
WHY REMOVING ALL ADDRESSES MAY BE SEEN AS TERMINATION

Carelon Behavioral Health relies on CAQH to keep your provider record updated. If you remove all Service Line addresses in CAQH, Carelon Behavioral Health interprets this as a termination of your practice locations.

CAQH
Provider Data Source

Carelon Behavioral Health sees removal of all Service Line addresses in CAQH as a TERMINATION

WHAT HAPPENS WHEN ALL ADDRESSES ARE REMOVED?

When the last Service Line address is removed in CAQH, Carelon may take action to terminate your locations, which may impact:

- Panel/Network status
- Claims and payments
- Contracting and credentialing

WHAT SHOULD YOU DO?

- **Keep at least one active Service Line address in CAQH -** *Update or add addresses as needed, but do not remove all locations.*
- **If closing or relocating**, contact Carelon Provider Services before making changes.
- **If you are looking to be a virtual only provider**, contact your provider relations representative to determine how this update can be supported.
- **For questions related to Carelon**, please contact the Provider Service Line at **800-397-1630**
- **For assistance with CAQH functionality**, call **888-599-1771**

HOW TO CHECK YOUR SERVICE LINE ADDRESSES IN CAQH

1. Log in to CAQH ProView and select Provider Data Management
2. Select your provider record
3. Go to the Practice Location (Service Locations) section.
4. Review your Service Locations. If you remove all locations (no rows displayed), Carelon Behavioral Health will see this as a termination.

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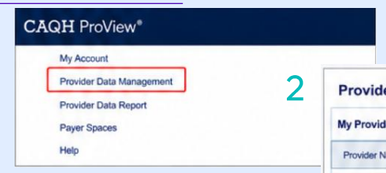

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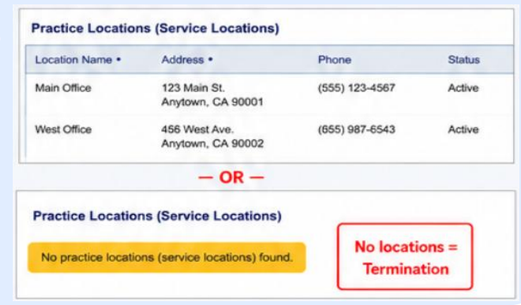


ADDING NEW SERVICE LOCATIONS IN ANOTHER STATE AND/OR NEW TAX ID?
Providers who add a new service location under either a new service state and/or new Tax ID **must update CAQH AND update Carelon directly**.

KEY TAKEAWAY:
Always keep at least one active Service Line address in CAQH. Removing all addresses may result in termination of your record with Carelon

AVAILITY ESSENTIALS – *YOUR PROVIDER DIGITAL FRONT DOOR*

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

Several enhancements have been added to Availity, including:

- **Single Sign-On:** Gain easy access to Carelon portals directly through Availity.
- **Authorization Management Dashboard:** Effortlessly search for and request authorizations.
- **Claims Dashboard:** Quickly search for and review detailed claim information.
- **Message Center:** Manage all your web correspondence with us conveniently in one place.
- **Enrollment**: 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 800-282-4548. Assistance is available Monday through Friday 8 a.m. – 8 p.m. Eastern Time.

ENHANCEMENTS FOR GROUP PRACTICES SUBMITTING NEW PROVIDER APPLICATIONS IN AVAILITY

Expanded Data Fields for Group Submissions

To support more complete and accurate provider information, several new fields have been added to the application. These updates help ensure new providers added under your group are set up efficiently and accurately.

Practice Details

- Office Hours (including daily schedules and after-hours availability)
- Holiday Appointment Scheduling Availability

Patient Population

- Age Limitations
- Population Treated (age categories and percentage of practice)
- Gender Identity Treated
- Racial/Cultural Populations Served

Accessibility & Language Services

- Non-English languages spoken by office staff
- Translation services availability
- Interpreter experience and availability

For more information, register for our upcoming trainings:

Availity Provider Enrollment Training

- Thursday, September 17, 2026 2:00 p.m. Eastern time (ET)
- Tuesday, September 29, 2026 11:00 a.m. Eastern time (ET)

Availity Provider Portal Enhancements Training:

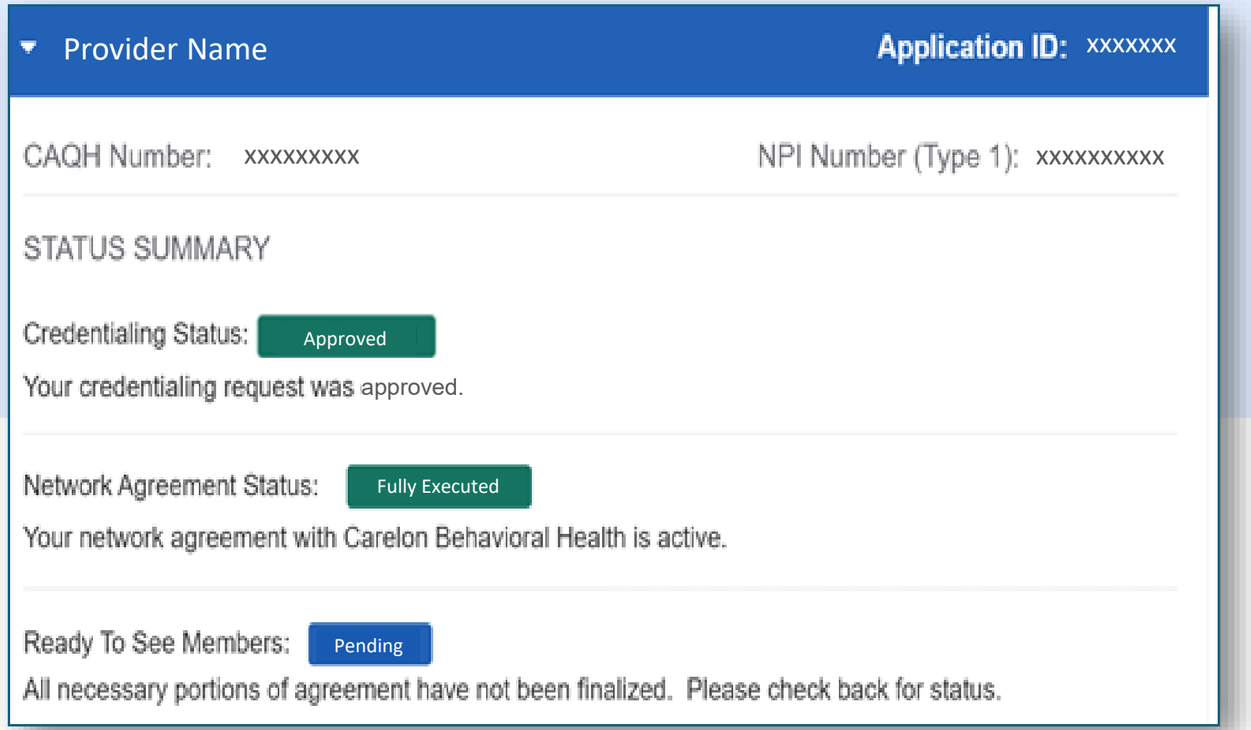
- Thursday, September 17, 2026 11:00 a.m. Eastern time (ET)

New Provider Status Field Available: "Ready to See Members"

Providers Joining your Group, will now show a status indicating the status of their system setup.

Status will indicate one of the following:

- **Complete**: The provider has been fully credentialed and has a fully executed provider agreement.
- **Pending**: Some required setup steps are still in progress. Please check back for status.



REMINDER: PAYMENTS TRANSITIONING TO THE ZELIS PLATFORM

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

As part of the upcoming transition to the Zelis payment platform, Carelon Behavioral Health encourages providers who are not yet enrolled with Zelis to take action now to ensure continued access to electronic claim payment data and remittances.

This transition will provide a more streamlined experience, including faster, more secure access to payment information and remittance details. Providers can prepare now by enrolling in the Zelis ePayment Center before the transition is completed.

What you need to know

If you're not currently enrolled with Zelis:

To continue receiving claims payment data and remittances electronically at no cost, register through carelon.epayment.center or call **855-774-4392** for assistance.

If you're already enrolled with Zelis:

No action is required at this time. You will continue receiving payments as usual and can access payment data and remittances through the Zelis Provider Portal.

How to Enroll in the ePayment Center

1. Visit carelon.epayment.center and select Register.
2. Follow the instructions to obtain a registration code.
3. Use the registration link sent to you to complete your account setup.
4. Log in and enter your bank account information.
5. Review and accept the ACH Agreement, then select **Submit**.
6. Your bank account will be validated before electronic funds transfers begin. Validation may take up to six business days.

Providers will continue to have access to historical payment data through payspanhealth.com.

Zelis will continue to communicate directly with providers and share additional information and guidance as the transition approaches.

READY TO IMPROVE HEDIS PERFORMANCE? JOIN THE 2026 HEDIS ROADSHOW TRAINING SERIES

Looking for practical strategies to strengthen quality outcomes and support your HEDIS goals? Carelon Behavioral Health's 2026 HEDIS Roadshow Training Series offers a unique opportunity to learn directly from quality experts through a live virtual education program designed specifically for behavioral health providers and care teams.

Held virtually from September 2026 through January 2027, this interactive series will cover priority behavioral health HEDIS measures and provide actionable guidance on follow-up care, treatment engagement, screening, documentation, and care coordination.

Each session includes measure-specific education, practical tools, and real-world strategies that can be incorporated into everyday workflows.

Why Attend?

- » **Increase confidence with priority HEDIS measures** through clear, focused education.
- » **Strengthen follow-up and engagement practices** that support quality outcomes for members.
- » **Access practical resources** for clinical, quality, discharge planning, and administrative workflows.
- » **Ask questions and share feedback** to inform future provider education and quality improvement support.

Scan to reserve your spot or click the button below:

Click here to register

SIX LIVE INTERACTIVE SESSIONS

September 2026 – January 2027

1. **FUH** — Follow-Up After Hospitalization for Mental Illness — **SEPT 22 2026**
2. **FUI** — Follow-Up After High-Intensity SUD Services — **OCT 6 2026**
3. **IET** — Initiation & Engagement of Substance Use Disorder Treatment — **OCT 27 2026**
4. **FUA** — Follow-Up After ED Visit for Substance Use — **NOV 17 2026**
5. **FUM** — Follow-Up After ED Visit for Mental Illness — **DEC 8 2026**
6. **DSF** — Depression Screening & Follow-Up — **JAN 13 2027**

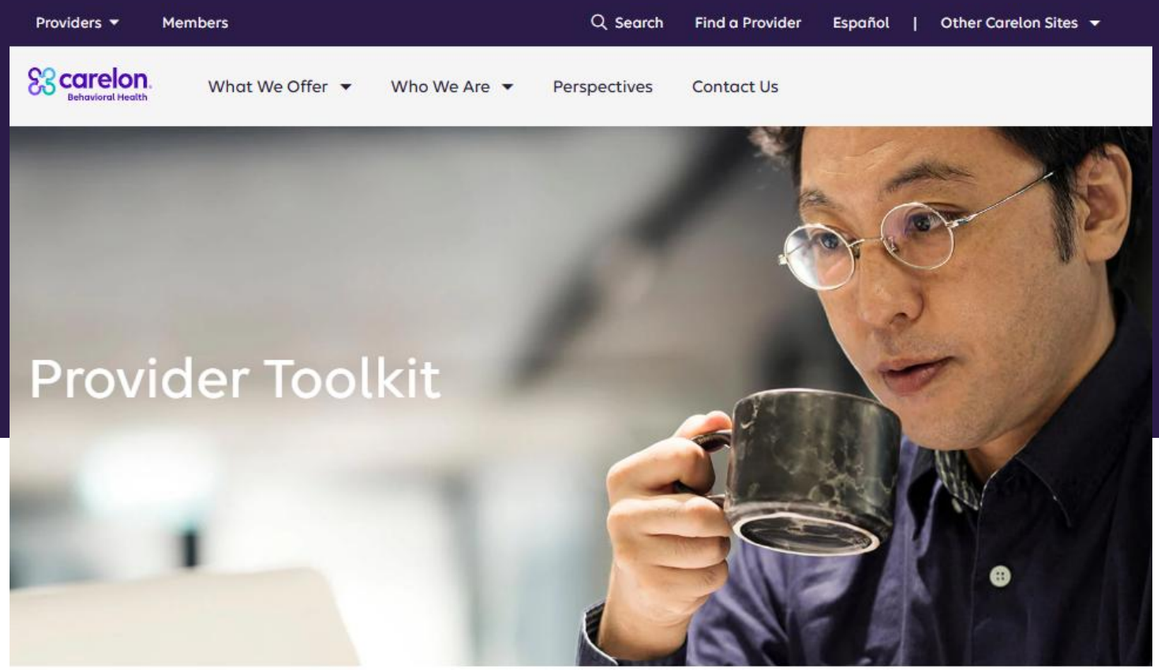
All sessions: 12:00 – 1:00 PM ET

THE PROVIDER TOOLKIT

The Provider Toolkit is intended to support primary care, behavioral health clinicians and our health plan partners by providing a quick guide to behavioral health references. 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, among others. The toolkit also includes information as it pertains to coordination of care, COVID-19, behavioral health medications, 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)

ENHANCE YOUR CONNECTIVITY WITH CARELON: KEEP YOUR PROVIDER DATA CURRENT

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

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

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

Continues on the following page

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

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

Compliance and Auditing: Supporting Accuracy and Access

See what members see. We encourage you to regularly review your directory data under your credentialed plans at Carelon's provider directory.
Our directory is not only a vital referral resource for members—it also supports the accuracy audits required by states, federal entities, clients, and accreditation bodies.

What to expect:

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

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

Streamlining the Update Process

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

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

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

MEDICAL NECESSITY CRITERIA

Medical Necessity Criteria Available Online

Carelon Behavioral Health's clinical criteria, also known as medical necessity criteria, are based on nationally recognized resources and updated at least annually.

The National Committee for Quality Assurance (NCQA) accreditation standards (UM2A Factor 4: Practitioner Involvement) requires accredited health plans to seek annual non-staff network practitioner feedback on the development, adoption and review of clinical criteria used to make utilization management decisions.

"Non-staff network practitioners must also be involved in developing, adopting and reviewing criteria, because they are subject to application of the criteria. The organization may have practitioners review criteria 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.

HELPFUL REMINDERS

Member Rights and Responsibilities

Carelon Behavioral Health's Member Rights and Responsibilities Statements are available in English, Spanish and additional languages upon request, accessible to both you and our members for download from our website.

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

Learn more

Reminders Regarding Carelon's Ethical Approach to Utilization Management Decisions

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

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

Appointment Access Reminder

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

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

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

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

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

EMAILING THE CARELON PROVIDER RELATIONS TEAM

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

» **Subject Line:** Practice State (fully written out no, abbreviations) - County - Issue (Claims, Demographics, Contracting, etc.)

» **Body of Email:** please include the NPI (Solo and/or Group) as well as the billing TIN pertaining to your inquiry.

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

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

You can find additional provider-specific contact information and resources here.

CONTACT US

Claims general questions

If you have general questions about claims, call 800-888-3944. For questions regarding claims submission addresses, please reference the member's identification card, as the address may vary based on payment location.

For claims questions related to Anthem members, please refer to Anthem's claim process.

Claims payment disputes

To file an appeal based upon the denial of a payment request, please use the Provider Claims Based Dispute Resolution Request form and mail to the address given in the PSV or mail to:

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

For Anthem members, please refer to Anthem's claims payment dispute process.

Credentialing status

To obtain information pertaining to your network status, contact our National Provider Services Line at **800-397-1630**, Monday to Friday, 8 a.m. to 8 p.m. Eastern time (ET).

Update your contact information

If you are a participating Council for Affordable Quality Healthcare (CAQH) provider, please update your information with CAQH. If you do not participate with CAQH, please log into ProviderConnect and select the "Update Demographic Information" option.

Carelon Behavioral Health Provider Relations Questions: Contact our National Provider Services Line at 800-397-1630, Monday to Friday, 8 a.m. to 8 p.m. ET.
You can find additional provider-specific contact information and resources here.

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

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

REGIONAL NEWS
California

MEDI-CAL PROVIDER ENROLLMENT REMINDER

The Affordable Care Act of 2010 and 42 Code of Federal Regulations, 42 CFR Section 455.414 requires that health plans revalidate Medi-Cal enrollment information for providers at least every five years. ***Providers for which there is an existing Fee for Service state-level enrollment pathway, must be fully enrolled in Medi-Cal before their next recredentialing date***. If you wish to be considered for continued enrollment in Medi-Cal and there is a FFS state-level pathway for your provider type, you are required to submit a complete application through the Department of Health Care Services (DHCS) Provider Application and Validation for Enrollment (PAVE). Please submit your application as soon as possible to avoid any potential delays.

Providers not enrolled in Medi-Cal through DHCS will not be able to participate in our Medi-Cal plans.

If you have any questions regarding this notice, please email Provider.Inquiry@Carelon.com.

For additional Medi-Cal Provider Enrollment Frequently Asked Questions, click here.

STAY CURRENT ON CALIFORNIA ALL PLAN LETTERS (APLs)

To help providers stay informed of regulatory changes, Carelon distributes newly issued and recently revised California Department of Health Care Services (DHCS) and California Department of Managed Health Care (DMHC) All Plan Letters (APLs).

These updates identify state requirements that may affect billing, claims submission, prior authorization, and other administrative processes. Staying current with APL requirements helps reduce administrative delays, minimize claim denials, and support timely access to care for members.

Stay informed by reviewing the linked California specific APL updates, highlighting effective dates and any actions your organization may need to take.

- APL 26-004: Medi-Cal Managed Care Plan Responsibility for Behavioral Health Data-Sharing
- APL 26-005: Maternity Services for Pregnant & Postpartum Medi-Cal Members
- APL 26-014: Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older

Recommended actions

- Review the APL(s) applicable to your organization.
- Share relevant updates with affected teams, including billing, coding, authorization, and front office staff.
- Implement required process changes by the published effective dates.
- Update internal policies and procedures as needed.

Additional Resource

Access the complete list of DHCS All Plan Letters: Managed Care All Plan Letters (1998–Current).

Access the complete list of DMHC All Plan Letters: Managed Care All Plan Letters (2015-Current).

Thank you for your continued partnership and commitment to maintaining compliance with state requirements while supporting high-quality care for our members.

REGIONAL NEWS
Connecticut

CARRYING LOVE FORWARD: FINDING HOPE, RESILIENCE, AND HEALING AFTER SUBSTANCE USE-RELATED LOSS

Join the Connecticut Behavioral Health Partnership (CT BHP) for a free virtual educational forum, Carrying Love Forward: Finding Hope, Resilience, and Healing after Substance Use-Related Loss, on **September 23, 2026, from 1 to 3 p.m. ET**.

This powerful session will explore compassionate, family-centered approaches to supporting individuals and families impacted by substance use, recovery, and loss. Attendees will hear personal stories, learn about recovery supports, and discover resources that promote healing, resilience, and hope.

Featured speakers include Lori Drescher, founder of Recovery Coach University, and Vanessa Shimer of Shatterproof, who will share insights drawn from both professional expertise and lived experience.

Participants can earn 2 NASW continuing education credits (CECs) at no cost!

Wednesday, September 23, 2026
1 pm - 3 pm EST

Click here to register

Connecticut BHP
Supporting Health and Recovery

Administered by carelon Behavioral Health

- Build compassion and understanding for individuals and families affected by substance use, recovery, and loss.
- Recognize the value of lived experience and family voice in fostering recovery.
- Explore family recovery approaches that promote healing, resilience, and advocacy.
- Identify protective and supportive factors that promote healing and resilience.
- Learn about the importance of peer support and community connection.
- Discover local, state, and national resources for individuals and families.

*This event is available at no cost to you and offers **two National Association for Social Workers (NASW) continuing education credits (CECs)**. This educational forum has been approved by the Department of Mental Health and Addiction Services (DMHAS) for psychologist CECs. Carelon Behavioral Health is an approved trainer for the Connecticut Certification Board (CCB).

REGIONAL NEWS
Florida - Humana

FUM & FUI WATCHOUTS: KEY STEPS TO ENSURE TIMELY FOLLOW-UP AFTER BEHAVIORAL HEALTH CARE

Timely follow-up after an emergency department visit for mental illness or high-intensity care for substance use disorder is important to supporting continuity of care. Our FUM and FUI Watchout document provides practical guidance to help providers understand the Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) measure requirements and avoid common gaps that can affect performance.

The resource highlights key considerations, including the 7-day and 30-day follow-up timeframes for both measures and the important distinction that a qualifying same-day follow-up can count for FUM, but not for FUI. It also clarifies eligible service types, correct visit- or discharge-date logic, coding and diagnosis capture, direct-transfer and exclusion rules, 31-day episode handling, and the impact of claims lag on reporting.

By understanding these requirements and using current measurement-year guidance, providers can help ensure completed care is captured accurately while focusing outreach on true gap-closing opportunities.

Click here to access the
FUH & FUI Watchout document

REGIONAL NEWS
Pennsylvania [Medicaid]

MENTAL HEALTH ADVANCED DIRECTIVES

A Simple Step Toward Person-Centered Care

Mental Health Advance Directives give individuals the opportunity to document treatment preferences before a behavioral health crisis occurs. When someone is temporarily unable to make or communicate decisions, an MHAD can help ensure care aligns with their wishes and past experiences. Providers are often the first trusted voice to introduce this option. A brief conversation during a routine visit can normalize advance planning and help members reflect on what has worked well, such as helpful medications, what hasn't their hospital preferences and who they trust to be involved in decisions.

In Pennsylvania, a directive may also designate a health care agent to make mental health treatment decisions if the individual becomes incapacitated. Even when a formal directive isn't completed, discussing treatment preferences and noting those conversations in the medical record supports person-centered care. Taking a few minutes to introduce this topic during periods of stability can make a meaningful difference later, strengthening autonomy and supporting recovery.

Ask members with serious mental illness or prior psychiatric hospitalization whether they have a directive and encourage sharing it with the treatment team.

NEW PROVIDER EDUCATION RESOURCES – YOUR PATH TO SUCCESS

Carelon is pleased to introduce a new series of provider education resources designed to help providers navigate key processes, expectations, and available tools with confidence. Located in the Provider Relations Education and Resources section of our provider website, these concise, level-specific guides offer practical information to support providers in delivering quality care while working successfully with Carelon.

Each presentation highlights important requirements, links to relevant regulations and reference materials, and shares helpful tips and best practices to make finding the right information easier. The first guide, Outpatient - Path to Success, is now available, with additional presentations covering other levels of care scheduled to be released in the coming weeks.

While these resources are not intended to replace provider manuals or regulatory guidance, they serve as a convenient starting point, bringing together key information in one place to help providers quickly access the resources they need.

Visit the Provider Relations Education and Resources section of the Pennsylvania Provider website to explore the new materials and check back as additional Path to Success guides become available.

REGIONAL NEWS
Pennsylvania [Medicaid]

CMS RELEASES NEW TOOLKIT FOR STATE OVERSIGHT OF ABA SERVICES

On August 4, 2026, the Centers for Medicare & Medicaid Services (CMS) released a new State Medicaid and Children's Health Insurance Program (CHIP) Applied Behavior Analysis (ABA) Toolkit. The toolkit is intended to help state Medicaid and CHIP programs strengthen oversight of ABA services while supporting individualized, evidence-based care for children with autism. CMS developed the resource in response to rapid growth in ABA utilization and spending, variation in clinical practices, and concerns related to fraud, waste, abuse, and inappropriate treatment.

The toolkit provides states with recommended practices across several areas that directly affect ABA providers, including medical necessity and treatment intensity, provider qualifications and supervision, credentialing and enrollment, utilization management, payment methodologies, documentation, and program integrity. CMS emphasizes that treatment should be individualized to each child's clinical needs rather than based on standardized service models, and that services should be delivered by appropriately qualified and supervised providers.

Importantly, the toolkit does not establish new federal requirements or restrict access to medically necessary ABA services, nor does it change states' EPSDT obligations. Instead, it provides states with a framework and practical tools they may use when evaluating or strengthening their existing ABA programs. Because implementation decisions will occur at the state level, providers should be aware that Medicaid agencies may review or modify ABA policies, provider requirements, utilization-management practices, and program-integrity activities in response to the toolkit.

Providers are encouraged to review the CMS toolkit and continue maintaining strong clinical documentation, individualized treatment planning, appropriate supervision and credentialing, and billing practices that accurately reflect medically necessary services delivered. We will continue to monitor state-level developments and communicate relevant changes or requirements to our provider network as additional information becomes available.

REGIONAL NEWS
Pennsylvania [Medicaid]

SUPPORTING MEMBERS WHO ARE DEAF, DEAFBLIND, OR HARD OF HEARING

Effective communication is an important part of providing accessible, person-centered behavioral health care. Carelon Behavioral Health of Pennsylvania offers resources to support providers who serve individuals who are Deaf, DeafBlind, or hard of hearing.

Providers can visit the Resources for Special Populations section of the Carelon provider website to access the Resource Guide for Supporting Deaf, Deafblind, and Hard of Hearing Individuals. This resource is designed to help providers strengthen communication and support the needs of the individuals they serve. Additional information for communicating with individuals who are blind or have a vision impairment is also available in this section.

Helping Members Connect with Carelon

Providers can also help ensure members know how to reach Carelon when they need assistance. Members who are Deaf, DeafBlind, hard of hearing, or who otherwise use relay services may contact the Carelon team through Pennsylvania Relay by dialing 711. Members who use relay services can dial 711 to connect with Pennsylvania Relay. A trained Communication Assistant facilitates the telephone conversation between the member and the Carelon representative.

We encourage providers to share this information with members and their families and to use the available resources to help promote accessible and effective communication throughout the behavioral health care experience.

- **Provider Resource:** Visit the Provider Information page and scroll to Resources for Special Populations.

- **Member Contact Resource:** Visit the Behavioral Health Contacts – Carelon Health of PA page for county-specific member telephone numbers and PA Relay information.

REGIONAL NEWS
Pennsylvania [Medicaid]

TRAUMA-INFORMED ASSESSMENTS: A PRACTICAL GUIDE FOR PROVIDERS

- DR. DANA TACCA, VP CLINICAL SERVICES, CARELON OF PENNSYLVANIA

Trauma can shape how clients experience their services, respond to questions, engage in treatment, and interact with providers. A trauma-informed assessment recognizes this possibility and approaches screening and evaluation in a way that promotes safety, trust, choice, collaboration, and respect.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma-informed care involves recognizing the impact of trauma, identifying signs and symptoms, integrating trauma knowledge into practice, and actively working to avoid re-traumatization. [1]

For providers, this means that ***how we ask questions matters as much as what we ask***.

Screening, Assessment, and Diagnosis Are Different

Trauma screening is typically brief and helps identify clients who may benefit from further evaluation. A positive screen does not establish a diagnosis.

A more comprehensive assessment considers trauma-related symptoms, functional impairment, current safety concerns, coping strategies, strengths, and other behavioral or physical health conditions.

Continues on the following page

Trauma-informed Assessments: A Practical Guide for Providers *continued*

Common trauma-related tools include:

- **Primary Care PTSD Screen for DSM-5 (PC-PTSD-5):** A brief five-item PTSD screening tool designed for primary care and other clinical settings. A positive screen indicates the need for further assessment rather than establishing a PTSD diagnosis. [2]
- **PTSD Checklist for DSM-5 (PCL-5):** A 20-item self-report measure used to assess PTSD symptoms, support provisional clinical assessment, and monitor symptom changes over time. [3]
- **Clinician-Administered PTSD Scale for DSM-5 (CAPS-5):** A structured clinician-administered interview used for comprehensive PTSD assessment and diagnosis. [3]
- **Life Events Checklist for DSM-5 (LEC-5):** Assesses exposure to potentially traumatic events and may be used alongside trauma symptom measures to provide additional clinical context. [4]
- **Trauma Symptom Checklist for Children (TSCC):** A self-report measure for children ages 8–16 that assesses posttraumatic stress and a broader range of trauma-related psychological symptoms, including anxiety, depression, anger, and dissociation. It can help providers understand the effects of trauma beyond PTSD symptoms alone. [5]
- **Trauma Symptom Checklist for Young Children (TSCYC):** A caregiver-report measure designed for children ages 3–12. It assesses posttraumatic stress symptoms as well as anxiety, depression, anger, and other trauma-related concerns. It may be particularly useful when younger children have difficulty describing their symptoms directly. [6]
- **Trauma Screening Questionnaire (TSQ):** A brief 10-item screening measure that assesses re-experiencing and arousal symptoms following potentially traumatic events. It is intended to identify individuals who may need additional evaluation and should not be used alone to establish a diagnosis. [7]
- **UCLA Child/Adolescent PTSD Reaction Index for DSM-5:** A clinician-administered, semi-structured assessment for school-age children and adolescents that evaluates trauma exposure and DSM-5 PTSD symptoms. Parent/caregiver versions are also available. The instrument can support a more comprehensive evaluation of trauma-related symptoms in pediatric populations. [8]
- **Child Trauma Screen (CTS):** A brief measure for children and adolescents ages 6–17 that assesses trauma exposure and PTSD symptoms. It can be used in settings such as pediatrics, behavioral health, schools, child welfare, and juvenile justice. [9]
- **Adverse Childhood Experiences (ACEs):** Questions about childhood adversity can provide useful clinical context and help providers understand experiences associated with longer-term health risks. However, an ACE score should not be considered a diagnosis or an individualized prediction of a client's future health. [10]

Continues on the following page

Trauma-informed Assessments: A Practical Guide for Providers *continued*

Make the Assessment Trauma-Informed

A validated screening tool alone does not make an encounter trauma informed. Providers can improve the assessment experience by:

- Explaining why sensitive questions are being asked.
- Asking permission before discussing potentially difficult topics.
- Avoiding unnecessary requests for graphic details.
- Giving clients opportunities to pause or decline questions when clinically appropriate.
- Focusing on how past experiences affect current symptoms, functioning, and healthcare needs.
- Using culturally responsive and developmentally appropriate approaches.
- Assessing strengths, supports, and protective factors—not just symptoms.
- Explaining what will happen after the assessment.

These practices can be especially important during physical examinations, invasive procedures, emergency care, behavioral health crises, and other situations in which clients may experience a loss of control.

Screen With a Plan

Before implementing trauma screening, providers and organizations should know what they will do with a positive result.
A clear clinical pathway should address who reviews the screen, when additional assessment is indicated, how urgent safety concerns are managed, what referral resources are available, and how follow-up occurs. The National Child Traumatic Stress Network emphasizes that trauma screening and assessment should help identify needs and guide appropriate services rather than simply collect information. [7]

The Goal is Better Care

Trauma-informed assessment does not mean assuming every client has experienced trauma or attributing every health concern to trauma. It means recognizing that trauma may influence a person's health and healthcare experience and creating an environment where clients can participate in care safely and meaningfully.

A useful principle for providers is: **Screen with purpose. Ask with sensitivity. Preserve choice. Respond to what you learn.**
When these principles are incorporated into routine practice, assessment can strengthen trust, improve engagement, and help connect clients to the right level of support.

References

- Substance Abuse and Mental Health Services Administration. Trauma-Informed Approaches and Programs.
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- U.S. Department of Veterans Affairs, National Center for PTSD. Life Events Checklist for DSM-5 (LEC-5).
- National Child Traumatic Stress Network. Child Trauma Screen.
- Centers for Disease Control and Prevention. About Adverse Childhood Experiences.
- National Child Traumatic Stress Network. Trauma Screening and Assessment.

SEPTEMBER IS SUICIDE AWARENESS MONTH

From the Medical Director's Desk - Mark G. Fuller MD FACP FASAM

As many of you know, September is Suicide Awareness Month. According to the American Foundation for Suicide Prevention, this provides, "A moment that serves as a powerful reminder that there are steps we all must take in looking out for loved ones, the people in our community, and those who have been impacted by this leading cause of death." They also note the following facts:

1. Suicide is the 10th leading cause of death in the US
2. In 2024, 48,824 people in the US died by suicide.
3. And in the same year, it is estimated that there were 2.2 million suicide attempts.

Additional context is added to this area by the release of the SAMHSA Annual National Survey on Drug Use and Health on July 27, 2026. The latest statistics on suicide and mental health include:

Suicidal Thoughts and Behaviors

- In 2025, 13.9 million adults aged 18 or older (5.3%) had serious thoughts of suicide in the past year, 4.9 million (1.8%) made a suicide plan, and 2.3 million (0.9%) attempted suicide.
- In 2025, 2.6 million adolescents aged 12 to 17 (10.3%) had serious thoughts of suicide in the past year, 1.3 million (5.1%) made a suicide plan, and 738,000 (2.9%) attempted suicide.

September is Suicide Awareness Month *continued*

Non-suicidal Self Harm

- Beginning in 2025, NSDUH began including questions to assess non-suicidal self-harm among adolescents aged 12 to 17.
- In 2025, 11.2% of adolescents aged 12 to 17 (or 2.8 million people) engaged in non-suicidal self-harm in the past year. However, 2.9% of adolescents (or 735,000 people) were unsure or did not know whether they had intentionally harmed themselves without trying to kill themselves, and 5.6% (or 1.4 million people) did not want to report whether they had engaged in these behaviors.

Additional relevant findings from the survey include:

Mental Health

- Among adolescents aged 12 to 17 in 2025, about 1 in 5 (18.0% or 4.6 million) had moderate to severe anxiety symptoms in the past 2 weeks and 15.1% (or 3.7 million) had a major depressive episode in the past year.
- Among adults aged 18 or older in 2025, 6.6% (or 17.5 million) had moderate or severe symptoms of anxiety in the past 2 weeks.
- Among adults aged 18 or older in 2025, 20.6% (or 54.6 million) had any mental illness in the past year, and 6.9% (or 18.2 million) had a serious mental illness.

As our understanding and awareness regarding the challenges of suicide and mental health, so does the need for more informed services and effective interventions. Here is a link to the full study on the SAMHSA website if you would like to know more:
https://www.samhsa.gov/newsroom/press-announcements/20260727/samhsa-releases-annual-national-survey-on-drug-use-and-health

If you or someone you know is struggling or in crisis, help is available.
You can call or text 988 or chat at 988lifeline.org to reach the 988 Suicide and Crisis Lifeline.

PROVIDER VOICES, STRONGER OUTCOMES

For years, the Carelon Health of Pennsylvania Provider Advisory Council has come together each quarter to champion one thing: your provider experience. The council brings together provider representatives appointed by primary contractors, county leaders, and Southwest Behavioral Health Management, which provides oversight of the Health Choices program, all working side by side to strengthen communication and collaboration. While not everyone sits at the table every provider has a voice. We encourage you to reach out to your council representatives with ideas, feedback, or concerns. Your insight fuels improvement, strengthens partnerships, and ultimately helps make recovery possible for the members we all serve. Meet your council members and keep the conversation going. Together, we make care better.

Click here to access the
PAC Member Directory

REGIONAL NEWS
Pennsylvania [Medicaid]

PROVIDER RESOURCES TO SUPPORT MEMBER ACCESS AND CARE

Providers play an important role in helping members access the care and services they need. The resources below address key areas such as care coordination, utilization management, member rights, and access to care. We encourage providers to review these resources and share relevant information with members when appropriate to help reduce barriers to care and support timely service delivery.

Language Assistance Services for Members

We provide free language assistance services to members, including interpreter services and bilingual support, to help them understand their benefits and access care. Providers should inform members that these services are available at no cost.

Additional information, including how to access interpreter services, is available in the Provider Manual and Provider Portal. Members can also access language assistance by contacting Member Services.

"I Speak" language identification posters and cards can be helpful in identifying a patient's preferred language. One can be found on Pennsylvania's Department of Human Services (DHS) Website.

Communication Support Services

Members have access to communication services, including TTY/relay services and language assistance. Providers should direct members to Member Services for assistance with communication needs. Additional resources include:

- Multicultural Mental Health Resource Centre (MMHRC) – website provides resources in multiple languages to support culturally safe and competent mental health care
- National Institute of Mental Health (NIMH) – downloadable mental health fact sheets and brochures in English and Spanish
- SAMHSA Library & Store – printable behavioral health and recovery materials, including crisis and substance use resources

Access to Utilization Management (UM) Criteria

Carelon Health of PA follows Medical Necessity Criteria (MNC) published and maintained by the PA DHS Program Standards and Requirements. Clinical criteria used to support UM decisions are available to providers on the Carelon Health of PA website. Providers may access these criteria through the provider portal or request them directly to support treatment planning and authorization requests.

Utilization Management Contact Information

Providers may contact UM staff 24/7 via the Carelon Health of Pennsylvania toll-free provider line at 877-615-8503. UM staff can assist with authorizations, claims, and referrals for clinical services.

Peer-to-Peer Discussion of Denials

When the proposed treatment does not meet MNC for certification, the case is referred to a Peer Advisor to render a certification or non-certification decision. Peer Advisors are appropriately licensed and have relevant clinical experience, and they conduct reviews within the scope of their licensure in accordance with Act 68. Instructions for requesting a discussion are included in denial communications.

Complaints and Appeals

Members may file complaints or grievances regarding care or services. The organization investigates all concerns and notifies members of outcomes and appeal rights. Language assistance is available to support members through this process.

Provider Resources to Support Member Access and Care *continued*

Member Rights and Responsibilities

Members have the right to participate in decisions about their care, receive information about treatment options, and voice complaints or grievances. Providers are expected to support these rights and engage members in shared decision-making.

Access to Care After Hours and Emergencies

Members should be directed to appropriate emergency services, including 911 or crisis resources, when urgent needs arise. Providers should ensure members understand how to access care after normal business hours.

Population Health Programs

Providers are encouraged to refer eligible members to available population health programs, including care management and wellness services. Information on available programs and referral processes is accessible on Carelon Health of PA's website.

REGIONAL NEWS
Texas [Medicaid]

TEXAS MEDICAID PEM REVALIDATION AND TRAINING RESOURCES

Texas Medicaid is conducting Provider Enrollment and Management (PEM) revalidations. If you receive a revalidation request, please complete all required steps by the deadline listed in your notice to avoid interruptions to your Medicaid enrollment status.

PEM Revalidation Resource: Use the Texas HHS resource page for details on Medicaid/CHIP enrollment and revalidation requirements.

What providers should do

- Watch for revalidation notifications and requests for information.
- Submit all requested documentation and attestations by the stated due date.
- Confirm your practice demographic and contact information is up to date.

TRAINING RESOURCES:

For additional guidance and ongoing compliance training, please reference the Carelon Behavioral Health Provider Training page for provider trainings, including:

- **Cultural Competency**
- **Availity**
- **Fraud, Waste and Abuse (FWA)**

ABA AUTHORIZATION REQUESTS FOR TEXAS MEDICAID PROVIDERS

To help avoid delays in the authorization review process, ABA providers are reminded to submit all required documentation outlined in the Texas Medicaid Provider Procedures Manual, Children's Services Handbook, **Sections 2.3 through 2.3.11.6**, with all ABA authorization requests.

For **extension and recertification requests**, providers must include:

- Complete attendance logs for both the child or youth and the parent or caregiver.
- Attendance logs that clearly identify scheduled sessions, completed sessions, and the overall percentage of sessions attended.
- If attendance is below the expected **85% threshold** for either the child/youth or the parent/caregiver, a clear clinical rationale and supporting documentation explaining the need to continue services at the requested frequency and duration. Requests with attendance below 85% will be referred for physician review.
- Documentation demonstrating parent or caregiver attendance and participation in required family education and training sessions, as caregiver involvement is an important component of the continued ABA authorization review.

Submitting complete documentation with the initial request helps support timely review and determination of ABA service authorizations.