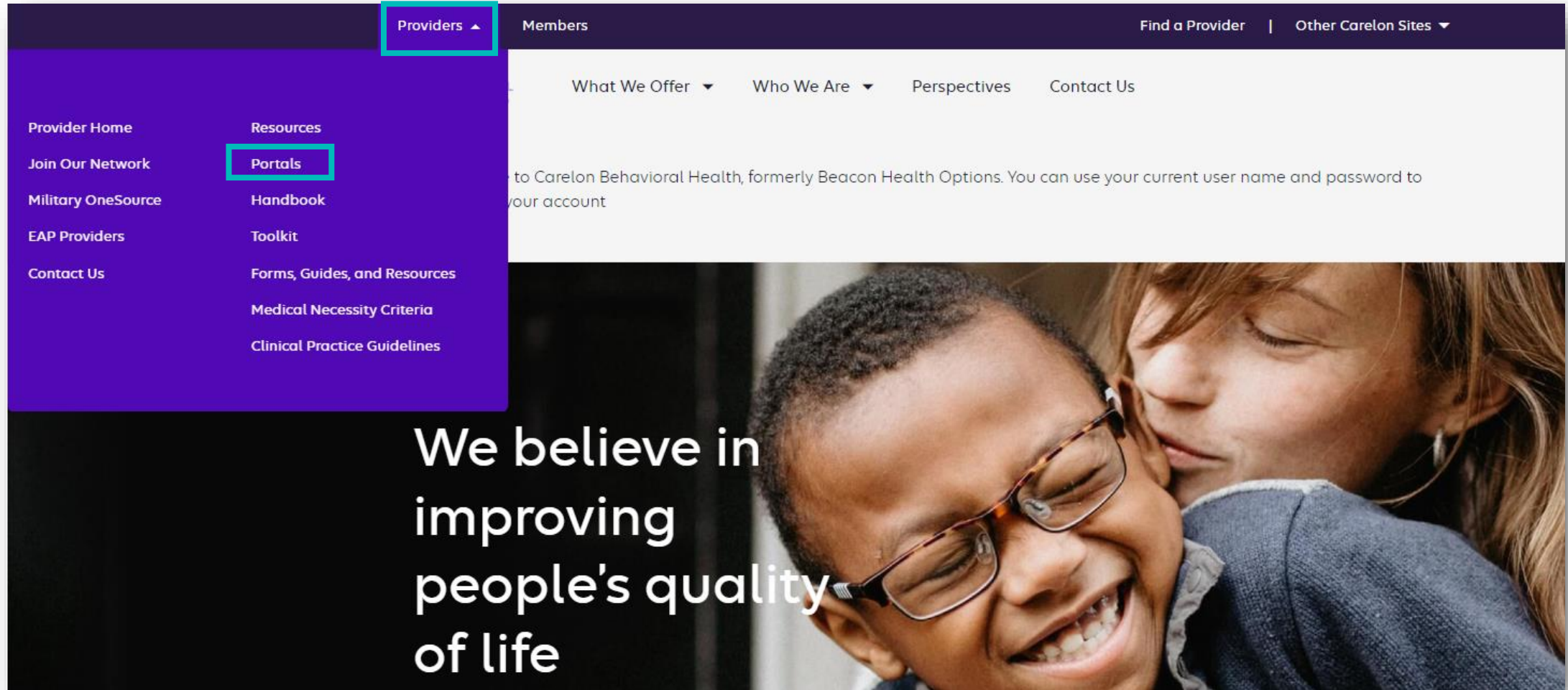


Submitting an Inpatient Discharge on ProviderConnect

Updated November 2024



Accessing our Provider Portal



The screenshot shows the Carelon Behavioral Health website. The top navigation bar includes links for **Providers**, **Members**, **Find a Provider**, and **Other Carelon Sites**. A dropdown menu for **Providers** is open, displaying two columns of links. The left column includes **Provider Home**, **Join Our Network**, **Military OneSource**, **EAP Providers**, and **Contact Us**. The right column, under the heading **Resources**, includes **Portals**, **Handbook**, **Toolkit**, **Forms, Guides, and Resources**, **Medical Necessity Criteria**, and **Clinical Practice Guidelines**. The **Portals** link is highlighted with a red box. Below the navigation bar, there are links for **What We Offer**, **Who We Are**, **Perspectives**, and **Contact Us**. A text block states: "Welcome to Carelon Behavioral Health, formerly Beacon Health Options. You can use your current user name and password to log in to your account." The main banner features a photograph of a woman hugging a young child wearing glasses, with the text "We believe in improving people's quality of life" overlaid.

Providers ▲

Members

Find a Provider | Other Carelon Sites ▼

What We Offer ▼ Who We Are ▼ Perspectives Contact Us

Provider Home

Join Our Network

Military OneSource

EAP Providers

Contact Us

Resources

Portals

Handbook

Toolkit

Forms, Guides, and Resources

Medical Necessity Criteria

Clinical Practice Guidelines

Welcome to Carelon Behavioral Health, formerly Beacon Health Options. You can use your current user name and password to log in to your account

We believe in improving people's quality of life

A background image showing a person wearing a white and orange striped shirt, with their arm and hand visible. The person appears to be holding a small object, possibly a phone or a piece of paper.

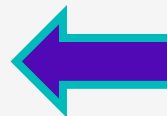
Provider portals


Portal login

Our provider portals make routine tasks such as processing claims, obtaining claims information, and verifying eligibility status easy and convenient.




Log in to or register for our provider portals to take advantage of our online services:

Log in






From this portal you can accomplish things like:

-  Check member real-time eligibility
-  View Authorizations
-  Update Provider Demographics

Login below


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

Username

ProviderConnectUser 

[Forgot Username](#)

Password

..... 

[Forgot Password](#)

[LOGIN](#)

Not registered? [Sign up here](#)


One-Time Password (OTP) - Multifactor Authentication

Your Submitter Id: 123456

Do you have a smart mobile device or a computer that can be used for authentication purposes?

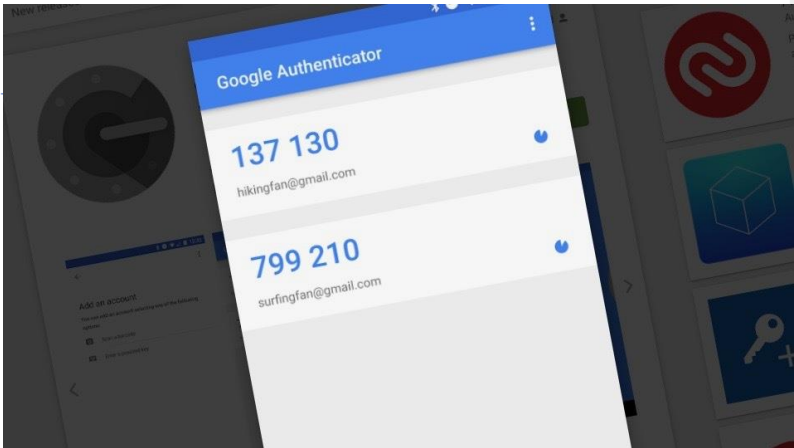
Yes

No



If you would like to cancel this login attmpt, please click on

Cancel Sign-in



One-Time Password (OTP) - Multifactor Authentication

Your Submitter Id: 123456

Multifactor authentication is required for ProviderConnect access

An email was sent to your email address on file with ProviderConnect with yourOTP login Code. Please check your email and enter the OTP login code below.

If you have not received an email after multiple attempts, please try using a mobile device or computer authenticator app for Multifactor Authentication.

Enter OTP login code received in email:

12345

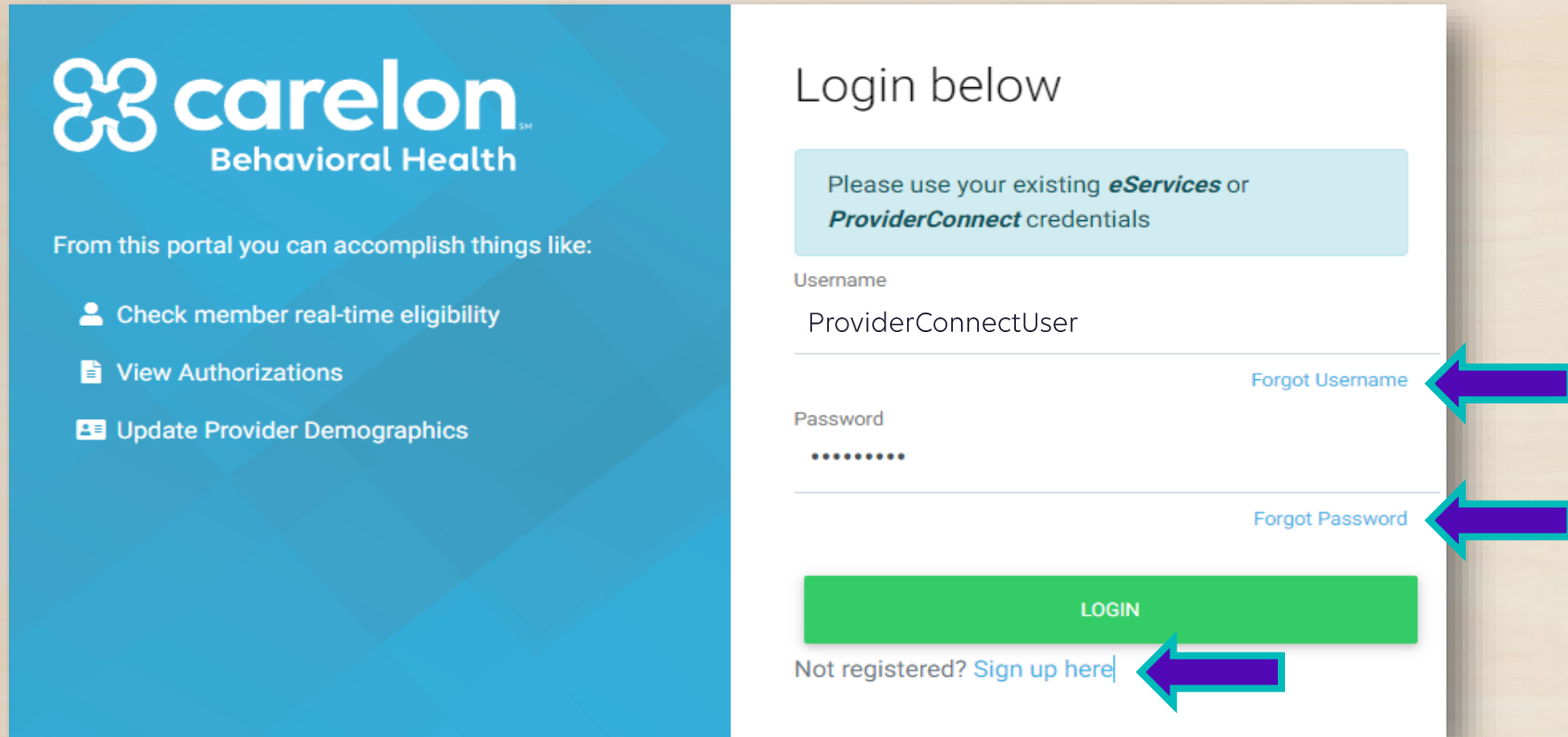
Verify OTP




**Users must use
individual sign on or
they will not receive
the Multifactor
Authorization code.**






Logging Into The Portal





From this portal you can accomplish things like:

-  Check member real-time eligibility
-  View Authorizations
-  Update Provider Demographics

Login below

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

Username
ProviderConnectUser

[Forgot Username](#)

Password
.....


[Forgot Password](#)

[LOGIN](#)

Not registered? [Sign up here](#)

Registering an Account

NPI & Tax ID
required to
register

 **Registration**

Step 1

Step 2

Step 3

Account Details

Review

Complete

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

First Name*	Last Name*	Contact Name
George	Hawley	George Hawley
NPI Number*	Tax ID*	Group, Facility, or Clinic Name
1234567890	555555555	
Primary Email Address*	Verify Primary Email Address*	Secondary Email Address
george.hawley@Carelton.com	george.hawley@Carelton.com	
Phone Number*	Ext	Fax Number
5185554970		
Username*	Password*	Confirm Password*
TRAINER	*****	*****

✔ One uppercase letter

✔ One lowercase letter

✔ One number

✔ One special character (?)

✔ 8-20 characters long

✔ Passwords must match

Username and
Password

Phone Number

Password
Requirements

Registering Continued

Select a Security Question*

What is the name of the street you grew up on?

Answer to the Security Question*

Main St

Confirm the Answer to the Security Question*

Main St

NEXT


BACK TO LOGIN

Enter
Answer and
Confirm

Drop Down
to select a
security
question

Click "Next"

Review
information
for accuracy

 Registration

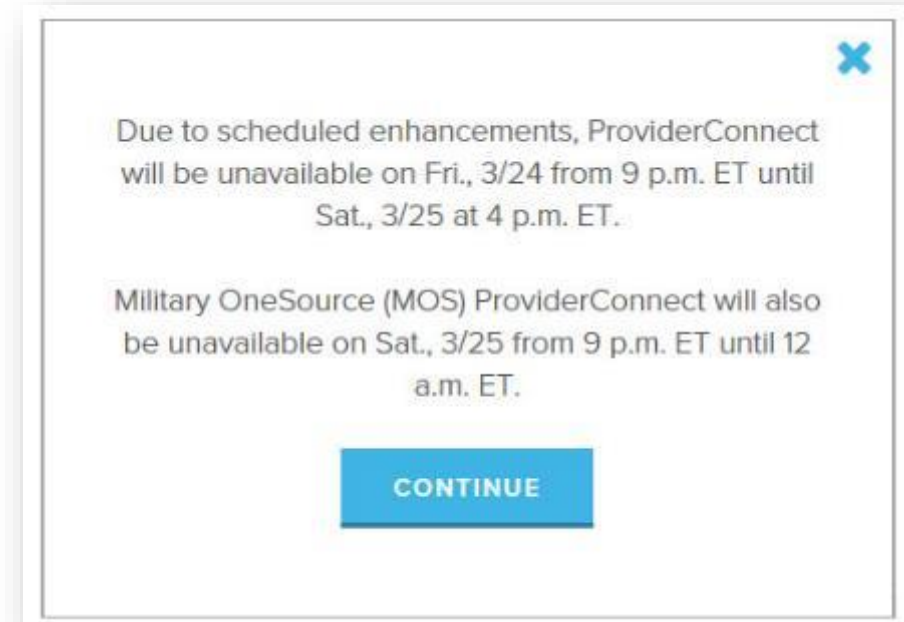
Step 1 Step 2 Step 3
Account Details Review Complete

First Name*	Last Name*	Contact Name
George	Hawley	George Hawley
NPI Number*	Tax ID*	Group, Facility, or Clinic Name
1234567890	555555555	
Primary Email Address*	Verify Primary Email Address*	Secondary Email Address
george.hawley@Carelton.com	george.hawley@Carelton.com	
Phone Number*	Ext	Fax Number
5185554970		
Username*	Password*	Confirm Password*
TRAINER	*****	*****
What is the name of the street you grew up on?		
Broadway		
Confirm the Answer to the Security Question*		
Broadway		
COMPLETE REGISTRATION		

If Correct
Click
“Complete Registration”

Carelon works daily to make enhancements to improve processes for our providers.

Provider are notified of system downtime through website popup messages or other provider communications.





Submitting Discharge Information

1

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

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

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

2

Selecting the Authorization

Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge

Effective Date: (MMDDYYYY)

Expiration Date: (MMDDYYYY)

Search

Search by dates

Process Concurrent Review

Process Step/Transfer Review

Enter Discharge Information

Select Enter Discharge Information

Inpatient

[Next >>](#)

Auth #	Effective Date	Member ID #	Member DOB	Provider ID	Vendor ID	Level of Service	Type Of Service	Level of Care	Type of Care
Client Auth #	Expiration Date	Member Name		Provider Alt. ID	Alternate Provider				
<input checked="" type="radio"/> 01- 031419- 1- 12	03/14/2019	987654321	12/02/1979	123456	A00001	INPATIENT/HLOC	SUBSTANCE USE	INTENSIVE OUTPATIENT	INTENSIVE OUTPATIENT
	05/13/2019	ASLAN, SUSAN		712345					
<input type="radio"/> 01- 030119- 1- 4	03/01/2019	987654321	12/02/1979	123456	A00001	INPATIENT/HLOC	SUBSTANCE USE	INTENSIVE OUTPATIENT	INTENSIVE OUTPATIENT
	04/30/2019	ASLAN, SUSAN		712345					
<input type="radio"/> 01- 031419- 1- 13	03/15/2019	987654321	12/02/1979	123456	A00001	INPATIENT/HLOC	SUBSTANCE USE	ICF-A (INPATIENT REHAB)	LEVEL 3.5 INPATIENT
	04/13/2019	ASLAN, SUSAN		712345					
<input type="radio"/> 01- 112918- 34- 39	11/29/2018	987654321	12/02/1979	123456	A00001	INPATIENT/HLOC	SUBSTANCE USE	INTENSIVE OUTPATIENT	INTENSIVE OUTPATIENT
	04/02/2019	ASLAN, SUSAN A		712345					
<input type="radio"/> 01- 032719- 1- 9	03/27/2019	987654321	12/02/1979	123456	A00001	INPATIENT/HLOC	MENTAL HEALTH	Inpatient	IP MM- ACUTE
	03/31/2019	ASLAN, SUSAN		712345					

[Next >>](#)

Select the applicable authorization

Discharge Date & Condition

(any field with an * is a required field)

Requested Services Header

Requested Start Date 01/17/2014	Level of Service I - INPATIENT	Member Name ASLAN, SUSAN	Provider Name TUMNUS, PETER	Vendor ID 00003
	Type of Request INITIAL	Member ID 987654321	Provider ID 123456	Provider Alternate ID 712345

Discharge Information

*Actual Discharge Date (MMDDYYYY)

Type of Service

P - MENTAL HEALTH

Level of Care Discharged From

I - INPATIENT

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...		SELECT...	

*Discharge Condition

☐ Improved
 ☒ No Change
 ☐ Worse
 ☐ Unknown

Treatment Involved

Check all that apply

☐ Adverse Incident
 ☐ Legal System

☐ Child Protection
 ☐ OP Provider

☐ EAP
 ☐ PCP

☐ Family
 ☐ None

☐ Other Support

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, 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](#) *How long has the member been in treatment with your agency/clinic for this level of care you are requesting?

Additional Behavioral Diagnosis

Diagnostic Category 2 [Diagnosis Code 2](#) [Description](#)

Diagnostic Category 3 [Diagnosis Code 3](#) [Description](#)

Diagnostic Category 4 [Diagnosis Code 4](#) [Description](#)

Diagnostic Category 5 [Diagnosis Code 5](#) [Description](#)

Click drop-down
arrow to select
Diagnostic
Categories

Click hyperlink
for Code &
Description or
type response

Click drop-down
arrow to indicate
treatment length

Enter any Medical dx that may apply to the member's behavioral health issue

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 SELECT... ▼	Diagnosis Code 1	Description
Diagnostic Category 2 SELECT... ▼	Diagnosis Code 2	Description
Diagnostic Category 3 SELECT... ▼	Diagnosis Code 3	Description

Click drop-down arrow to select Diagnostic Categories

Click hyperlink for Code & Description or type response

Indicate any Social Elements that may apply to your dx



*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"/> Other psychosocial and environmental problems | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment | | | |

Current Risks

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

Check all that apply (*Required if Risk is Moderate or Severe)

- ☐ Ideation
- ☐ Intent
- ☐ Plan
- ☐ Means
- ☐ Current Serious Attempts
- ☐ Prior Serious Attempts
- ☐ Prior Gestures

*Member's Risk to Others

☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ N/A

Check all that apply (*Required if Risk is Moderate or Severe)

- ☐ Ideation
- ☐ Intent
- ☐ Plan
- ☐ Means
- ☐ Current Serious Attempts
- ☐ Prior Serious Attempts
- ☐ Prior Gestures

Enter any Current Risks to Self or Others

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 Abuse/ 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

Enter any Current Impairments

Living Situation at Discharge

Current Living Situation <input type="text" value="SELECT..."/>		Name of Placement <input type="text" value="SELECT..."/>		If other, please specify <input type="text"/>	
Contact Name <input type="text"/>	Address <input type="text"/>	City <input type="text"/>	State <input type="text" value="SELECT..."/>	Zip Code <input type="text"/>	
Contact Phone # <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>					
Primary Person Responsible for Member? <input type="text" value="SELECT..."/>					
If other, please specify <input type="text"/>		Contact Name <input type="text"/>	Contact Phone # <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>		

*Total # of Days/Sessions Used <input type="text"/>	*Discharge plan in place? <input type="radio"/> Yes <input type="radio"/> No	*Actual Level of Care Discharged To <input type="text" value="SELECT..."/>
*Type of Discharge <input type="radio"/> AMA <input type="radio"/> Planned	Have you made contact with Primary Care Clinician(PCC)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	*Actual Discharge Residence <input type="text" value="SELECT..."/>
*Does the discharge plan involve Member, Guardian and/or Parent participation? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
*Person to Contact for Follow Up <input type="text"/>	*Relationship <input type="text" value="SELECT..."/>	*Phone # <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>
Member Phone# at the time of discharge <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>	Best time to contact <input type="text" value="SELECT..."/>	

Days Used

Discharge Plan

*Total # of Days/Sessions Used

*Type of Discharge

☒ AMA ☐ Planned

*Does the discharge plan involve Member, Guardian and/or Parent participation?

☐ Yes ☐ No ☐ Unknown

*Person to Contact for Follow Up

*Discharge plan in place?

☒ Yes ☐ No

PCP notified?

☐ Yes ☐ No ☐ N/A

*Relationship

*Actual Level of Care Discharged To

*Actual Discharge Residence

*Phone #

 Ext

Carelon Behavioral Health Health Alert Preferences

****NOTE:** Carelon Behavioral Health Health Alert is a program that will send automated calls to members reminding them about their follow-up appointments. You MUST obtain the member's consent before utilizing this service and should only check "Member Requests Appointment Reminder" once obtained.**

Type of Discharge

*Total # of Days/Sessions Used

*Type of Discharge

☒ AMA ☐ Planned

*Does the discharge plan involve Member, Guardian and/or Parent participation?

☐ Yes ☐ No ☐ Unknown

*Person to Contact for Follow Up

*Discharge plan in place?

☒ Yes ☐ No

PCP notified?

☐ Yes ☐ No ☐ N/A

PCP Notified

Other's Participation

*Relationship

SELECT...

*Actual Level of Care Discharged To

SELECT...

*Actual Discharge Residence

SELECT...

*Phone #

 Ext

Carelon Behavioral Health Health Alert Preferences

****NOTE:** Carelon Behavioral Health Health Alert is a program that will send automated calls to members reminding them about their follow-up appointments.

You **MUST** obtain the member's consent before utilizing this service and should only check "Member Requests Appointment Reminder" once obtained.**

*Total # of Days/Sessions Used

*Discharge plan in place?

☒ Yes ☐ No

*Type of Discharge

☒ AMA ☐ Planned

PCP notified?

☐ Yes ☐ No ☐ N/A

*Does the discharge plan involve Member, Guardian and/or Parent participation?

☐ Yes ☐ No ☐ Unknown

*Actual Level of Care Discharged To

*Actual Discharge Residence

Contact Information

*Person to Contact for Follow Up

*Relationship

*Phone #

 Ext

Carelon Behavioral Health Health Alert Preferences

****NOTE:** Carelon Behavioral Health Health Alert is a program that will send automated calls to members reminding them about their follow-up appointments.

You **MUST** obtain the member's consent before utilizing this service and should only check "Member Requests Appointment Reminder" once obtained.**

*Total # of Days/Sessions Used

*Type of Discharge

☒ AMA ☐ Planned

*Does the discharge plan involve Member, Guardian and/or Parent participation?

☐ Yes ☐ No ☐ Unknown

*Person to Contact for Follow Up

*Discharge plan in place?

☒ Yes ☐ No

PCP notified?

☐ Yes ☐ No ☐ N/A

*Relationship

Level of Care

*Actual Level of Care Discharged To

SELECT...

COMMUNITY SUPPORT TEAM

OUTPATIENT

TARGETED CASE MANAGEMENT

INPATIENT

23 HOUR

CSU

PARTIAL HOSPITAL

RESIDENTIAL TREATMENT CENTER

Carelon Behavioral Health Health Alert Preferences

****NOTE:** Carelon Behavioral Health Health Alert is a program that will send automated calls to members reminding them about their follow-up appointments.

You **MUST** obtain the member's consent before utilizing this service and should only check "Member Requests Appointment Reminder" once obtained.**

CSU is now called
ACCS/YCCS

*Total # of Days/Sessions Used

*Type of Discharge

☒ AMA ☐ Planned

*Does the discharge plan involve Member, Guardian and/or Parent participation?

☐ Yes ☐ No ☐ Unknown

*Person to Contact for Follow Up

*Discharge plan in place?

☒ Yes ☐ No

PCP notified?

☐ Yes ☐ No ☐ N/A

*Relationship

*Actual Level of Care Discharged To

*Actual Discharge Residence

- SELECT...
- C-CORRECTIONAL FACILITY
- F-FOSTER CARE
- HA-HOME - ALONE
- H-HOME - WITH OTHERS
- J-JUVENILE DETENTION
- 6-NURSING HOME/SNF/ASSISTED LIVING
- R-RESIDENTIAL PLACEMENT

Discharge
Residence

Carelon Behavioral Health Health Alert Preferences

****NOTE:** Carelon Behavioral Health Health Alert is a program that will send automated calls to members reminding the
You MUST obtain the member's consent before utilizing this service and should only check "Member Requests Appointment

*Aftercare Behavioral Health Provider

☐ Arranged ☒ Not Arranged ☐

* Reason for Aftercare Not Arranged

SELECT...



SELECT...

MEMBER WANTS TO SCHEDULE THEIR OWN APPOINTMENT
MEMBER REFUSED

Reason

*Aftercare Behavioral Health Provider

☒ Arranged ☐ Not Arranged

☐ member Requests Appointment Reminder

Provider

* Provider Last Name

Phone #

 Ext

Provider Licensure Level

SELECT... ▼

Address

City

State

SELECT... ▼

Zip Code

* Scheduled Appointment Date (MMDDYYYY)



Scheduled Appointment Time (HH:MM:SS)

* Type of Appointment

SELECT... ▼

Able to reach member/member contact? If No, action taken

☐ Yes ☐ No

SELECT... ▼

If Yes, indicate members response

SELECT...

Type of Appointment

SELECT...

- 01- MENT HLTH-IN PERSON-SCHED APPT
- 02- MENT HLTH-IN PERSON-WALK IN OPEN ACCESS
- 03- MENT HLTH-TELEHLTH-SCHED APPT ASSESS FOR TELEHLTH
- 04-MENT HLTH-TELEHLTH-OPEN ACCESS ASSESS FOR TELEHLTH
- 05-SUBST USE-IN PERSON-SCHEDULED APPT
- 06-SUBST USE-IN PERSON-WALK IN OPEN ACCESS
- 07-SUBST USE-TELEHLTH-SCHED APPT ASSESS FOR TELEHLTH
- 08-SUBST USE-TELEHLTH-OPEN ACCESS ASSESS FOR TELEHLTH
- 09-MED MGMT-IN PERSON-SCHEDULED APPT
- 10MED MGMT-IN PERSON-WALK IN OPEN ACCESS
- 11MED MGMT-TELEHLTH-SCHED APPT ASSESS FOT TELEHLTH
- 12-MED MGMT-TELEHLTH-OPEN ACCESS ASSESS FOR TELEHLTH

*Aftercare Prescribing Physician

☒ Arranged ☐ Not Arranged ☐ Do Not Know ☐ Member Refused

☐ member Requests Appointment Reminder

* Name

* Prescriber

SELECT...

Phone #

 Ext

* Scheduled Appointment Date (MMDDYYYY)

Scheduled Appointment Time (HH:MM:SS)

Medical Practitioner

Name

Phone #

 Ext

☐ Telehealth Appointment

Scheduled Appointment Date (MMDDYYYY)

Scheduled Appointment Time (HH:MM:SS)

Able to reach member/member contact?

☐ Yes ☐ No

If No, action taken

SELECT...

*Add one more behavioral health appointment? ☐ Yes ☒ No

Return To Provider Home

Save Discharge Information

Type of Medical
Practitioner
Involvement

*Type of Medical Practitioner Involvement

SELECT...

SELECT...

PFRMD-PCP INFORMED/DISCHARGE SENT
PCNSNT-PCP CONSULTED DURING STAY/DISCHARGE SENT
PFMRDSD-PCP INFORMED/DISCHARGE SENT/FOLLOW UP SCHED
PCNSFLW-PCP CONSULTED DUR STAY/DSCHG SENT/FOLLOW UP SCHED
OMSDO-LEAD MEDICAL SPC CONSULTED DURING STAY/DISCHARGE SENT
OMSCON-LEAD MED SPC CONSULTED DURING STAY/DISCHARGE SENT
OMSIFLW-LEAD MEDICAL SPC INFRMD/DSCHG SENT/FOLLOW UP SCHED
OMSCNFW-LEAD MED SPC CONS DUR STAY/DSCHG SENT/FOLW UP SCHED
REFROI-MEMBER REFUSED RELEASE OF INFORMATION
PCPU-PCP UNKNOWN
DNI-DID NOT INFORM PCP OF DISCHARGE

Discharge Status

Determination Status:

***** DISCHARGE COMPLETED *****

Thankyou. You have completed your discharge for this episode of care.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
SUSAN ASLAN	987654321	12021974	SUSAN ASLAN	987654321
Related Authorization #	Related Client Authorization #	Discharge #	Discharge Date	
111509-1-4	0001165614	112809-1-4	10/23/2024	
Level of Service	Type of Service	Level of Care	Type of Care	
IP - INPATIENT/HLOC	P - MENTAL HEALTH	I - INPATIENT	TCIN - INPATIENT MENTAL HEALTH SERVICES	
Provider Name & Address	Provider ID	Provider Alternate ID		
PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345	123456			

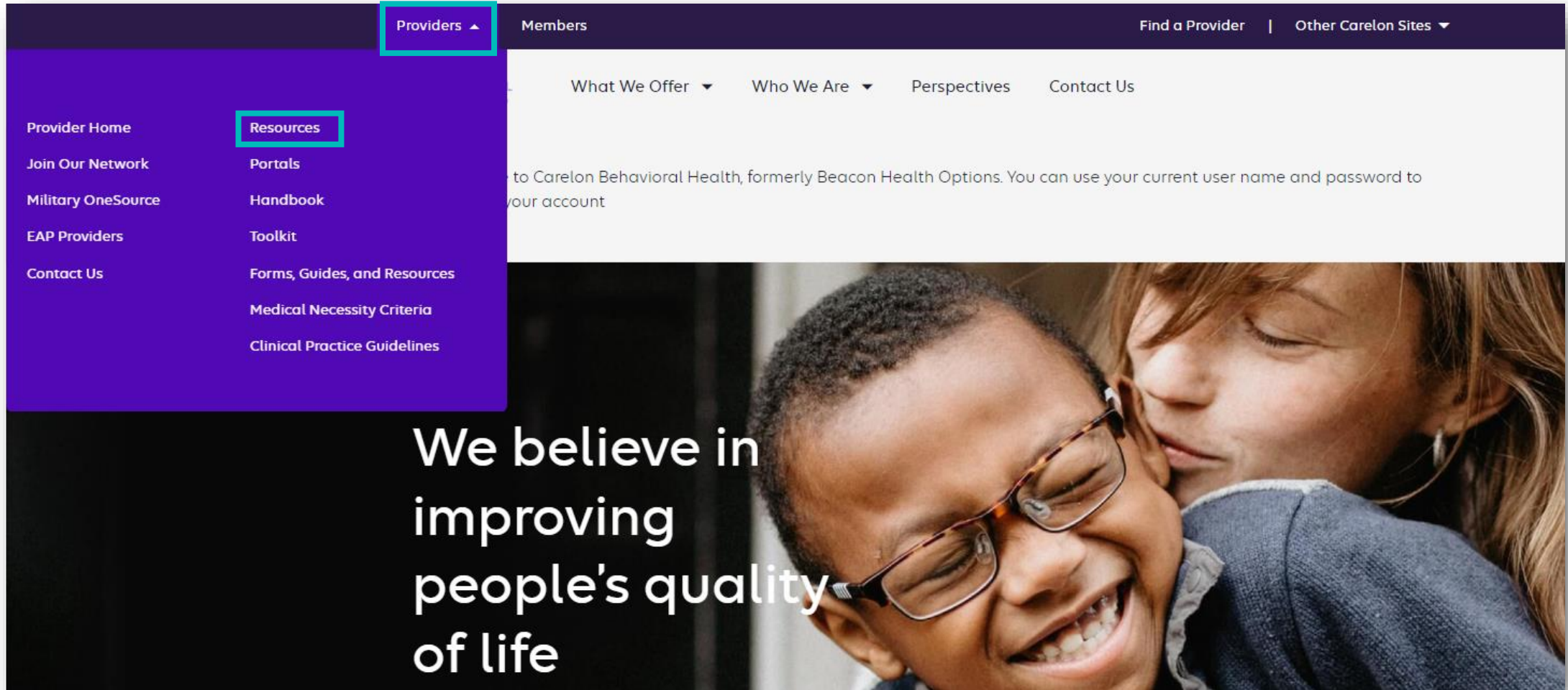
Printing & Navigation Options

(For the best print results, please print in 'Landscape' format)

Print Discharge Result
Print the Results Page (this page)

ProviderConnect Home
Return to ProviderConnect homepage





The screenshot shows the Carelon Behavioral Health website. The top navigation bar is dark purple with links for **Providers** (highlighted with a red box), **Members**, **Find a Provider**, and **Other Carelon Sites**. Below the navigation bar, there are links for **What We Offer**, **Who We Are**, **Perspectives**, and **Contact Us**. On the left side, there is a purple sidebar menu with two columns of links. The first column includes **Provider Home**, **Join Our Network**, **Military OneSource**, **EAP Providers**, and **Contact Us**. The second column, under the **Resources** header (highlighted with a red box), includes **Portals**, **Handbook**, **Toolkit**, **Forms, Guides, and Resources**, **Medical Necessity Criteria**, and **Clinical Practice Guidelines**. The main content area features a large image of a smiling young boy with glasses being kissed on the cheek by a woman. Overlaid on the bottom left of this image is the text: **We believe in improving people's quality of life**.

Provider Support



Provider portal

The provider portal offers access to information pertinent to your profile, including claims, eligibility, benefits, and much more. A unique login is required to access this tool.

[Log in to the provider portal](#)



Provider handbook

The provider handbook outlines our standard policies and procedures for individual providers, affiliates, group practices, programs, and facilities.

[Access the provider handbook](#)



Provider toolkit

Access the provider toolkit for guidelines, screening tools, medication information, and member materials needed for behavioral health treatments.

[Access the toolkit](#)



Provider newsletter

Our provider newsletter includes timely articles, training opportunities, regulatory updates, clinical highlights, and more.

[Access the newsletter](#)



Trainings

Trainings cover a variety of topics ranging from claim submission guidelines and provider portal support to behavioral health in youth and motivational interviewing.

[Access our trainings](#)



Achieve Solutions

This trusted behavioral health and wellness website provides a multitude of educational materials you can share with your patients.

[Access the Achieve Solutions website](#)

How to obtain your user ID

Providers must obtain a user ID before using our online services. To accomplish this, the following forms must be completed for each portal:

ProviderConnect forms

[Online Services Account Request](#)

This form authorizes Carelon Behavioral Health to receive and process claims electronically and certifies that claims will comply with all laws, rules, and regulations governing your contract with us. Providers who wish to have inquiry-only access to our system for conducting eligibility and claim status inquiries must also submit this form.

[Account Deactivation Form](#)

This form is required to deactivate any ProviderConnect account. Please note, this form must be signed.

[Account Request Form for Access to Multiple Providers](#)

This form allows the user access to multiple provider identification numbers under one login once the users have completed online registration or the Online Services Account Request form.

[ProviderConnect Contact Information Change Form](#)

Use this form to make changes on the contact information in your ProviderConnect profile.

Provider Support



Provider portal

The provider portal offers access to information pertinent to your profile, including claims, eligibility, benefits, and much more. A unique login is required to access this tool.

[Log in to the provider portal](#)



Provider handbook

The provider handbook outlines our standard policies and procedures for individual providers, affiliates, group practices, programs, and facilities.

[Access the provider handbook](#)



Provider toolkit

Access the provider toolkit for guidelines, screening tools, medication information, and member materials needed for behavioral health treatments.

[Access the toolkit](#)



Provider newsletter

Our provider newsletter includes timely articles, training opportunities, regulatory updates, clinical highlights, and more.

[Access the newsletter](#)



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A photograph of a man with a grey beard and glasses, wearing a striped shirt and a dark cardigan. He is holding a red pencil in his right hand and looking towards the right side of the frame. The background is slightly blurred, showing some indoor plants and a brick wall.

Provider education and trainings

Monthly Webinars

Carelton Provider Orientation

Tuesday, April 9th at 12 P.M. Eastern standard Time

This 1 hour webinar is designed for Mental Health and Substance Use Providers new to our network. We will present a brief overview of who are and what we do. We will review several topics including: Managed Behavioral Healthcare, claim submission, our clinical department, as well as the complaints, grievances, and appeals process.

[Register](#)

eServices Overview

Wednesday, April 10th at 1 P.M. Eastern standard Time

This 1 hour webinar is designed for Mental Health and Substance Use Providers new to our network. We will present a brief overview of who are and what we do. We will review several topics including: Managed Behavioral Healthcare, claim submission, our clinical department, as well as the complaints, grievances, and appeals process.

[Register](#)

ProviderConnect Overview

Wednesday, April 17th at 1 P.M. Eastern Standard Time

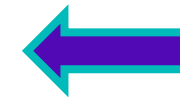
This 1 hour webinar is designed to provide an overview of the ProviderConnect application. We will cover how to register for a new account and the log in process. Topics include eligibility verification, electronic claim and authorization submissions as well as general navigation of the system.

[Register](#)

Claims Submission Guidance

Thursday, April 25th at 12 P.M. Eastern Standard Time

This 1 hour webinar is designed to provide an overview of submitting reimbursement requests for services rendered. Topics covered include paper and electronic claim submissions, best practices, and tips on how to avoid claim denials.

[Register](#)

Thank You



Contact Us

Carelon Behavioral Health		
Website and EDI	ProviderConnect Phone: 844-411-9622 Fax: 866-698-6032	EDI Helpdesk Monday through Friday, 8 a.m. - 6 p.m. ET Phone: 888-247-9311 e-supportservices@Carelon.com
	Electronic Data Interchange Phone: 888-204-5581 EDI.Operations@Carelon.com	
PaySpan	PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com	Unable to locate your registration code? Email: corporatefinance@Carelon.com Reply will be received within three business days
Provider Relations	National Provider Services Line Monday through Friday, 8 a.m. - 8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team	