



IL DHS/DMH Provider Training

ProviderConnect Online and Batch Registrations
February 25, 2025

Presenters



Jacob Bradshaw, CRSS
Account Executive
Illinois Mental Health Collaborative



Patricia Hill
Executive Administrator
Illinois Mental Health Collaborative



Carrie Wilcox
Administrator
Provider Access, Credentialing, and Enrollment
Division of Mental Health | IL Department of Human Services





Why Register?

RULE 132: The Importance of Submitting Registrations



RULE 132.75 f. Ensure the estimated incidence and prevalence of serious mental illness and severe emotional disturbance are collected. Providers must participate in DHS-DMH surveys to collect data to meet federal reporting requirements via registration information and/or ad hoc surveys.

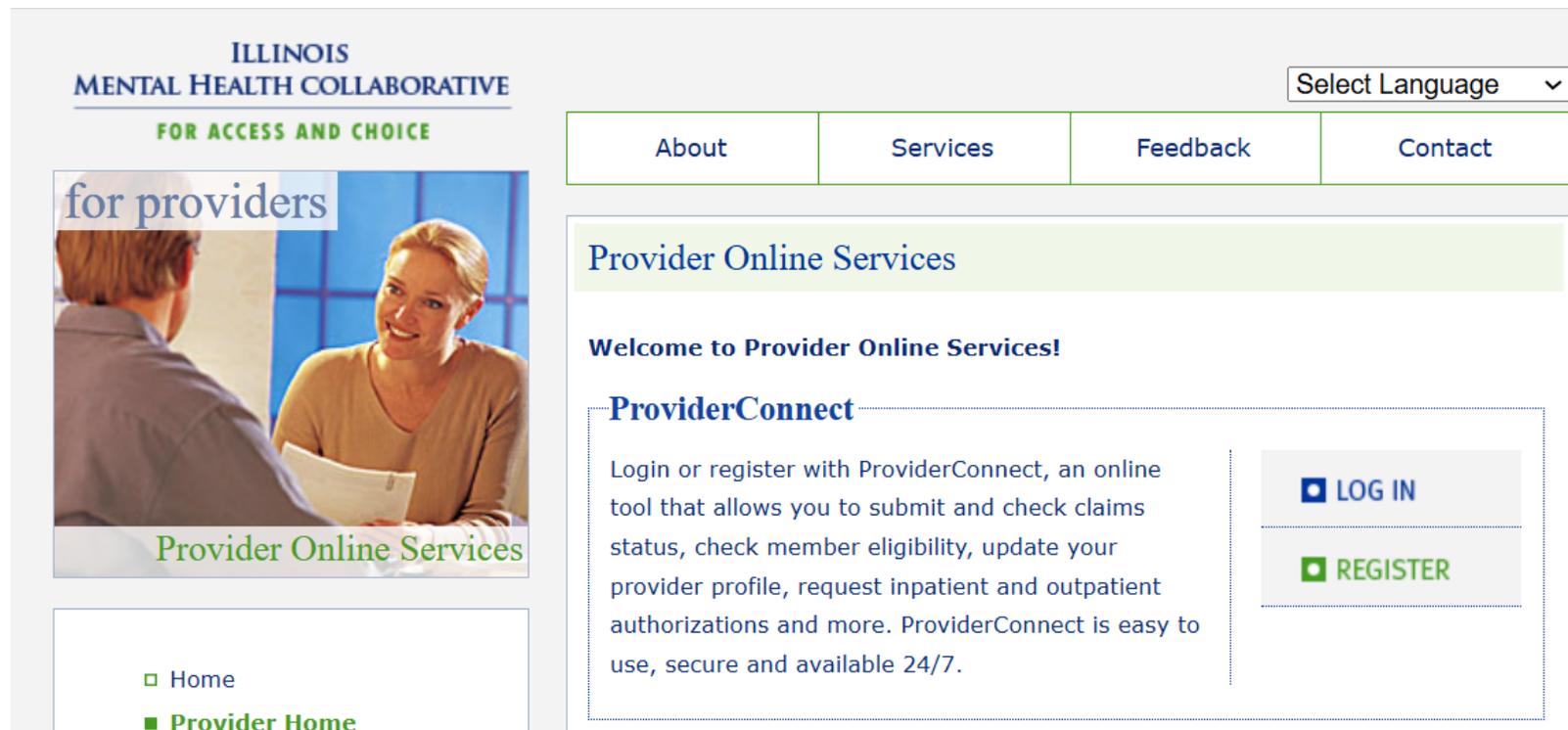




ProviderConnect

ProviderConnect is an easy-to-use, online, secure application that IDHS/DMH providers use to submit individual and batch registrations. Providers have access to this portal 24/7 via the Illinois Mental Health Collaborative website:

<https://www.illinoismentalhealthcollaborative.com/providers.htm>



The screenshot shows the ProviderConnect website interface. At the top left, it reads "ILLINOIS MENTAL HEALTH COLLABORATIVE" with the tagline "FOR ACCESS AND CHOICE". A navigation menu includes "About", "Services", "Feedback", and "Contact". A "Select Language" dropdown is in the top right. The main content area features a banner for "Provider Online Services" with a photo of a provider and a patient. Below the banner, a "Welcome to Provider Online Services!" message is followed by a "ProviderConnect" section. This section describes the tool and includes "LOG IN" and "REGISTER" buttons. A footer menu at the bottom left shows "Home" and "Provider Home".



How to Access ProviderConnect

- ❑ Agencies must be enrolled with the Collaborative and HFS
- ❑ Contact **National Networks** at **800-397-1630** to obtain a Provider ID number. The Provider ID number is assigned by Carelon Behavioral Health.
- ❑ Each Provider, with a Provider ID number, will be able to obtain one ProviderConnect logon ID
- ❑ To obtain additional logons for ProviderConnect – contact the Carelon Behavioral Health **EDI Helpdesk**
 - **(888) 247-9311** and press option 3,
 - Monday through Friday, 7 a.m. – 5 p.m. CST



Registration is used to:

- Register** a new member
- Register** a new member and close at the same time
- Register** a member who had been previously closed
- Re-register** member every 12 months
- Close registration** of member



The **ProviderConnect Online Registration Guide** is available on the Collaborative website:

<http://www.illinoismentalhealthcollaborative.com>

Click on **“For Providers”** tab, then click on the **“Provider Information”** link to the left.

The Online and Batch Registration Guides can be found under the **“Registration”** header.

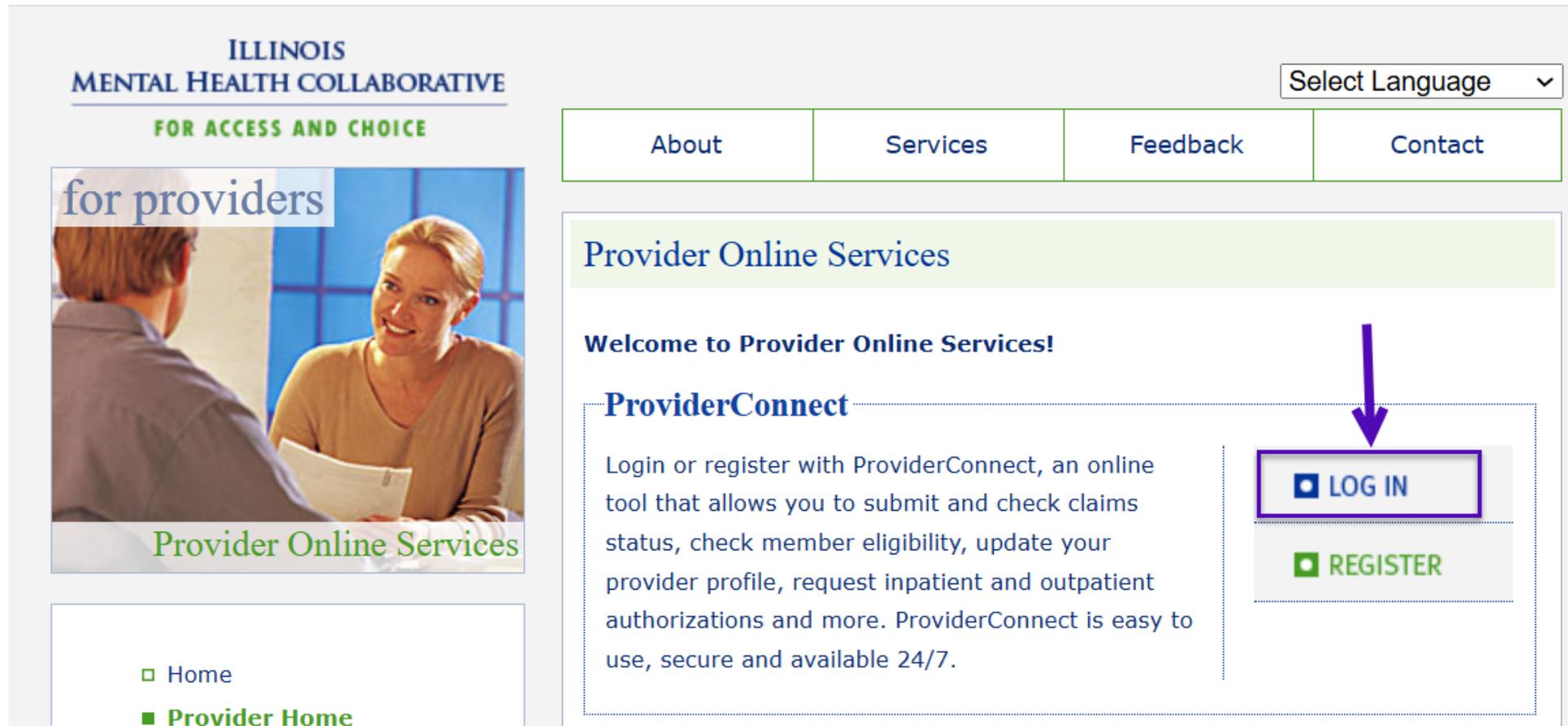




Online Registration Process

Access Log In via the Collaborative website:

<https://www.illinoismentalhealthcollaborative.com/providers.htm>



The screenshot shows the ProviderConnect Portal website. At the top left, it says "ILLINOIS MENTAL HEALTH COLLABORATIVE FOR ACCESS AND CHOICE". Below this is a navigation menu with "About", "Services", "Feedback", and "Contact". A "Select Language" dropdown menu is in the top right. The main content area is titled "Provider Online Services" and includes a "Welcome to Provider Online Services!" message. A section titled "ProviderConnect" describes the tool and its features. To the right of this section are two buttons: "LOG IN" and "REGISTER". A large blue arrow points down to the "LOG IN" button. On the left side of the page, there is a navigation menu with "Home" and "Provider Home". A small logo is in the bottom left corner.

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

Select Language ▾

About Services Feedback Contact

for providers

Provider Online Services

Provider Online Services

Welcome to Provider Online Services!

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

LOG IN

REGISTER

□ Home
■ Provider Home



ProviderConnect Landing Page



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

Enter your **User ID** and **Password**
then select **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 information and resources in 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 is consistent with their scope of 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



Multifactor Authentication



One-Time Password (OTP) - Multifactor Authentication

Your Submitter ID:

ProviderConnect access is moving to Multifactor Authentication (MFA) on Wednesday, December 31, 2025

You will be required to set up MFA by this date. Please follow the instructions to get started.

Once you have logged into ProviderConnect, please update your profile to ensure it has your most up-to-date contact information.

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

If you would like to temporarily bypass setting up multifactor authentication, please click on

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

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

Multi-factor Authentication will be required as of Wednesday, December 31, 2025.
You may select "Bypass Setup" at this time.





ProviderConnect Use Agreement

Welcome to www.carelonbehavioralhealth.com, the website for Carelon Behavioral Health, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

Select "I Agree" to move forward.

For assistance with any technical problems (9...e) 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



Provider Home Page – Member Search

- Home
- Specific Member Search**
- Register Member
- Authorization Listing
- Enter an Authorization/Notification Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Enter a Special Program Application
- Enter Case Management Referral
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Weekly Behavior Analysis Measures
- Enter Member Assessment
- EDI Homepage
- Open IDD Portal
- Enter Member Reminders
- Reports

Welcome [Name], Thank you for using Carelon Behavioral Health ProviderConnect.

EAP claims for Home Depot members can be submitted on the [Anthem Provider Portal](#). Please refer to the confirmation packet for more information.

YOUR MESSAGE CENTER



Your inbox is empty

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](#)

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

▪ [Enter a Special Program Application](#)

▪ [Enter a Comprehensive Service Plan](#)

▪ [Review an Authorization](#)

▪ [View Clinical Drafts](#)

▪ [Weekly Behavior Analysis Measures](#)

Using "Find a Specific Member" will pre-populate member information in the registration screens.

▼ [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](#)

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Enter Case Management Referral
Complete Provider Forms
Enter a Comprehensive

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.

*Consumer ID	<input type="text"/>	(No spaces or dashes)	←
Last Name	<input type="text"/>		
First Name	<input type="text"/>		
*Date of Birth	<input type="text"/>	(MMDDYYYY)	←
As of Date	02182025	(MMDDYYYY)	



Demographics Page-View Consumer Registrations



- Home
- Specific Consumer Search
- Register Consumer
- Authorization Listing
- Enter an Authorization/Notification Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Enter a Special Program Application
- Enter Case Management Referral
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Weekly Behavior Analysis Measures
- Enter Consumer Assessment
- EDI Homepage
- Open IDD Portal

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

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

Consumer?
Consumer ID
Alternate ID
Consumer Name
Date of Birth
Address
Alternate Address
Marital Status
Home Phone
Work Phone
Relationship
Gender

Eligibility
Effective Date **01/31/2008**
Expiration Date
COB Effective Date? **12/05/2014**
[View Funding Source Enrollment Details](#)

Subscriber

Select
View Consumer Registrations

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

View Consumer Auths	View Consumer Claims	View Empire Claims	View GHI-BMP Claims	
Enter Auth/Notification Request	Enter Claim	Send Inquiry	View Clinical Drafts	Comprehensive Service Plan
Enter Consumer Reminders	View Consumer Registrations	Special Program Applications	Provider Forms	
View Spectrum Record	Case Management Referral	Disable Consumer Communication	Crisis Stabilization Referrals	
Enter Consumer Assessment	Enter Maladaptive Behavior Data	Enter Skills Data	View Behavioral Analysis Data	

No Existing Registrations

View Consumer Auths View Consumer Claims View Empire Claims View GHI-BMP Claims

Enter Auth/Notification Request Enter Claim Send Inquiry View Clinical Drafts Comprehensive Service Plan

Enter Consumer Reminders View Consumer Registrations Special Program Applications Provider Forms

View Spectrum Record Case Management Referral Disable Consumer Communication Crisis Stabilization Referrals

Enter Consumer Assessment Enter Maladaptive Behavior Data Enter Skills Data View Behavioral Analysis Data

Add Consumer Registration

Consumer Registrations

Form	Date Created	Edited By	Fund	Effective Date	Expiration Date
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NO RECORDS FOUND

Select "Add Consumer Registration" to enter a new registration



Member Registration



All fields marked with an asterisk (*) are required

[ProviderConnect Home](#)

Consumer Registration

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

*Registration Start Date (MMDDYYYY) <input type="text"/>	*Recipient ID(RIN) <input type="text"/>	Client ID <input type="text"/>	*Agency FEIN <input type="text"/>	Satellite Code <input type="text"/>	*Medicaid Site ID <input type="text"/>
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Demographics

*Last Name <input type="text"/>	*First Name <input type="text"/>	Middle Initial <input type="text"/>	Suffix <input type="text"/>	*Date of Birth (MMDDYYYY) <input type="text"/>	*Mother's Maiden Name <input type="text"/>	*Social Security Number <input type="text"/>	*Gender
						<input type="radio"/> Unknown <input type="radio"/> No SSN	<input checked="" type="radio"/> Male <input type="radio"/> Female

*Address Line 1 <input type="text"/>	Address Line 2 <input type="text"/>	*City <input type="text"/>	*State <input type="text"/>	*ZIP <input type="text"/>	ZIP Suffix <input type="text"/>	<input type="radio"/> Address Unknown <input type="button" value="Select City, State and Zip"/>
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*County <input type="text" value="SELECT..."/>	*Township/Community Area <input type="text" value="SELECT..."/>	*Williams Class Consumer <input type="radio"/> Yes <input type="radio"/> No	IMD Home Code <input type="text" value="SELECT..."/>
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Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.

*Household Income <input type="text"/>	*Client Income <input type="text"/>	*Household Size <input type="text"/>	*Household Composition <input type="text" value="SELECT..."/>	Qualifying Exceptions <input type="text" value="SELECT..."/>
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Member Registration continued...

*Education Level SELECT...	*Military Status SELECT...	*Marital Status SELECT...
*Employment Status SELECT...	*SSI-SSDI Eligibility SELECT...	*DFI-CFI Enrollment SELECT...
*Court/Forensic Treatment SELECT...		
*Race 1 SELECT...	*Race 2 SELECT...	
*Race 3 SELECT...	*Race 4 SELECT...	*Citizenship SELECT...
*Race 5 SELECT...	*Hispanic Origin SELECT...	*Language SELECT...
*Interpreter Services Needed SELECT...	*MH Residential Arrangement SELECT...	*Justice System Involvement SELECT...
DMH Special Projects SELECT...		
*Consumer Third Party Payor <input type="radio"/> Yes <input type="radio"/> No		
*MH Residential Indicator <input type="radio"/> Yes <input type="radio"/> No		

All fields marked with an asterisk (*) are required

If you are a **"Certified Community Behavioral Health Clinic" (CCBHC)**, please select this option in the **DMH Special Projects** drop down list.



Member Registration continued...

Special Program Enrollment

All fields marked with an asterisk (*) are required

ICG Community Services fund is no longer used as of 6/30/2016
CHP fund is no longer used as of 3/31/2011

*Juvenile Justice Yes No *Path Grant Yes No * Region 1 Crisis Care System Yes No *ICG Community Services Yes No *CHP Yes No

Begin Date  Begin Date  Begin Date  Begin Date  Begin Date 

End Date  End Date  End Date  End Date  End Date 

ICG (INDIVIDUAL CARE GRANTS) fund is no longer used as of 6/30/2016

* Consumer in Residential or Northwest Crisis Care (NCCS) program funded by DMH

Begin Date  End Date  Residential Level of Care

*Permanent Supported Housing Yes No

*Money Follows the Person Yes No

Select "No" for these fields

MH CLOSING

MH Closing information is only gathered when closing a Registration.

MH Closing Date  MH Closing Disposition

Functional Scale Used at Closing GAF/CGAS Score at Closing

Cancel Next

Funding Source(s)

Consumer Registration

Registration Start Date (MMDDYYYY)
02/19/2025

Consumer Name
[REDACTED]

Date of Birth (MMDDYYYY)
[REDACTED]

Consumer ID
[REDACTED]

Select Funds

Funding Source(s) Available

574 - ILLINOIS-PSYCHIATRIC MEDICATION

ABC - ILLINOIS MEDICAID NON-MEDICAID FFS

THIS SERVICE CANNOT BE REGISTERED FOR THIS CONSUMER

811 - ILLINOIS - CS TRANSITIONAL LIVING CENTER [NO ELIGIBLE FUNDS]

THIS SERVICE CANNOT BE REGISTERED FOR THIS CONSUMER

831 - ILLINOIS - CS SUPERVISED RESIDENTIAL [NO ELIGIBLE FUNDS]

The Funding Source(s) Available will display the selected pre-populated funding source(s) according to selected programs, contract status and consumer eligibility criteria.

Selected Funds-Effective & Expiration Date

Consumer Registration

Registration Start Date (MMDDYYYY)
02/19/2025

Consumer Name

Date of Birth (MMDDYYYY)

Consumer ID

Selected Funds

Please confirm your selection of funding source for each type of service

Funding Source(s)	Effective Date	Expiration Date
574 ILLINOIS-PSYCHIATRIC MEDICATION	02/19/2025	02/19/2026
ABC ILLINOIS MEDICAID NON-MEDICAID FFS	02/19/2025	02/19/2026
THIS SERVICE CANNOT BE REGISTERED FOR THIS CONSUMER 811 ILLINOIS - CS TRANSITIONAL LIVING CENTER		
THIS SERVICE CANNOT BE REGISTERED FOR THIS CONSUMER 831 ILLINOIS - CS SUPERVISED RESIDENTIAL		

Enter Diagnosis Code Information

All fields marked with an asterisk (*) are required

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"/>

MH and Medical Diagnosis Codes are listed in the Online & Batch Registration Guides, located on the Collaborative website.

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"/>



Diagnosis Code Information continued...

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

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

Social Elements Impacting Diagnosis, by default "None" is checked. You may check all that apply.

Diagnosis Code Information continued...

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

First Presentation Assessment

Please answer 'Yes' or 'No' to the following conditions.

*The primary diagnosis is reported in the registration and was obtained by a psychiatrist

Yes No

*The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma

Yes No

*The consumer has not had more than 16 weeks of antipsychotic medication treatment

Yes No

Cancel

Next



Functional Impairment & Assessment Scores

GAF/CGAS Score Locus Results

*FUNCTIONAL SCALE USED

G - GAF ▼

CGAS SCORE

Self Care

SELECT... ▼

Community

SELECT... ▼

Social Relations

SELECT... ▼

GAF

Social Group/School

SELECT... ▼

Employment

SELECT... ▼

Financial

SELECT... ▼

Community Living

SELECT... ▼

Enter the GAF/CGAS Score

Family Relations

SELECT... ▼

School

SELECT... ▼

Supportive Social

SELECT... ▼

Daily Living Activity

SELECT... ▼

Inappropriate or Dangerous Behavior

SELECT... ▼

Previous Functional Impairment

SELECT... ▼



Functional Impairment & Assessment Scores continued...

LOCUS RESULTS

FUNCTIONAL IMPAIRMENT DOMAIN SCORES

Risk of harm

Functional Status

Co-Morbidity

Composite score

LOCUS Recommended Level of Care

Recovery - Environment Stressors

Recovery - Environment Support

Recovery and Treatment History

Acceptance and Engagement

Assessor Recommended Level of Care



Functional Impairment & Assessment Scores

ASSESSMENTS

COLUMBIA IMPAIRMENT SCALE

Columbia Impairment Scale Score (0-52)

WORKER OHIO FUNCTIONING SCALE

Worker Ohio Problem Severity Scale Score (0-100)

Worker Ohio Functionality Scale (0-80)

DEVEREAUX SCALE

DECA Subscale (For children under the age of 3)

Protective Factor Scores %

DECA Subscale (For children over the age of 3, under the age of 5)

Protective Factor Scores %

Behavioral Concerns Scores %

**The Columbia, Ohio and Devereaux Scales
are no longer required**



Cancel

Back

Next

History of Illness

*Continous Treatment

Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Continous Residential

Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Multiple Residential

Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Outpatient

Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Previous Treatment

Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Co- Occurring Disorder

Yes No

Evidence Based Practice IDDT

Yes No

Evidence Based Practice - Supported Employment

Yes No

Evidence Based Practice Medication Algorithm

Yes No

Cancel

Back

Next



MH Cross Disabilities

*Form Completion Date 

*Type of Service Needed 1

Type of Service Needed 2

Type of Service Needed 3

Type of Service Needed Other

*Primary Care Giver Age

*Type of Services Sought 1

Type of Services Sought 2

Type of Services Sought 3

Type of Services Sought Other



Guardian Information

This section can be skipped if not applicable

Adoption Indicator Yes No

Guardian Type Last Name First Name MI

Address

City State Zip Code Zip Suffix

Appointment Date

Termination Date

Guardian Type Last Name First Name MI

Address

City State Zip Code Zip Suffix

Appointment Date

Termination Date



Member Registration Confirmation Screen

Consumer Registration Confirmation

Status:

***** APPROVED *****

Provider ID	Provider Last Name	Provider First Name	Provider Address
Consumer ID	Last Name	First Name	Consumer Address

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
574	ILLINOIS-PSYCHIATRIC MEDICATION	02/18/2025	02/18/2026
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	02/18/2025	02/18/2026

**MESSAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS.
IF THE ELIGIBILITY STATUS IS APPROVED, THE CONSUMER HAS BEEN ENROLLED IN THE CARELON BEHAVIORAL HEALTH ELIGIBILITY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.**

IF THE ELIGIBILITY STATUS IS PENDED, THE CONSUMER NEEDS TO BE VERIFIED BY THE CARELON BEHAVIORAL HEALTH ELIGIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN 48 HOURS. ONCE THE STATUS IS CHANGED TO APPROVED, THE CONSUMER WILL BE ASSIGNED A NEW, PERMANENT MEMBER ID.

Return





- Re-register a consumer and update key fields to extend coverage every 12 months**
- Re-register a consumer, update key fields and close at the same time**
- Re-register a consumer, update key fields and end date a special program**



View Consumer Registration

Select “Re-Register”

Existing Registrations will appear

Enter Consumer Reminders **View Consumer Registrations** Special Program Applications Provider Forms

View Spectrum Record Case Management Referral Disable Consumer Communication Crisis Stabilization Referrals

Enter Consumer Assessment Enter Maladaptive Behavior Data Enter Skills Data View Behavioral Analysis Data

Add Consumer Registration

Consumer Registrations

Form	Date Created	Edited By	Fund	Effective Date	Expiration Date	
ILAS	02/20/2025		ABC	02/21/2024	02/21/2025	Re-Register Close Registration Address Change
ILAS	02/20/2025		574	02/21/2024	02/21/2025	Re-Register Close Registration Address Change
ILAS	03/02/2020		574	02/28/2020	02/28/2020	
ILAS	03/02/2020		350	02/28/2020	02/28/2020	



Previous Registration will Populate

**Some fields of the previous registration will pre-populate.
All fields with an asterisk (*) are required**

Consumer Registration

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

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

*Registration Start Date (MMDDYYYY)	*Recipient ID(RIN)	Client ID 000000000	*Agency FEIN	Satellite Code 0	*Medicaid Site ID
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Demographics

*Last Name	*First Name	Middle Initial	Suffix	*Date of Birth (MMDDYYYY)	*Mother's Maiden Name UNKNOWN	*Social Security Number : <input type="radio"/> Unknown <input type="radio"/> No SSN	*Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
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*Address Line 1	Address Line 2	*City	*State IL	*ZIP	ZIP Suffix	<input type="radio"/> Address Unknown Select City, State and Zip
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*County	*Township/Community Area	*Williams Class Consumer <input checked="" type="radio"/> Yes <input type="radio"/> No	IMD Home Code SELECT...
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Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.

*Household Income	*Client Income	*Household Size	*Household Composition SELECT...	Qualifying Exceptions SELECT...
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Re-Registration Confirmation Screen

Consumer Registration Confirmation

Status: ***** APPROVED *****

Provider ID	Provider Last Name	Provider First Name	Provider Address
Consumer ID	Last Name	First Name	Consumer Address

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
574	ILLINOIS-PSYCHIATRIC MEDICATION	02/20/2025	02/20/2026
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**MESSAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS.
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IF THE ELIGIBILITY STATUS IS PENDED, THE CONSUMER NEEDS TO BE VERIFIED BY THE CARELON BEHAVIORAL HEALTH ELIGIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN 48 HOURS. ONCE THE STATUS IS CHANGED TO APPROVED, THE CONSUMER WILL BE ASSIGNED A NEW, PERMANENT MEMBER ID.**



**Close Registration
is necessary
and used for**

- Close the consumer's registration**
- End date a special program**
- End date a special program and close the registration**



View Consumer Registration

Select “Close Registration”

Existing Registrations will appear

Consumer Registrations

Form	Date Created	Edited By	Fund	Effective Date	Expiration Date	
ILAS	02/20/2025		ABC	02/20/2025	02/20/2026	<input type="button" value="Re-Register"/> <input type="button" value="Close Registration"/> <input type="button" value="Address Change"/>
ILAS	02/20/2025		574	02/20/2025	02/20/2026	<input type="button" value="Re-Register"/> <input type="button" value="Close Registration"/> <input type="button" value="Address Change"/>
ILAS	02/20/2025		ABC	02/21/2024	02/21/2025	
ILAS	02/20/2025		574	02/21/2024	02/21/2025	



Close Registration Screen

Consumer Registration

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

Recipient ID(RIN)

Registration Start Date (MMDDYYYY)

Client ID
00000000

Demographics

Last Name First Name Middle Name Suffix Date of Birth (MMDDYYYY)

Special Program Enrollment

**ICG Community Services fund is no longer used as of 6/30/2016
CHP fund is no longer used as of 3/31/2011**

Juvenile Justice Yes No

Path Grant Yes No

Region 1 Crisis Care System Yes No

*ICG Community Services Yes No

*CHP Yes No

Begin Date 

Begin Date 

Begin Date 

Begin Date 

Begin Date 

End Date 

End Date 

End Date 

End Date 

End Date 

ICG (INDIVIDUAL CARE GRANTS) fund is no longer used as of 6/30/2016

*Consumer in Residential or Northwest Crisis Care (NCCS) program funded by DMH 

Begin Date 

End Date 

Close Registration Screen continued...

MH CLOSING

MH Closing Date 

MH Closing Disposition

Functional Scale Used at Closing

GAF/CGAS Score at Closing

Note: For Household Income, the value 99999 cannot be entered to denote Unknown income.

Household Income

Client Income

Education Level

Employment Status

Justice System Involvement

Court/Forensic Treatment

MH Residential Arrangement



Close Registration Confirmation Screen

Consumer Close Creation Confirmation

Status: ***** **CLOSED** *****

Provider ID Provider Last Name Provider First Name Provider Address
" "

Consumer ID Last Name First Name Consumer Address

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
574	ILLINOIS-PSYCHIATRIC MEDICATION	02/20/2025	02/20/2025
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	02/20/2025	02/20/2025

MESSAGE
THE REGISTRATION HAS BEEN CLOSED.

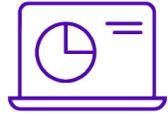
[Return](#)







Batch Registration Process



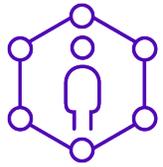
Please Note: This portion of the training will step through the basics of submitting a batch registration file using ProviderConnect. For detailed information regarding

- Submitter ID and Password
- File Specifications
- Batch Submission File Layout
- DSM-5 / ICD-10 Diagnostic Categories, Codes, and Descriptions
- Error Processing

..... please refer to the Batch Registration Submission Guide found on the Illinois Mental Health Collaborative website.



Individual Member vs. Batch Registration



Individual Member

- Registration is completed on-line in real time for an individual member.
- Recommended for smaller to medium volume providers



Batch

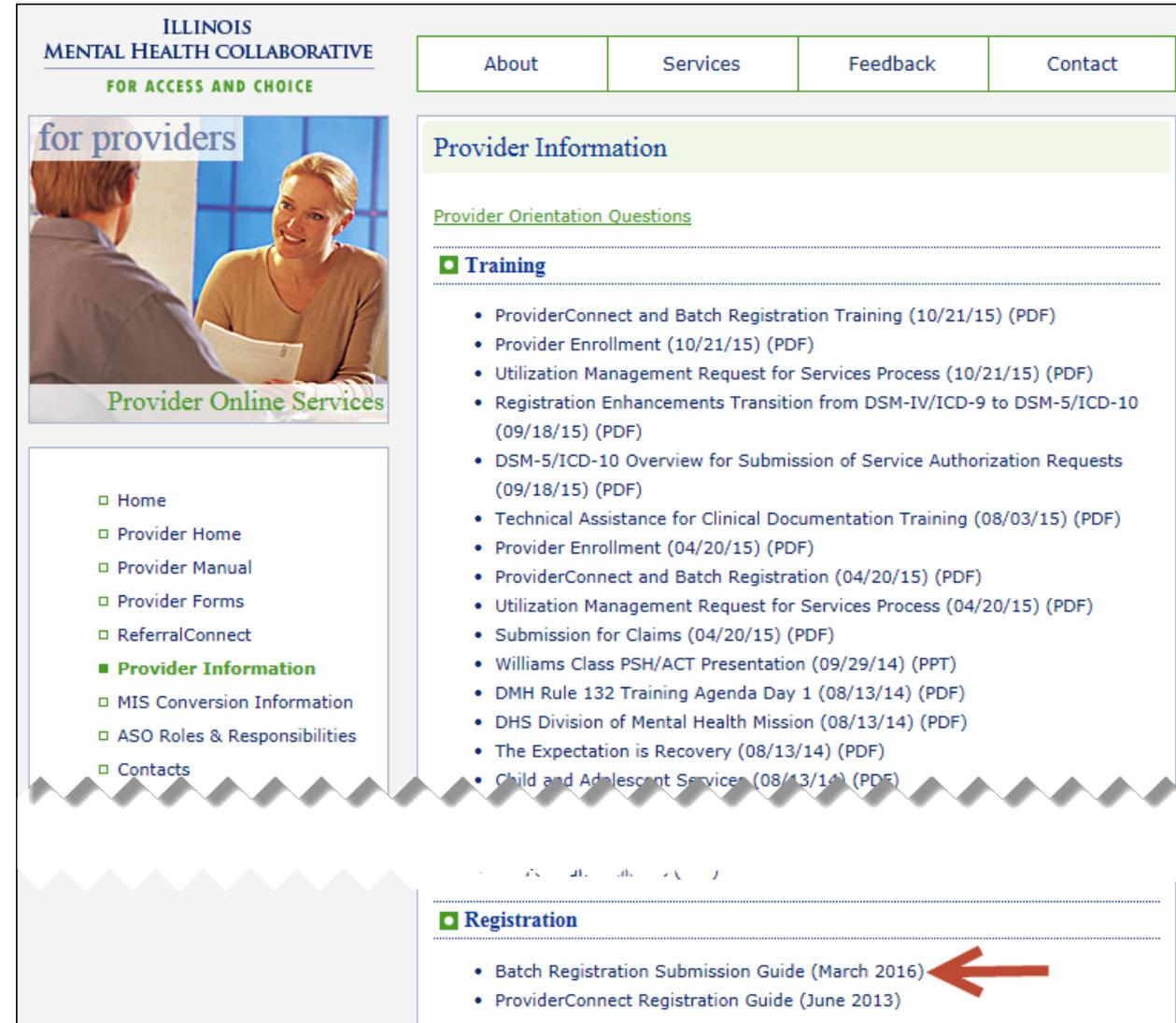
- Registration records are submitted on a specially formatted file using a batch process.
- Allows you to upload HIPAA 5010 compliant files directly to Carelon
- Recommended for facilities and providers submitting a higher volume of registrations
- Must have EMR to generate batch files



Where do I Find the Guide?

On the Collaborative website at:

illinoismentalhealthcollaborative.com/providers.htm



The screenshot shows the website for providers. At the top, it says "ILLINOIS MENTAL HEALTH COLLABORATIVE FOR ACCESS AND CHOICE". There are navigation tabs for "About", "Services", "Feedback", and "Contact". A banner image shows two people talking, with the text "for providers" and "Provider Online Services". A sidebar menu includes links to Home, Provider Home, Provider Manual, Provider Forms, ReferralConnect, **Provider Information**, MIS Conversion Information, ASO Roles & Responsibilities, and Contacts. The main content area is titled "Provider Information" and includes a link for "Provider Orientation Questions". Under a "Training" section, there is a list of training materials, including "Batch Registration Submission Guide (March 2016)", which is highlighted with a red arrow. Below the training list is a "Registration" section with a link to "Batch Registration Submission Guide (March 2016)", also highlighted with a red arrow.

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

About Services Feedback Contact

for providers
Provider Online Services

- Home
- Provider Home
- Provider Manual
- Provider Forms
- ReferralConnect
- Provider Information**
- MIS Conversion Information
- ASO Roles & Responsibilities
- Contacts

Provider Information

[Provider Orientation Questions](#)

Training

- ProviderConnect and Batch Registration Training (10/21/15) (PDF)
- Provider Enrollment (10/21/15) (PDF)
- Utilization Management Request for Services Process (10/21/15) (PDF)
- Registration Enhancements Transition from DSM-IV/ICD-9 to DSM-5/ICD-10 (09/18/15) (PDF)
- DSM-5/ICD-10 Overview for Submission of Service Authorization Requests (09/18/15) (PDF)
- Technical Assistance for Clinical Documentation Training (08/03/15) (PDF)
- Provider Enrollment (04/20/15) (PDF)
- ProviderConnect and Batch Registration (04/20/15) (PDF)
- Utilization Management Request for Services Process (04/20/15) (PDF)
- Submission for Claims (04/20/15) (PDF)
- Williams Class PSH/ACT Presentation (09/29/14) (PPT)
- DMH Rule 132 Training Agenda Day 1 (08/13/14) (PDF)
- DHS Division of Mental Health Mission (08/13/14) (PDF)
- The Expectation is Recovery (08/13/14) (PDF)
- Child and Adolescent Services (08/13/14) (PDF)

Registration

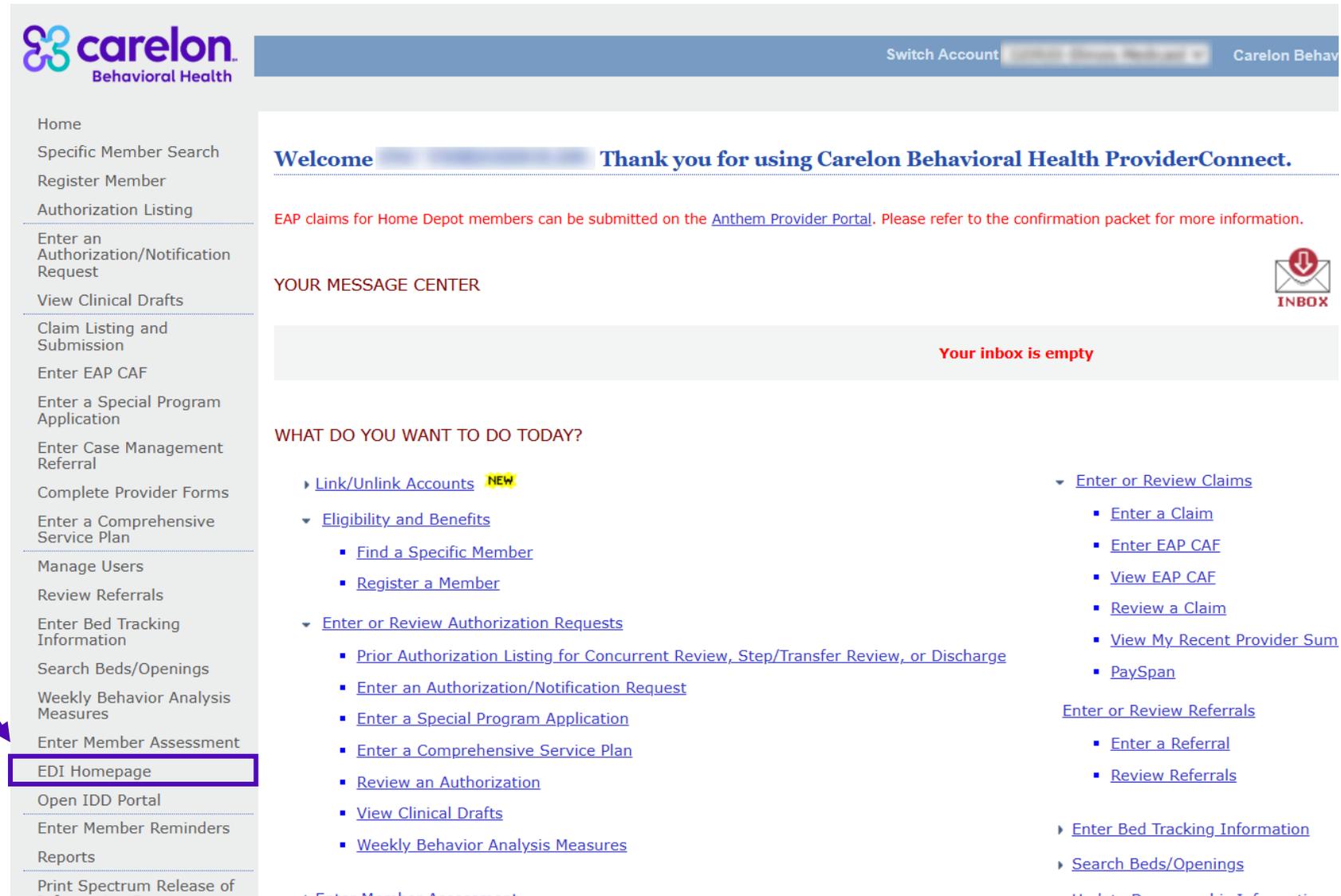
- Batch Registration Submission Guide (March 2016)
- ProviderConnect Registration Guide (June 2013)



Let's Get Started

Once logged in to
ProviderConnect

Click EDI Homepage



The screenshot shows the Carelon Behavioral Health ProviderConnect homepage. The top navigation bar includes the Carelon Behavioral Health logo, a 'Switch Account' dropdown menu, and the text 'Carelton Behav'. The left sidebar contains a list of navigation options, with 'EDI Homepage' highlighted by a red box. The main content area features a welcome message, a notification about EAP claims for Home Depot members, a message center showing an empty inbox, and a section titled 'WHAT DO YOU WANT TO DO TODAY?' with several expandable menu items.

carelon Behavioral Health

Switch Account [Account Name] Carelon Behav

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Claim Listing and Submission
Enter EAP CAF
Enter a Special Program Application
Enter Case Management Referral
Complete Provider Forms
Enter a Comprehensive Service Plan
Manage Users
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
Weekly Behavior Analysis Measures
Enter Member Assessment
EDI Homepage
Open IDD Portal
Enter Member Reminders Reports
Print Spectrum Release of

Welcome [Name] Thank you for using Carelon Behavioral Health ProviderConnect.

EAP claims for Home Depot members can be submitted on the [Anthem Provider Portal](#). Please refer to the confirmation packet for more information.

YOUR MESSAGE CENTER

Your inbox is empty

INBOX

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 a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)
- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Sum](#)
 - [PaySpan](#)
- [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)



- Home
- Submit Batch File
- Search Files
- Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

Submit Batch File

Search Files

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to Carelon Behavioral Health.
****Signature must be on file.**

Previous Batch File Submissions

Submission #	Result	Date Received	Form #
0251271867	Passed Validation	Mon Jan 27 10:41:57 EST 2025	BATCHREG
022A219969	Passed Validation	Fri Oct 21 11:48:26 EDT 2022	BATCHREG
022A219968	Passed Validation	Fri Oct 21 11:44:33 EDT 2022	BATCHREG
022A219967	Passed Validation	Fri Oct 21 11:13:49 EDT 2022	BATCHREG
022A219966	Passed Validation	Fri Oct 21 10:30:17 EDT 2022	BATCHREG
022A219965	Passed Validation	Fri Oct 21 10:28:04 EDT 2022	BATCHREG

Incoming Files

File Name	Date Posted	File Size
#251271867E.txt	Thu Feb 06 16:17:47 EST 2025	1478
#251271867R.txt	Thu Feb 06 16:17:42 EST 2025	5520
#22A199950A.txt	Wed Oct 19 11:38:32 EDT 2022	9006
#22A199950R.txt	Wed Oct 19 11:38:26 EDT 2022	9667

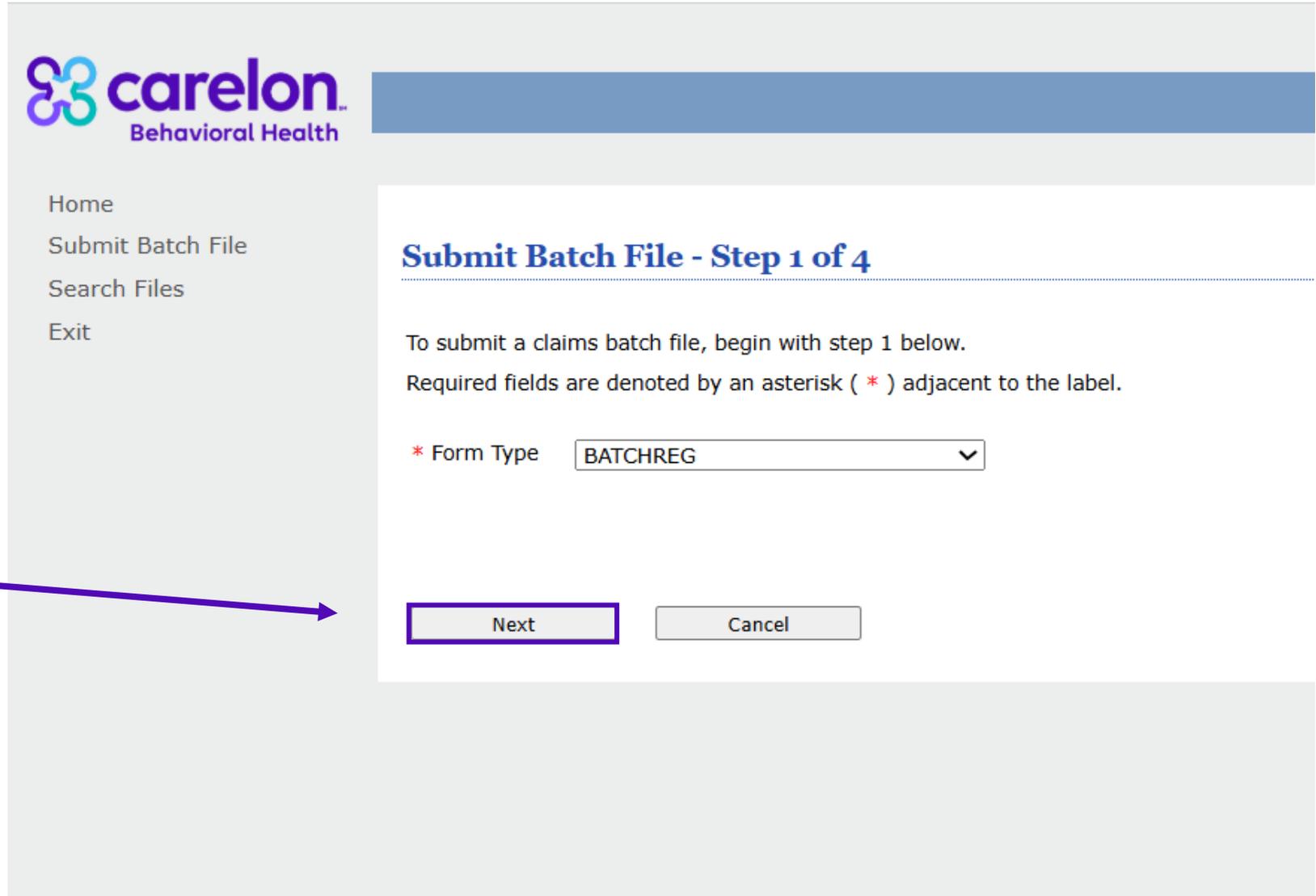
Click
Submit Batch File



Select Form Type

Form Type BATCHREG will be pre-populated

Click Next





Home
Submit Batch File
Search Files
Exit

Submit Batch File - Step 1 of 4

To submit a claims batch file, begin with step 1 below.
Required fields are denoted by an asterisk (*) adjacent to the label.

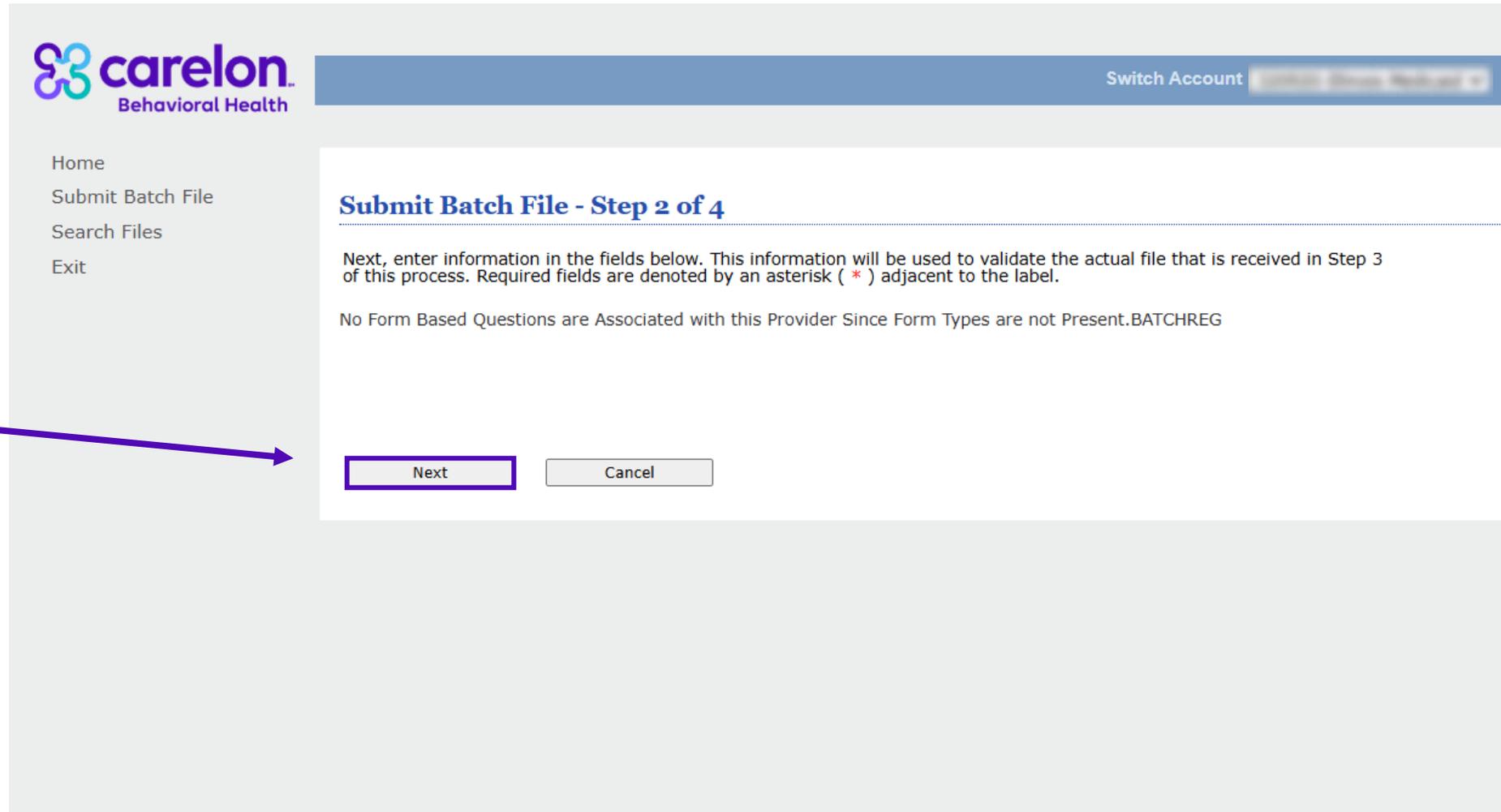
* Form Type



Click Next...

No form-based questions.

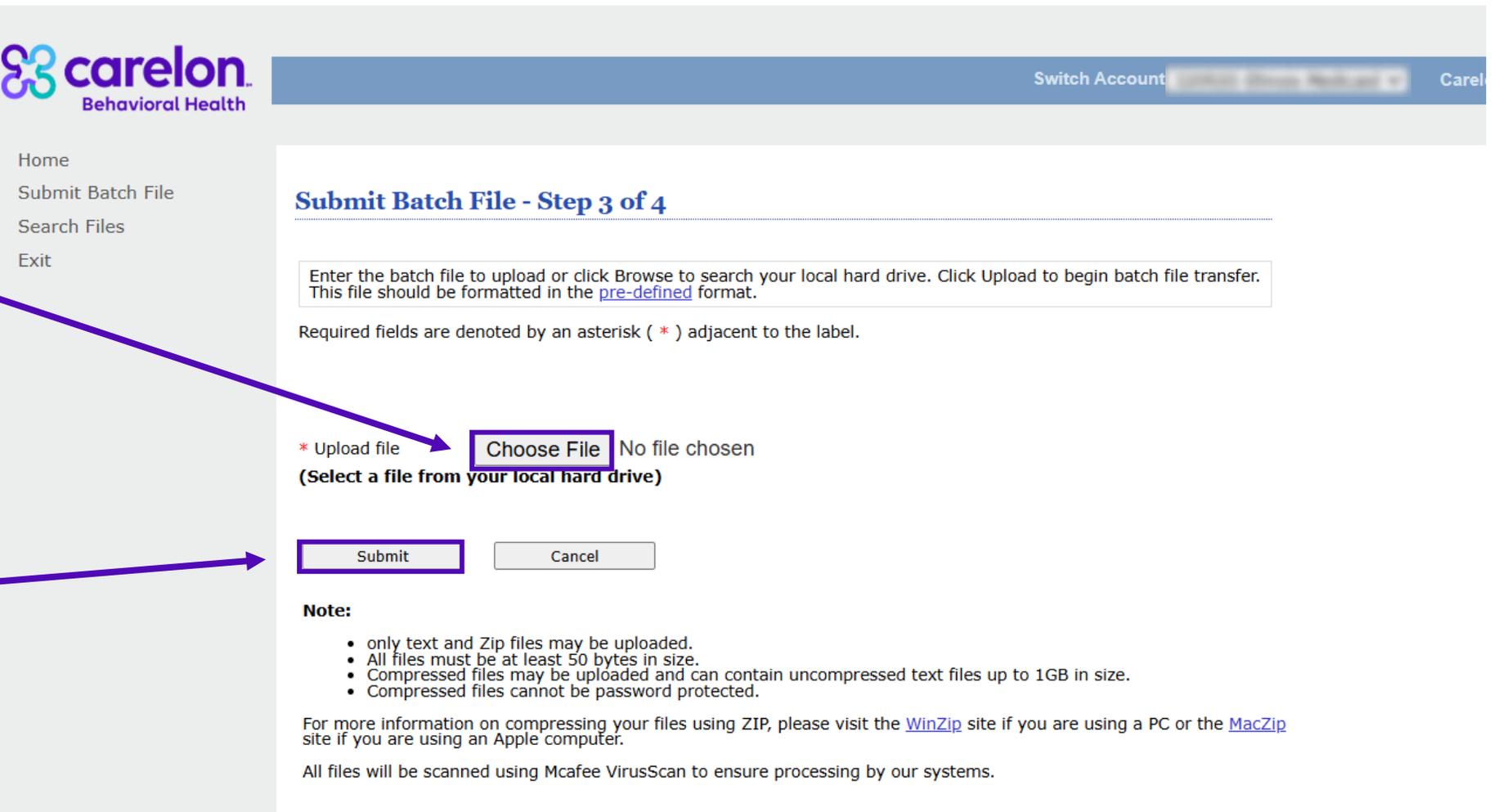
Click Next



The screenshot shows the Carelon Behavioral Health interface for 'Submit Batch File - Step 2 of 4'. The top left features the Carelon logo and a navigation menu with 'Home', 'Submit Batch File', 'Search Files', and 'Exit'. The top right has a 'Switch Account' button. The main content area contains the title 'Submit Batch File - Step 2 of 4' and a message: 'Next, enter information in the fields below. This information will be used to validate the actual file that is received in Step 3 of this process. Required fields are denoted by an asterisk (*) adjacent to the label.' Below this is a note: 'No Form Based Questions are Associated with this Provider Since Form Types are not Present.BATCHREG'. At the bottom of the form area are two buttons: 'Next' and 'Cancel'. A purple arrow points from the 'Click Next' text to the 'Next' button.



Attach the File and Submit



The screenshot shows the 'Submit Batch File - Step 3 of 4' page. On the left is a navigation menu with 'Home', 'Submit Batch File', 'Search Files', and 'Exit'. The main content area includes instructions: 'Enter the batch file to upload or click Browse to search your local hard drive. Click Upload to begin batch file transfer. This file should be formatted in the [pre-defined](#) format.' Below this is a note: 'Required fields are denoted by an asterisk (*) adjacent to the label.' The form has a label '* Upload file' followed by a 'Choose File' button and the text 'No file chosen (Select a file from your local hard drive)'. Below the form are 'Submit' and 'Cancel' buttons. A 'Note:' section lists file requirements: only text and Zip files, minimum 50 bytes, compressed files up to 1GB, and no password protection. A footer note states: 'All files will be scanned using McAfee VirusScan to ensure processing by our systems.'

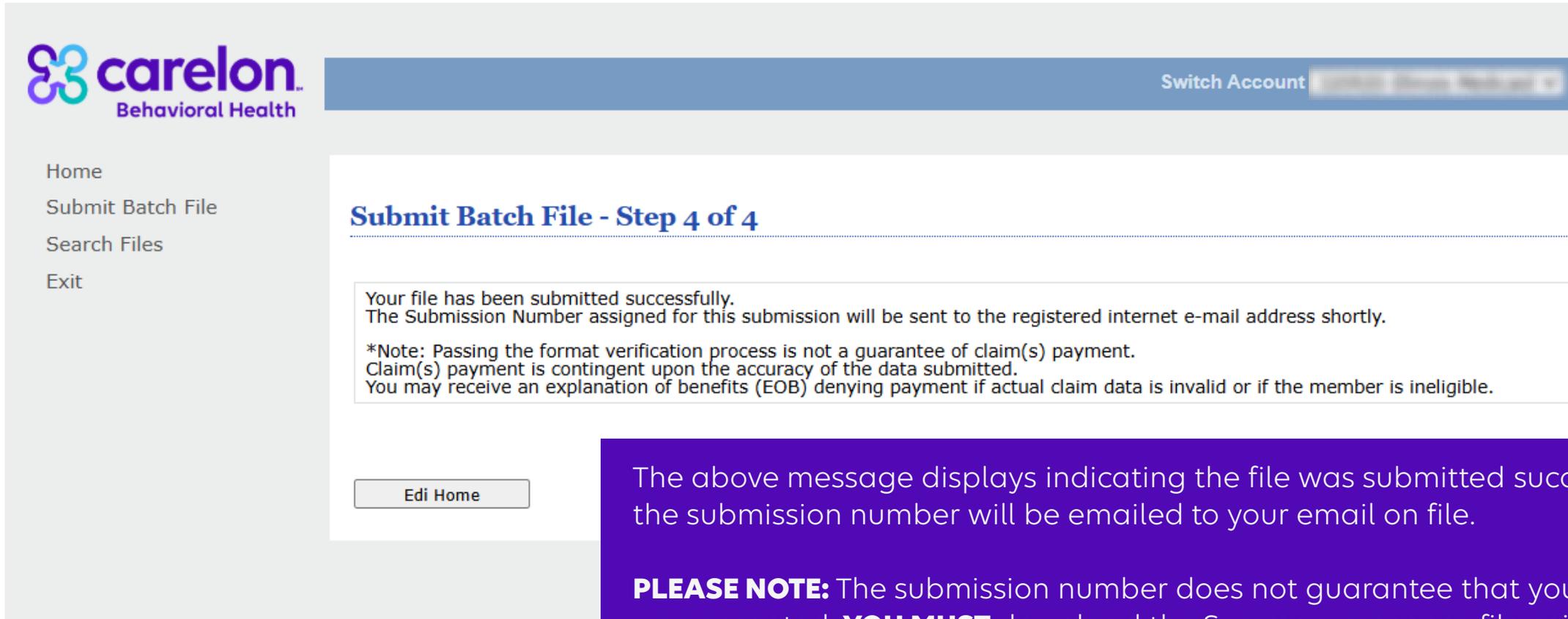
Click Choose File

Select your file on your computer

Click Submit



File Successfully Sent



The screenshot shows the Carelon Behavioral Health web portal. At the top left is the Carelon logo with the text "carelon Behavioral Health". To the right of the logo is a "Switch Account" button. Below the logo is a navigation menu with the following items: Home, Submit Batch File, Search Files, and Exit. The main content area is titled "Submit Batch File - Step 4 of 4". Below the title is a message box containing the following text: "Your file has been submitted successfully. The Submission Number assigned for this submission will be sent to the registered internet e-mail address shortly. *Note: Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon the accuracy of the data submitted. You may receive an explanation of benefits (EOB) denying payment if actual claim data is invalid or if the member is ineligible." Below the message box is an "Edi Home" button.

The above message displays indicating the file was submitted successfully and the submission number will be emailed to your email on file.

PLEASE NOTE: The submission number does not guarantee that your batch file was accepted. **YOU MUST** download the Summary response file coinciding with the submission number to verify your batch file was accepted. If it was rejected, you will need to correct your batch file and re-submit.





Reasons for a batch file to be rejected

- Incorrect file format
- No trailer record
- Trailer record exists but is not formatted correctly

Please Note: Refer to the Batch Registration Submission Guide for detailed information regarding error messages and error file naming conventions.



There could be up to three response files generated for each batch registration file submitted:

Summary File – indicates if the registration file was accepted or rejected.

Accepted File – contains all registration records that were accepted.

Error File – contains all registration records that were rejected.

Note: If the batch file is rejected, this is the only response file generated. If the batch file is accepted, the summary response file will indicate the number of registration records accepted and the number in error.

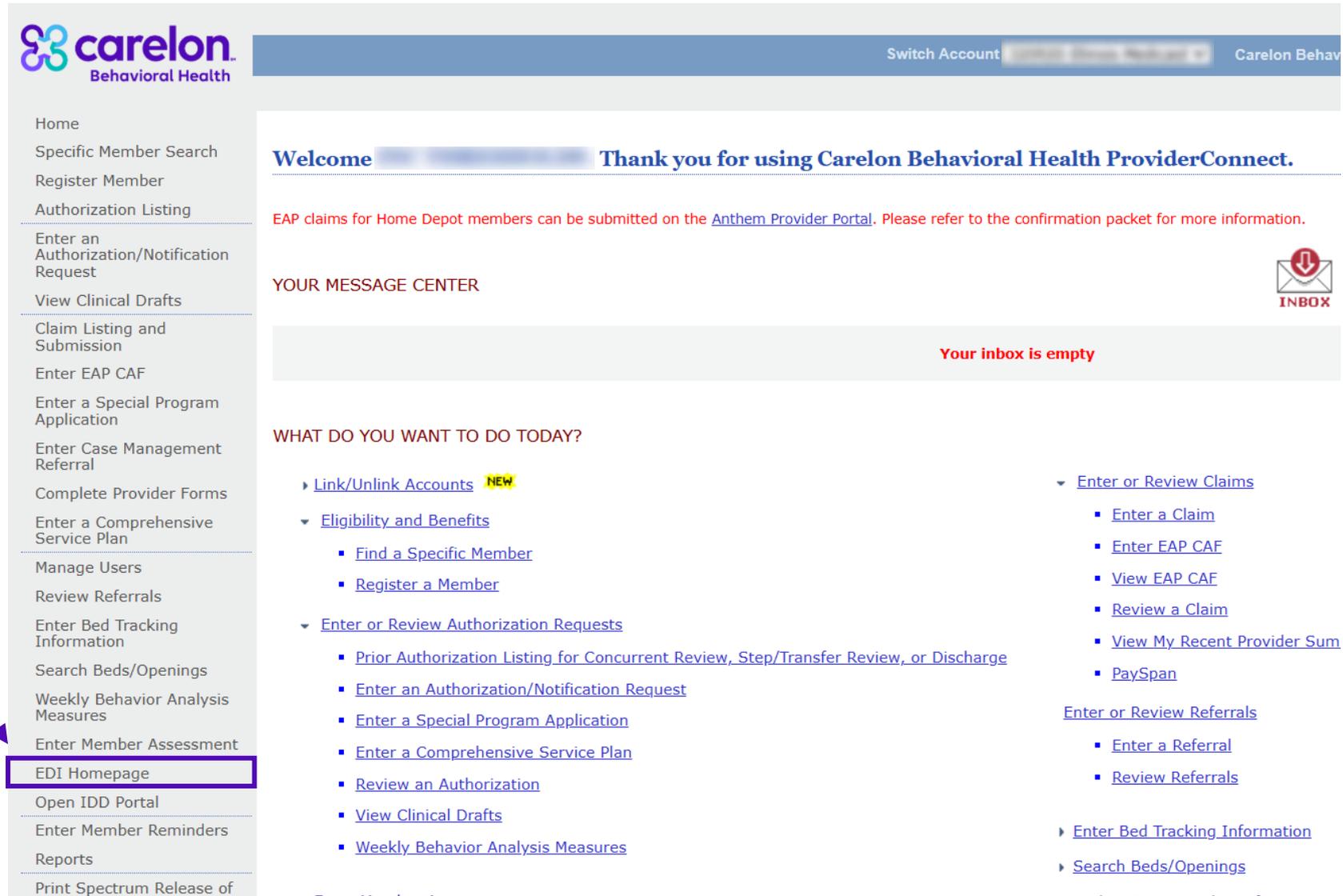
Please Note: Refer to the Batch Registration Submission Guide for detailed information regarding response file content, naming conventions, and file layouts.



Retrieving Response Files

Return to EDI Homepage

Click EDI Homepage



The screenshot shows the Carelon Behavioral Health ProviderConnect website. The top navigation bar includes the Carelon Behavioral Health logo, a 'Switch Account' dropdown menu, and the text 'Carelton Behav'. A left-hand navigation menu lists various options, with 'EDI Homepage' highlighted by a red box. A purple arrow points from the text 'Click EDI Homepage' to this red box. The main content area features a welcome message, a notification about EAP claims for Home Depot members, a 'YOUR MESSAGE CENTER' section with an 'INBOX' icon and the message 'Your inbox is empty', and a 'WHAT DO YOU WANT TO DO TODAY?' section with several expandable menu items. The 'Enter or Review Claims' menu is expanded, showing options like 'Enter a Claim', 'Enter EAP CAF', 'View EAP CAF', 'Review a Claim', and 'View My Recent Provider Sum'. Other visible menu items include 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Authorization Requests', 'Enter or Review Referrals', 'Enter Bed Tracking Information', and 'Search Beds/Opening'.



- Home
- Submit Batch File
- Search Files
- Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Submit Batch File

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

Search Files

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to Carelon Behavioral Health.
****Signature must be on file.**

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022A219966	Passed Validation	Fri Oct 21 10:30:17 EDT 2022	BATCHREG
022A219965	Passed Validation	Fri Oct 21 10:28:04 EDT 2022	BATCHREG

Incoming Files

File Name	Date Posted	File Size
#251271867E.txt	Thu Feb 06 16:17:47 EST 2025	1478
#251271867R.txt	Thu Feb 06 16:17:42 EST 2025	5520
#22A199950A.txt	Wed Oct 19 11:38:32 EDT 2022	9006
#22A199950R.txt	Wed Oct 19 11:38:26 EDT 2022	9667

Response Files—
Click on the hyperlink of the files for that submission number.

If there is **only one response file** for that submission number, the **entire file was rejected.**

If the entire file was **NOT rejected**, then there will be **up to 3 response files.**



View Incoming Files

View Incoming Files

To download a file: Click on the file name, the download will automatically begin and you will be prompted as to whether you received your file or not. Each file will remain on our server and can be downloaded as many times as you wish.

To delete a file: Click the box next to the file name, and then click the "Delete" link found at the bottom of the page. To delete all files, click the top box and then click the "Delete" link found at the bottom of the page.

Select Files	File Name	Date Posted	Size
<input type="checkbox"/>	#251271867E.txt	02/06/2025 04:17:47 PM	1478
<input type="checkbox"/>	#251271867R.txt	02/06/2025 04:17:42 PM	5520
<input type="checkbox"/>	#22A199950A.txt	10/19/2022 11:38:32 AM	9006
<input type="checkbox"/>	#22A199950R.txt	10/19/2022 11:38:26 AM	9667
<input type="checkbox"/>	#22A199949A.txt	10/19/2022 10:59:00 AM	12008
<input type="checkbox"/>	#22A199949R.txt	10/19/2022 10:58:55 AM	9667
<input type="checkbox"/>	#22A199948R.txt	10/19/2022 10:47:37 AM	1381
<input type="checkbox"/>	#22A189947A.txt	10/19/2022 09:09:44 AM	6004
<input type="checkbox"/>	#22A189947R.txt	10/19/2022 09:09:39 AM	6905
<input type="checkbox"/>	#22A189946E.txt	10/18/2022 04:54:28 PM	2958

Click the hyperlink of the file you want to download.



File Downloaded Successfully?

Confirm that your file was downloaded successfully.

If it was, click **Yes** and you'll return to the **EDI Homepage**.

If it was not, click **No** to try the download again.

Download File

Did you receive the file successfully?

- If your download completed successfully, and you received the file with no problems, then click **Yes**.
- Otherwise, if you had problems receiving the file, or if the download did not start, click **No**.



If you need additional assistance submitting your batch registration file, contact the EDI Help Desk at
(888) 247-9311.





Questions and Answers

- 1) Which EMR do you recommend for Batch submissions?
- 2) What is a superuser in ProviderConnect?
- 3) Who are the point of contacts for the Collaborative?



Additional Questions?

If you have additional questions, please email us at
illinoispci@carelon.com



Thank you!



Illinois

Mental Health Collaborative

