

Florida Statewide Medicaid Managed Care Provider Orientation

Date: January 14, 2025

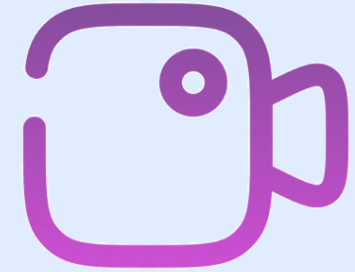
Before we start



All participants are **muted** upon entry and throughout the duration of this session



Q&A session will occur at the end of this presentation. If you need to ask a question, require clarification or make a comment, please use the Chat feature within Webex



This presentation will be **recorded and shared** with all registrants.

Agenda

1. Carelon – Who We Are
2. Carelon Provider Services
3. Provider Portals (Availity + Payspan)
4. Claims Submission Requirements
5. Resources and Contact Information
6. Questions
7. Appendices

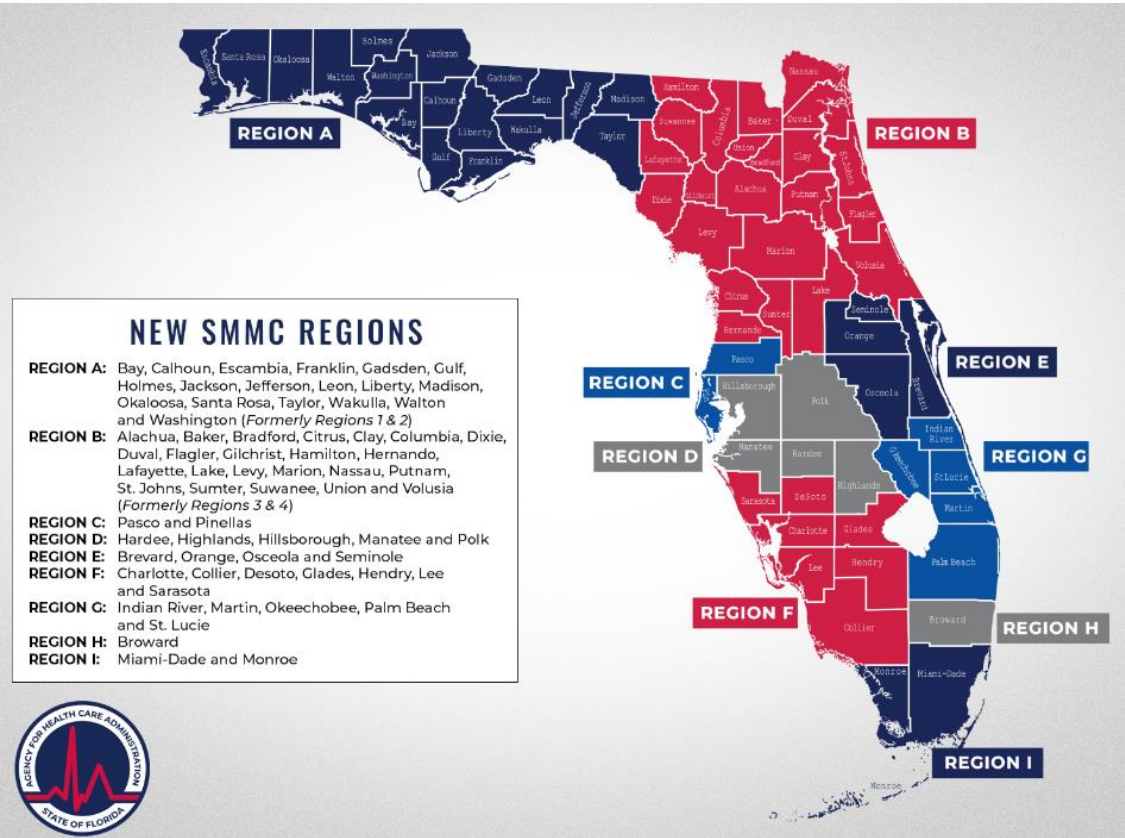




Carelon – Who We Are



Health Plan Changes and Exclusions - SMMC Regions



Simply
healthcare

Effective February 1, 2025, Simply Healthcare Plans, Inc. expanded its coverage are to serve Medicaid recipients in Region B (formerly regions 3 & 4).

Humana

Humana remains in all counties except Escambia, Okaloosa, Santa Rosa and Walton (formerly region 1 & 2).



What's New in 2025?

- Evidence Based Practices (EBP) – The Department of Children and Families (DCF) in Florida, has an Evidence-Based Practice (EBP) program. These programs are used to strengthen the family relationship, build resiliency in children and parents and prevent child abuse and neglect. The program also expands the use of child welfare dollars to provide evidence-based prevention services for children and families at imminent risk of entering foster care.
- There are 9 EBP programs, 7 behavioral health and 2 physical health. Simply Healthcare and Humana have partnered with DCF to offer the evidence-based programs for children with intense behaviors, when medically necessary. Please see Appendix A for description.
- Behavioral Analysis - effective February 1, 2025, Carelon will begin to serve the need of members seeking Behavioral Analysis (BA) Services for Simply Healthcare Plans, Inc.
 - Claims should be submitted to Carelon via Availity Essentials.
 - Please contact Carelon's National Provider Service Line at 1-800-397-1630, 8 am – 8 pm, EST or the Florida dedicated PR team at provider.relations.FL@carelon.com
- In Lieu of Services – alternative services or settings to those required by the state Medicaid plan. Please see Appendix B.



How to Request Authorization

As of February 1, 2025, authorizations for new treatment for services which require authorization should be obtained via one of the following methods (available 24 hours a day, 7 days per week)

Authorization Requests	How to Submit	Details
Inpatient Diversionary	Telephonically	Call the number of the back of the member's Insurance card
Out of Network, non urgent requests for initiation of treatment	Fax	1.800.370.1116
All other BH authorization requests	Carelon Provider Portal (eServices)	https://providerportal.carelonbehavioralhealth.com/index.html#/login





Carelon Provider Services



Carelon Provider Services

National Provider Service Line (NPSL)

- Provider Relations
- Provider Contracting
- Credentialing
- Billing Questions

Customer Service Line

- Member eligibility
- Benefit Information
- Claim Status
- Authorization Status

Communication

- Provider bulletins and newsletters
- Online Provider Manuals
- Online/live trainings
- Provider resource guides
- Access to archived trainings

Technology

- Access to a 24-hour provider portal
- Availity
- Electronic Funds Transfer (EFT)
- Payspan
- Medical Necessity Criteria Lookup Tool
- Interqual





Provider Portals – Availity Essentials & Payspan



Provider Portals

Availity Essentials:

- A secure, one-stop, self-service, multi-payer portal and Carelon's preferred choice for direct data entry claim submissions, electronic data interchange (EDI) claims, checking eligibility, benefits, claim status tracking and more.
- Visit the Availity website for a description of services, get information about registering new users and a reference guide for users.

[Availity Essentials | Carelon Behavioral Health](#)



Availity Client Services

800-282-4548

Monday to Friday, 8 a.m. to 8 p.m. Eastern time.



Provider Portals

Payspan:

- Payspan's claim reimbursement services accerlerates and simplifies payments to providers while reducing reliance on inefficient paper processes.
- Providers can register with Payspan to receive Carelon payments electronically (EFT) and directly deposited into your bank account.
- [Provider Resources | Carelon Behavioral Health](#)
- [Payspan | Login Page](#)

Connectivity exists between Availity and ProviderConnect, eServices, and Payspan. If you use those solutions for claims submissions, you may continue to do so.



Payspan Inc.

E: providersupport@payspanhealth.com

T: 877-331-7154





Claims Submission Guidelines



Claim Submission Tips

- *Make sure to register all your service locations with Carelon and keep your demographic information updated with CAQH*
- *Validate that all members are eligible through their health plans and for new services*
- *Follow state and government guidelines for correct claims submission adhering to Medicaid requirements (particularly noting the importance of being registered with Florida Medicaid and ensuring your organization bills according to that registration)*
- *Submit claims within timely filing limits*
- *Monitor claim rejections and resubmit with corrections via online provider portal regularly*
- *Online claims submission through: [Availity](#)*
- *Paper claims submission: Carelon Behavioral Health, PO Box 1870, Hicksville, NY 11802-1870*





Resources and Contact Information



Resources

Availity: Portal to check eligibility, benefits, claim status and claim submission

[Availity Essentials | Carelon Behavioral Health](#)

Provider Handbook: Standard policies and procedures, guidelines for clinical utilization management and more

[Provider Handbook | Carelon Behavioral Health](#)

Clinical/Quarterly Webinars: Access Carelon's full range of trainings that cover a variety of topics ranging from claim submission guidelines, and provider portal support to industry-wide best practices and policies.

[Provider Training | Carelon Behavioral Health](#)

Payspan: Secure, efficient and cost effective choices for providers and payers

[Provider Resources | Carelon Behavioral Health](#)

Forms, Resources and Guides:

[Forms and Guides | Carelon Behavioral Health](#)



Contact Information

Questions? We're here to help.

Carelon's National Provider Services Line

Phone: 800-397-1630

Monday to Friday

8 a.m. – 8 p.m., EST.



Appendix A - Evidence Based Practice (EBP)

Program	Description
Homebuilders	This program is a home and community-based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning and by enlisting them as partners in assessment, goal setting and treatment plan with children under eighteen (18) years of age).
Motivational Interviewing	This program is a person-centered, directive method designed to enhance a person's internal motivation for behavior change, to reinforce this motivation and develop a plan to achieve change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. Motivational Interviewing can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate individuals for other treatment modalities. Motivational Interviewing can be used to promote behavior change with a range of target populations and for a variety of problem areas (Target population is all age groups and individuals).
Multisystemic Therapy	This program is an intensive treatment for troubled youth. The program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, substance use and out-of-home placements. Multisystemic Therapy addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, school, and community. The intervention strategies are personalized to address the identified drivers (Target population is families with children ages two (2) to seven (7) years of age).



Appendix A - Evidence Based Practice (EBP) cont'd.

Program	Description
Parent-Child Interaction Therapy	This program is a dyadic behavioral intervention for children and their parent or caregivers. Parent-Child Interaction Therapy focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcement of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skill and master them ly (Target population is families with children ages two (2) to seven (7) years of age).
Functional Family Therapy	This program is a family intervention program for at-risk youth and their families. The programming is delivered by master's level therapists, meeting weekly with families. (Target population is children eleven (11) to eighteen (18) years of age with behavioral or emotional challenges).
Parents As Teachers	This program is an early childhood parent education, family support, family well-being, and school readiness home visiting model. It teaches parents skills intended to promote positive child development and prevent child maltreatment. The Parents as Teachers model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings and community resource networks (Target population is expectant parents and parents with children up to five (5) years of age that in high-risk environments such as teen parents, low income, parental low educational attainment, history of substance use in the family, and chronic health conditions).



Appendix A - Evidence Based Practice (EBP) cont'd.

Program	Description
Brief Strategic Family Therapy	This program is a brief intervention used to treat adolescent drug use, conduct problems, oppositional behavior, delinquency, aggressive and violent behavior, and risky sexual behavior. Brief Strategic Family Therapy is a family systems approach which recognizes that patterns of interaction in the family influence the behavior of each family member. Brief Strategic Family Therapy directly provides services to parents/caregivers and addresses lack of parental leadership, unhealthy parental collaboration, lack of guidance and nurturance to adolescents in their care (Target population is families with children under eighteen (18) years of age who display or are at risk for developing problem behaviors including: drug use or dependency, antisocial peer associations, bullying, or truancy).
Healthy Families	This program is a multi-year, intensive, home visiting. The program best serve families who are high-risk, including those families who may have histories of trauma, intimate partner violence, mental health issues and/or substance use issues. Services focus on promoting healthy parent-child interaction and attachment, increasing knowledge of child development, improving access to and use of services, and reducing social isolation (Target population is parents of children under five (5) years of age).
Nurse Family Partnership	This program provides home visits by registered nurses to first-time, low -income mothers beginning. The program promotes women's health, pregnancy outcomes, early childhood development, and parenting capacity. It also enhances relationships and economic well-being of mothers and their children. Nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning (Target population pregnant or have a child under two (2) years of age).



Appendix B - In Lieu of Services (Inpatient and Outpatient)

- Alternative services in a setting that are not included in the state plan or otherwise covered by the contract, but are medically appropriate, cost-effective substitutes for state plan services included within the contract.
- Facility based detox and hospital units provide options of detox intensity and duration for members that will match the treatment needed, based on a multi-dimensional assessment
- Carelon may not require an enrollee to use and in lieu of arrangement as a substitute for a state plan coverage service or setting but may offer and cover such services or settings as a means of ensuring that appropriate care is provided in a cost-effective manner.

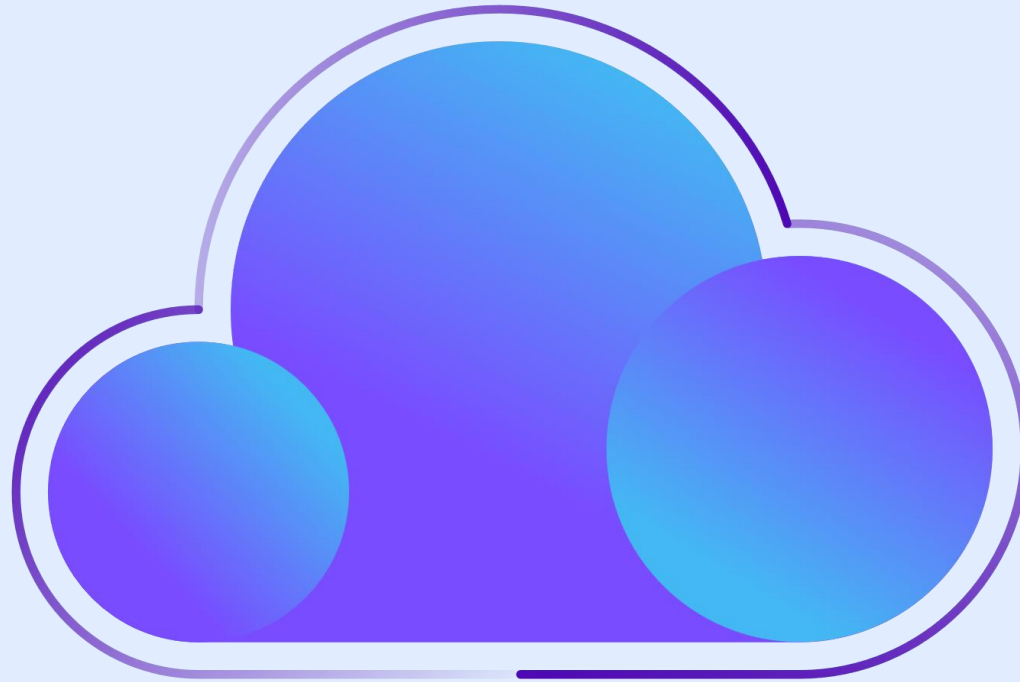


Appendix B - In-Lieu of Services

- Partial hospitalization services in a hospital in lieu of inpatient psychiatric hospital care for up to ninety (90) days annually for adults ages twenty-one (21) and older; there is no annual limit for children under the age of twenty-one (21).
- Mobile crisis assessment and intervention for enrollees in the community may be provided in lieu of emergency behavioral health care.
- Ambulatory detoxification services may be provided in lieu of inpatient detoxification hospital care when determined medically appropriate.
- Self-Help/Peer Services in lieu of Psychosocial Rehabilitation services Drop-In Center in lieu of Clubhouse services.
- Infant Mental Health Pre and Post Testing Services in lieu of Psychological Testing services.
- Family Training and Counseling for Child Development in lieu of Therapeutic Behavioral On-Site Services.
- Community-Based Wrap-Around Services in lieu of Therapeutic Group Care services or Statewide Inpatient Psychiatric Program services.
- Behavioral Health Services – Child Welfare in lieu of Therapeutic Group Care services or Statewide Inpatient Psychiatric Program services.
- Substance Abuse Intensive Outpatient Program (IOP) in lieu of inpatient detoxification hospital care.
- Substance Abuse Short-term Residential Treatment (SRT) in lieu of inpatient detoxification hospital care.
- Mental Health Partial Hospitalization Program (PHP) in lieu of inpatient psychiatric hospital care.
- Multi Systemic Therapy in lieu of inpatient and residential stay or SIPP.
- Telehealth visits in lieu of in-person visits for mental illness and substance use disorder.
- Psychotropic injection services provided by licensed nurses to adults in lieu of physician administration.
- Prescription digital therapeutic when paired with outpatient visit in lieu of inpatient hospitalization.
- Housing Assistance and Targeted Case Management for people with homelessness or at risk for homelessness and diagnosis of SMI and/or SUD in lieu of emergency department visit or inpatient hospitalization for SMI and/or SUD.
- Functional family therapy in home or community for children or adolescents with a history of justice involvement or at high risk for justice involvement in lieu of outpatient clinic visits, emergency department visits, or inpatient hospitalization



Q & A



Thank you!

