Carelon Behavioral Health Out-of-Network (OON) Provider Guide and Frequently Asked Questions (FAQ)

Carelon Behavioral Health (Carelon) values provider partnerships and recognizes that it is only through exceptional professionals like yourself that we can make high quality behavioral health care more accessible to a greater number of people. We thank you for your service and commitment in providing the best quality care to our member(s) for the recently authorized out-of-network service(s).

We want to support you as you support our members on their path to better health. Please see our **Out-of-Network Provider FAQ** on page 2, created to assist you and your office in providing care to Carelon members.

Carelon adheres to the following guidelines for non-participating providers:

- Carelon verifies the out-of-network (OON) provider is not excluded from participation in state and federal programs. Failure to provide all the information required to conduct exclusion screenings may result in denial of the provider's OON authorization and claims.
- Pursuant to Federal Regulations, Carelon Behavioral Health will not reimburse providers who are (1) not currently enrolled by Medicaid, except in limited circumstances as may be outlined pursuant to applicable law, or (2) not eligible per the exclusion screening.
- Carelon does not require providers to sign a Single Case Agreement (SCA) in order to reimburse an eligible provider for authorized Medicaid and/or Medicare covered services at 100% of Medicaid and 100% of Medicare allowable rates, along with other scenarios referenced in the Carelon NM 306 SCA and OON Reimbursement Policy that you can access by visiting our Carelon website at: www.carelonbehavioralhealth.com/providers/join-our-network
- Provider(s) shall not seek or accept any payment from the member for authorized services except for Member "Cost Share" (herein defined as a Member deductible, copayment, or coinsurance) as applicable.

Who we are

Carelon Behavioral Health is a specialty behavioral health organization serving more than sixty-one million individuals across the U.S. Using our deep clinical expertise, we support employers, health plans, and government clients as they work to address the needs of specialized groups. As a national leader in the fields of mental and emotional well-being, recovery and resilience, employee assistance, and wellness, Carelon supports individuals, families, and communities on their journey to living the lives they deserve.

Join a best-in-class network of providers

We invite you to join our network and together help improve people's quality of life in ways that are meaningful and lasting. To start your application please visit the Join our Network page of the Carelon website at www.carelonbehavioralhealth.com/providers/join-our-network.

For questions or to learn more, call our National Provider Services Line at 1-800-397-1630, from 8 a.m. to 8 p.m. Eastern Time, Monday through Friday.

Thank you for your consideration, we look forward to hearing from you soon.

The Carelon Out of Network Team

Enclosure: Out-of-Network Provider FAQ

Out-of-Network (OON) Provider Frequently Asked Questions (FAQ)

Carelon Behavioral Health (Carelon) would like to thank you for your service and commitment to provide the best quality care to our member(s) for the authorized out-of-network service(s).

Before you provide services to our member(s), it is important that you read and understand the applicable Out-of-Network Provider Services Terms and Conditions included herewith.

Below, you can find answers to our most frequent questions regarding the OON process; and how to join us in our mission to help people live their lives to the fullest.

Q1: Does Carelon require an authorization for all OON services?
A1: Overall, Medicare Plan Directed Services and Outpatient Emergency Services do not require an authorization. In all cases, providers are encouraged to contact Carelon prior to initiating any non-emergency treatment to verify member eligibility to clarify what the authorization or certification requirements are, if any, for the proposed treatment as there may be plan-specific authorization requirements depending on service code and provider network status.

Q2: How can I request an authorization for an OON service?
A2: The provider or member may request authorization for an OON service by calling the phone number listed on the member's identification Card or listed in the member's benefits. For members without an OON benefit, the Clinical Care Manager will review the request and if it meets the criteria, and in-network provider is not available, and the requesting provider is eligible per the pre-screening process, then the Clinical Care Manager will approve the OON authorization based on the member's benefit plan.

Q3: What is the pre-screening process that is done prior to issuing authorization?
A3: Carelon's Policy is to verify the out-of-network provider is eligible and complies with the federally mandated exclusion screening prior to authorizing services to treat a Carelon Member. In addition, plan and state specific requirements may be required prior to authorization. Failure to provide all the information may result in denial of the Provider's OON authorization. The pre-screening process may occur by calling the phone number listed on the member's identification card or listed in the member's benefits. The OON request will be triaged by using network criteria including if an OON provider is the only provider suitable to handle the member's care. If there is an in-network provider available that is able to treat the condition the member is presenting with, then it would not be considered meeting network criteria for OON services. Once network criteria is reviewed and met, then the clinical information is reviewed against medical necessity, following plan & benefit-specific requirements.

Q4: What happens after the OON service has been authorized? My services required an authorization, but do I also need to sign a Single Case Agreement?
A4: No, not all services requiring an authorization require that you sign a single case agreement, for example Medicaid, Medicare, Emergency Inpatient Admission, along with other scenarios referenced in the Carelon NM 306 SCA and OON Reimbursement Policy do not require a signed SCA. All authorizations apply in connection with Carelon OON Provider Services Terms and Conditions which is the provider's provision of services to the member for whom services have been authorized constitutes the provider's acceptance of such terms and conditions. Carelon NM 306 SCA and OON Reimbursement Policy and the Carelon Behavioral Health's OON Provider Services Terms and Conditions can be accessed by visiting our website at: www.carelonbehavioralhealth.com/providers/join-our-network

- **If a Single Case Agreement is required -** Carelon will electronically send the approved SCA to the provider for signature with two automated outreaches over a 10-day calendar period to secure the signed agreement. If the SCA is not signed and returned within the required 10-day calendar period, the allowed rates are loaded with an unsigned SCA for the authorized service (s) to be paid. Carelon OON Provider Services Terms and Conditions will apply. The provider shall not seek or accept any payment from the member for authorized services, except for Member "Cost Share" as applicable.
- **If a Single Case Agreement is not required -** Carelon OON Provider Services Terms and Conditions will apply in connection with the authorization. Carelon will reimburse the provider for the authorized services subject to the terms and conditions consistent with the Carelon NM 306 SCA and OON Reimbursement Policy which can be accessed by visiting our website at www.carelonbehavioralhealth.com/providers/join-our-network We also share information on the OON Reimbursement policy below (*see **Q6***).

Q5: What does Carelon define as a Single Case Agreement?

A5: An agreement between Carelon Behavioral Health and an out-of-network provider to provide a covered service (s) to a specific member(s).

Q6: What is Carelon's OON reimbursement policy for authorized services?

A6: Carelon will allow reimbursement as follows:

- **Medicaid** – 100% of the Medicaid allowable rate and Carelon Behavioral Health Fee Schedule based on Member's Home State. Pursuant to Federal Regulations, except in limited circumstances as may be outlined pursuant to applicable law, Carelon Behavioral Health will not reimburse providers who are not currently enrolled by Medicaid or not eligible per the exclusion screening. Carelon Behavioral Health's OON Provider Services Terms and Conditions will apply, and Carelon Behavioral Health will not require a counter signed SCA to reimburse eligible providers for Medicaid covered services.

- **Medicare** - 100% of the Medicare allowable rate and Carelon Behavioral Health Fee Schedule based on POS (Place of Service). Carelon Behavioral Health will not reimburse providers who are not eligible per the exclusion screening. Carelon Behavioral Health's OON Provider Services Terms and Conditions will apply, and Carelon Behavioral Health will not require a counter signed SCA to reimburse eligible providers for Medicare covered services.

- **Commercial** – 100% of the Carelon Behavioral Health Fee Schedule consistent with the Plan Benefit Design and parity-compliant reimbursement levels for covered Services based on POS (Place of Service). Carelon Behavioral Health will reimburse eligible providers for services that meet the criteria for coverage. Carelon Behavioral Health will not reimburse providers that are not eligible per the exclusion screening. Carelon Behavioral Health's OON Provider Services Terms and Conditions will apply.

Q7: As an OON Provider, can I request a date extension to the service authorized?

A7: The provider may request a date extension for an OON service by calling the phone number listed on the member's identification Card; or, listed in the member's benefits; or, by reaching out to the assigned Clinical Team member to request the extension. Once the extension has been clinically reviewed and approved by the clinical team, the existing authorization is updated to reflect the new date, no additional documentation is required, and existing reimbursement rates will apply to the new date.

Q8: In circumstances where a Single Case Agreement is required, how can I return the signed Single Case Agreement?
A8: The provider can electronically sign the Single Case Agreement (SCA) that Carelon has sent to the provider's e-mail address supplied on the authorization. Once electronically signed the SCA will be automatically returned to Carelon for countersignature.

Q9: How can I obtain a copy of my countersigned Single Case Agreement?
A9: Once the provider electronically signs the SCA, the provider will automatically receive a copy of the counter signed SCA via e-mail, that will allow the provider to download or save a copy. Alternatively, the provider can call the phone number listed on the back of the member's identification card to request a copy of the countersigned SCA.

Q10: Do I need an SCA if Carelon is a Secondary Payor?
A10: Providers are encouraged to contact Carelon prior to initiating any non-emergency treatment to verify member eligibility to clarify what the authorization or certification requirements are to ensure payment even when Carelon is the secondary payer.
Providers may access the handbook for more information at:
www.carelonbehavioralhealth.com/providers/resources/provider-handbook

Q11: Who can I contact for any Claims related questions?
A11: For any claims related questions please contact the phone number listed on the member's identification Card or listed in the member's benefits to ensure you reach the appropriate team to handle your claim concern.

Q12: What is the timely filing requirement for submitting claims for OON provider services that are authorized?
A12: The timeframe can differ between Client/Health Plan/State. Unless expressly stated otherwise in a Provider Manual with respect to a particular Plan or in an applicable State Specific requirement, Provider agrees to prepare and submit Clean Claims for Authorized/Covered Services in the form and manner required by Carelon as specified in the Provider Manual within ninety (90) calendar days from the DOS (date of service) or the date of discharge for inpatient admission, or sixty (60) calendar days of the date of claim determination by the primary payor. Provider understands that failure to submit Claims within the Timely Submission Period will be denied for lack of timely filing. Providers are encouraged to carefully review the handbook as well as their state-specific requirement to verify claim submission guidelines, policies and procedures, medical necessity criteria, waiver form and more at: www.carelonbehavioralhealth.com/providers/forms-and-guides.

Q13: How can I submit a request to waive a timely filing claim requirement/denial?
A13: The provider needs to attach the waiver form when submitting the claim. The provider can include 1 waiver for each member, as long as all claims are submitted at the same time. The waiver forms based on Client/Health Plan timely filing limit can be accessed by visiting our Carelon website at: https://www.carelonbehavioralhealth.com/providers/forms-and-guides

Q14: As an OON provider, what is required on the claim I submit in order for Carelon to reimburse me for authorized services?
A14: The provider should submit a valid claim form that matches the authorized OON service to be reimbursed.

Q15: Where do I file a claim?
A15: Providers have two options to submit their claim for payment.

- Availity (our preferred method) availity.com**:** For EDI claims use Carelon's payer ID for submission through Availity
- Paper: Please reference the member's identification card, as the address may vary based on payment location

Q16: How do I register with Availity?
A16: To register with Availity:

1. Go to the Availity Portal at availity.com to complete the steps for your registration. Once you are registered, you will receive an email from Availity.
2. In the Notification Center section, you will see the following message:
   - Select **Start your Onboarding Journey: Learn about Availity's Tools and Features** to take an introductory class and learn about the functions and applications in Availity Portal.
3. To access the Availity Learning Center – Select Help and Training > Get Trained
4. To access online help, select Help & Training > Find Help
5. For further assistance, select Availity support in the Help and Training Menu to open a support ticket or browse articles in the support community

Q17: Whom should I contact if I have a question about Availity?
A17: Contact Availity Client Services at 1-800-282-4548, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday for additional support.

Q18: Does Availity offer any claims training for new users?
A18: Yes, Availity provides many tools and training resources for new users on topics such as eligibility, claims and compliance. You may access training sources at www.availity.com/training-and-education or by logging into the Availity portal at www.availity.com/Training-and-Education. After logging into the Availity portal, select Help & Training > Get Trained

Q19: How can I dispute or appeal an OON claim payment?
A19: The non-participating provider has the right to dispute or request a reconsideration of the claim payment decision by submitting a written complaint to Carelon Behavioral Health, Appeals Department. The dispute or requests for reconsideration must be received within sixty (60) calendar days from the date of the claim remittance statement. All disputes or requests for reconsiderations should be submitted to the address listed on the top of the page of the claim's remittance statement.

Q20: What resources are available to me?
A20: Carelon wants to ensure that all providers have resources available to them. Below is a quick reference guide to the most frequently utilized resources:

- **Clinical Practice Guidelines:**
  Current Clinical Practice Guidelines, resources, measurement and more
  www.carelonbehavioralhealth.com/providers/resources/clinical-practice-guidelines

- **Medical Necessity Criteria:**
  Carelon Behavioral Health Medical Necessity Criteria
  www.carelonbehavioralhealth.com/providers/resources/medical-necessity-criteria

- **Provider Handbook:**
  Information on standard policies, procedures and guidelines including Clinical Practice Guidelines and Medical Necessity Criteria
  www.carelonbehavioralhealth.com/providers/resources/provider-handbook

- **Provider Forms, Guides and Resources:**
  Billing and Claims, clinical, and EAP forms
  www.carelonbehavioralhealth.com/providers/forms-and-guides

- **Availity Essentials Provider Resources:**
  Portal for claims submissions, eligibility, and benefits, and claim status
  www.carelonbehavioralhealth.com/providers/resources/provider-portals/availity-essentials

Join our Network

We strive to provide our members access to the country's best and most accessible behavioral health providers. We would love to include you.

To start your application please visit us at:
www.carelonbehavioralhealth.com/providers/join-our-network

Whether you have a question or are interested in learning more, please call our National Provider Services Line at 1-800-397-1630, from 8 a.m. to 8 p.m. Eastern Time, Monday through Friday.