



Provider Orientation

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Facilitator



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House Keeping

- **Webinar Format**

 - Participants Pre-Muted

 - Limits Distractions



- **Chat Option**

 - Ask Questions

 - Answered during and after presentation



- **Presentation Availability**

 - Slides can be accessed online

 - Recorded presentations can be accessed online



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Agenda

- | | | | |
|----------|--|-----------|---------------------------------------|
| 1 | Carelon
Who We Are | 2 | Carelon Services |
| 3 | Managed Behavioral Healthcare | 4 | How it Works |
| 5 | Claim Submission Requirements | 6 | Clinical
Department |
| 7 | Care Co-ordination and release of
Information | 8 | Complaints, Grievances and
Appeals |
| 9 | Resources and Contact Information | 10 | Questions |



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Who We Are

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Carelon Values

Integrity: We earn trust. We speak honestly and act ethically. Our character guides our daily work. We gain the confidence of others by doing the right thing.

Dignity: We respect others. We believe in others and see their potential. With the right support, all individuals can achieve their goals.

Community: We thrive together. We build great teams by leveraging individual strengths. We share, partner and collaborate with others in the name of mutual goals.

Resiliency: We overcome adversity. We meet challenges head-on and constantly strive to better ourselves and our services.

Ingenuity: We prove ourselves. We are learners and innovators. We use our experience, imagination and wisdom to deliver tangible, positive outcomes.

Advocacy: We lead with purpose. We start the conversations that matter. We advance the dialogue on important issues and affect change for the better.



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Over 40-years of experience providing managed behavioral health care services

- Headquartered in Boston with offices in more than 70 U.S. locations
- Associates serving over 47 million people across the country
- 180+ Employer clients and 40+ Fortune 500 companies
- 115k network providers with 96% In-network Utilization by members



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Over 40-years of experience providing managed behavioral health care services



- Programs serving Medicaid recipients in over 24 states and the District of Columbia
- Proudly offering 24/7 support for military personnel, their families, and veterans
- Accreditation by NCQA



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Carelon's Core Business

- Mental Health and Substance Use Services (MHSU)
- We provide members access to a comprehensive array of treatment and support services for mental health and chemical dependency conditions
- Inpatient and outpatient treatment options, facilities and programs
- Utilization Management and Care Management to manage care and costs more effectively
- Development and maintenance of provider network through contracting and credentialing
- Intensive Case Management for high-risk members



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Carelon Services

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Live Assistance



- **Customer Service Line**

- Member eligibility
- Benefit information
- Claim status
- Authorization status



- **Provider Relations**

- Provider contracts
- Billing questions
- Credentialing
- Provider rosters



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Communication

- Provider Bulletins and Newsletters
- Online Provider Manuals
- Online Trainings
- Provider Resource Guides



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Technology

carelon Behavioral Health Medical Necessity Criteria

CHANGE HEALTHCARE | InterQual®

MENU Beacon Health Bookview

Select Subset *Refine search with Product, Version, Category, Keywords or Med.*

PRODUCT VERSION CATEGORY CLINICAL REFERENCE

Enter Keywords Enter Medical Codes FIND SUBSETS CLEAR ALL

Subset 1 ↑

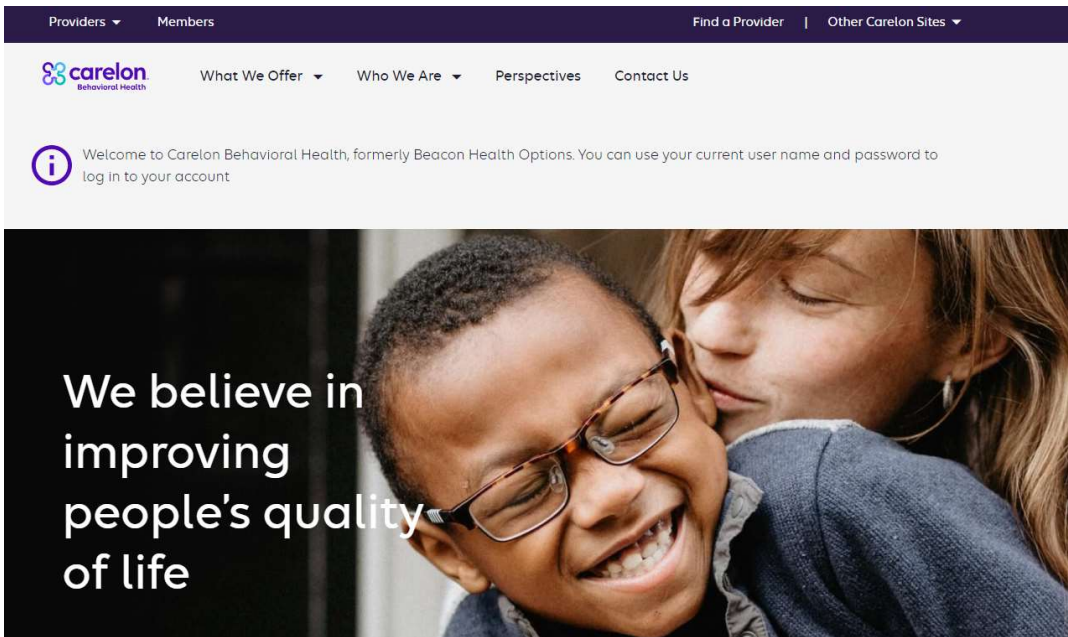
- **24-hour Provider Portal**
 - eServices
 - ProviderConnect
- **Electronic Funds Transfer and Electronic Remittance Advice**
 - PaySpan
- **Medical Necessity Criteria Lookup Tool on Provider Website**
 - Interqual



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Online Resources



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Provider Handbook



TABLE OF CONTENTS

- 1. INTRODUCTION 9
 - 1.01 Overview 9
 - 1.02 About Carelon Behavioral Health 10
 - 1.03 Contact Information 11
- 2. ELECTRONIC RESOURCES 13
 - 2.01 CAQH 13
 - 2.02 Provider Portals 13
 - 2.03 Achieve Solutions (Member Educational Behavioral Health and Wellness Resources) 14
- 3. PARTICIPATING PROVIDERS 14
 - 3.01 Carelon Provider Identification Numbers 15
 - 3.02 Changes to Carelon Provider Records 15
 - 3.03 Policies and Procedures 16
- 4. CREDENTIALING AND RE-CREDENTIALING 16
 - 4.01 Credentialing 17
 - 4.02 Re-Credentialing 18
 - 4.03 Standards 19
 - 4.04 Site Visits 21
 - 4.05 Updates to Credentialing and Re-credentialing Information 21
 - 4.06 Delegation 22
 - 4.07 Sanctions 22
 - 4.08 Appeals of National Credentialing Committee/Provider Appeals Committee Decisions 23
 - 4.09 Professional Review Activities/Fair Hearing Process 24
- 5. OFFICE PROCEDURES 25
 - 5.01 Confidentiality, Privacy, and Security of Identifiable Health Information 25
 - 5.02 Appointment and Availability Standards 26
 - 5.03 Requests for Additional Information 26
- 6. SERVICES TO MEMBERS 27
 - 6.01 Emergency Services 28
 - 6.02 Referrals 28
 - 6.03 EAP Transition to Health Plan Benefits 29
 - 6.04 Coordination with Primary Care/Treating Providers 29
 - 6.05 Continuation following Provider Agreement Expiration or Termination 30
 - 6.06 Certain Regulatory Requirements 30
 - 6.07 Fraud, Waste, and Abuse 30
- 7. MEMBER RIGHTS AND RESPONSIBILITIES 35
 - 7.01 Member Rights and Responsibilities 35
- 8. PARTICIPATING PROVIDER COMPLAINTS, AND GRIEVANCES 36
 - 8.01 Complaints Regarding the Provider Agreement 36
 - 8.02 General Complaints and Grievances 37
- 9. CLAIMS PROCEDURES 38
 - 9.01 Member Expenses 38

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Referrals

Providers within 50 Miles

2Mi 5Mi 10Mi 25Mi 50Mi 100Mi 200Mi

Show 50 Results

First < Page 1 of 38 > Last

<p>CATHERINE CAPOWSKI LCSWR</p> <p>TELEHEALTH PROVIDER</p> <p>HUDDLE HEALTH MEDICINE PLLC 3040 Broadway Schenectady, NY 12306</p> <p>0.4 Mi</p> <p>Telehealth serving these states [NY]</p> <p>(518) 357-2011 (518) 688-1694 www.circulohealth.com</p>	<p>CAROLYN SNIETZYK BCBA</p> <p>TELEHEALTH PROVIDER</p> <p>CROSSROADS CENTER FOR CHILDREN 1136 N Westcott Rd Schenectady, NY 12306</p> <p>0.6 Mi</p> <p>Telehealth serving these states [NY]</p> <p>(518) 280-0083 (518) 280-0086 www.crossroadcenter.org</p>	<p>JENNA HILTON BCBA</p> <p>TELEHEALTH PROVIDER</p> <p>CROSSROADS CENTER FOR CHILDREN 1136 N Westcott Rd Schenectady, NY 12306</p> <p>0.6 Mi</p> <p>Telehealth serving these states [NY]</p> <p>(518) 280-0083 (518) 280-0086</p>
<p>ASHLIE SYMER BCBA</p> <p>CROSSROADS CENTER FOR CHILDREN 1136 N Westcott Rd Schenectady, NY 12306</p> <p>0.6 Mi</p> <p>(518) 280-0083 (518) 280-0086</p>	<p>JESSICA PALMATEER BCBA</p> <p>CROSSROADS CENTER FOR CHILDREN 1136 N Westcott Rd Schenectady, NY 12306</p> <p>0.6 Mi</p> <p>(518) 280-0083 (518) 280-0086 carolyns@crossroadcenter.org http://crossroadcenter.org/</p>	<p>LORI GEORGE LMHC</p> <p>CAPITALCARE FAMILY PRACTICE ROTTERDAM 1667 Elizabeth St Schenectady, NY 12303</p> <p>1.3 Mi</p> <p>(518) 356-5377 (518) 281-1180</p> <p>English</p>

FEEDBACK



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Quality Improvement



Carelon's Quality Improvement Department

- Develops, monitors, and analyzes quality improvement initiatives to improve member care
- Report on these initiatives as well as other performance metrics to plan clients and to accrediting bodies such as NCQA
- Reviews and reports on all service center activities annually



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Managed Behavioral Healthcare

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Managed Behavioral Healthcare

- Services provided by an organization under contract to act as the intermediary between health plans and providers of behavioral health services
- **MBHOs offer a range of services including:**
 - Managing provider networks
 - Processing claims
 - Utilization management
 - Case Management
 - Quality improvement



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Goals of Managed Behavioral Healthcare

- Control costs
- Improve quality of care
- Increase access to providers
- Ensure proper utilization of services
- Provide measurable outcomes
- Deter fraud and abuse



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The People Involved

- Member / Enrollee / Patient: Individual receiving services
- Provider: Hospitals, Clinics, Community Mental Health Centers (CMHCs), Individual Practitioners, etc. with whom Carelon contracts to provide the services the member needs
- Client: a health insurance plan or health care system that offers benefits to their enrolled members



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How It Works

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Member Plans

Health Maintenance Organization (HMO)

- An organized public or private entity that provides basic and supplemental health services to its subscribers
- Network of contracted providers and facilities
- Negotiated fees
- Lower premiums
- Copays apply
- No out of Network Benefits



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Member Plans

- **Exclusive Provider Organization (EPO)**
 - Many of the same benefits of HMO
 - Some plans include a Health Savings Account
- **Preferred Provider Organization (PPO)**
 - Includes out of network benefits
 - Deductibles and Co-Insurance apply
- **Point of Service (POS)**
 - Many of the same benefits of HMO
 - Some plans include a Health Savings Account

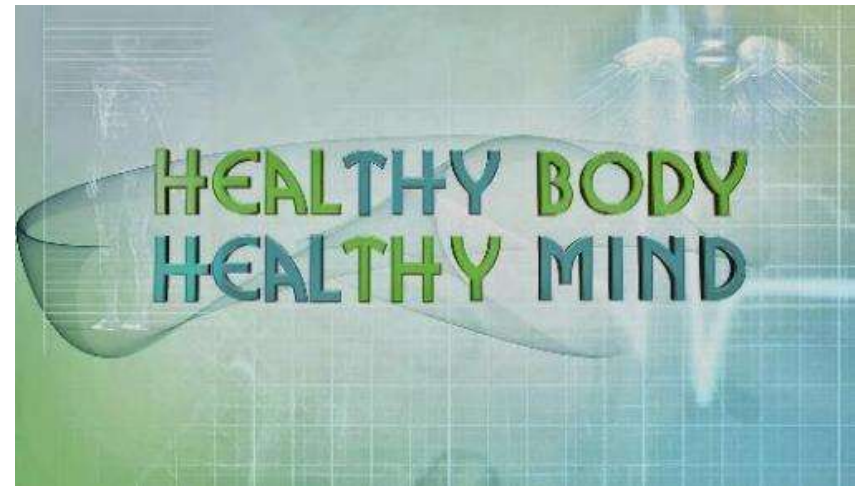


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Carelon's Approach

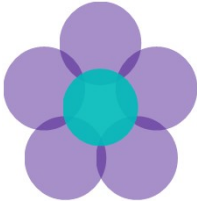
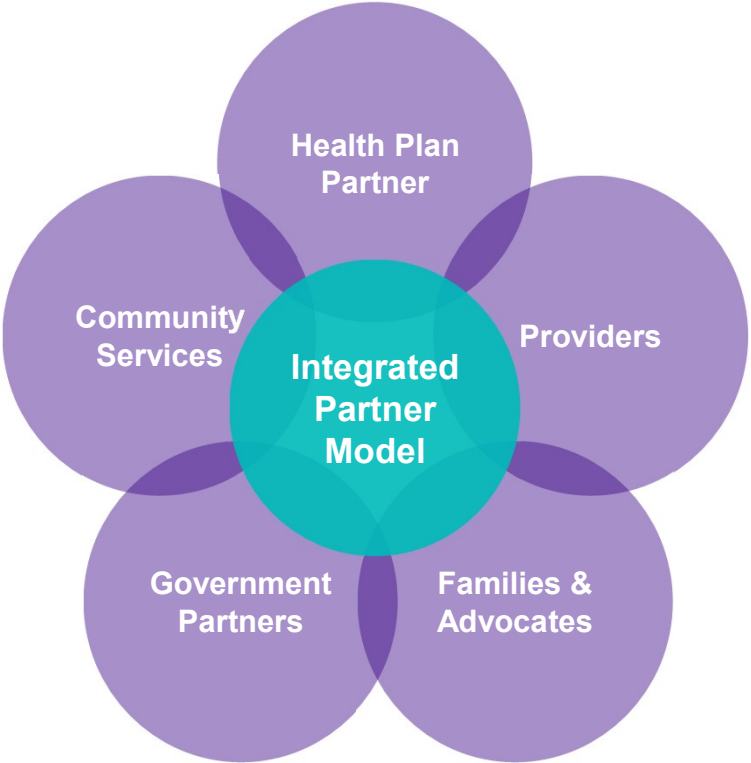
- Carelon's mission is to help people live life to the fullest potential
- Partnering with our members' health plans to integrate their behavioral health and physical health needs ensures:
 - The right care
 - At the right time
 - In the right setting
- This approach treats the whole person



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Carelon's Integrated Partner Model

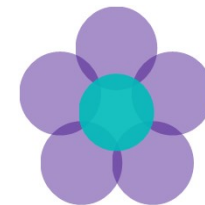


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Carelon's Integrated Partner Model

- Our Integrated Partner Model is designed to:
 - Promote healthy behavior
 - Effectively manage chronic illness
 - Eliminate barriers to treatment
 - Increase service coordination and provider collaboration
 - Contain health care costs
 - Focus on the physical, behavioral, and psychosocial environment needs of the population, instead of a fragmented “silo” approach
 - Proactively identify, outreach, and assess to intervene as early as possible along the wellness/disease continuum



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Carelon's Clients

- **Carelon partners with several clients offering multiple lines of business including:**
 - Commercial insurance
 - Medicaid
 - Medicare
 - Exchanges



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Commercial Overview

- Also known as “private insurance”
- Employers may be required to offer insurance to their employees
 - Employer pays for a portion of the premium
 - Employee pays the remainder of the premium
- Provided and administered by nongovernmental agencies
 - Carelon
- Available for purchase by individuals
- Regulated and overseen by each State



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Medicare Overview

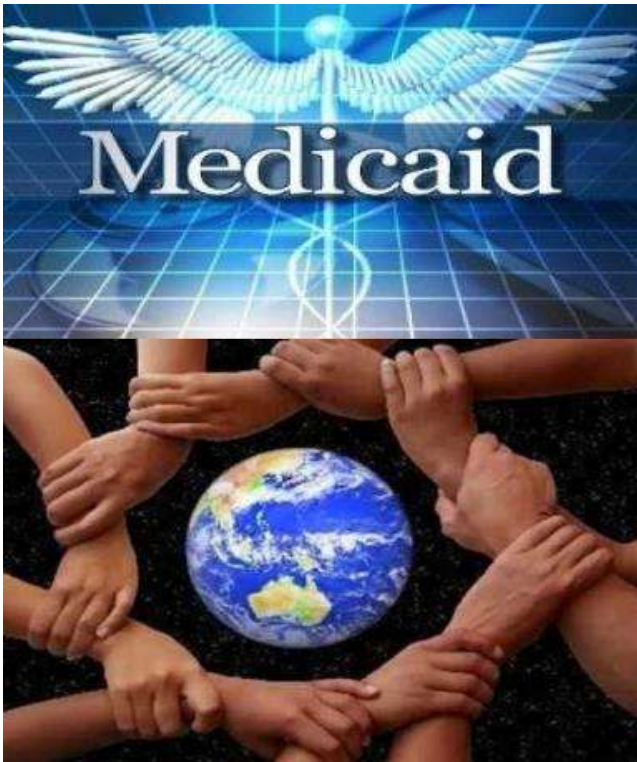
- Established in 1965
- Federally funded government program
- Provides health insurance to individuals
 - aged 65 or older or
 - who are disabled
- Members of Medicare also pay monthly premiums but at a lower cost than private/commercial insurance rates



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Medicaid Overview



- Established in 1965 along with Medicare
- Government health insurance program covering
 - Low-income families
 - Pregnant women
 - People of all ages with disabilities
 - People who need long-term care
- Social Insurance (SI) program
- No premiums
- Medicaid is funded by State and Federal programs



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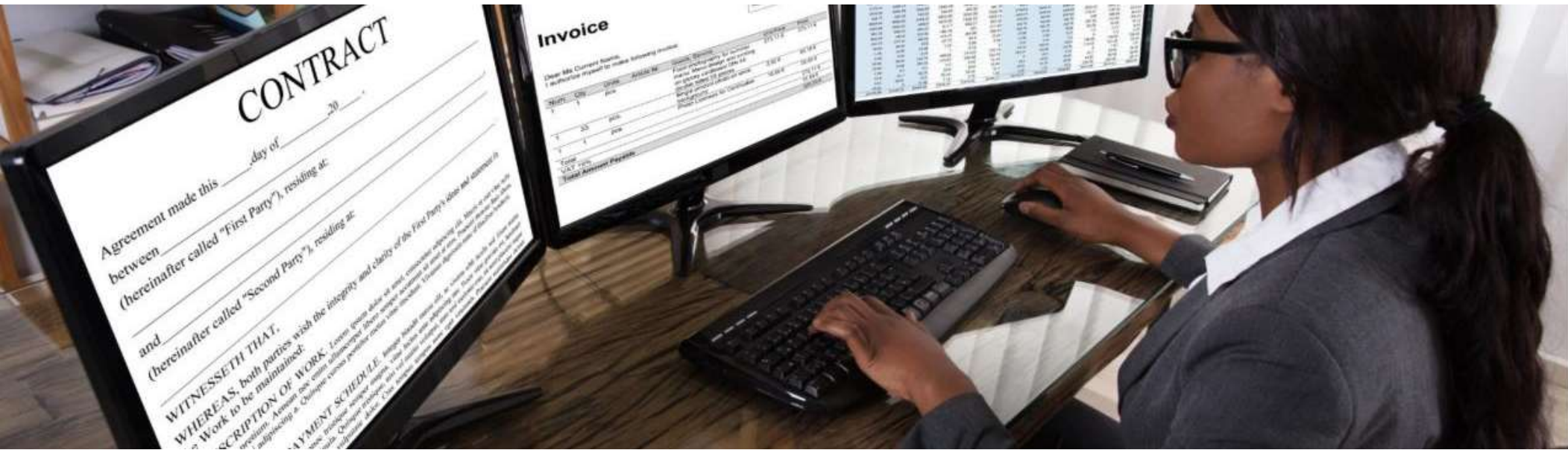
Exchange Overview

- Established under the Affordable Care Act (ACA)
- Available to individuals and small businesses
- Required to cover
 - Mental Health
 - Substance Use
- Plans require premiums
- NOT an insurance company



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Claim Submission Requirements

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Claim Forms

CMS1500 (Professional Services)

HEALTH INSURANCE CLAIM FORM
 (FOR PROFESSIONAL SERVICES ONLY)

1. PATIENT NAME
 2. PATIENT ADDRESS
 3. PATIENT CITY/STATE/ZIP
 4. PATIENT PHONE NUMBER

5. DATE OF SERVICE
 6. PROCEDURE CODES

7. PROVIDER NAME
 8. PROVIDER ADDRESS
 9. PROVIDER CITY/STATE/ZIP
 10. PROVIDER PHONE NUMBER

11. REFERRING PHYSICIAN NAME
 12. REFERRING PHYSICIAN ADDRESS
 13. REFERRING PHYSICIAN CITY/STATE/ZIP
 14. REFERRING PHYSICIAN PHONE NUMBER

15. BILLING INFORMATION

16. CLAIM INFORMATION

17. REMARKS

UB04 (Facility Services)

HEALTH INSURANCE CLAIM FORM
 (FOR FACILITY SERVICES ONLY)

1. PATIENT NAME
 2. PATIENT ADDRESS
 3. PATIENT CITY/STATE/ZIP
 4. PATIENT PHONE NUMBER

5. DATE OF SERVICE
 6. PROCEDURE CODES

7. PROVIDER NAME
 8. PROVIDER ADDRESS
 9. PROVIDER CITY/STATE/ZIP
 10. PROVIDER PHONE NUMBER

11. REFERRING PHYSICIAN NAME
 12. REFERRING PHYSICIAN ADDRESS
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15. BILLING INFORMATION

16. CLAIM INFORMATION

17. REMARKS



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Electronic Billing

- eServices
- ProviderConnect
- Availity

Carelon Provider Portal

[Log In to Availity®](#)

Available to ALL
In Network Providers



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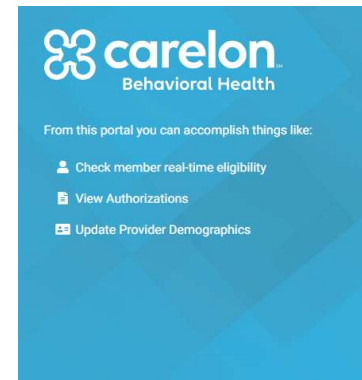
User ID:

Password:

Show password

[Forgot your password?](#)
[Forgot your user ID?](#)

[Log in](#)



Login below

Please use your existing **eServices** or **ProviderConnect** credentials

Username

[Forgot Username](#)

Password

[Forgot Password](#)

[LOGIN](#)

[Not registered? Sign up here](#)

Procedure Codes

- **Current Procedural Terminology (CPT)**

- 5 digit numeric codes
- Developed by the American Medical Association (AMA)
- Uniform description of services rendered

*** EXAMPLE: 90834 = 45 minute office visits**



- **Healthcare Common Procedure Coding System (HCPCS)**

- Developed by Medicare
- Level I same as CPT codes
- Level II contain alpha characters

*** EXAMPLE: A0425 = Ambulance services**



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Revenue Codes



- **Revenue Codes (Rev Codes)**

- Developed by Medicare
- Adopted as hospital standard
- 4 digit code (typically starts with a 0)
- Must be accompanied by a valid procedure code



*** EXAMPLE: 0124 = Semi-Private R&B**

*** EXAMPLE: 0126 = IP Detoxification**



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Diagnosis Codes

- **International Classification of Diseases (ICD)**

- Developed and update by the World Health Organization (WHO)
- Billed with CPT and HCPCS codes
- Currently using version 10 (ICD-10)
- Contains alpha and numeric values

*** EXAMPLE: F12.10 = Cannabis related disorder**

*** EXAMPLE: F41.3 = Anxiety disorder**



**World Health
Organization**



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Provider Payment

- Providers are paid via several methods. This list is non-exhaustive:
 - **Fee for Service:** through claim submission – processed through the Claims Department
 - **Bundled Rates:** provider is paid for an episode of care, what the expected cost of that service generally would be
 - **Capitation:** a set amount for each enrolled person assigned to that physician or group of physicians, whether or not that person seeks care
- The Quality department ensures that we are following required approaches to how we service our members and how our providers service our members



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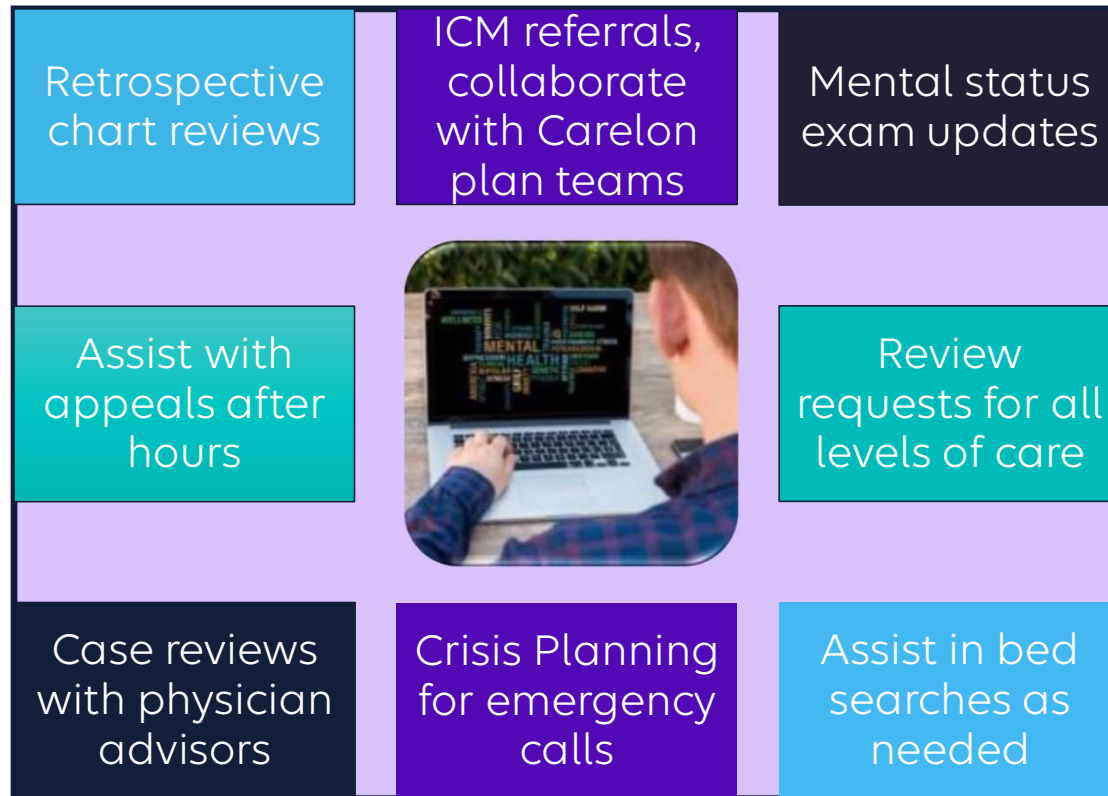
Carelon's Clinical Department

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Utilization Management



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Prior Authorization

- Requests for services that require authorization in order to be rendered are reviewed by clinicians who utilize:
 - Physician Advisors (PA)
 - Medical Directors (MD)
 - Change's InterQual System
 - Industry Standards



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Case Management



Licensed Carelon Clinicians

Support Carelon members who are identified as high risk through clinical and/or utilization data

Provide assessments, care planning, coordination and advocacy to members and their families

Improve integration between physical and behavioral health care

Reduce reliance on inpatient care, improve member functioning and clinical outcomes.



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Care Coordination and Release of Information

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Improving Care Coordination

Coordination of care between healthcare providers is essential in promoting:

- Easy access to a range of health care services
- Good communications and effective care plan transitions
- A focus on the total health care needs of the member
- Clear and simple information that member can understand



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Barriers to this vital communication may include

- Time issues
- Concerns over protection of personal health information (PHI)
- Member concerns and fears



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PCP Toolkit

Carelon provides a PCP Toolkit that includes resource information for Primary Care Providers [PCP Toolkit](#)



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](#)
- [Medication](#)
- [Mood disorders](#)
- [Obsessive-compulsive disorder \(OCD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Project TEACH](#)
- [Schizophrenia](#)
- [Social Drivers of Health \(SDoH\)](#)



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Release of Information

To assist with the sharing of information, Carelon offers these associated forms:

[Behavioral Health and Primary Care Physician to share confidential information](#)

[Authorization to Release Confidential Information](#)

[Authorization to Release Confidential Information \(Spanish\)](#)

[Provider to Release Confidential Information to Carelon Behavioral Health](#)



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Complaints, Grievances and Appeals

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Complaint / Grievance Definition



- A complaint / grievance is a verbal or written expression of dissatisfaction regarding:
 - Any aspect of Carelon's various health care plans
 - Current Carelon processes
 - Carelon's general administration of its plans
 - A specific action taken or decision made by Carelon in connection with any of its health care plans
- Does NOT include
 - Denial of service based on medical necessity
 - Denial of claims



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Appeals Definitions

Administrative: A verbal or written communication from a provider to reconsider an administrative denial or adjustment decision including:

- Timely filing
- No authorization on file
- Incorrect information on claim
- Incorrect information on authorization

Clinical: A verbal or written communication from a provider to reconsider a denial of medical necessity



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Quality Management



Complaint
Grievance Appeal
received and
researched



Acknowledgement
letter sent within 5
business days*



Resolution within 30
days after receipt*

*** Contract requirements may
apply**



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Clinical Appeals

In cases in where claims are denied for medical necessity providers have the option of speaking with one of our Medical Directors or Physician Advisors in a Peer to Peer review



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Appeals Process

Levels of appeal

- All requests can be submitted by phone, mail, or fax
- Level 1 and 2 conducted internally
- Level 3 conducted externally



External appeal:

A request for an independent, external review of the final adverse determination made by the organization through its internal appeal process



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External Reviews

Independent Review Organization (IRO): an organization that reviews and investigates appeal decisions and using evidence-based practice standards renders an opinion as to the medical necessity of the request for services. Carelon is required to abide by the decisions of the IRO for cases sent to independent review.



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Resources & Contact Information

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Resources

Availity Resources

[Availity Essentials Provider Resources | Carelon Behavioral Health](#)

Carelon On Track Outcomes Program

[On Track Outcomes Program | Carelon Behavioral Health](#)

Carelon Administrative Forms: Billing and Claims

[Administrative Forms | Carelon Behavioral Health](#)

Carelon Online Portal

[Provider Portal](#)

Webinar Archives and upcoming webinar schedule

[Trainings | Carelon Behavioral Health](#)



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Thank You

Contact Us



Carelon Behavioral Health		
Website and EDI	<p>eServices Phone: 866-206-6120 eServices@Carelon.com</p> <p>Electronic Data Interchange Phone: 888-204-5581 EDI.Operations@Carelon.com</p>	<p>EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET</p> <p>Phone: 888-247-9311 e-supportservices@Carelon.com</p>
PaySpan	<p>PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com</p>	<p>Unable to locate your registration code?</p> <p>Email: corporatefinance@Carelon.com Reply will be received within three business days</p>
Provider Relations	<p>National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team</p>	