



Welcome to Carelon Behavioral Health

A step-by-step guide for accessing your Maryland Public Behavioral Health System accounts, authorizations and claims





Provider Digital Front Door

Availity Essentials [↗](#)

ProviderConnect [↗](#)

ePREP [↗](#)

Zelis/Payspan [↗](#)

Carelon Provider Digital Front Door: ProviderConnect and Availity Essentials

Go to: <https://maryland.carelonbh.com/behavioral-health-providers/provider-resources/provider-digital-front-door>

Accessing ProviderConnect – Letter with all necessary information

Mailed, faxed and emailed to contacts on record with ePREP

Dear Valued Provider: |Provider Last Name|,

We are pleased to inform you that your provider file associated with the Maryland Medicaid contract is now active in the Carelon system.

Please access the link below in order to register with Carelon’s ProviderConnect Portal. Once you have registered your provider number in ProviderConnect, please also access Availity to complete the separate registration process.

Link for registration in ProviderConnect:

<https://providerconnect.carelonbehavioralhealth.com/pc/eProvider/providerLogin.do>

(Two fields are extremely important when registering, please use the exact provider ID and Last Name as it appears below)

PROVIDER ID: MDH0000000

Last Name: Smith

At this location you will be able to log into ProviderConnect, but as a new user you will need to register via the “Register” button at the bottom of the page. Clicking “Register” will take you to the registration page where you will fill in your information and create your credentials to ProviderConnect. In addition to creating a ProviderConnect account, please complete your registration with Availity. These credentials will be separate but allow you to link the accounts together within the Availity Platform, creating a single sign on experience.

Link to Availity Essentials: <https://www.availity.com/essentials-portal-registration/>

Please select “Healthcare Provider” if you have an NPI number. If you do not have an NPI number, please select “Caregiver or Atypical Provider”.

If additional ProviderConnect users are needed, please use the link below to request access under your account. Each system user within your organization should have their own separate and unique username and password.

<https://www.carelonbehavioralhealth.com/content/dam/digital/carelon/cbh-assets/documents/global/online-services-account-request-form.pdf>

→ **If you did not receive your Carelon ID**, or need assistance activating one, please contact the EDI help desk for assistance:

- EDI Help Desk: [1-800-888-1965](tel:1-800-888-1965) Press 1 for English, then 3 for Provider, then 7 for EDI
- EDI Support Email: EDI-ProviderSupport@carelon.com

Accessing ProviderConnect

Register in ProviderConnect: <https://providerconnect.carelonbehavioralhealth.com/pc/eProvider/providerLogin.do>

carelon
Behavioral Health

Carelon Behavioral Health Home | Provid

Please Log In to ProviderConnect

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

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password [Forgot Your Password?](#)

Log In

The information and resources provided through the Carelon Behavioral Health site are provided for informational purposes only. Behavioral health providers utilizing the Carelon Behavioral Health site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Carelon Behavioral Health providing services to their patients. No information or resource provided through the Carelon Behavioral Health site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Carelon Behavioral Health licensure under applicable laws and ethical standards.

It is recommended that you use Edge, Chrome or Firefox when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

Register

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-supportservices@carelon.com

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[Return to Carelon Behavioral Health Home](#) | [Return to Provider Home](#) | [Contact Us](#)

ProviderConnect Registration

Provider Online Services Registration

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

First Name

*Last Name

Contact Name

*Provider ID

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address

*Verify Primary Email Address

Secondary Email Address

*Phone Number
(10 digit number without dashes)
 Ext

Fax Number
(10 digit number without dashes)

Password must be between 8 and 20 characters long, must contain at least one number (0-9), one upper case letter (A-Z), one lower case letter (a-z), one of these special characters (! # \$ % & ' * + , - . : ; = ? [] ^ _ ` < > | { } \) , but no spaces. Make sure it is difficult for others to guess. Your Password is case-s

*Select a Password

*Confirm New Password

*Create a Security Question

*Answer to Security Question

Please check the provider services you want access to:

- Inquiry Functions
Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration.
- Claims Submission

Next

ProviderConnect Online Service Account Request Form (ARF)



Select Super User Account for Account Administration

Special Account Setup:
 Additional User Account
 Super User Account
 Military OneSource

Write Maryland Medicaid

Form link: [Account Request Form](#)

ProviderConnect Online Services Account Request Form

Provider, Practice or Facility Name

Carelon Behavioral Health Assigned ID

National Provider Identifier (NPI)

Carelon Behavioral Health Network Specific Assigned ID (Massachusetts, Illinois, Georgia Only)

Provider, Practice or Facility Tax IDs to be associated to this online account. If more than one, please list all.

Address

City

State

Zip Code

Telephone Number

Fax Number

Please indicate if this request is for Maryland Medicaid, Commercial or both.

If you intend to submit **batch** transactions for one of the states below please mark the appropriate box:

- 1. Illinois, batch registration for Illinois Mental Health Collaborative or ICG clients? Yes No
- 2. Georgia, batch registration, authorization, discharge or claims for Georgia Collaborative ASO? Yes No

Default functions included with your account access: Eligibility Inquiry, Claim Status, Authorization Inquiry and Provider Summary Voucher access.

If you intend to submit Direct Data Entry claims via ProviderConnect please mark here: Yes No

ProviderConnect Account Request Form (ARF) Access to Multiple Provider Files



Form link: [Account Request Form – Multiple](#)

ProviderConnect Account Request Form Access to Multiple Provider Files

Name of staff member

Address

City State Zip Code

Telephone Number Fax Number

Staff member's contact e-mail address – Please print

E-mail address where you would like to receive your batch submission file feedback

Please indicate if this request is for Maryland Medicaid, Commercial or both.

- This is for a new login ID
- We are adding a provider number to an existing multi-user account. Existing Login ID:

Please list the names and provider number of all the providers you will need access to with this account (ProviderConnect registration for each of these providers must have been completed prior to submission of this form). You must also indicate what specific tax IDs that this user should be allowed access to under that provider number. All fields are required. Additional sheets may be included to accommodate linking more than 5 providers at one time.

| Provider/Facility Name | Carelon Assigned ID | Tax ID(s) | NPI |
|------------------------|---------------------|-----------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Write Maryland Medicaid



What can a Super User do?

- Submit authorizations in ProviderConnect
- Submit claims in Availity





Single Sign-On Access: Linking Availity Essentials and ProviderConnect

Organization Administration

Setup Availity users to Single Sign-On (SSO) into ProviderConnect

- Register and login to [Availity Essentials](#)
- After login, the Account Administrator must link ProviderConnect to their Availity account
- Users will then be able to access ProviderConnect within Availity once accounts are linked

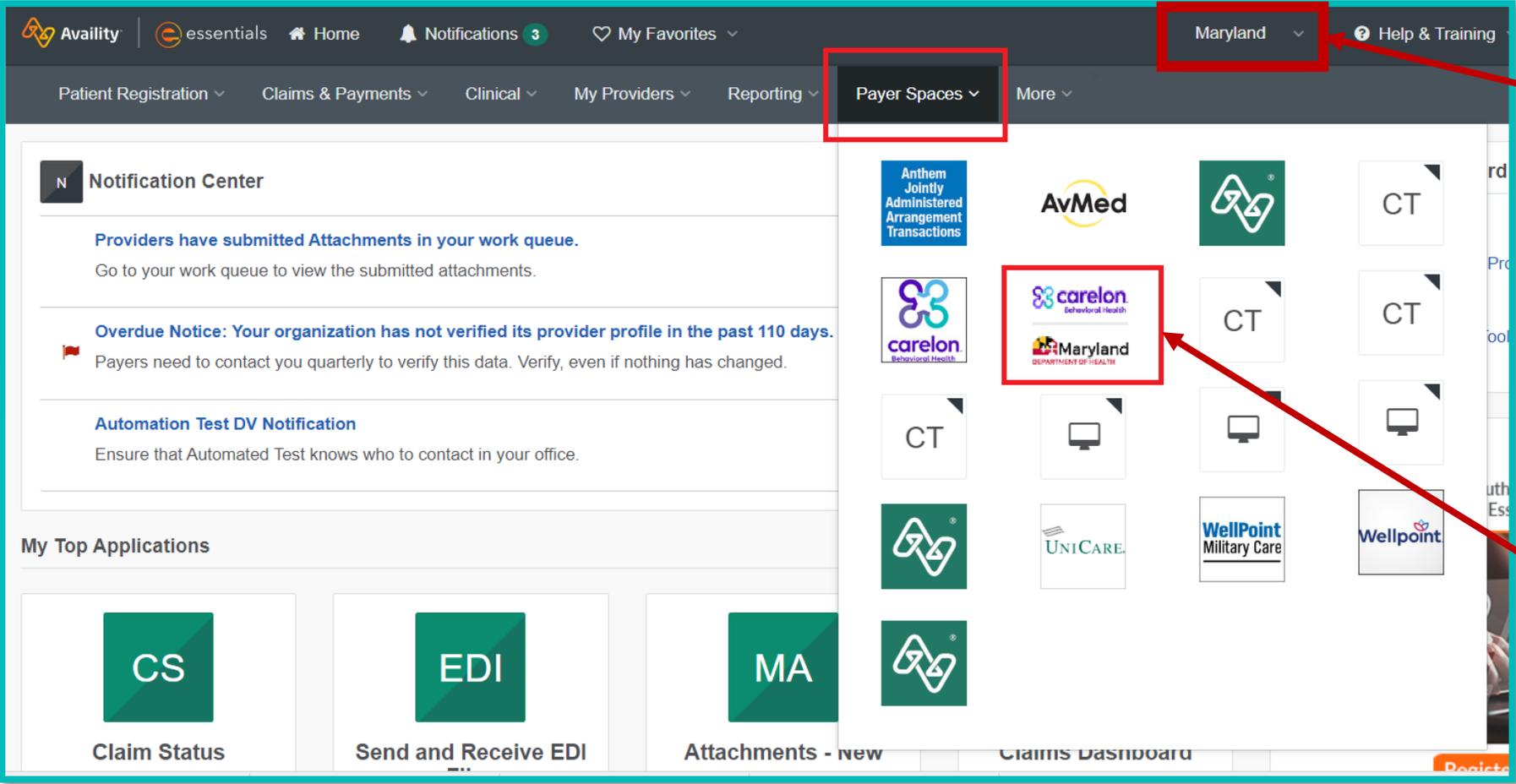
Why is this needed?

Setting up Single Sign-On access to Carelon's [Provider Digital Front Door](#) is like establishing the main entrance to our house, making your experience smoother and more efficient. Inside our digital house space, we have two essential rooms: [ProviderConnect](#) and [Availity](#).

Whether you need access to one or both rooms, having a single door to enter allows you to easily move between them and access everything you need. By using the Single Sign-On feature, you can save time and simplify how you view and submit authorizations and claims without ever leaving the Carleon platform. Additionally, you can login directly to Availity as your new access point.



Linking ProviderConnect and Availity for Account Admins



Select Maryland from the drop-down menu option

Select Organization Administration

Users can click on Payer Space and select Carelon Behavioral Health & Maryland Department of Health to access Maryland members.

Organization Administration

Organization Administration

Use this application to map the Availity user IDs of providers in your organization's Provider Portal. The "Manage My Organization" feature must be set up for your organization.

*required

Organization*
Carelon Behavioral Health Test Organization

Availity User ID*
Arthur Yusupov : ayus...

Provider Portal*
ProviderConnect

Carelon Provider ID*
328843

Carelon User ID*
328843AY

Clear Save

Showing 1 - 5 of 220 Providers

Availity User ID ▾ Provider Portal ▾ Carelon Provider ID ⇅ Carelon User ID ⇅

Select your Organization from the dropdown list

Select Portal

Enter Carelon Provider ID AND Carelon User ID

alth > Organization Administration

Save Provider Association ×

* I certify that this provider's information and relationship to my organization information is correct.

Cancel Confirm

Test Organization

Provider Portal* Carelon Provider ID* Carelon

Certify the information is correct and click confirm

Organization Administration - ProviderConnect Provider Portal

The screenshot shows the 'Organization Administration' page in the ProviderConnect Provider Portal. At the top, a green banner displays the message: 'The Provider Association is successful.' Below this, a text block explains the application's purpose: 'Use this application to map the Avality user IDs of providers in your organization to the appropriate Carelon Behavioral Health (Carelon) Provider Portal. The "Manage My Organization" feature must be set up for your organization to use this application. Go to [Manage My Organization](#).' A legend indicates that an asterisk (*) denotes required fields.

The form includes the following fields:

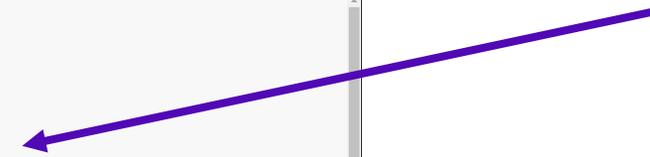
- Organization***: A dropdown menu with 'Carelon Behavioral Health Test Organization' selected.
- Avality User ID***: A dropdown menu with 'Select...'.
- Provider Portal***: A dropdown menu with 'Select...'.
- Carelon Provider ID***: A text input field.
- Carelon User ID***: A text input field.

Buttons for 'Clear' and 'Save' are located below the form fields.

Below the form, a section titled 'Showing 1 - 5 of 9 Providers' includes a search bar with '328843' and a 'Search' button. A pagination control shows '1' selected.

| Avality User ID | Provider Portal | Carelon Provider ID | Carelon User ID | Email Address | Status |
|-----------------|-----------------|---------------------|-----------------|---------------|--------|
| bschaffer0 | ProviderConnect | 328843 | 328843BS | | Active |
| cchung | ProviderConnect | 328843 | 328843 | | Active |
| dsankara | ProviderConnect | 328843 | 328843DS | | Active |

Provider association is successful



Single Sign-On to Carelon's Provider Digital Front Door

Provider Digital Front Door SSO

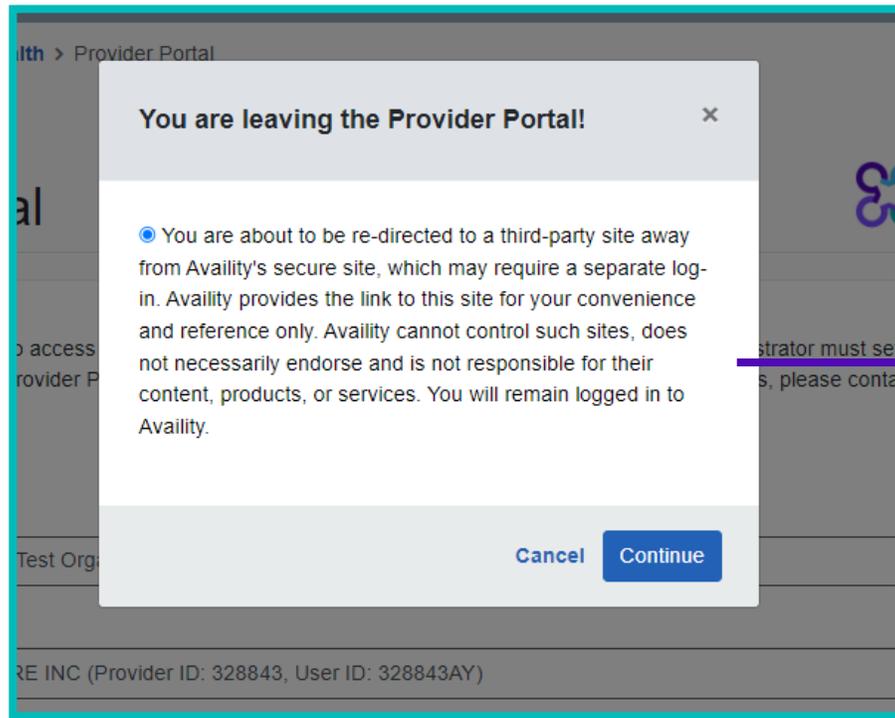
Single Sign On (SSO) to ProviderConnect using Avality

The screenshot displays the Avality ProviderConnect interface. At the top, there is a navigation bar with 'Avality' and 'essentials' logos, and a menu with items like 'Home', 'Notifications', and 'My Favorites'. Below this is a secondary navigation bar with categories such as 'Patient Registration', 'Claims & Payments', 'Clinical', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. The main content area features a 'Home > Carelon Behavioral Health' breadcrumb, the Carelon Behavioral Health logo, and the website URL 'www.carelonbehavioralhealth.com'. A 'Welcome Providers!' banner shows a doctor and a patient. Below the banner is a search bar and tabs for 'Applications', 'Resources', and 'News and Announcements'. A disclaimer states: 'THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVALITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!'. A grid of service tiles includes: 'Custom Learning Center' (Find payer-centric training and resources in the learning center.), 'Appointment Management' (Manage patient appointment requests.), 'Authorization Management' (View Authorizations and start new Authorization Requests.), 'Claims Dashboard' (Retrieve a list and status of your submitted Claims.), 'Provider Enrollment' (Submit an online request to join our provider network.), and 'Provider Portal' (Access Carelon Behavioral Health Provider Portal(s) here.). The 'Provider Portal' tile is highlighted with a red box, and a red arrow points from a callout box to it.

Once accounts are linked, users can access ProviderConnect using Avality Essentials

Availity to ProviderConnect

Single Sign On (SSO) from Availity to ProviderConnect





Member Eligibility and Benefits in ProviderConnect

Eligibility Verification

Member Search

Authorization Listing

Enter an Authorization/Notification Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter EAP CAF

Manage Users

Enter an Individual Plan

Enter Case Management Referral

Enter a Referral

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

Weekly Behavior Analysis Measures

Enter Member Assessment

Enter Member Reminders

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

▶ [Link/Unlink Accounts](#) **NEW**

▼ [Eligibility and Benefits](#)

▪ [Find a Specific Member](#)

▪ [Register a Member](#)

▼ [Enter or Review Authorization Requests](#)

▪ [Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge](#)

▪ [Enter an Authorization/Notification Request](#)

▪ [Enter an Individual Plan](#)

▪ [Enter a Special Program Application](#)

▪ [Enter a Comprehensive Service Plan](#)

▪ [Enter a Treatment Plan](#)

▪ [Review an Authorization](#)

▪ [Update Monthly Wage Information](#)

▼ [Enter or Review Claims](#)

▪ [Enter a Claim](#)

▪ [Enter EAP CAF](#)

▪ [View EAP CAF](#)

▪ [Review a Claim](#)

▪ [View My Recent Provider Summary Vouchers](#)

▪ [PaySpan](#)

▼ [Enter or Review Referrals](#)

▪ [Enter a Referral](#)

▪ [Review Referrals](#)

▶ [Enter Bed Tracking Information](#)

▶ [Search Beds/Opening](#)

▶ [Update Demographic Information](#)



Eligibility Verification

Member ID

Date of Birth

carelon
Behavioral Health

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization/Notification Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter Case Management Referral
- Enter Bed Tracking Information
- Search Beds/Openings
- Weekly Behavior Analysis Measures
- EDI Homepage
- Enter Member Reminders
- Reports
- Print Spectrum Release of Information Form
- ABA Availability Survey
- My Online Profile
- My Practice Information
- Provider Credentialing Application

Eligibility & Benefits Search

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

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

| HealthCare+ HMO | |
|----------------------------|-----------------------------|
| Name JANE DOE | Group # xxx-xxx-xx |
| ID # xxx-xxx-xxxx | Effective xx-xx-xxxx |
| Coverage INDIVIDUAL | |
| Plan HMO | |
| Copay \$xxx.xx | Rx YES |
| | RXBIN xxxxxx |
| | RXPCN xxxxxxxx |

Click to Continue

*Under member ID, the participant's Maryland Medicaid number or unique identifier from Carelon must be used

Member Demographics

Demographics

[Enrollment History](#)[COB](#)[Benefits](#)[Additional Information](#)[Primary Care Provider](#)

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member

| | |
|-------------------|--|
| Member ID | 987654321 |
| Alternate ID | |
| Member Name | ASLAN, SUSAN |
| Date of Birth | 12/02/1979 |
| Address | 5 WARDROBE WAY NARNIA, VA 12345 |
| Alternate Address | |
| Marital Status | - |
| Home Phone | 703 123-4567 X 12345678 |
| Work Phone | |
| Relationship | 1 - Self |
| Gender | F - Female |

Eligibility

| | |
|--|-------------------|
| Effective Date | 12/31/2003 |
| Expiration Date | 01/15/2009 |
| COB Effective Date <input type="text"/> | |
| View Funding Source Enrollment Details | |

Subscriber

| | |
|-----------------|-----------------------|
| Subscriber ID | 111111111 |
| Subscriber Name | ROBERTS, JAMES |

Additional Information

| | |
|------------------|--------------------------------|
| CSP Type | AD04 - GMH/ARIZONA ONLY |
| Primary Agency | 123456 - DEMO SERVICES |
| Effective Date | 03/01/2007 |
| Expiration Date | |
| Clinical Liaison | 123456 - JANE DOE BHT |

[^ Additional Information will appear for Arizona Members ONLY ^](#)

Member Participates in Message Center Communication with Providers? **No**

Member Enrollment History

Demographics **Enrollment History** COB Benefits Additional Information Primary Care Provider

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member Detail

| Subscriber ID | Member ID | Member Name | Group # | Group Name | Account # | Fund | Effective Date | Expiration Date | Date Changed |
|---------------|-----------|--------------|---------|-----------------------|-----------|------|----------------|-----------------|--------------|
| 111111111 | 123456 | ASLAN, SUSAN | 00001 | Braided Funding Group | GRP1 | 80BB | 11/05/2007 | 11/05/2008 | 11/20/2007 |
| 222222222 | 123456 | ASLAN, SUSAN | 00002 | Braided Funding Group | GRP2 | 80CC | 12/06/2007 | 12/25/2008 | 12/19/2007 |

[View Member Auths](#) [View Member Claims](#) [View Empire Claims](#) [View GHI-BMP Claims](#)

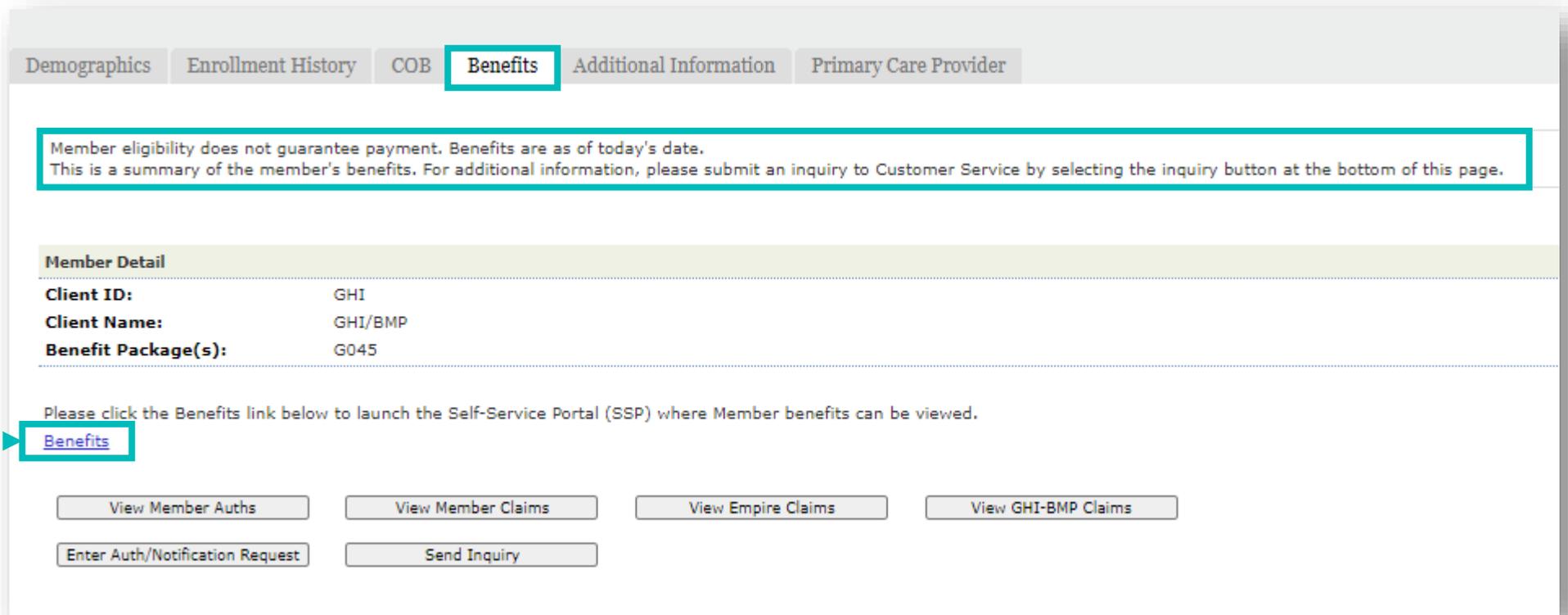
[Enter an Authorization/Notificatio](#) [Enter Claim](#) [Send Inquiry](#) [Enter POMS Data](#)

^ This button will appear
^ for SWPA Members only

**Click to Communicate
with Customer Service**

Member Benefits

Click for
Member
Benefits



Demographics Enrollment History COB **Benefits** Additional Information Primary Care Provider

Member eligibility does not guarantee payment. Benefits are as of today's date.
This is a summary of the member's benefits. For additional information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.

Member Detail

| | |
|----------------------------|---------|
| Client ID: | GHI |
| Client Name: | GHI/BMP |
| Benefit Package(s): | G045 |

Please click the Benefits link below to launch the Self-Service Portal (SSP) where Member benefits can be viewed.

[Benefits](#)

View Member Auths View Member Claims View Empire Claims View GHI-BMP Claims

Enter Auth/Notification Request Send Inquiry



Authorization Submission Guidelines

Submission Guidelines for Authorization Requests

| Level of Care | Timeframe for Submission: Initial Authorization | Timeframe for Submission: Concurrent Authorization | Backdating Guideline: Initial Authorization | Backdating Guideline: Concurrent Authorization |
|--------------------|--|---|---|--|
| Inpatient MH | 0 days in advance (T/F imminent or already admitted) | No earlier than 1 day before new auth should start | 1 BD after admission | 1 BD after last covered day |
| Inpatient ECT | Day of admission or 1 day prior to expected start date | 1-2 days in advance | 1 BD after admission | 1 BD after last covered day |
| Inpatient Detox | 1 day in advance (T/F imminent or already admitted) | No earlier than 1 day before new auth should start | 1 BD after admission | 1 BD after last covered day |
| ASAM 3.7WM and 3.7 | 1 day in advance | 1 day in advance, but no later than the first uncovered day | 1 BD after admission | 1 BD after last covered day |
| Residential Crisis | 0 days in advance (T/F imminent or already admitted) | No earlier than 1 day before new auth should start | 1 BD after admission | 1 BD after last covered day |
| OP Crisis Sessions | 1 CD in advance | 1 CD in advance | 7 CD | 7 CD |
| ASAM 3.5, 3.3, 3.1 | 7 CD in advance | 7 CD in advance | 7 CD | 7 CD |
| ASAM 2.5, 2.1 | 7 CD in advance | 7 CD in advance | 7 CD | 7 CD |
| MH IOP and PHP | 7 CD in advance | 7 CD in advance | 7 CD | 7 CD |

Submission Guidelines for Authorization Requests

| | | | | |
|--------------------------------------|------------------|---------------------------------------|-------|-------|
| MH RTC | 14 CD in advance | 14 CD in advance | 7 CD | 7 CD |
| PRP & RRP | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| Respite | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| 1915i | 30 CD in advance | No later than the first uncovered day | | |
| TCM | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| Mobile Treatment | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| MH or SUD OP therapy/ med management | 30 CD in advance | 30 CD in advance | 20 CD | 20 CD |
| OP ECT | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| TBS | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| Psychological Testing | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| TMS | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| MAT | 30 CD in advance | 30 CD in advance | 7 CD | 7 CD |
| SE Pre Placement | 14 CD in advance | 14 CD in advance | 7 CD | 7 CD |
| SE Job Placement | 5 CD in advance | 5 CD in advance | 7 CD | 7 CD |
| SE Intensive Job Coaching | 5 CD in advance | 5 CD in advance | 7 CD | 7 CD |
| SE Ongoing Support | 14 CD in advance | 14 CD in advance | 7 CD | 7 CD |
| SE Clinical Coordination | 14 CD in advance | 14 CD in advance | 7 CD | 7 CD |
| PRP for Individuals in SE | 14 CD in advance | 14 CD in advance | 7 CD | 7 CD |

Authorizations Grid

| Level of Care | Authorization Required? | Turnaround Time | How to Submit |
|---|-------------------------|----------------------|------------------|
| Inpatient MH | Y | 1-4 Hours | Provider Connect |
| Inpatient ECT | Y | 1-4 Hours | Provider Connect |
| Inpatient Detox | Y | 1-4 Hours | Provider Connect |
| ASAM 3.7WM and 3.7 | Y | 1-4 Hours | Provider Connect |
| Residential Crisis | Y | 1-4 Hours | Provider Connect |
| Mobile Crisis (Initial) | N | n/a | n/a |
| Mobile Crisis (Follow-up) | Y | Immediate via portal | Provider Connect |
| Behavioral Health Crisis Stabilization Center (BHCSC) | N | n/a | n/a |
| Mobile Treatment - ACT | Y | 3 BD | Provider Connect |
| ASAM 3.5, 3.3 | Y | 3 BD | Provider Connect |
| ASAM 3.1 | Y | 14 CD | Provider Connect |
| ASAM 2.5, 2.1 | Y | 14 CD | Provider Connect |

Authorizations Grid *continued*

| | | | |
|--|---|----------------------|------------------|
| Opioid Treatment Program | Y | Immediate via portal | Provider Connect |
| MH IOP and PHP | Y | 14 CD | Provider Connect |
| MH RTC | Y | 14 CD | Provider Connect |
| PRP & RRP | Y | 14 CD | Provider Connect |
| Respite | Y | 14 CD | Provider Connect |
| 1915i | Y | 14 CD | Provider Connect |
| TCM | Y | 14 CD | Provider Connect |
| MH or SUD OP therapy/medication management | Y | Immediate via portal | Provider Connect |
| OP ECT | Y | 14 CD | Provider Connect |
| TBS | Y | 14 CD | Provider Connect |
| Psychological Testing | Y | 14 CD | Provider Connect |
| TMS | Y | 14 CD | Provider Connect |
| MAT | Y | 14 CD | Provider Connect |
| OP School Based Services | Y | 14 CD | Provider Connect |
| IP/OP Occupational Therapy (EPSDT) | N | n/a | n/a |



Submitting Authorizations in ProviderConnect

Submitting Authorizations In ProviderConnect – Outpatient

Release of Information Consent

All Maryland Behavioral Health providers are encouraged to present and gain consent for their consumer's Release of Information (ROI) in order to improve coordination of care. Substance Use Providers and Mental Health Providers providing substance use treatment, are required to use the Department of Health and Mental Hygiene-approved AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT INFORMATION FOR COORDINATION OF CARE located on the Carelon Behavioral Health Maryland website (<http://maryland.carelonbh.com/>). By gaining your consumer's consent, you are increasing access to that individual's healthcare needs, helping to avoid medication or treatment conflicts and aiding in their wellness and recovery. Please note: Consumers may rescind releases at any time. If you have a ROI on file, please ensure that it is still active and that the consumer has not rescinded. Please review and select the appropriate response below:

- I am requesting only mental health services for this individual and no ROI is required
- I presented an ROI to the consumer and he/she provided consent
- I presented an ROI to the consumer but he/she did not consent
- I did not present an ROI to the consumer for his/her consent

Ok

Communication with Providers? **No**

Submitting Authorizations in ProviderConnect - Outpatient



ProviderConnect Home

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

* [Requested Start Date](#) (MMDDYYYY) 

* [Level of Service](#)

* [Type of Service](#)

* [Level of Care](#)

* [Type of Care](#)

| Provider | | | | |
|-----------|-------------|----------------------|-----------|----------------------------|
| Tax ID | Provider ID | Provider Last Name | Vendor ID | Provider Alternate ID |
| 020575163 | MDH0000240 | WALNUT STREET COMMUN | MD048495 | 1366425266 |

| Participant | | | |
|----------------|-----------|------------|-----------------|
| Participant ID | Last Name | First Name | Date (MMDDYYYY) |
| MD500000066 | PARSLEY | THERESA | 01301962 |

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type:

Does this Document contain clinical information about the Participant? Yes No

*Document Description:

Click to attach a document Click to delete an attached document



Submitting Authorizations in ProviderConnect - Outpatient

Requested Services Header

| | | | | |
|---|---|--|---|---|
| Requested Start Date 11/11/2024 | Participant Name PARSLEY, THERESA | Provider Name WALNUT STREET COMMUN, ITY HEALTH CTR | Vendor ID MD048495 | <input type="button" value="Save Request as Draft"/> |
| Type of Request INITIAL | Participant ID MD500000066 | Provider ID MDH0000240 | Provider Alternate ID 1366425266 | NPI # for Authorization SELECT... <input type="button" value="v"/> |
| Level of Service OUTPATIENT | Type of Service MENTAL HEALTH | Level of Care OUTPATIENT | Type of Care OPMH | Authorized User <input type="text"/> |

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

Contact Information

Please provide contact name and phone # of person to provide additional information if needed.

| | |
|---------------------------------------|---|
| *Contact Name <input type="text"/> | *Phone # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---------------------------------------|---|

Type of Services

| | |
|--|--|
| Type of Service MENTAL HEALTH | *Indicate Participant's Medical Condition(s) <input type="checkbox"/> None |
| *Is participant currently receiving disability benefits? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown | Check all that apply |
| *I am treating this patient according to Carelon Behavioral Health treatment guidelines. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A | <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> Dementia |
| *I am coordinating this patient's case with other behavior/medical providers as appropriate. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A | <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes |
| *Treatment plan developed with patient and has measurable time limited goals. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A | <input type="checkbox"/> Cardiovascular Problem <input type="checkbox"/> Obesity |
| | <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Other |



Submitting Authorizations in ProviderConnect - Outpatient

Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

| | | |
|-------------------------|-----------------------------------|-------------------------------|
| * Diagnostic Category 1 | *Diagnosis Code 1 | * Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

Additional Behavioral Diagnosis

| | | |
|-----------------------|----------------------------------|-----------------------------|
| Diagnostic Category 2 | Diagnosis Code 2 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------|----------------------------------|-----------------------------|
| Diagnostic Category 3 | Diagnosis Code 3 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------|----------------------------------|-----------------------------|
| Diagnostic Category 4 | Diagnosis Code 4 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------|----------------------------------|-----------------------------|
| Diagnostic Category 5 | Diagnosis Code 5 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

| | | |
|------------------------|----------------------------------|-----------------------------|
| *Diagnostic Category 1 | Diagnosis Code 1 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------|----------------------------------|-----------------------------|
| Diagnostic Category 2 | Diagnosis Code 2 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

| | | |
|-----------------------|----------------------------------|-----------------------------|
| Diagnostic Category 3 | Diagnosis Code 3 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

Submitting Authorizations in ProviderConnect - Outpatient

Social Elements Impacting Diagnosis

* Check all that apply

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Problems with access to health care services | <input type="checkbox"/> Housing problems (Not Homelessness) | <input type="checkbox"/> Problems related to environment |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problems related to interaction w/legal system/crime | <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Other psychosocial and environmental problems | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment | | | |

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

SELECT... ▼

Assessment Score

Secondary Assessment Measure

SELECT... ▼

Assessment Score

Back

Next

Submitting Authorizations in ProviderConnect - Outpatient

PAGE 2 of 3

Requested Services Header

| | | | | |
|---|---|--|---|---|
| Requested Start Date 11/11/2024 | Participant Name PARSLEY, THERESA | Provider Name WALNUT STREET COMMUN, ITY HEALTH CTR | Vendor ID MD048495 | <input type="button" value="Save Request as Draft"/> |
| Type of Request INITIAL | Participant ID MD500000066 | Provider ID MDH0000240 | Provider Alternate ID 1366425266 | NPI # for Authorization <input type="text" value="SELECT..."/> |
| Level of Service OUTPATIENT | Type of Service MENTAL HEALTH | Level of Care OUTPATIENT | Type of Care OPMH | Authorized User <input type="text"/> |

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

Current Risks

Key:

0 = None **1** = Mild or Mildly Incapacitating **2** = Moderate or Moderately Incapacitating **3** = Severe or Severely Incapacitating **N/A** = Not Assessed

[*Participant`s Risk to Self](#)

0 1 2 3 N/A

[*Participant`s Risk to Others](#)

0 1 2 3 N/A

Submitting Authorizations in ProviderConnect - Outpatient

Current Impairments

Key:

0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

*[Mood Disturbances \(Depression or Mania\)](#)

0 1 2 3 N/A

*[Weight Change Associated with a Behavioral Diagnosis](#)

0 1 2 3 N/A

*[Anxiety](#)

0 1 2 3 N/A

*[Medical/ Physical Conditions](#)

0 1 2 3 N/A

*[Psychosis/ Hallucinations/ Delusions](#)

0 1 2 3 N/A

*[Substance Use/ Dependence](#)

0 1 2 3 N/A

*[Thinking/ Cognition/ Memory/ Concentration Problems](#)

0 1 2 3 N/A

*[Job/ School Performance Problems](#)

0 1 2 3 N/A

*[Impulsive/ Reckless/ Aggressive Behavior](#)

0 1 2 3 N/A

*[Social Functioning/ Relationships/ Marital/ Family Problems](#)

0 1 2 3 N/A

*[Activities of Daily Living Problems](#)

0 1 2 3 N/A

*[Legal](#)

0 1 2 3 N/A

[Back](#)

[Submit](#)

Submitting Authorizations in ProviderConnect - Outpatient

Determination Status:

***** **PENDED** *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the participant's authorization history.

| | | | | |
|---|--------------------------------------|--------------------------------------|--|-------------------------------------|
| Participant Name THERESA L. PARSLEY | Participant ID MD500000066 | Participant DOB 01/30/1962 | Subscriber Name THERESA L. PARSLEY | Subscriber ID MD500000066 |
|---|--------------------------------------|--------------------------------------|--|-------------------------------------|

| | | |
|--|--------------------------------------|-----------------------------------|
| Pended Authorization # 111124-1-38 | Client Authorization # N/A | Type of Request INITIAL |
|--|--------------------------------------|-----------------------------------|

| | | |
|---|-------------------------------------|--------------------------------------|
| Date of Admission/ Start of Services 11/11/2024 | Requested From 11/11/2024 | Submission Date 11/11/2024 |
|---|-------------------------------------|--------------------------------------|

| | | | |
|---------------------------------------|---|------------------------------------|-----------------------------|
| Level of Service OUTPATIENT | Type of Service MENTAL HEALTH | Level of Care OUTPATIENT | Type of Care OPMH |
|---------------------------------------|---|------------------------------------|-----------------------------|

Reason Code
P76

| | | | |
|--|----------------------------------|--|---------------------------------------|
| Provider Name & Address WALNUT STREET COMMUNITY HEALTH CTR 201 SOUTH CLEVELAND AVENU HAGERSTOWN MD 21740 | Provider ID MDH0000240 | Provider Alternate ID 1366425266 | NPI # for Authorization N/A |
|--|----------------------------------|--|---------------------------------------|

Message

P76

Attached Documents

There are no documents attached with this Authorization Request

| | |
|----------------|----------------------|
| Document Title | Document Description |
|----------------|----------------------|

Submitting Authorizations in ProviderConnect - Inpatient

Requested Services Header

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

* Requested Start Date (MMDDYYYY)

11112024 

* Level of Service

INPATIENT/HLOC 

* Type of Service

SELECT... 

* Level of Care

SELECT... 

Type of Care

SELECT... 

* Admit Date (MMDDYYYY)



* Has the member already been admitted to the facility?

Yes No

Admit Time (HHmm)

0000

Provider

Tax ID

020575163

Provider ID

MDH0000240

Provider Last Name

WALNUT STREET COMMUN

Vendor ID

MD048495

Provider Alternate ID

[1366425266](#)

Participant

Participant ID

MD500000066

Last Name

PARSLEY

First Name

THERESA

Date (MMDDYYYY)

01301962

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type:

Does this Document contain clinical information about the Participant?

Yes No

*Document Description

SELECT... 

Click to attach a document

Click to delete an attached document

Attached Document:

Submitting Authorizations in ProviderConnect - Inpatient

Requested Services Header

| | | | | |
|---|---|--|---|--|
| Requested Start Date 11/11/2024 | Participant Name PARSLEY, THERESA | Provider Name WALNUT STREET COMMUN, ITY HEALTH CTR | Vendor ID MD048495 | Save Request as Draft |
| Type of Request INITIAL | Participant ID MD500000066 | Provider ID MDH0000240 | Provider Alternate ID 1366425266 | NPI # for Authorization SELECT...  |
| Level of Service INPATIENT/HLOC | Type of Service MENTAL HEALTH | Level of Care INPATIENT | Type of Care INPATIENT MENTAL HEALTH- ACUTE | Authorized User <input type="text"/> |

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

Level Of Care

[Level Of Care](#)
I - INPATIENT

Type of Service
MENTAL HEALTH

Treatment Includes

ECT Psych Testing

(Separate pre-authorization may be required.)

*Aftercare Follow-Up contact information for member - Please provide at least one method for contacting member for follow-up. If not available, please clarify reason.

Phone #

Not Available

Email

Validate Email

Primary Care Coordination

* PCP Contacted Status

PCP Contacted Name Date Contacted 

* At least one contact name and phone number is required.

Submitting Authorizations in ProviderConnect - Inpatient

| | | | | |
|---|--|--|--|---|
| Admitting Physician <input type="text"/> | Phone # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Attending Physician <input type="text"/> | Phone # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Preparer <input type="text"/> | Phone # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Utilization Review Contact <input type="text"/> | Phone # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Fax <input type="text"/> <input type="text"/> <input type="text"/> |

Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

| | | |
|--|--|---|
| * Diagnostic Category 1 <input type="text" value="SELECT.."/> | * Diagnosis Code 1 <input type="text"/> | * Description <input type="text"/> |
|--|--|---|

Additional Behavioral Diagnosis

| | | |
|--|--|---|
| Diagnostic Category 2 <input type="text" value="SELECT.."/> | Diagnosis Code 2 <input type="text"/> | Description <input type="text"/> |
|--|--|---|

| | | |
|--|--|---|
| Diagnostic Category 3 <input type="text" value="SELECT.."/> | Diagnosis Code 3 <input type="text"/> | Description <input type="text"/> |
|--|--|---|

| | | |
|--|--|---|
| Diagnostic Category 4 <input type="text" value="SELECT.."/> | Diagnosis Code 4 <input type="text"/> | Description <input type="text"/> |
|--|--|---|

| | | |
|--|--|---|
| Diagnostic Category 5 <input type="text" value="SELECT.."/> | Diagnosis Code 5 <input type="text"/> | Description <input type="text"/> |
|--|--|---|

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

| | | |
|--|--|---|
| * Diagnostic Category 1 <input type="text" value="SELECT.."/> | Diagnosis Code 1 <input type="text"/> | Description <input type="text"/> |
|--|--|---|

Submitting Authorizations in ProviderConnect - Inpatient

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

| | | |
|-------------------------|----------------------------------|-----------------------------|
| * Diagnostic Category 1 | Diagnosis Code 1 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |
| Diagnostic Category 2 | Diagnosis Code 2 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |
| Diagnostic Category 3 | Diagnosis Code 3 | Description |
| SELECT... ▼ | <input type="text"/> | <input type="text"/> |

Social Elements Impacting Diagnosis

* Check all that apply

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Problems with access to health care services | <input type="checkbox"/> Housing problems (Not Homelessness) | <input type="checkbox"/> Problems related to the social environment |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problems related to interaction w/legal system/crime | <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Unknown | <input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment |
| <input type="checkbox"/> Other psychosocial and environmental problems | | | |

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

| | | | |
|--------------------|----------------------|------------------------------|----------------------|
| Assessment Measure | Assessment Score | Secondary Assessment Measure | Assessment Score |
| SELECT... ▼ | <input type="text"/> | SELECT... ▼ | <input type="text"/> |

Submitting Authorizations in ProviderConnect - Inpatient

Medical Implications

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions? Yes No Unknown

Is the member receiving appropriate medical care for the comorbid medical conditions? Yes No Unknown

Metabolic Assessment Tool

Current Weight lbs Height ft in Waist Circumference in inches in BMI

BMI Categories: Underweight < 18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater.

Results of BMI indicate that the individual may be Recommendation

Results of Metabolic Syndrome Assessment

BMI not assessed

Please provide additional information on reason for not obtaining BMI or if recommendation is to follow up, details around the follow-up when available.

▸ Narrative Entry

(0 of 2000)

[Back](#) [Next](#)

Submitting Authorizations in ProviderConnect - Inpatient

* Is the Member currently in the Emergency Room (ER)? Yes No

Symptomatology

Please explain the reason for current admission (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent request, please list both the progress that has been made to date

▸ Narrative Entry

(0 of 2000)

Key:

0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

* [Member's Risk to Self](#)

0 1 2 3 N/A

* [Member's Risk to Others](#)

0 1 2 3 N/A

* [Substance Use](#)

0 1 2 3 N/A

Urine drug screen?

Yes No Unknown

Outcome of UDS

Positive Negative Pending

Positive For

Check all that apply

Cannabis

Benzodiazepines

Opiates

Barbiturates

Cocaine

Methamphetamine

Date of Urine Drug Screen



* Blood Alcohol N/A

Submitting Authorizations in ProviderConnect - Inpatient

Primary Issues/Symptoms Addressed in Treatment

Symptom complexes are utilized for gathering clinical information specific to the primary behavioral diagnosis and/or risk. At times more than one complex may be identified for completion. Providing all the requested information in the identified complex is essential for the authorization process and determining medical necessity. If this is a concurrent request, please update the identified complexes with any new information for each complex based on the individual's current symptomatology.

▶ Danger to Self Symptom Complex

▶ Danger to Others Symptom Complex

▶ Psychosis Symptom Complex

▶ Child/Adolescent Behavior Symptom Complex

▶ Eating Disorder Symptom Complex

▶ Neurocognitive Symptom Complex

▶ Substance Use Symptom Complex

▶ Mood Disorder Symptom Complex

▶ Narrative Entry

(460 of 4000)

PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY):

BASELINE:

TREATMENT HISTORY:

IF THERE ARE ANY PSYCHOTIC SYMPTOMS, HOW ARE THEY BEING ADDRESSED?

IF AN ANTIPSYCHOTIC IS BEING USED (FOR PSYCHOSIS OR AS A MOOD STABILIZER), HAS METABOLIC TESTING BEEN DONE?

IS THERE A SEASONAL COMPONENT?

IS THIS POSTPARTUM ONSET?

ICM NEEDS (INCLUDING COMMUNITY, CARELON BH, CM, DM, ETC):

OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Submitting Authorizations in ProviderConnect - Inpatient

Recovery and Resiliency

Please outline the recovery and resiliency environment to support this individual's long term recovery plan. Please include personal strengths, support systems available to support the recovery and details around living environment, as well as outline any identified needs or supports that need to be put in place to assist in the successful recovery.

▸ Narrative Entry

(0 of 2000)

Medications

Medication

Medication

Description

Start Date



Date Discontinued



Date Added



* Medication Adherent (Prior to Admission)?

Yes

No

Unknown

For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.

▸ Narrative Entry

(0 of 250)

Add Medication

With respect to all medications above, please enter any additional details that would assist in coordinating care.

▸ Narrative Entry

(0 of 2000)

Submitting Authorizations in ProviderConnect - Inpatient

Best Practices Endorsement

[Best Practice Guidelines Related to Primary Behavioral Diagnosis](#)

* I endorse that I follow Best Practice Guidelines for the Primary Behavioral Diagnosis.

Yes No

Additional Information on Selected Conditions

Depressive Disorders

[Depression Basics](#)

Discharge Information

Discharge planning considerations should include obtaining releases to speak to and coordinate care with the providers that individual will be transitioning to as well as confirming that appointments are timely scheduled. Discharge Planning should be included as a component of the treatment throughout the entire stay. (HEDIS measures require follow-up within 7 days to discharge. Requirements may be sooner based on individual circumstances.)

* Planned Discharge Level of Care

SELECT... ▼

* Planned Discharge Residence

SELECT... ▼

Expected Discharge Date (MMDDYYYY)



Provider Consent to Notify Member

Do you, the Provider, agree to notify the Member of this determination? Yes No

[Back](#) [Next](#)



Authorizations Dashboard in Availity

Start in Your Provider Dashboard

Access Provider Dashboards using Payer Space.

N Notification Center

Providers have submitted Attachments in your work queue.
Go to your work queue to view the submitted attachments.

My Top Applications

Organization Administration **Authorization Management** Claims Dashboard

News and Announcements

Healthfirst providers can now check claim status and Member Renewal Roster in Essentials
Look for 'Healthfirst (New York)' in the payer list on the Claim Status page. Review a recorded webinar to learn how to check claim status and More...

Healthfirst providers: Are you verifying member E&B in Essentials
Effective 9/30/2024, member eligibility and benefits verification will be retired in Healthfirst's legacy provider portal (hfproviderportal.org) and c More...

View updates and enhancements for Availity Essentials and EDI Clearinghouse
Release communication for March 16, 2024.

Open link as payer

Open Authorization Management as:

Claims Dashboard **Appointment Management**

Cancel Continue

Authorizations Dashboard

Authorization Management



Authorization Search Authorization Request

This dashboard allows you to search and retrieve a list of your authorizations. Your organization's administrator must set up your access to the Carelon Behavioral Health Provider Portal(s) before you can use this dashboard. If you encounter any issues, please contact your administrator.

Organization*

Carelon Behavioral Health Test Organization

Select a Provider* (Select up to 5 Providers) ●

MDH USER (Provider ID: MDH328323, User ID: MDH328323) x clear

Search Criteria (optional)

Narrow your search results by entering Member ID or Authorization Effective Date and/or Authorization Expiration Date.

Member ID

Authorization Effective Date

MM/DD/YYYY



Authorization Expiration Date

MM/DD/YYYY



Next

▸ [Terms of use](#)

Users will need to select Organization, provider and date range.

Users can also narrow search by the dates or by a specific member

Authorizations

Authorization Management



Authorization Search Authorization Request

Your search criteria:

Selected Provider:

MDH USER: Provider ID: MDH328323, User ID: MDH328323

Clicking on the Authorization number will bring you to ProviderConnect

ProviderConnect Auth Summary page

Refine Search

Download Authorizations

Showing 1 - 2 of 2 Authorizations

If you didn't find what you were looking for you can refine your search criteria and try again.

| Authorization # | Provider ID | Member Name | Member ID | Member DOB | Effective Date | Expiration Date | Provider Portal |
|-------------------------------|-------------|--------------------|------------------|------------|----------------|-----------------|-----------------|
| 01-100924-1-1 | MDH328323 | TEST TESTMEMBER01 | MD000000003 | 01/01/1990 | 10/09/2024 | 04/09/2025 | ProviderConnect |
| 01-100824-1-8 | MDH328323 | THREE PDFD-TESTING | MD000000013 A | 03/03/1983 | 10/08/2024 | 06/30/2025 | ProviderConnect |

Refine Search

Terms of use

The screenshot shows the 'Auth Summary' page in ProviderConnect. The 'Authorization Header' section displays the following information:

- Member ID: 00286662
- Member Name: CLOSE, AHANDA E
- Authorization #: 01-100924-1-16
- Client Auth #: N/A
- Auth # for Authorization: N/A
- Authorization Status: 0 - Open
- From Provider: SOUTHWEST BEHAVIORAL CARE INC
- Admit Date: 08/29/2023
- Discharge Date: (blank)

Extract Authorizations to Excel

Authorization Management



Authorization Search | Authorization Request

Your search criteria:

Selected Provider:

MDH USER: Provider ID: MDH328323, User ID: MDH328323

Refine Search

Download Authorizations

Showing 1 - 2 of 2 Authorizations

If you didn't find what you were looking for you can refine your search criteria and try again.

| Authorization # | Provider ID | Member Name | Member ID | Member DOB | Effective Date | Expiration Date | Provider Portal |
|-----------------|-------------|--------------------|------------------|------------|----------------|-----------------|-----------------|
| 01-100924-1-1 | MDH328323 | TEST TESTMEMBER01 | MD000000003 | 01/01/1990 | 10/09/2024 | 04/09/2025 | ProviderConnect |
| 01-100824-1-8 | MDH328323 | THREE PDFD-TESTING | MD000000013 A | 03/03/1983 | 10/08/2024 | 06/30/2025 | ProviderConnect |

Refine Search

Terms of use

| Authorization # | Provider ID | Member Name | Member ID | Member DOB | Effective Date | Expiration Date | Provider Portal |
|-----------------|-------------|--------------------|------------------|------------|----------------|-----------------|-----------------|
| 01-100924-1-1 | MDH328323 | TEST TESTMEMBER01 | MD000000003 | 01/01/1990 | 10/09/2024 | 04/09/2025 | ProviderConnect |
| 01-100824-1-8 | MDH328323 | THREE PDFD-TESTING | MD000000013 A | 03/03/1983 | 10/08/2024 | 06/30/2025 | ProviderConnect |



Claims Dashboard in Availity

Claims Dashboard

The screenshot shows a web application interface. At the top is a dark navigation bar with menu items: Patient Registration, Claims & Payments, Clinical, My Providers, Reporting, Payer Spaces, and More. Below this is a 'Notification Center' section with three notifications: 'Providers have submitted Attachments in your work queue.' (11/28/2023 12:37 pm), 'Automation Test DV Notification' (11/28/2023 3:06 am), and 'You have Medical Attachment's response(s) in your work queue.' (11/20/2023 11:05 am). Each notification has a 'Go to your work queue...' link and a hamburger menu icon. Below the notifications is a 'My Top Applications' section with four cards: 'Organization Administration', 'Claims Dashboard', 'Provider Portal', and 'Authorization Dashboard'. Each card features the Carelon Behavioral Health and Maryland Department of Health logos. The 'Claims Dashboard' card is highlighted with a purple border, and a purple arrow points from a callout box below to it.

Click on the Claims Dashboard to begin



Claims Dashboard

Organization*

Carelon Behavioral Health

Select a Provider* (Select up to 5 Providers) ⓘ

SOUTHWEST BEHAV CARE INC (Provider ID: 328843, User ID: 328843AY) x

Berkshire Medical Center (Provider ID: 1004150, User ID: gabbyhealey) x

Inland Psychiatric Medical Group (Provider ID: 1237980, User ID: vanajakshi01) x

Service From and To Date*

MM/DD/YYYY → MM/DD/YYYY

November 2023 | December 2023

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |

Next

Users will need to select dates using the MM/DD/YYYY format

The timeframe should be within 180 days



Claims Dashboard

Home > Carelon Behavioral Health > Claims Dashboard

Claims Dashboard



1 Search Claims 2 Search Results

Your search criteria:

Service From: 06/01/2023 Service To: 07/31/2023

Selected Provider:

Berkshire Medical Center: Provider ID: 1004150, User ID: gabbyhealey

[Refine Search](#)

Showing 1 - 30 of 150 Claims
If you didn't find what you were looking for you can refine your search criteria and try again.

| Claim # | Provider ID | Member Name | Member ID | Service Dates | Billed Amount | Paid Amount | Status |
|-----------|-------------|------------------|------------------|-------------------------|---------------|-------------|----------|
| 251725096 | 1004150 | DEMITRY MULLEN | PUM00049135 1 | 07/28/2023 - 07/28/2023 | \$165.53 | \$0.00 | Accepted |
| 251628099 | 1004150 | MICHAEL J LAWSON | 29394500 | 07/27/2023 - 07/28/2023 | \$4278.46 | \$0.00 | Denied |
| 251725092 | 1004150 | JOANNA WILLIAMS | PUM00059722 2 | 07/27/2023 - 07/27/2023 | \$165.53 | \$0.00 | Accepted |

By clicking the **Claim #** hyperlink, you will be redirected to the “Claim Summary” and “Service Line Detail” screen on the ProviderConnect Platform

Switch Account: 328843AY-Corporate Services Carelon Behavioral Health Home Provider Home

Claim Summary

[Return to search results](#)

Claim # 01-052424-2750-1
Claim Status In Process
Patient Account # 1679069
Member ID 050003359
Member Name HUSAR, TABITHA A
Provider Name SOUTHWEST BEHAVIORAL, CARE INC
Group Name HPA MED FRAIL - WESTMORELAND
Statement Dates
Charge Amount (\$) 139.92

[Change / Reprocess Claim](#)

Service Lines

| Line # | Service Date | Type of Service | Procedure Code | Charge Amount (\$) |
|--------|-------------------------|-----------------|----------------|--------------------|
| 1 | 06/01/2024 - 06/01/2024 | | 99213 | 139.92 |

[Send Inquiry](#)





Additional Resources

Resources & Contact Information

Carelon Behavioral Health Customer Service
[1-800-888-1965](tel:1-800-888-1965)

Electronic Data Interchange (EDI) Help Desk
[1-800-888-1965](tel:1-800-888-1965)

Press 1 for English, then 3 for Provider, then 7 for EDI

Carelon Behavioral Health Provider Relations
Provider.Relations.MD@carelon.com

Carelon Behavioral Health of Maryland Website
<https://maryland.carelonbh.com>

[Provider Digital Front Door](#)

[ProviderConnect Introduction](#)

[ProviderConnect Login](#)

[ProviderConnect User Guide](#)

[Availity Introduction](#)

[Availity Login](#)

[Availity Get Started Guide](#)

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