

# An Overview of Carelon ASO Behavioral Health Service for Orange County BHP

June 10, 2026

# Agenda

ASO / OCBHP Enduring Partnership

ASO Account Services

ASO BH Access Lines (BAL)

ASO Utilization Management

ASO Specialty Network

ASO Claims & Auditing

ASO Quality Management

Appendix



# ASO - Orange County BHP Enduring Partnership

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# ASO & Orange County Partnership History

- Since 2010, Carelon has actively participated in Orange County Medi-Cal access to care providing an extensive BH specialist network
  - Carelon continues to manage contracting, credentialing and claims payment for the specialist network throughout Orange County
  - Added ECT/TMS expansion and Eating Disorder (IP, RTC, DTI full and half day) contracting 2025
- In 2017-18, OCBHP partnered with Carelon to develop it's primary Medi-Cal BH Access Line (BAL) including:
  - SMHS and ASAM screening, appointment scheduling
  - Closed loop referral reporting and Chorus added 2024-2025
  - Grievances and Provider Disputes
- In 2021, OCBHP signed an agreement with Carelon delegating MH inpatient concurrent review including:
  - Included Denials and added of 1<sup>st</sup> level Appeals 2022
  - Enhanced UM services added in 2023
- In October 2025: OCBHP and Carelon launched a collaborative partnership to management of Medi-Cal eating disorder treatment.



# ASO Service Priorities

- Hear the customer's voice - how do they view Carelon?
  - “Viewed as an essential part of OCBHP operations”
  - “Strong, positive, highly collaborative”
  - “ASO team is very knowledgeable and approachable”
  - “Good service & responses to pivots that are often need”
- Overall account performance
  - Consistently exceeded all SLAs throughout 2025
  - Some gaps in performance in 2025 due to staffing
  - CAP on Call Logs due to missing documentation
- Cultivating new and better services
  - Continuously expanding BAL to meet OC needs
  - Implemented EDo UM and network contracting
- Collaborating on integrated auth and TAR process to be managed in the Chorus system



# ASO Account Services

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# Account Services / Collaboration & Joint Operation Meetings

- Weekly & Bi-weekly
  - Carelon/Orange County Operations Bi-weekly
  - ECT/TMS Linkage Coordination
  - HCA/Carelon Workflow Development (EDo)
  - Universal Referral Portal Bi-weekly (Chorus)
  - Carelon & Orange County IT Discussion
- Monthly
  - ASO Monthly Provider Meeting (Ops & Performance Review)
  - BHS Contract Provider Meeting
- Quarterly
  - Carelon/Orange County Quality Review
  - CQIC
- AD HOC
  - Network Contracting & Medi-Cal Certification (Eating Disorder Providers)
  - OC EDo claims and Invoice



# Account Services / Operations – Performance Monitoring

All Service Level Agreements (SLA) met for Q1 & Q2 of FY 2025-2026

- **4/7 Member Access Line and Log**
  - MH / SUD member calls answered within 30 seconds = 95%
  - MH / SUD call abandonment rate of  $\leq 5\%$
  - MH / SUD routine appointment access within 10 business days = 100% (met @ 99%)
  - MH Urgent appointment access within 48 hours = 100%
  - SUD Withdrawal Management appointment access within 48 hours = 100%
  - NTP / OTP appointment access within 3 days = 100%
- **Concurrent Review - psychiatric inpatient services**
  - Initial review determination timeliness within 24 hours = 100%
  - Concurrent review determination timeliness within 24 hours = 100%
  - Average Length of Stay (ALOS)  $\leq 10$ -days
  - Readmission Rate 7-day,  $\leq 9\%$
  - Readmission Rate 30-day  $\leq 16\%$
- **Electro Convulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS) services**
  - Linkage to ECT / TMS provider within 10 business days of referral 100%
  - Initial review determination timeliness within 72 hours of written request 100%
- **Eating Disorder Services**
  - Linkage to Eating Disorder provider within 10 business days of ESR 100%
  - Initial review determination timeliness within 24 hours 100%
- **Claims Processing**
  - Clean claim determinations within 30-days or less = 95%



# ASO Reporting Breadth

## Proactive Reporting to deliver insights:

- **Daily Reports** (Census; Quality of Care Inquiries; Authorizations)
- **Monthly Reports** (Mod-denied certifications; facility average length of stay (ALOS); UM Timeliness; % of care / adverse determinations; PA Timeliness; Discharge-FUH Detail)

**Title:** 9864.1.G2.LB1 - Daily Census by CCM Health Plans - Detail  
**Region:** West (#4)  
**Plan Code(s):** CSC  
**As of:** September 08, 2020

**Report Description/Data Source**

*This report provides a listing of all members currently in treatment broken down by clinician, parent code and level of care.*

Tables: td\_census, rfozas, ref\_vsp\_facilities, dw\_member,

Member Name Member City	Member # Member County	Prim. Dn	Service Type	Provider Name	VSP Facility	Admission Date	LAD	Latest Days	Authorization Status
<b>VSESTRAG</b>									
<b>CSC Inpatient</b>		<b>CSC Inpatient Members in Treatment: 1</b>							
<b>VSESTRAG Summary:</b>									
Acute Inpatient	1	Partial Hosp	0	Residential	0	Intensive OP	0	Group Home	0
Halfway House	0	Day Treatment	0	Other	0				
<b>Total Distinct Members in Treatment:</b>		<b>1</b>							

Example: Daily Census file

- **Quarterly Reports** (acute IP utilization; diagnostic category; trends; readmission rates; FUH discharge summaries)

Example: Timeliness Report

**Report Description/Data Source**

*Reports number of days from receipt to decision for Prospective, Concurrent and Retrospective reviews.*

Database tables: rvdmas, rvlmas, rvlmas, rvlmas, ccmmas, dw\_member

Admin Days: Excluded

Review Type	# of Reviews	# in Standard	% in Standard
<b>IP Concurrent (Adult)</b>			
<u>Member #</u>	<u>Received Date</u>	<u>Decision Date</u>	<u>Met Std</u>
	4	4	100.00%
<b>IP Initial (Adult)</b>			
<u>Member #</u>	<u>Received Date</u>	<u>Decision Date</u>	<u>Met Std</u>
	1	1	100.00%
<b>IP Initial Concurrent (Adult)</b>			
<u>Member #</u>	<u>Received Date</u>	<u>Decision Date</u>	<u>Met Std</u>
	4	4	100.00%



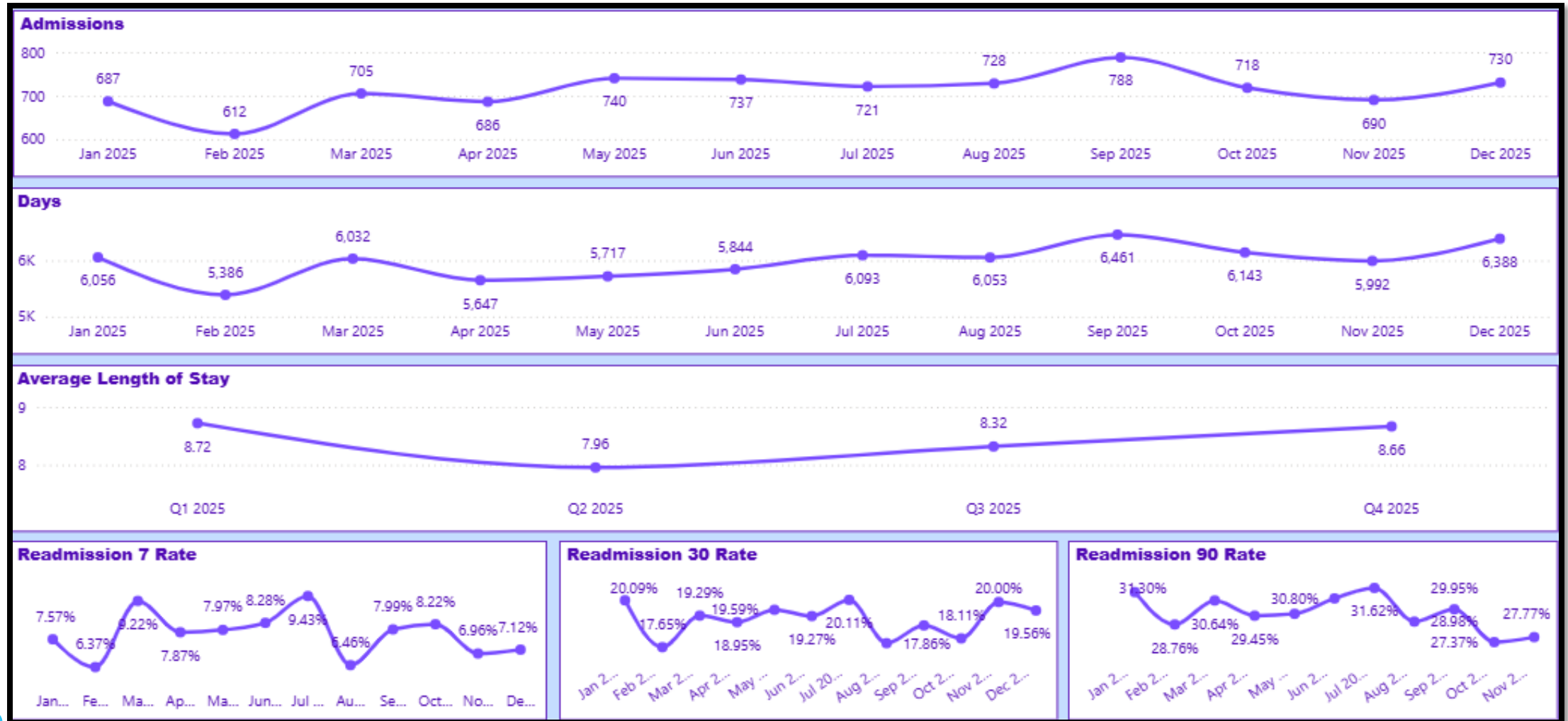
# Account Services / Operations – Reporting Deliverables

- 100% of reports delivered timely as defined by the Reporting Deliverables Index (RDI)
  - **Daily reports (3)** – Authorizations, daily census & QOC
  - **Weekly reports (1)** – IP discharges
  - **Monthly reports (21)** – Staffing/training, E&R, Phone Metrics, MH/SUD Access Logs, Timely Access, UM Timeliness, ALOS, Denials/Modifications, etc.
  - **Quarterly reports (13)** – IP Utilization trends (age, diagnosis), Readmissions, NOABD & Appeals Logs, COC Log, QI Performance Metrics, CalAIM Section 1915b, etc.
  - **Annual reports (2)** – Fiscal End of Year
- Claims Encounter 837 files for submission to Medi-Cal (DHCS), including resolution encounter file
- NACT report provider data & Monthly Provider Directory
- Maintaining Client Audit Support (DHCS, EQR, Triennial Audit)



# Account Management – Client Dashboards

- Orange County Program staff can receive access to navigate data in real-time



# ASO BH Access Lines (BAL):

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# Behavioral Health Access Line - Primary Services

- Access line availability 24/7/365 – in member’s preferred language
- Average monthly call volume ~ 920
- 100% of all calls to BAL are live answer with intended first call resolution
- Eligibility verification or access via temporary file and referral for county benefit services
- Risk assessment, triage and coordination with other urgent/emergent services
- Brief Screening Tools for Adult and Youth for SMHS / ASMA screening for SUD access
- Referrals and timely Access to care including scheduling appointments for MH and SUD services in IRIS
- Complaints & Grievances documents and initiates processing
- Completion of multiple small and large-scale implementations:
  - Expanded Access Line to absorb new incoming calls: **(increased volume by 200 / month)**
    - OC JI for BH Link appointments,
    - CYS & TOC calls shifted to ASO,
    - requests for Transitional Rent and
    - direct referrals from Kaiser and CalOptima health plans.
  - Trained on use of Chorus Universal Reporting Portal
  - EHR enhancements specific to Medi-Cal reporting of closed loop referrals



# Behavioral Health Access Line – Performance Monitoring

Year to date “First Call Resolution” for screening calls/risk assessments – 96% (4,049/4,237)

- November 2025 first call resolution 100% (286/286)
- FY 25-26, Q2 First Call Resolution – 98% (828/849)

Outpatient ASO UM Services:

- Processed 28 new TMS requests and supported authorization for services.
- Processed 10 new ECT requests and supported authorization for services.
- Monthly UM review of 54 ASO members living under conservatorship in Board and Cares requiring authorization for services at the MHP level of care.

FY 25-26, Q1&Q2 timely access: 1,386 Mental Health Screenings and 1,642 SUD Screenings; including appointment scheduling coordination

- 99% of members requesting mental health services received timely access appointments within 10 business days.
- 99% of members requesting mental health services received timely access appointments within 48 hours.
- 99% of members requesting substance use services received timely access appointments within 10 business days.
- 100% of members requesting MAT/NTP substance use services received timely access within 3 business days.



# ASO Utilization Management

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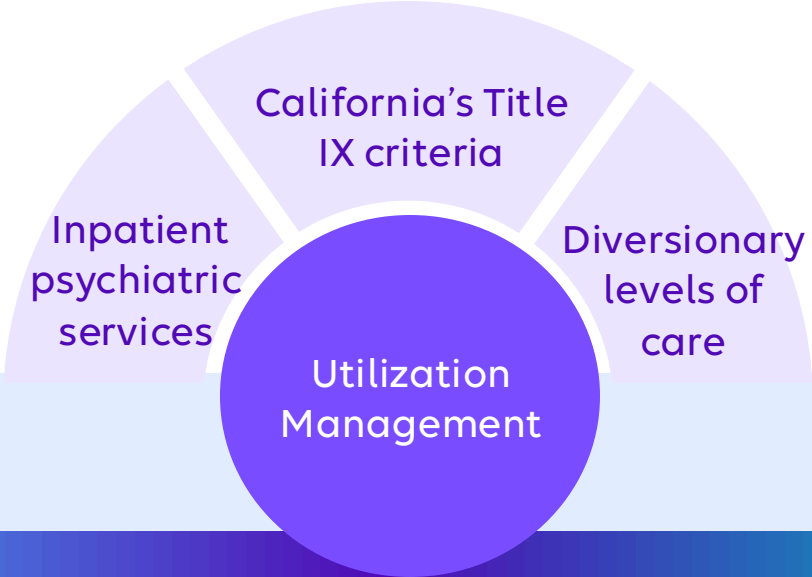
# Utilization Management – Services & Performance Monitoring

- Inpatient Acute Care – Initial and concurrent review to determine eligibility and medical necessity criteria are met. (Ave. / month 1890)
- Eating Disorder UM program for LOCs (RTC, PHP, IOP) with contracted providers and establish claims management system
- Medical Necessity determinations:
  - Authorization and modified authorization
  - Administrative day authorization criteria
  - Physician Peer Reviews / Case Consultations
  - NOABD – Adverse determination for medical necessity
  - First level appeals (medical necessity)
  - All related verbal and written notifications

Orange County IP		Jan	Feb	Mar	3rd qtr
# Admits	NA	795	719	735	2,249
# DC	NA	753	728	785	2,266
# Days	NA	6,395	6,086	6,512	18,993
<b>ALOS</b>	≤10	8.49	8.36	8.30	8.38
# Readmit-7 days	NA	59	46	86	191
% Readmit	≤9%	7.84%	6.32%	10.96%	8.43%
# Readmits-30 days	NA	149	119	185	453
% Readmit-Internal Target	≤16%	19.79%	16.35%	23.57%	19.99%
<b>Total # of Prospective Reviews</b>	NA	33	24	29	86
<b>Met TAT</b>	24 hours	33	24	29	86
% Compliant - Prospective	NA	100.00%	100.00%	100.00%	100.00%
<b>Total # of Concurrent Urgent Reviews</b>	NA	1,935	1,807	2,039	5,781
<b>Met TAT</b>	24 hours	1,932	1,807	2,039	5,778
% Compliant - Urgent Concurrent	NA	99.84%	100.00%	100.00%	99.95%
% Compliant - TOTAL	NA	99.85%	100.00%	100.00%	99.95%
<b>Consults/Case Conferences</b>	NA	3	4	6	13
<b>Cases sent to P2P MNC</b>	NA	25	14	17	56
<b>Denied Cases</b>	NA	3	3	1	7
% Denials	NA	12.00%	21.43%	5.88%	12.50%



# Enhanced Utilization Management



## Enhanced Capabilities



- Provider Portal Reviews
- Post Service Claims Audit
- Continued Care Case Conferences
- High Utilizer (HUT) Program
- Predictive Engagement Programs
- OCM Blocked P2P Pilot
- Carelon Select Program
- Single Authorization/TAR Process



24/7 Support and Access through the Utilization Management team



# ASO Provider Portal

The screenshot displays the Carelon Behavioral Health ProviderConnect ASO Provider Portal. The interface includes a top navigation bar with the Carelon logo and a user account dropdown menu. A left sidebar contains a comprehensive list of navigation options. The main content area features a welcome message for user PETER TUMNUS, a message center with 8 new messages, and a central section titled 'WHAT DO YOU WANT TO DO TODAY?' which lists various tasks and actions available to the provider.

**carelon**  
Behavioral Health

Switch Account 123456-General Account

Home  
Specific Member Search  
Register Member  
Authorization Listing  
Enter an Authorization/Notification Request  
Enter a Treatment Plan  
View Clinical Drafts  
Enter a Special Program Application  
Complete Provider Forms  
Enter a Comprehensive Service Plan  
Claim Listing and Submission  
Enter EAP CAF  
Manage Users  
Enter an Individual Plan  
Enter Case Management Referral  
Enter a Referral  
Review Referrals  
Enter Bed Tracking Information  
Search Beds/Openings  
Weekly Behavior Analysis Measures  
Enter Member Assessment  
Enter Member Reminders  
TDT Homepage  
Open IDD Portal  
Reports  
Print Spectrum Release of Information Form  
My Online Profile  
My Practice Information  
Provider Data Sheet  
Relief/Essential Learning  
Compliance  
Handbooks

Welcome PETER TUMNUS . Thank you for using Carelon Behavioral Health ProviderConnect.

YOUR MESSAGE CENTER (8 <sup>NEW</sup>) Message

Click on a link to view your messages.

ENBOX SENT

WHAT DO YOU WANT TO DO TODAY?

- [Link/Unlink Accounts](#) <sup>NEW</sup>
- [Eligibility and Benefits](#)
  - [Find a Specific Member](#)
  - [Register a Member](#)
- [Enter or Review Authorization Requests](#)
  - [Print Authorization Listing for Concurrent Review, Stop/Transfer Review, or Discharge](#)
  - [Enter an Authorization/Notification Request](#)
  - [Enter an Individual Plan](#)
  - [Enter a Special Program Application](#)
  - [Enter a Comprehensive Service Plan](#)
  - [Enter a Treatment Plan](#)
  - [Review an Authorization](#)
  - [Update Monthly Waiver Information](#)
  - [View Clinical Drafts](#)
  - [Weekly Behavior Analysis Measures](#)
- [Enter Member Assessment](#)
- [Enter Member Reminders](#)
- [Enter or Review RHD Submissions](#)
  - [Print a RHD Submission](#)
  - [Review RHD Submissions](#)
  - [View RHD Drafts](#)
- [Enter or Review Claims](#)
  - [Enter a Claim](#)
  - [Enter EAP CAF](#)
  - [View EAP CAF](#)
  - [Review a Claim](#)
  - [View My Recent Provider Summary Vouchers](#)
  - [DocScan](#)
- [Enter or Review Referrals](#)
  - [Enter a Referral](#)
  - [Review Referrals](#)
- [Enter Bed Tracking Information](#)
- [Search Beds/Openings](#)
- [Update Demographic Information](#)
- [Update Roster Information](#)
- [Update ABA Paraprofessional Roster Information](#)
- [View My Recent Authorization Letters](#)
- [Complete Provider Forms](#)
- [Review Crisis Stabilization Referrals](#)

# ASO Specialty Network

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# Network Growth & Development (contracting & credentialing)

## Specialty Service Networks – Eating Disorder (Res., PHP, IOP) and ECT/TMS

- Eating Disorder (Res., PHP, IOP) – 8 programs engaged to establish PSA and rates.
  - Five (5) programs fully contracted.
  - We have had approximately 10 members in treatment at this time.
- ECT providers – College Hospital Costa Mesa, UCI and adding Providence St. Joseph
- TMS Providers – Brain Health Solutions, Progeny TMS Group
- OOC SUD Residential (Deep Waters Psychiatry) adding to Carelon network for Medication Mgmt.

## IP BH Physician Specialist Network

License/Degree	# of Providers	% of Providers	Languages
APN	13	13%	Spanish, Tagalog, Korean, Vietnamese, Chinese
APRN	15	25%	Spanish, Vietnamese, Tagalog, Chinese, Ilocano, Hindi, Portuguese, Korean, Cambodian, Arabic, Russian
DO	4	4%	Spanish, American Sign
MD	24	30%	Spanish, Gujarati, Hindi, Farsi, Lithuanian, Romanian, Greek, French, Arabic, Bengali, Urdu, German, Japanese, Portuguese, American Sign
PA	27	27%	Spanish, Chinese, Vietnamese, Gujarati, Malayalam, Mandarin
Grand Total:	*87		

\*(Reference Monthly Report 4472.3.H1)



# ASO Claims & Auditing

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# Claims Management – Service & Performance Monitoring

## Claims specific initiatives

- Claims Processing for OP/IP/IMD ProFees
- Weekly claims & check run audits
- Ensuring timely resolution of all claims within 30 days at > 95%
- Monitoring Telehealth claims volume and cost
- Monitoring Stale Date claims submissions
- Monitoring denial ratios & trends to address provider education needs
- Generating timely and accurate 837 claims encounter files for submission to Medi-Cal

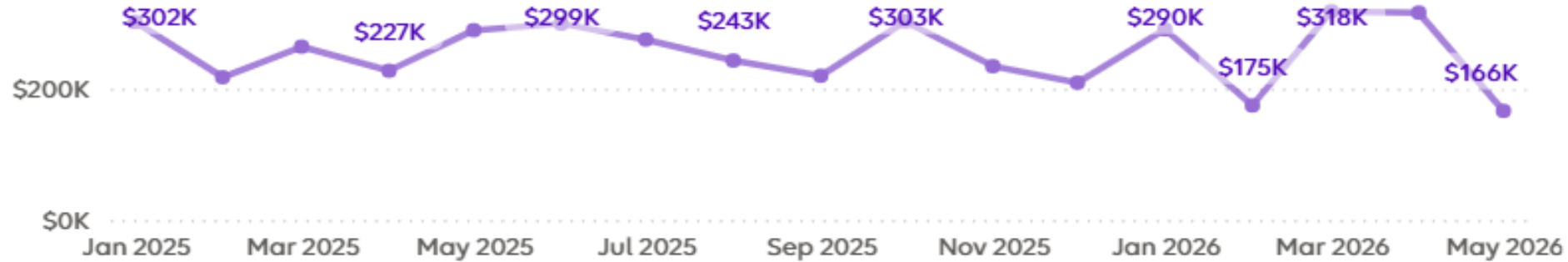
## Claims Timeliness FY 25-26

	January	February	March	3 <sup>rd</sup> Quarter
Processed	2039	1394	2761	6194
Contested (Provider Denial)	765	902	695	2362
Member-Denied	149	217	297	663
Number in 30 C-Days	2905	2486	3679	9070
Number in 45 W-Days	2933	2513	3735	9181
*Result: % 30 C-Days	98.37%	98.93%	98.03%	98.38%
*Result: % 45 W-Days	99.32%	100.00%	99.52%	99.59%



# Claims Auditing and Provider Education – Q4 April

Payment Amount by Year and Month



## Review of Denial Trends by Reason Code:

DECISION	DESC	#
OCM-YDN	NO HLOC ON FILE	751
OCM-U7	NO OUT-OF-PLAN COVERAGE	336
OCM-XN	NOT A COVERED SERVICE	299
OCM-GK	SVCS BEFORE/AFTER MEMBR EFF DT	246
<b>Total</b>		<b>2399</b>

## Provider Engagement and Education

Outreach to timely filing issue Providers ongoing.



# ASO Quality Management

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# Quality Improvement – Member Experience Survey

Post Call Survey is an automated phone system questionnaire where a member can opt to provide feedback about her/his call experience.

The Post Call Survey provides us with direct member feedback on how well we are meeting callers’ needs and how we might improve.

Member feedback is collected after each survey and is used by the call center to inform associate coaching and quality improvement initiatives.

## Performance Benchmarks:

Response Rates – Total Calls **≥5%**

Response Rates – Opt-in Survey **≥85%**

The performance target is a rating of,



**≥90% (4.5)**

Orange County Mental Health Plan (OCMHP)	Q1 (July-Sept 2024)	Q2 (Oct-Dec 2024)	Q3 (Jan-Mar 2025)	Q4 (Apr-June 2025)	FY 24-25 YTD
Response Rate – Total Calls	4.41%	4.36%	3.88%		4.22%
Response Rate – Opt-In Survey	<b>100%</b>	<b>100%</b>	<b>100%</b>		<b>100%</b>
Count of Survey Responses	112	92	91		295
Survey Language – English	89.29%	83.70%	87.91%		87.12%
Survey Language – Spanish	9.82%	14.13%	7.69%		10.51%
Survey Language – Korean	0.00%	0.00%	0.00%		0.00%
Survey Language – Vietnamese	0.89%	0.00%	3.30%		1.36%
Survey Language – Cantonese	0.00%	0.00%	0.00%		0.00%
Survey Language – Mandarin	0.00%	1.09%	0.00%		0.34%
Survey Language – Farsi	0.00%	0.00%	1.10%		0.34%
Survey Language – Arabic	0.00%	1.09%	0.00%		0.34%
Q1 - The customer service associate was courteous and professional during the call.	3.80	4.08	4.13		3.94
Q2 - The customer service associate gave me the information or help that I needed.	3.82	4.10	4.28		4.03
Q3 - Our customer service team was able to resolve your inquiry the first time you contacted us.	3.75	4.03	4.33		3.97
Q4 - I would recommend Carelon to someone needing behavioral health services.	3.83	4.02	4.33		3.97
Q5 - Overall, I was satisfied with my experience calling the customer service team.	3.96	4.19	4.44		4.07

# Access Line Staff Auditing – FY 25-26 Q3

## Quarterly Access Line Phone Monitoring:

- Customer Service Team Call Audit – Seventy-nine (**79**) calls were monitored resulting in:
  - Average audit score for all CSR: **95.63%**.
- After-Hours Team Call Audit – Seven (**7**) calls were monitored resulting in:
  - Average audit score for all CNS: **95.06%**.

## Quarterly Utilization Review Audit:

- MH Call Screenings – Ten (10) mental health screenings were reviewed in Connects using the UR Audit Tool.
  - Average review score for all URCs: **99%**
- **DMC-ODS Call Screening** – Eight (8) screenings were reviewed in Connects using the DMC Audit Tool.
  - Average review score for all URCs: **98%**



# Quality updates (Orange County) – Neil Collins

## Screening & Referral – Interrater Reliability

Orange County Mental Health Plan (OCMHP)	Q1 (July-Sept 2025)	Q2 (Oct-Dec 2025)	Q3 (Jan-Mar 2026)	Q4 (Apr-June 2026)
Aggregate Team Score	88%	90%	89%	

- 8 staff participated in the IRR monitoring.
- **Two individuals scored below 90%**

## Concurrent Review – Interrater Reliability

Orange County Mental Health Plan (OCMHP)	Q1 (July-Sept 2025)	Q2 (Oct-Dec 2025)	Q3 (Jan-Mar 2026)	Q4 (Apr-June 2026)
Aggregate Team Score	100%	100%	100%	

- **10** staff participated in the IRR monitoring.
- **No individual scored below 90%**



# ASO A&G Processing & Resolution

## **Quarterly Grievances:**

Grievances monitored for provider trends and reviewed by our Quality Committee.

Network Management, Provider Relations, Quality Management, and/or Medical Directors contact the provider(s) to address significant issues.

Grievances are counted by category of complaint. A unique member may file a grievance that applies to more than one category of complaint.

## **Quarterly Appeals:**

Appeals are monitored monthly for process  
Ensuring decisions are reviewed by licensed PA staff

All written notifications are quality checked  
Notifications are monitored for data accuracy  
Criteria references are given  
Member friendly language

- All appeals and grievances are addressed and monitored for timely resolution.
- All appeals and grievances are reported to DHCS through OCBHP to comply with CalAIM Section 1915b waiver



Thank you!



# Appendix



# High Utilizer Program (HUT)

- **High Utilizer (HUT) Program Structure:**

- Staffing: 2 veteran Clinical Care Managers (CCMs) with at least 5 years of UM experience
- Goal: Increase collaboration with facilities on High and Super Utilizers in order to decrease 7 and 30 day readmission rates
- Criteria Definitions:
  - High Utilizers: 4 acute admissions OR 40 acute days in the last 12 months
  - Super Utilizers: 10 acute admissions OR 100 acute days in the last 12 months
- Population as of June 2025: 391 Total Members
  - High Utilizers: 365
  - Super Utilizers: 26



# Carelon Select Program (CSP)

- **Provider CSP Required Targets:**
  - Maintain an Average Length of Stay (ALOS) of 8.0 days or less
  - Maintain a 7 day readmission rate of 9% (to the same or different facility) or less
  - Maintain a 30 day readmission rate of 16% (to the same or different facility) or less
  - Utilize the Provider Portal (ProviderConnect) for at least 90% of concurrent and discharge reviews (initial reviews completed in the portal is preferred)



# Post Hospital Pilot (Proposal) 2022

## Carelon's Vision for Further Reducing Readmission Rates :

Provide a pilot program for high utilizer clients to ensure successful access to post hospital services

Use admissions and utilization data to identify individuals currently at target facilities who are already identified as meeting “high” or “super” utilizer criteria \*

CA licensed clinicians can administer standardized mental health (MH) and/or substance use disorder (SUD) screening to individuals while inpatient \*

Coordinate discharge planning and appointment scheduling based on individual needs for post hospital services and intended discharge placement \*

Monitor post hospital service engagement and care compliance for a minimum of 30-days to fulfill ongoing care needs

Positively impact individual's post hospital care transition to improve care outcomes and reducing hospital readmissions

**( \* Indicates a type of service already being provided by Carelon at this time. )**



# Additional Ways Carelon Can Support Counties

## Behavioral Health Transformation Support

- Regulatory Alignment and Reporting
- Fiscal Accountability
- Quality
- Behavioral Health Clinical Innovation
- Technology & Innovation

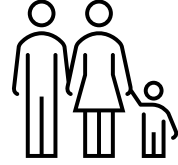


# Regulatory Alignment and Reporting



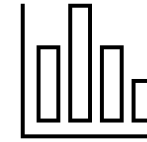
## New Statutory & Policy Requirements

Carelon has departments and teams dedicated to monitoring and implementing new or changing regulations and policy.



## Eligibility

Solutions are needed to verify member eligibility and leverage Commercial, Medical and other insurance types before utilizing BHSA funds.

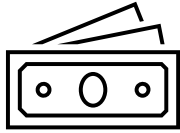


## Data & Reporting

Dynamic reporting and data visualization platforms help counties stay in compliance with BHOATR reporting requirements and make data-driven decisions.

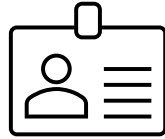


# Fiscal Accountability



## Optimizing BHSA Funds

Systems needed to ensure Medi-Cal, Commercial insurance and other funding sources (e.g., state funds, federal block grants, opioid settlement funds) are maximized to optimize BHSA funds.



## Utilize Commercial Insurance

Carelon can manage Commercial member eligibility verification, claims management, prior authorization request management (if needed from insurer), letters of agreement, contracting with insurers, etc.



## Braiding Funding

Behavioral Health Transformation requires new MOUs, scope(s) of work, and performance metrics based on updated reporting and fiscal mandates. Carelon can create braided funding systems that incorporate divisions of responsibility, funds prioritization and other customized funding rules.



# Quality



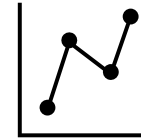
## Meeting Statewide Goals

Carelon can support counties' plans for measuring and creating action plans for meeting the state's population-level behavioral health goals.



## Health Equity & Disparities

Analyzing data to identify disparities in outcomes due factors such as gender, race, ethnicity, language and other population demographics is critical when developing interventions meant to resolve behavioral health inequities.

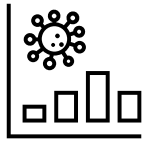


## HEDIS & Improved Outcomes

By providing a standardized framework for evaluating BHAS measures, Carelon manages measure performance and implements population-specific interventions to improve HEDIS rates.



# Behavioral Health Clinical Innovation



## Predictive Analytics

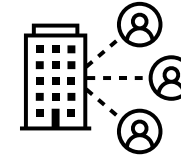
Carelon has developed machine learning models that provide predictive algorithms to identify those members that are higher risk. Specific models focusing on SDoH, Substance Use Disorder and Suicide Prevention show better outcomes and cost savings.



## Behavioral Health programs

Carelon utilizes a population health approach and deploys specialized clinical programs focused on the most vulnerable populations:

- Eating Disorders
- SPMI
- SUD (e.g., OUD programs)
- Children and Families
- Institutionalized

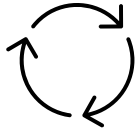


## Transitions of Care (TOC)

Transitions of care are unique opportunities for members to fall through the cracks. Carelon's multi-pronged approach to transitions of care, integrated care coordination and whole person treatment ensures members get to their next level of support in their treatment journey.



# Technology & Innovation: Crisis Safety Platform (CSP)



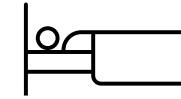
## Closed Loop Referral

The CSP provides a unified hub which ensures care coordination and communication across behavioral health delivery system entities. The system manages referrals in a closed loop framework for counties and Managed Care Plans.



## Crisis System Management

Carelon's robust suicide prevention and crisis intervention capabilities include 24/7 crisis contact centers, mobile crisis units, and closed-loop referral systems. Our services also encompass system oversight and management, air traffic control, and financial sustainability through braided funding.



## Bed Management

The CSP's bed management capabilities facilitates the ability to monitor and manage bed volume, bed placement practices (e.g., preventing "cherry picking"), and dashboards which allow system administrators to see where underserved populations need additional support and how to manage network investments.

