



# A New Portal for DBHR Member Registrations

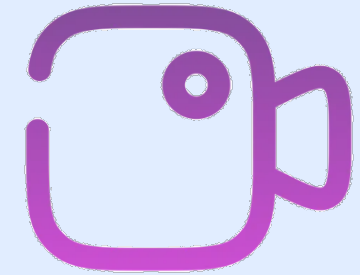
## Before we start



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 Teams



This presentation will be **recorded** and posted on our website for providers to access.

# Agenda

During the course of this presentation, we will review the following areas in Availity®

- Using Availity® Essentials.
- Single Sign-on to Provider Portal using Availity®.
- Administration of Provider Portal through Availity®.
- Linking Availity® Essentials and Provider Portal.
- Member Registration, View Registration, and Re-Registration
- Q & A

# Presenters



Jacob Bradshaw, CRSS  
Account Executive  
Illinois Mental Health Collaborative



Patricia Hill  
Executive Administrator  
Illinois Mental Health Collaborative



# First, Access ProviderConnect

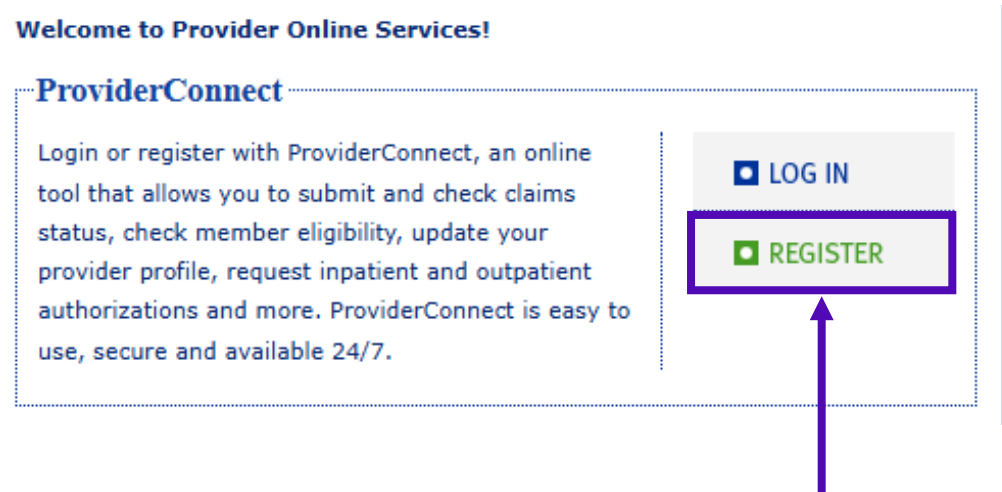
- ❑ Agencies must be enrolled with HFS before enrolling with the Collaborative
- ❑ Contact Carelon's **National Networks** team at **800-397-1630** to obtain a Provider ID number. The Provider ID number is assigned by Carelon Behavioral Health.
  - The “**plan**” this is for is the **Illinois Mental Health Collaborative**
- ❑ Each Provider, with a Provider ID number, will be able to obtain their first ProviderConnect logon ID

\*PLEASE NOTE: A **ProviderConnect** user ID is required to link to **Availity**®



# NEW! Provider Online Services User Request Form

- ✓ Immediate user account creation
- ✓ Set your own USER ID
- ✓ Batch needs additional configuration (you will receive an email verifying the use of Batch)



- ❑ <https://providerconnect.carelonbehavioralhealth.com/pc/eProvider/providerRegisterFromLogin.do>



# Why BOTH?

For now, **ProviderConnect** will remain the only place to do the following:

- Everything related to Batch Registrations
  - Batch Submissions
  - Response files
  
- Set up and review registration reports
  - Active registrations
  - Expiring registrations
  - Closed registrations
  - Open expired registrations





# First Getting Started in

 Availity®

# Create an Availity® Account

## Need help with 2-Step Authentication?

Visit our [2-Step Support and Information Hub](#) for resources and guidance.



## Sign In

User ID

Password

Sign In

[Forgot your user ID?](#)

[Forgot your password?](#)

**Note:** Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.

## New to Availity?

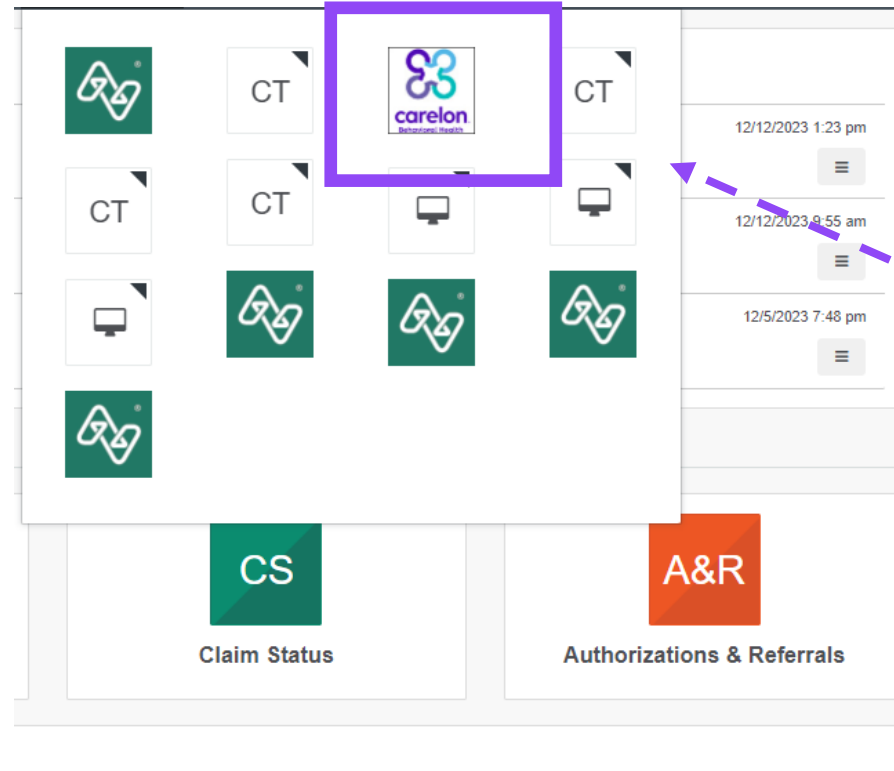
Create a free account and discover all the benefits of using Availity.

- ✓ Free, real-time access to hundreds of payers
- ✓ Check eligibility, submit claims, collect patient payments and track ERAs
- ✓ Update your provider profiles
- ✓ Manage quality-of-care paperwork

Create a Free Account

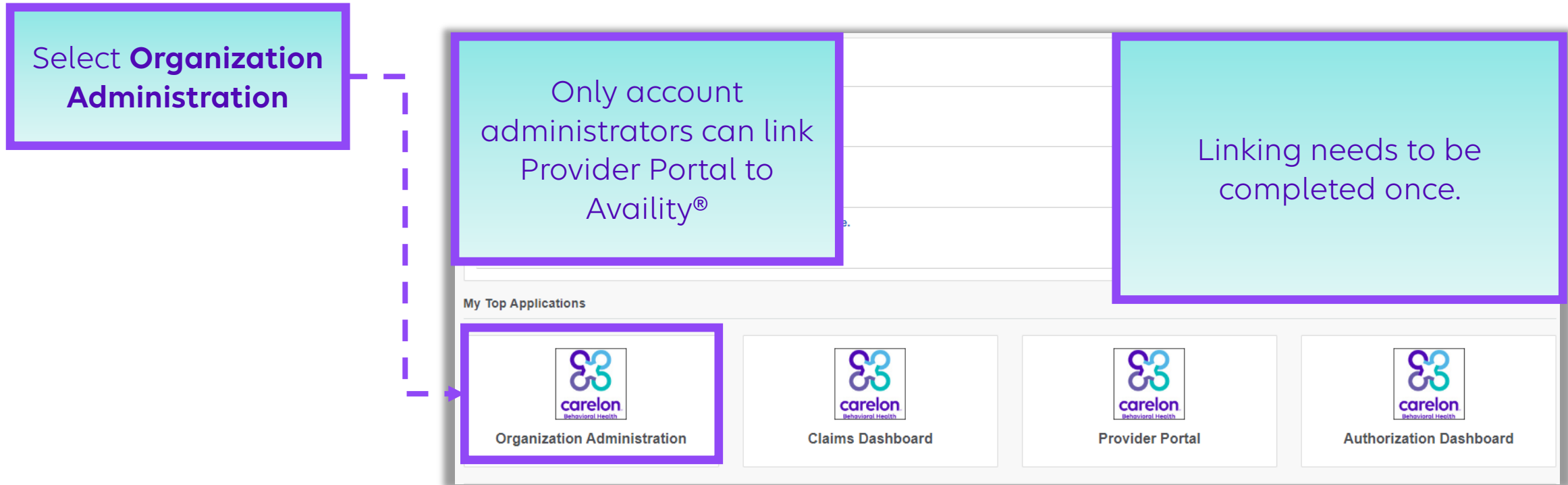
Have your organization admin create a free account with appropriate NPI and Tax ID.

# Availity® Payer Space – New Applications




Click on **Payer Space**  
and select Carelon  
logo

# Availity® Payer Space – Linking Provider Portal to Availity®



# Administration

## Organization Administration



Use this application to map the Availity user IDs of providers in your organization to the appropriate Carelon Behavioral Health Portal. The "Manage My Organization" feature must be set up for your organization to use this application. Go to Manage My Organization for more information.

\*required

**Organization\***

Carelon Behavioral Health Test Organization

**Availity User ID\***

Arthur Yusupov : ayus... | v

**Provider Portal\***

Select... | v

ProviderConnect

eServices

**Carelon Provider ID\***

**Carelon User ID\***

Clear Save

Showing 16 - 20 of 213 Providers

Search by Provider ID

Search


< Prev 3 4 5 ... Next >

Select your Organization from the dropdown list

Select Portal

# Administration

## Organization Administration



Use this application to map the Availity user IDs of providers in your organization to the appropriate Carelon Behavioral Health (Carelon) Provider Portal. The "Manage My Organization" feature must be set up for your organization to use this application. Go to [Manage My Organization](#).

\*required

**Organization\***

Carelon Behavioral Health Test Organization

Availity User ID*	Provider Portal*	Carelon Provider ID*	Carelon User ID*
Arthur Yusupov : ayus...   v	ProviderConnect   v	328843	328843AY

Clear Save

Showing 1 - 5 of 220 Providers

Search by Provider ID

Search

Availity User ID ▲ Provider Portal ⇅ Carelon Provider ID ⇅ Carelon User ID ⇅ Email Address ⇅ Status ⇅

Enter Carelon Provider ID and Carelon User ID

# Administration Functions

Certify the information is correct

**Save Provider Association** ×


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

Cancel **Confirm**

Then click **Confirm**

# Linking Accounts

## Organization Administration



**i** The Provider Association is successful.

Use this application to map the Availity user IDs of providers in your organization to the appropriate Carelon Behavioral Health (Carelon) Provider Portal. The "Manage My Organization" feature must be set up for your organization to use this application. Go to [Manage My Organization](#).

\*required

**Organization\***

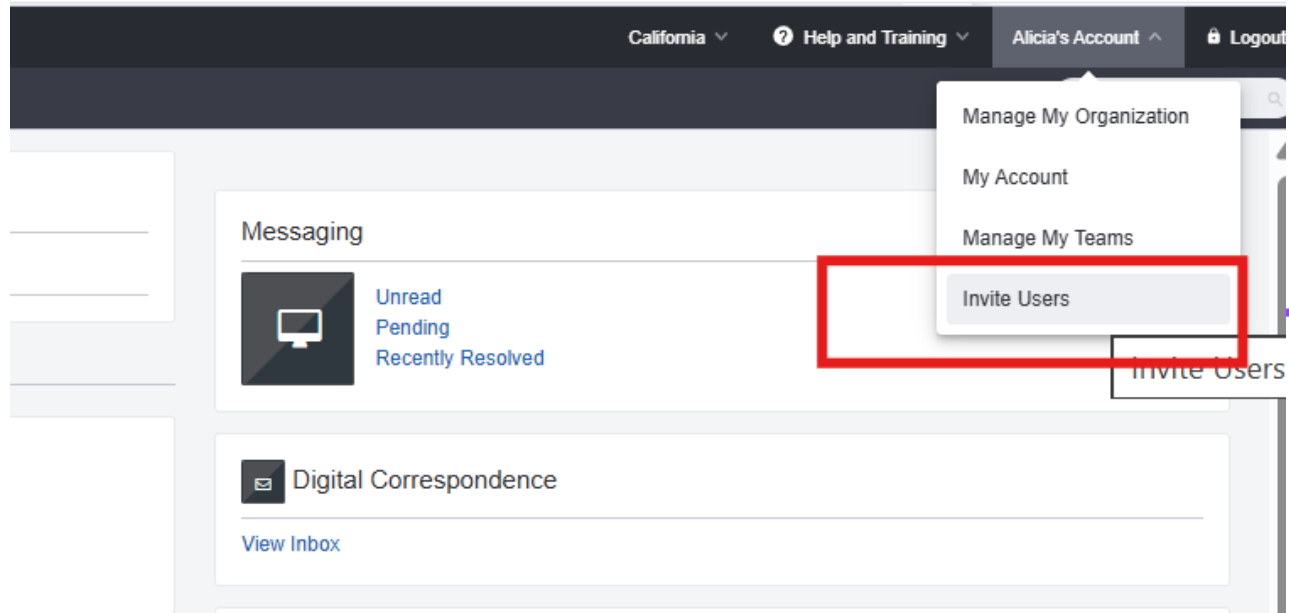
Carelon Behavioral Health Test Organization

Availity User ID*	Provider Portal*	Carelon Provider ID*	Carelon User ID*
Select...   v	Select...   v		

**Clear** **Save**

System will confirm if Provider Association is successful

# Admin, Invite Your Team

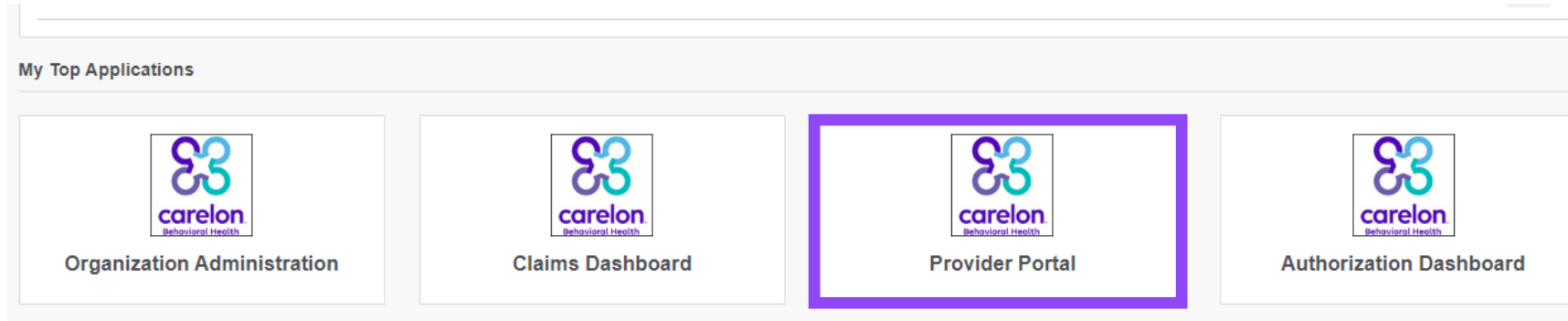


Have your organization admin invite additional users



# Single Sign-On to the Provider Portal

# Single Sign-on To Carelon's Provider Portal using Availity®




Once accounts are linked,  
users can access Carelon  
Provider Portals using  
Availity® Essentials

# Single Sign-on to Carelon Provider Portal

Users will be prompted to select their organization and provider

Home > Carelon Behavioral Health > Provider Portal

## Provider Portal



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

\*required

**Organization\***  
Carelon Behavioral Health Test Organization

**Select a Provider\* @**  
SOUTHWEST BEHAV CARE INC (Provider ID: 328843, User ID: 328843AY)

[Next](#)

[Terms of use](#)

Once selected, click **Next** to continue to access the Carelon Provider Portal

Confirm navigation to the Carelon Portal

**You are leaving the Provider Portal!** ✕

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

[Cancel](#) [Continue](#)

# Single Sign-on to Carelon Provider Portal

**Provider Portal**

**Organization:** Carelon Behavioral Health Test Organization [Change Organization and Provider](#)

**Provider:**

**ProviderConnect**

On any screen in the Provider Portal, you can go directly to ProviderConnect by clicking this button

# Single Sign-on Using Availity®

You are now logged into  
ProviderConnect

You can navigate through  
the portal as you always  
have.

The screenshot shows the Caredon Behavioral Health ProviderConnect portal. At the top left is the Caredon Behavioral Health logo. At the top right, there is a 'Switch Account' dropdown menu showing '328843AY-Corporate Services' and the word 'Caredon'. A navigation sidebar on the left lists various functions such as Home, Member Search, Authorization Listing, and Clinical Drafts. The main content area features a welcome message for 'SOUTHWEST BEHAV CARE INC.' and a 'YOUR MESSAGE CENTER' section with an 'INBOX' icon. Below this is a 'WHAT DO YOU WANT TO DO TODAY?' section with several expandable menu items like 'Link/Unlink Accounts', 'Eligibility and Benefits', and 'Enter or Review Authorization Requests'. On the right side, there are 'INBOX' and 'SENT' icons, and a list of expandable menu items including 'Enter or Review Claims', 'Enter or Review Referrals', and 'Enter Bed Tracking Information'. At the bottom of the page, the text 'CLINICAL SUPPORT TOOLS' is visible.



# Member Registration in Availity®

# Member Search

**Provider Portal**

**Organization:** Carelon Behavioral Health Test Organization **Change Organization and Provider**

**Provider:**  **ProviderConnect**



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**Member**   Message Center   Forms

---

**Member Search**

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

* Member ID	* First Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Date of Birth	* As of Date	
<input type="text" value="MM/DD/YYYY"/> 	<input type="text" value="06/04/2026"/> 	<input type="button" value="Search"/>

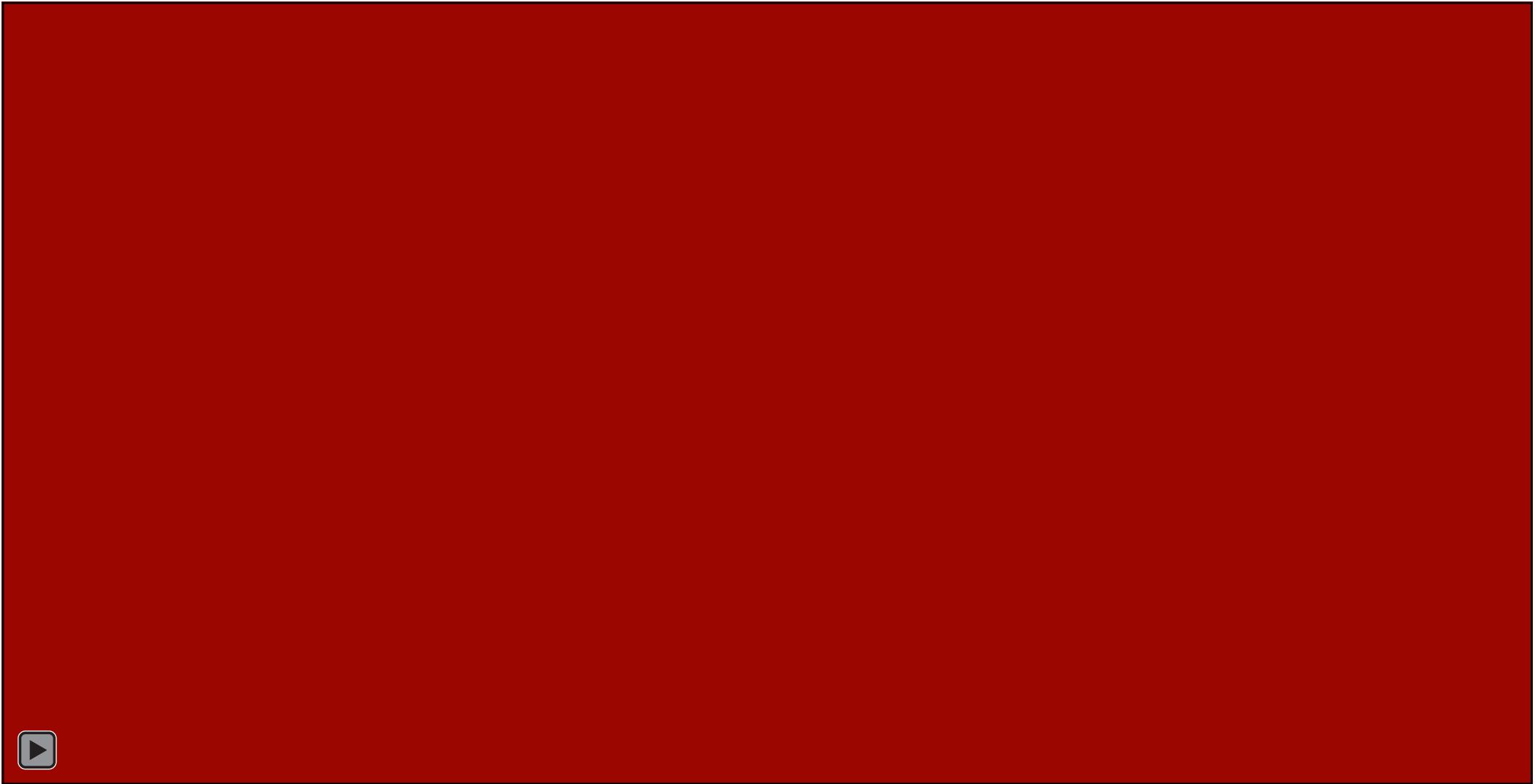
**Register a New Member**

If you are trying to register a new member, please select the contract for which you are registering this member.

ILLINOIS MH COLLABORATIVE FOR ACCESS AND CHOICE

Search requires RIN (Member ID), Date of Birth, and first three letters of First and Last Name

# Member Search Screen Record



# Member Search Results

[Member](#) [Message Center](#) [Forms](#)

### Member Search

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

\* Member ID

\* First Name

\* Last Name

\* Date of Birth

\* As of Date

### Search Results

<b>Member ID</b> <input type="text"/>	<b>Date of Birth</b> <input type="text"/>	<b>Health Plan</b> ILLINOIS MH COLLABORATIVE FOR ACCESS AND CHOICE
<b>Address</b> <input type="text"/>	<b>Effective Date</b> 05/01/2011	<b>Expiration Date</b>

If found, Member will show according to the screenshot. Click Member Details.

# Action: View Consumer Registrations and Go

[Member](#)   [Message Center](#)   [Forms](#)

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

[< Consumer Search](#)

**Consumer**   **Action** View Consumer Registrations   **Go**

<b>Consumer ID</b> [Redacted]	<b>Alternate ID</b> -	<b>Consumer Name</b> [Redacted]
<b>Date of Birth</b> [Redacted]	<b>Address</b> [Redacted]	<b>Alternate Address</b> -
<b>Marital Status</b> -	<b>Home Phone</b> -	<b>Work Phone</b> 000-381-8173
<b>Relationship</b> 1 - Self	<b>Gender</b> M - Male	

Click the drop down and choose "View Consumer Registrations", then click Go.

# Add Registration

## Provider Portal

**Organization:** Carelon Behavioral Health Test Organization [Change Organization and Provider](#)

**Provider:**  [ProviderConnect](#)

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[Member](#) [Message Center](#) [Forms](#)

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

[< Consumer Details](#)

### Consumer Registrations

[Add Registration](#)

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

If no previous registrations found for this Member and your agency, choose Add Registration.

# Or Re-Registration

[Member](#)

[Message Center](#)

[Forms](#)

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

[< Consumer Details](#)

## Consumer Registrations

[Add Registration](#)

Consumer ID: [REDACTED] • Name: [REDACTED]

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action			
06/06/2026	[REDACTED]	ABC	06/06/2026	06/06/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>
06/06/2026	[REDACTED]	574	06/06/2026	06/06/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>
05/14/2026	[REDACTED]	ABC	05/13/2026	05/13/2027				<a href="#">View</a>
05/14/2026	[REDACTED]	574	05/13/2026	05/13/2027				<a href="#">View</a>

If previous registrations found, chose Re-Register.

# Basic Info

## Provider Portal

Organization: Carelon Behavioral Health Test Organization

[Change Organization and Provider](#)

Provider:

[ProviderConnect](#)

[Member](#)

[Message Center](#)

[Forms](#)

## Consumer Registration

*If you are experiencing IL Member Registration issues that the manual guide does not address, please send redacted screenshots with a detailed description of the issues to [IllinoisPCI@carelon.com](mailto:IllinoisPCI@carelon.com).*

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

### BASIC INFORMATION

\* Registration Start Date

\* Recipient ID(RIN)

Client ID

\* Agency FEIN

\* Medicaid Site ID

Begin filling out the Basic Information for the Registration.

\*Satellite Code has been removed

# Screen Record of Real Time Errors

Notice how many of the fields will give real time feedback.



# Demographics 1/3


DEMOGRAPHICS

\* Last Name

\* First Name

Middle Initial


Suffix

\* Date of Birth  

\* Mother's Maiden Name

\* Social Security Number

Unknown  No SSN

\* Gender  

\* Address Line 1

Address Line 2


Address Unknown


\* City

\* State


\* ZIP Code

+4 Code

\* County  

Township/Community Area  

\* Williams Class Consumer  Yes  No

IMD Home Code  

As before, red asterisks are required. The remaining fields are optional.

# Demographics 2/3

*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

\* Education Level

\* Military Status

\* Marital Status

\* Employment Status

\* SSI-SSDI Eligibility

\* DFI-CFI Enrollment

\* Court/Forensic Treatment

# Demographics 3/3

<b>* Race 1</b> SELECT	<b>* Race 2</b> SELECT
<b>* Race 3</b> SELECT	<b>* Race 4</b> SELECT
<b>* Race 5</b> SELECT	<b>* Citizenship</b> SELECT
<b>* Hispanic Origin</b> SELECT	<b>* Language</b> SELECT
<b>* Interpreter Services Needed</b> SELECT	<b>* MH Residential Arrangement</b> SELECT
<b>* Justice System Involvement</b> SELECT	
<b>DBHR Special Projects</b> SELECT	
<b>* Consumer Third Party Payor</b> <input type="radio"/> Yes <input type="radio"/> No	<b>* MH Residential Indicator</b> <input type="radio"/> Yes <input type="radio"/> No

# Special Program and Closing

## SPECIAL PROGRAM ENROLLMENT

\* Juvenile Justice

Yes  No

\* Path Grant

Yes  No

\* Consumer in Residential program funded by DBHR

SELECT 

\* Permanent Supported Housing

Yes  No

## MH CLOSING

MH Closing Date

MM/DD/YYYY 

MH Closing Disposition

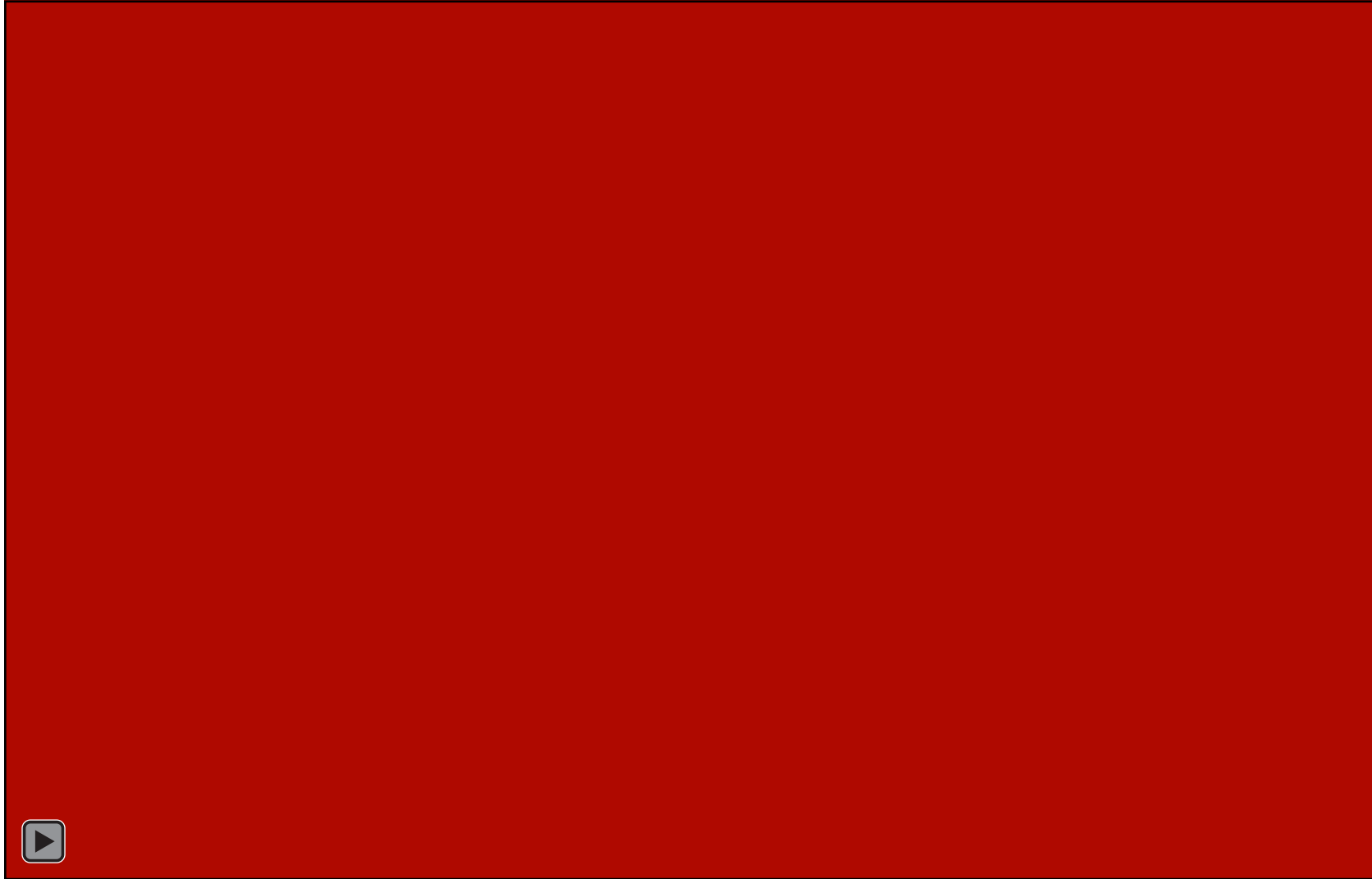
SELECT 

Cancel

Continue

Begin and End Dates will only show if you select Yes or select a Residential Program in the dropdown.

# Special Program Screen Record



# Selected Funds

## Consumer Registration

### CONSUMER SUMMARY

Registration Start Date

Consumer Name

Date of Birth

Consumer ID

06/05/2026

[REDACTED]

[REDACTED]

[REDACTED]

### SELECTED FUNDS

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

Funding Source(s)

Effective Date

Expiration Date

574

06/04/2026

06/04/2027

ILLINOIS-PSYCHIATRIC MEDICATION

\*CURRENT REGISTRATION FOUND

ABC

06/04/2026

06/04/2027

ILLINOIS MEDICAID NON-MEDICAID FFS

\*CURRENT REGISTRATION FOUND

**THIS SERVICE CANNOT BE REGISTERED FOR THE CONSUMER**

811

-

-

ILLINOIS - CS TRANSITIONAL LIVING CENTER

**THIS SERVICE CANNOT BE REGISTERED FOR THE CONSUMER**

831

\*Removed a Select Funds screen as funds are auto-populated based on Provider enrollment and Member eligibility.

# Diagnosis

**Diagnosis and First Presentation Assessment** | History of Illness | MH Cross Disabilities | Guardian Information

## 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

SELECT

Additional Behavioral Diagnosis

Diagnostic Category 2

SELECT

### 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

Diagnostic Category 2

SELECT

You can add additional diagnosis impacting treatment. The options will only show if you select a 2<sup>nd</sup> diagnosis.

# Diagnosis Screen Record



# SDOH and Functional Assessment

## Social Elements Impacting Diagnosis

*None or Unknown cannot be selected with other options. Selecting either will clear all other selections and any other text details entered (when applicable).*

\* Check all that apply

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

## 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

"None or Unknown cannot be selected with other options. Selecting either will clear all other selections and any other text details entered (when applicable)."

# SDOH Screen Record



# First Presentation Assessment

## 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 Registration**

Back

Continue

# History of Illness

Diagnosis and First  
Presentation Assessment

History of Illness

MH Cross Disabilities

Guardian Information

## HISTORY OF ILLNESS

### \* Continuous Treatment

Consumer does not meet treatment history criteria

Consumer meets treatment history criteria

### \* Continuous Residential

Consumer does not meet treatment history criteria

Consumer meets treatment history criteria

### \* Multiple Residential

Consumer does not meet treatment history criteria

Consumer meets treatment history criteria

### \* Outpatient

Consumer does not meet treatment history criteria

Consumer meets treatment history criteria

### \* Previous Treatment

Consumer does not meet treatment history criteria

Consumer meets 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 Registration

Back

Continue

# MH Cross Disabilities

**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

**Cancel Registration**


00 for Caregiver Age if not applicable

# Guardian Info

Diagnosis and First Presentation Assessment   History of Illness   MH Cross Disabilities   **Guardian Information**

**GUARDIAN INFORMATION**

Adoption Indicator  
 Yes  No


Guardian Type   
Select

Last Name   First Name   Middle Initial

Address

City   State   ZIP Code   +4 Code

Appointment Date   Termination Date

Guardian Type   
Select

Last Name   First Name   Middle Initial

Address

City   State   ZIP Code   +4 Code

Appointment Date   Termination Date

[Cancel Registration](#)   [Back](#)   [Continue](#)

Only fill out if applicable.  
Otherwise click Continue with no  
selections made.

This is the final form and will  
submit the registration.

# Confirmation Page

[Member](#)

[Message Center](#)

[Forms](#)

## Consumer Registration Confirmation

Status: **Approved**

**Provider Name**

**Provider ID**

**Provider Address**

**Consumer Name**

**Consumer ID**

**Consumer Address**

UNKNOWN

UNKNOWN, ZZ 99999

Funding Source	Description	Registration Start Date	Registration End Date
574	ILLINOIS-PSYCHIATRIC MEDICATION	06/05/2026	06/05/2027
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	06/05/2026	06/05/2027

**Message:**

The consumer has been registered for the above funding source(s).

[Return](#)

# Action: View Consumer Registrations and Go

[Member](#)   [Message Center](#)   [Forms](#)

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

[< Consumer Search](#)

**Consumer**   **Action**

<b>Consumer ID</b> [Redacted]	<b>Alternate ID</b> -	<b>Consumer Name</b> [Redacted]
<b>Date of Birth</b> [Redacted]	<b>Address</b> [Redacted]	<b>Alternate Address</b> -
<b>Marital Status</b> -	<b>Home Phone</b> -	<b>Work Phone</b> 000-381-8173
<b>Relationship</b> 1 - Self	<b>Gender</b> M - Male	

# Close Registration

[< Consumer Details](#)

### Consumer Registrations

Consumer ID: [redacted] • Name: [redacted] • Date of Birth: [redacted]

[Add Registration](#)

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action			
05/19/2026	[redacted]	ABC	05/19/2026	05/19/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>
05/19/2026	[redacted]	574	05/19/2026	05/19/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>

# Address Change

[Member](#)

[Message Center](#)

[Forms](#)

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

[< Consumer Details](#)

## Consumer Registrations

[Add Registration](#)

Consumer ID: [REDACTED] • Name: [REDACTED] • Date of Birth: [REDACTED]

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action			
05/14/2026	[REDACTED]	ABC	05/14/2026	05/14/2026	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>

# View Registration

[< Consumer Details](#)

## Consumer Registrations

Consumer ID: [REDACTED] • Name: [REDACTED] • Date of Birth: [REDACTED]

[Add Registration](#)

Date Created	Edited By	Fund	Effective Date	Expiration Date	Action			
05/19/2026	[REDACTED]	ABC	05/19/2026	05/19/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>
05/19/2026	[REDACTED]	574	05/19/2026	05/19/2027	<a href="#">Re-Register</a>	<a href="#">Close Registration</a>	<a href="#">Address Change</a>	<a href="#">View</a>



# Questions and Answers

# Additional Questions?

If you have additional questions, please email us at  
**[illinoispci@carelon.com](mailto:illinoispci@carelon.com)**





# Contact Carelon

## ❑ **Availity® Help Desk**

- Availity® questions regarding:
  - Getting signed on
  - Reporting degradation with system response time
  - Messages/errors that need clarification
  - General Navigation
- **Call - 1.800.AVAILITY (282.4548)**

## ❑ **Collaborative EDI Help Desk – Technical Questions Regarding:**

- Batch Registration
- ProviderConnect single sign-on issues including passwords
- **Call – 1 (888) 247-9311**
- Hours of operation are Monday-Friday 7am – 5pm (Central Time)

## ❑ **Other Registration Questions:**

- Email - [IllinoisPCI@Carelon.com](mailto:IllinoisPCI@Carelon.com)

## ❑ **DHS Specific Calls for Assistance:**

- For **e-RIN** – Call: 1 (800) 385-0872
- For **DHS** – Call: 1 (800) 843-6154

