Request for Application (RFA)—Facility

Complete the application request below to be considered for the Carelon Behavioral Health Provider Network.

Facility Information

Required fields throughout this form are noted with an asterisk (*).

Facility DBA Name*

Primary NPI* | Facility TIN* | Medicare ID

Medicaid ID | Taxonomy ID* | Active Carelon Behavioral Health Provider ID

Accreditation: *

- ☐ TJC (JCAHO)
- ☐ COA
- ☐ AAACH
- ☐ NCQA
- ☐ AOA
- ☐ DNV
- ☐ CARF
- ☐ CHAP
- ☐ HFAP

Others, please list: _____

Primary Service Address* | City, State, Zip Code

Email | Phone Number | Fax Number

Mailing Address* | City, State, Zip Code

Email | Phone Number | Fax Number

Website

What type of claim form will your organization file?*

- ☐ UB-04 (formerly UB-82/UB-92 Facility)
- ☐ Both UB-04 and CMS-1500
- ☐ CMS-1500 (billed by professional)
- ☐ EDI Claim Submission

Does your organization have secondary/multiple locations? ☐ Yes ☐ No

Does your organization have multiple Facility NPIs? ☐ Yes ☐ No Please list: _____

Does your organization have multiple Facility TINs? ☐ Yes ☐ No Please list: _____

Does your organization accepting new patients? ☐ Yes ☐ No

Is your organization Handicap Accessible? ☐ Yes ☐ No

Is your organization Public Transportation Accessible? ☐ Yes ☐ No

Request for Application (RFA)—Facility

Complete the application request below to be considered for the Carelon Behavioral Health Provider Network.

Facility Contact

Requestor Contact Name* Title

Email* Phone Number* Fax Number

Credentialing Contact Name* (if different from above) Title

Email* Phone Number* Fax Number

Billing Contact Name* (if different from above) Title

Email* Phone Number* Fax Number

Facility Type

- ☐ General Hospital
- ☐ Freestanding Acute Psychiatric Facility
- ☐ Residential Treatment Center
- ☐ Community Mental Health Center
- ☐ Outpatient Clinic
- ☐ Freestanding Intensive Outpatient Program
- ☐ Home Health Agency
- ☐ Freestanding Substance Abuse Rehabilitation Facility
- ☐ Federally Qualified Health Center

Others, Please list:

Line of Business Affiliation

- ☐ Commercial (HMO/PPO)
- ☐ Dual (Medicaid/Medicare)
- ☐ EAP
- ☐ Federal (Military OneSource)
- ☐ Medicare
- ☐ Medicaid

Others, Please list: _____

Request for Application (RFA)—Facility

Complete the application request below to be considered for the Carelon Behavioral Health Provider Network.

Facility Services and Programs

From the list below, please select all applicable services and programs. These services will be taken into consideration for review of the network.

Psychiatric	Child (0-12)	Adolescent (13-17)	Adult (18-64)	Geriatric (65+)	Dual Diagnosis
Inpatient Mental Health	☐	☐	☐	☐	☐
Outpatient Mental Health	☐	☐	☐	☐	☐
Residential Psychiatric	☐	☐	☐	☐	☐
Partial Psychiatric Care Program	☐	☐	☐	☐	☐
Intensive Outpatient	☐	☐	☐	☐	☐
Inpatient Eating Disorder	☐	☐	☐	☐	☐
Partial Hospitalization Eating Disorder	☐	☐	☐	☐	☐
Intensive Outpatient Eating Disorder	☐	☐	☐	☐	☐
Residential Treatment Eating Disorder	☐	☐	☐	☐	☐
Subacute Inpatient	☐	☐	☐	☐	☐
Day Treatment	☐	☐	☐	☐	☐
Substance Use Disorder	**Child (0-12)**	**Adolescent (13-17)**	**Adult (18-64)**	**Geriatric (65+)**	**Dual Diagnosis**
Inpatient Substance Use Disorder – Acute Detox	☐	☐	☐	☐	☐
Outpatient Substance Use Disorder	☐	☐	☐	☐	☐
Outpatient Substance Use Disorder – Detox Drug	☐	☐	☐	☐	☐
Outpatient Substance Use Disorder – Detox Alcohol	☐	☐	☐	☐	☐
Inpatient Substance Use Disorder – Residential	☐	☐	☐	☐	☐
Methadone Maintenance	☐	☐	☐	☐	☐
Methadone Medication/ Dispensing	☐	☐	☐	☐	☐
Suboxone Medication/Dispensing	☐	☐	☐	☐	☐
Partial Hospitalization	☐	☐	☐	☐	☐
Ambulatory Detoxification	☐	☐	☐	☐	☐
Intensive Outpatient	☐	☐	☐	☐	☐

Psychiatric Specialty Services

☐ Inpatient Electroconvulsive Therapy

☐ Applied Behavior Analysis

☐ 23-Hour Observation

☐ Outpatient Electroconvulsive Therapy

☐ Home Health Care

☐ Crisis/Evaluation in the ER

☐ Halfway House

Others or State-Specific, please list:

Request for Application (RFA)—Facility

Complete the application request below to be considered for the Carelon Behavioral Health Provider Network.

Service Availability and Hours of Operation Required

- Outpatient facilities, physicians, and practitioners are expected to provide crisis intervention services during operating hours and available 24 hours per day, 7 days per week.
- Under state and federal law, licensed providers are required to provide interpreter services to communicate with individuals with limited English proficiency.
- The Organization should have services available Monday through Friday from 9 a.m. to 5 p.m. at a minimum. Evening and/or weekend hours should also be available at least two days per week.

Attestation Statement

I certify that all information provided to Carelon Behavioral Health is true and correct to the best of my knowledge and belief. I agree to notify Carelon Behavioral Health promptly if there are any material changes in the information provided, whether prior to or after my acceptance as a Carelon Behavioral Health participating provider. I understand and agree that if Carelon Behavioral Health discovers that my application contains any significant misstatement, misrepresentations, or omissions, Carelon Behavioral Health may void, in its sole discretion, this application and any related participating provider agreements. I understand that if Carelon Behavioral Health extends credentialing to me, my Participating Agreement will include all lines of business. I understand that any information provided pursuant to this attestation that is subsequently found to be untrue or incorrect could result in my application rejection or termination from the network.

Signature:

_____ _____

Legal Name of Organization | Print Name of Individual Signing for Organization

_____ _____

Authorizing Signature and Title | Date

Please return this form including the Terms and Conditions via email to bh_incoming_agreements@carelon.com

Your request will be review by the Market Network Manager and if the market is open. A Network Manager will reach out to your facility.

Incomplete, incorrect, or illegible forms may delay or prevent proper processing.

If you have any questions, call the National Provider Service Line Monday through Friday, between 8 a.m. and 8 p.m. ET, at 800-397-1630.