Handbook Glossary

The following terms used in the handbook have the meaning ascribed below unless otherwise defined in the member's benefit plan or coverage document, where applicable. In the event of a conflict between a member's benefit plan, the provider agreement and this handbook, such conflict will be resolved by giving precedence in the following order:

1. The Member's benefit plan
2. The Provider Agreement
3. This Handbook

TERM	DEFINITION
Access/Accessibility	The extent to which a member can obtain available and medically necessary services when they are needed. "Services" refers to both telephone access and ease of scheduling an appointment, if applicable. The timeliness within which a member can obtain services within the appointment (i.e., routine appointment within 10 business days, or seven calendar days for EAP). This may include telephone availability or appointment availability.
Accreditation	The process by which an accrediting entity or organization recognizes an individual or entity as meeting predetermined standards.
Achieve Solutions	Carelon Behavioral Health's web-based resource that offers information and tools on work/life, legal/financial, behavioral health and health and wellness issues. The site is provided to Carelon Behavioral Health of California clients to share with their employees/members and to Carelon Behavioral Health of California staff and participating providers as a resource to aid them in assisting Carelon Behavioral Health of California members.
Acute Condition	A medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration.
Administrative Appeal	Appeals related to adverse determinations of an administrative/nonclinical nature (e.g., exhaustion of benefits, limitation of benefits, lack of timely filing, or failure to obtain required authorization or certification) and that do not involve medical necessity review.
Administrative Services Only (ASO)	An account for which, on behalf of Carelon Behavioral Health, Carelon Behavioral Health of California provides only administrative services, such as network referrals and utilization review.
Adverse Incidents	Occurrences that represent actual or potential serious harm to the wellbeing of a member/participant or to others by a member/participant who is in active behavioral health treatment/EAP services or has been recently discharged from behavioral health treatment/EAP services. Adverse Incidents should be reported to Carelon Behavioral Health of California within 24 hours of learning of such incident.

American Society of Addiction Medicine (ASAM)	The nation's medical specialty society dedicated to educating physicians and improving the treatment of individuals suffering from alcoholism and other addiction (www.asam.org).

TERM	DEFINITION
Ancillary Service	Any onsite EAP service provided to a worksite. Examples include but are not limited to work/life services, legal/financial services, critical incident response, and training seminars.
Appeal	A formal request by a provider or member for reconsideration of a decision to deny, modify, or delay health care services, with the goal of finding a mutually acceptable solution. This may include utilization review recommendations, benefit determinations, administrative policies, quality of care or quality of service issues. (See Grievance)
Assessed Problem	The issue or concern to be addressed as assessed by the EAP affiliate.
Authorization	An authorization represents agreement that the service is medically necessary under Carelon Behavioral Health of California clinical care criteria. Authorization is not a guarantee of payment. Payment is subject to member eligibility, provider licensure/certification and benefit limits at the time services are provided.
Availability	The extent to which an organization geographically distributes practitioners of the appropriate type and number to meet the needs of its membership. This includes the presence of the appropriate types of practitioners, providers and services in locations convenient for members.
Balance Billing	The practice of billing a member patient for the difference between the agreed upon payment rate for covered services in the provider agreement and the participating provider's usual charge for the service.
Carelon Behavioral Health (Carelon Behavioral Health)	Carelon Behavioral Health, Inc. (Carelon Behavioral Health) is a nationwide behavioral health care company and is the parent company of Carelon Behavioral Health of California, Inc.
CMS	The Centers for Medicare & Medicaid Services (CMS) is the federal agency within the U.S. Department of Health and Human Services responsible for the administration of Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
CMS-1500	Standard outpatient billing form for providers/participating providers.
Certification, Certifies, or Certified	The decision of Carelon Behavioral Health of California to determine whether proposed or rendered treatment is medically necessary. Certification is not a guarantee of payment. Payment is subject to member eligibility, provider licensure/certification and benefit limits at the time services are provided.

Certified Employee Assistance Professional (CEAP)	A voluntary designation obtained through examination indicating the bearer has demonstrated a mastery of the fundamental body of knowledge required to perform EAP functions.

TERM	DEFINITION
Clean Claim	Unless otherwise defined in the provider agreement, a clean claim is a complete UB-04 or CMS-1500, or their respective HIPAA-compliant electronic alternatives or successor forms, submitted by a provider/participating provider for covered services rendered to a member that has no defect or impropriety (including any lack of any required substantiating documentation) or particular circumstance requiring special handling that prevents timely payment from being made on the claim and which accurately contains information including, but not limited to: • Member patient name and date of birth • Member patient identification number • Date(s) and place of service or purchase • Services and supplies provided • Diagnosis narrative ICD code • Procedure narrative or CPT code • Provider/participating provider name, address and tax identification • number • Provider/participating provider license number • Provider/participating provider charges • Other information or attachments reasonably requested by Carelon Behavioral Health of California
Clinical Appeal	An oral or written request seeking reconsideration of a prior clinical decision, which may be submitted by a member. A Clinical Appeal is considered to be a specific type of grievance.
Clinical Care Manager	Clinicians working with Carelon Behavioral Health of California who: • Provide assessments, referrals, and triage • Conduct telephone assessments, collecting sufficient data to make appropriate referral and authorization/certification decisions, including those that require alternate levels of care • Collaborate with providers/participating providers to determine alternate levels of care and to facilitate transfers to network facilities and participating providers whenever possible • Facilitate coordination of care with other care managers to assure continuity of care • Evaluate clinical appropriateness of treatment using professional knowledge within Carelon Behavioral Health of California clinical and work-site guidelines and renders authorization/certification decisions or seeks consultations for non-certification decisions and adverse determinations

Coinsurance	A cost-sharing requirement under a health benefit plan that provides that the member is responsible for payment of a portion or percentage of the costs of covered services based on an identified fixed percentage or amount.

TERM	DEFINITION
Commission on Accreditation of Rehabilitation Facilities (CARF)	A private, not-for-profit organization that accredits programs and services (adult day services, assisted living, behavioral health, employment and community services, and medical rehabilitation).
Complaint	An oral or written expression of dissatisfaction by a provider/participating provider, member or his/her/its representative.
Concurrent Review	Review and determination of medical necessity for services by case review while the member is currently in treatment.
Constructive Confrontation	A meeting between an employee, supervisor and, if appropriate, union representative, to discuss deficiencies in the employee's job performance in order to motivate the employee to change behavior and/or improve job performance, as well as to prevent future disciplinary action.
Continued Stay Review	A review to determine if the current place of service is still the most appropriate to provide the level of care required for the member.
Coordination of Benefits (COB)	Process for determining the respective primary or secondary responsibilities of two or more health plans or employers that have some financial responsibility for covered services.
Coordination of Care	The process of coordinating care among behavioral health care providers and, between behavioral health care providers and physical health care providers with the goal of improving overall quality of a member's health care.
Co-payment, Copayment, Copay	A fixed dollar amount or amounts for which the member is responsible for a covered service that generally does not vary with the cost of charge of the service.
Council for Affordable Quality Healthcare (CAQH)	A provider data source intended to collect credentialing data in a single repository that may be accessed by participating health plans and other healthcare organizations.

Council on Accreditation (COA)	An international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. Founded in 1977 by the Child Welfare League of America and Family Service America, COA partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.
Covered Employee	An individual who has an employment or other direct relationship with an employer and meets eligibility requirements to participate in such employer's health plan or EAP.

TERM	DEFINITION
Covered Services	Medically necessary mental health and substance abuse services which are covered under the member's benefit plan.
Crisis Intervention	Brief therapeutic interventions, based on Crisis Intervention Theory, offered to persons or families who are incapacitated or severely disturbed by crises or other physical and psychological traumas. Reassurance, suggestion, environmental manipulation, and referrals for medication and hospitalization may be provided as part of the service plan. Differs from critical incident response services, which typically focus on providing assistance to larger groups and communities following traumatic events.
Critical Incident	An event which has a stressful impact sufficient to overwhelm the usually effective coping skills of either an individual or group, and has the potential to interfere with present or future productivity and/or life adjustment of persons exposed to the traumatic event. Such incidents may include: a natural disaster, serious workplace accident, hostage situation or violence in the workplace, or other events in which a person or work group experiences a trauma.
Critical Incident Response Services	A variety of targeted interventions intended to assist individuals, groups and organizations either directly or indirectly impacted by a traumatic event. The structured interventions include the identification and normalization of symptoms, familiarization and education regarding the process of recovery, and, if necessary, referral to appropriate resources.
Cultural Competence	The capacity of the network to address behavioral health needs of members in a manner that is congruent with their cultural, religious, ethnic and linguistic backgrounds.
Current Procedural Technology (CPT)	A medical code set of physician and other services, maintained and copyrighted by the American Medical Association (AMA), and adopted by the Secretary of the Department of Health and Human Services as

	the standard for reporting physician and other services on standard transactions.
Deductible	Amounts required to be paid by the member for covered services under a health benefit plan annually before benefits become payable.
Department of Managed Health Care (DMHC)	The DMHC was established in 2000 through consumer-sponsored legislation. The DMHC is part of the California Health and Human Services Agency, and is the nation's first state entity dedicated solely to regulating health plans, and advocating for consumer health care rights in California.

TERM	**DEFINITION**
Dependent	In a policy of insurance or other health benefits coverage, a person other than the subscriber eligible for coverage because of a subscriber's contract.
Dependent Care	Refers to work/life programs and policies designed to help employees care for their family members, whether they are young children, adult children with special needs or aging parents.
Designated Employer Representative (DER)	An individual identified by an organization to serve as the lead in ensuring company compliance with all department of Transportation regulations and guidelines. The DER is the primary contact and liaison for all DOT referrals.
Diagnosis (Dx)	A classification for mental health disorders and substance related disorders, which may be defined on as many as five axes. Carelon Behavioral Health of California uses the Diagnostic and Statistical Manual of Mental Disorders, DSM- IV-TR of the American Psychiatric Association as its standard. The ICD-9 is an international version, which includes both medical and mental health diagnoses.
Diagnosis Code	A five-digit DSM-IV TR or ICD-9, or its successor, code that identifies a patient's condition or disease.

Drug-Free Workplace Act	Federal legislation which requires private employers with federal contracts worth $100,000 or more to take action against employees prosecuted for illegal drug offenses at the workplace. The employer is also required to establish company drug policies and maintain a drug-free environment through employee prevention education and assistance.
Drug Test	A method of detecting and measuring the presence of alcohol and/or illegal drugs in a person's body.
DSM (Most Current Version)	The DSM classification of other conditions that may be a focus of clinical attention.
Dual Diagnosis	Used to describe an individual who has co-occurring psychiatric and substance use disorder diagnoses, developmental disorders and/or medical diagnoses.
Duplicate Claim	A claim with the same member number, date of service, provider and service/procedure as a previously paid claim.
E-Commerce	An initiative aimed at transitioning participating providers from paper based to electronic processes for all routine transactions.
TERM	**DEFINITION**
Electronic Data Interchange (EDI)	The exchange of information and/or routine business transactions between two systems in an electronic format.
Emergency Medical or Behavioral Condition	A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: • Placing the patient's health in serious jeopardy • Serious impairment to bodily functions • Serious dysfunction of any bodily organ or part
Emergent	A situation requiring appointment availability within six hours in which immediate assessment or treatment is needed to stabilize a condition, but there is no imminent risk of harm or death to self or others.
EAP	Employee Assistance Program
EAP Affiliate	An independently contracted provider of Carelon Behavioral Health of California who meets all EAP credentialing criteria to provide in-person or onsite EAP services on behalf of Carelon Behavioral Health of California. EAP Affiliate services may include but are not limited to: assessment, brief-focused consultation, or referral for appropriate assessment, treatment, and assistance and/or other organizational and workplace-focused consultative services.

EAP Assessment	A structured process of observation and questions used by the EAP Affiliate to identify, define and prioritize a participant's personal problem(s) and concerns. Information from other sources such as supervisors, family members, schools or other professionals treating the EAP participant may be utilized in the assessment process if available. Assessment is a core component of the EAP scope of practice.
EAP Authorization	Approval by Carelon Behavioral Health of California for a specific number of EAP sessions to be delivered to a participant. Eligibility is confirmed at the time of the referral. EAP authorizations are not dependent on medical necessity criteria that would prevent the claim from being paid once an authorization is issued.
EAP Case	A written and authenticated compilation of information that describes and documents the assessment and present, prospective, and past services to the participant. This record is maintained in either electronic or paper format. The EAP case record is made up of several documents: 1. The EAP Case Activity and Billing Form (CAF-1 or CAF-2) 2. The Statement of Understanding (SOU) 3. Release of Information (ROI); if any 4. Standardized assessment and goal-setting forms, if any
TERM	**DEFINITION**
EAP Case Management	The provision of EAP services following EAP participant referral to external community organizations and resources for care that may include facilitating, coordination, monitoring and discharge planning.
EAP Committee	A committee within the employer's organization charged with internal marketing of the EAP. The committee is representative of the workplace and offers suggestions to improve the effectiveness of the workplace.
EAP Communication Plan	An annual plan designed to maximize the visibility and workplace acceptance of the EAP. The plan is individualized for each EAP contract and is fully integrated with the employer's internal communication system.
EAP Compliance	An EAP participant's adherence to a plan that is mutually established with an EAP professional for resolving the EAP participant's personal problems. Compliance can also refer to a participant's adherence to his/her recommended treatment plan.

EAP Core Technology	EAP Core Technology functions are consultation with training of and assistance to work organization leadership, confidential and timely problem identification, use of constructive confrontation, referral of employee clients for diagnosis, consultation to work organizations in establishing and maintaining effective relations with treatment and other service providers, consultation to work organizations to encourage availability of and employee access to employee health benefits, and identification of the effects of EAP services on the work organization and individual job performance.
EAP Design	The structural, logistical, and financial elements necessary for successful EAP operations.
EAP Follow-Up	One or more contacts with an EAP participant to monitor progress and/or the impact of the EAP recommendations or referrals to treatment resources and to determine the need for additional services.
EAP Participant	See Covered Employee.
EAP Participant Satisfaction	A measure of EAP performance based on formal or informal feedback from EAP Participants. Feedback may be given to the medical or human resources department or directly to the EAP. Objective measurement of client satisfaction is obtained from anonymous response surveys that are distributed as standard operating procedure upon closure of a case.
EAP Plan	Any EAP sponsored by an employer that has entered into a contract or other agreement with Carelon Behavioral Health of California to arrange for the provision of certain EAP services.
TERM	**DEFINITION**
EAP Referral	The process of linking EAP Participants with appropriate resources to resolve personal problems or concerns.
EAP Self-Referral	A referral made by the employee/EAP Participant on their own behalf.
EAP Formal Referral	A “formal” recommendation made by the worksite representative for an employee to access EAP services, with no potential job jeopardy for noncompliance. The referral is for an employee who is exhibiting job performance problems and the worksite representative is requesting feedback regarding an employee’s compliance with the EAP recommendations. A signed release of information is obtained from the employee to facilitate dialogue with the worksite representative.

EAP Mandatory Referral	A directive by the worksite for an employee to access EAP services with potential job jeopardy for noncompliance. A signed release of information is obtained from the employee to facilitate dialogue with the worksite representative regarding attendance to the EAP appointment and cooperation with the recommendations as a result of the EAP assessment.
EAP Regulatory Referral	A referral with ties to state or federal regulatory guidelines, such as the Department of Transportation (DOT), Nuclear Regulatory Commission (NRC), or other authorized government agency with potential job jeopardy for noncompliance. The employee holds a safety-sensitive position and is subject to federal rules and mandates related to drug and alcohol use and referral occurs due to violation of these rules.
EAP Supervisory Referral	An action in which an employee having job-performance problems is referred to the EAP by the employee's worksite (supervisory) personnel.
EAP Services	Those services provided to EAP Participants in accordance with the professional and technical EAP standards adopted by and covered under the terms of a specific employer's plan.
EAP Service Plan	A written plan of action based on the assessment of the client's needs and strengths, that identifies the request for service, sets goals, describes a strategy for achieving these goals, and engages in joint problem-solving with the client.
EAP Short-Term Problem Resolution	The process of assisting, when indicated by assessment, an individual or family with the resolution of a problem in a period of time which typically does not exceed two months.

TERM	**DEFINITION**
EAP Statement of Understanding (SOU)	A document that explains the parameters of the EAP. The SOU (available in both English and Spanish) includes: a. Eligibility criteria b. Financial terms c. Limitations to the EAP's confidentiality obligations d. The participant's legal rights regarding EAP service use e. Applicable client-specific parameters

EAP Supervisor/Union Training	A formal training session for supervisors, managers and labor representatives (if a unionized work setting) to familiarize them with EAP activities.
EAP Utilization Rate	The percentage derived from the number of active EAP cases divided by the total number of employees over the course of a year. If the reporting period is less than a year, the utilization rate is annualized.
Electronic Data Interchange (EDI)	The exchange of information between two systems in an electronic format.
Electroconvulsive Therapy (ECT)	A treatment for depression that uses electricity to induce a seizure.
Encounter	A face-to-face meeting between a member and a provider where services are delivered.
Equal Employment Opportunity Act	Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991, prohibits discrimination on the basis of race, color, religion, sex or national origin by employers (both public and private) engaged in industry affecting commerce and that have fifteen or more employees.
ERISA	Employee Retirement Income Security Act of 1974 and the rules and regulations promulgated thereunder, each as may be amended from time to time.

TERM	**DEFINITION**
Expedited Appeal or Urgent Grievance	A grievance requiring expedited review because it involves an imminent and serious threat to the health of the member, including, but not limited to, severe pain, potential loss of life, limb or major bodily function. Expedited grievance requests could involve a matter of dissatisfaction and clinical issues prior to an initial determination and/or as an appeal to an adverse determination. As they are clinical issues, expedited requests are reviewed and resolved through the clinical review process.

Fair Hearing	The process of professional peer review of a practitioner when action has been proposed to reduce, suspend, terminate, or deny a practitioner's privileges or network participation in the Carelon Behavioral Health of California provider networks for quality of care, competence or professional conduct. Fair Hearing proceedings are in accordance with California Business and Professions Code Sections 809 et seq.
Fitness-for-Duty (FFD)	An employer's determination of an employee's ability to function at the workplace. Fitness-for-duty evaluations are not typically considered to be a service provided under the EAP benefits.
Fraud	Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit. Fraud occurs when a provider/participating provider intentionally falsifies information or deceives Carelon Behavioral Health of California, an employer, and/or any government sponsored health benefit program.
Grievances	A written or oral expression of dissatisfaction regarding Carelon Behavioral Health of California and/or a provider, including quality of care concerns, and includes a complaint, dispute, request for reconsideration, or appeal made by a member or the member's representative.
Handbook	This Provider Handbook which outlines Carelon Behavioral Health of California's standard policies & procedures and guidelines for participation in provider networks maintained by Carelon Behavioral Health of California.
Health & Performance Solutions	The EAP development and operations unit within Carelon Behavioral Health of California.
HHS	The United States Department of Health and Human Services with a goal of protecting the health of all Americans and providing essential human services.
TERM	**DEFINITION**

HIPDB	"The Secretary of HHS, acting through the Office of Inspector General (OIG) and the U.S. Attorney General, was directed by the Health Insurance Portability and Accountability Act of 1996, Section 221(a), Public Law 104-191, to create the Healthcare Integrity and Protection Data Bank (HIPDB) to combat fraud and abuse in health insurance and health care delivery. The HIPDB's authorizing statute is more commonly referred to as Section 1128E of the Social Security Act. Final regulations governing the HIPDB are codified at 45 CFR Part 61. The HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB collects information regarding licensure and certification actions, exclusions from participation in Federal and State health care programs, health care-related criminal convictions and civil judgments, and other adjudicated actions or decisions as specified in regulation."1
HIPAA	The federal Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, each as may be amended from time to time.2
ICD	The ICD coding system is an international classification system which groups related disease entities and procedures for the purpose of reporting statistical information. Like the CPT, the purpose of the ICD is to provide a uniform language and thereby serve as an effective means for reliable nationwide communication among physicians, patients, and third parties.
Independent Medical Review (IMR)	The IMR process is a remedy that exists in addition to the other procedures and remedies afforded to the member through grievance/appeal procedures elsewhere in Carelon Behavioral Health of California policies and procedures. The IMR is a process of dispute resolution conducted by a medical specialist(s) who will make an independent determination of whether or not the care in question is medically necessary. The IMR process is coordinated through the Department of Managed Health Care (DMHC) and its contractual arrangements with one or more IMR organizations.
Inpatient Treatment Report (ITR)	A form used for authorization requests for inpatient and other alternative/higher levels of care.

[1] 'About Us' on the Data Bank website located at www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp [2] This includes without limitation its privacy, security and administrative simplification provisions.

TERM	DEFINITION
Knox-Keene Act	The Knox-Keene Health Care Service Plan Act of 1975, as amended, is the set of laws or statutes passed by the State Legislature to regulate health care service plans, including health maintenance organizations (HMOs) within the State. The Knox-Keene Act is in the California Health & Safety Code, section 1340 et seq.
Lack of Information (LOI)	The absence of information needed to make a medical necessity decision. If there is a Lack of Information (LOI) to make a medical necessity decision, as part of the Peer Review Process, Carelon Behavioral Health of California will notify the provider/participating provider of the required information within specified timeframes depending on the type of request.
Language Capability Attestation Form	A Carelon Behavioral Health of California specific form that, in accordance with the Language Assistance Program, requires the signature of a practitioner that has indicated that he/she is fluent in one or more languages other than English and attests that he/she is capable of providing behavioral health services in another language other than English.
Language Assistance Program	The provision of services, materials, and information to members, free of cost, in a language that they speak and understand.
Last-Chance Agreement	A signed agreement between an employee whose job is in jeopardy and supervisor or other representative of management. The agreement specifies the performance expectations and other conditions of employment and can require compliance with EAP recommendations.
Legal and Financial Services	Prepaid services that are offered under contract and provided by EAPs through a subcontracting legal/financial services provider. The legal services usually include a half hour consultation at no charge to the EAP participant, and then a reduced fee if self-referred. The financial services usually include a half hour consultation at no charge.

TERM	DEFINITION
Level of Care	The duration, frequency, location, intensity and/or magnitude of a treatment setting, treatment plan, or treatment modality, including, but not limited to: • Acute care facilities • Less intensive inpatient or outpatient alternatives to acute care facilities such as residential treatment centers, group homes or structured outpatient programs • Outpatient visits • Medication management
Medically Necessary or Medical Necessity	Those services or supplies which are determined by Carelon Behavioral Health of California: • To treat, to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a Mental Health or Substance Use Disorder or Mental Disorder • To be considered effective for the individual's illness • To be individualized, specific, and consistent with symptoms and diagnosis, and not in excess of an individual's needs • To be consistent with nationally accepted standard clinical evidence generally recognized by mental health or substance use • disorder care professionals or peer reviewed scientific and medical literature • To be reflective of a level of service that is safe, where no equally effective, more conservative, and less costly treatment is available • To not be primarily intended for the convenience of the recipient, caretaker, or provider/participating provider
Medical Review Officer	A licensed physician, knowledgeable of substance use disorders and trained in interpretation and evaluation of positive test results, who is responsible for analyzing laboratory results generated by an employer's drug testing program.
Member	An individual who is eligible for covered services under a benefit plan and for whom premium payments are paid. A member may also be referred to as beneficiary, enrollee, participant (EAP only), or patient.
MemberConnect	A web-based self-service alternative that serves as a 24/7 one-stop shop for members who wish to complete everyday service requests online, such as checking benefits and reviewing claims status.

TERM	DEFINITION
Member Expenses	Those copayments, coinsurance, deductible and/or other cost-share amounts due from members for covered services pursuant to their benefit plan.
Mental Health or Substance Use Disorder Condition or Mental Disorder (MHSUD)	Any mental health condition identified as a "mental disorder" in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revisions (DSM 5) other than Severe Mental Illness of a person of any age or Serious Emotional Disturbances of a Child, or condition identified as a substance use disorder in accordance with the latest edition of the DSM, or a Severe Mental Illness of a person of any age or Serious Emotional Disturbances of a Child in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders
NCQA	The National Committee on Quality Assurance is a private, 501(c) (3) not for-profit organization dedicated to improving health care quality. The NCQA maintains several programs for accreditation, including without limitation one for managed behavioral health organizations or MBHOs.
National Practitioner Database (NPDB)	"The National Practitioner Data Bank (NPDB) was established by Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended (Title IV). Final regulations governing the NPDB are codified at 45 CFR Part 60. In 1987 Congress passed Public Law 100-93, Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act), authorizing the Government to collect information concerning sanctions taken by State licensing authorities against all health care practitioners and entities. Congress later amended Section 1921 with the Omnibus Budget Reconciliation Act of 1990, Public Law 101-508, to add "any negative action or finding by such authority, organization, or entity regarding the practitioner or entity." Responsibility for NPDB implementation resides with the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (HHS)."[2]
National Provider Identifier (NPI)	A unique 10-digit identification number issued to health care providers in the United States by the CMS. The NPI is a single provider identifier that replaces the different identifiers used in standard electronic transactions. HHS adopted the NPI as a provision of HIPAA.
Newborn Child	A newborn child between birth and age 36 months.

[2] 'About Us' on the Data Bank website located at www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp

TERM	DEFINITION
Non-Clean Claim	Any claim requiring information that the plan must go outside of the organization to obtain. This would include claims investigated for Coordination of Benefits (COB), or those that require information only the provider of service can supply. It would not include situations that are internal to the plan such as medical review.
Onsite EAP Services	EAP services which may consist of contractually scheduled hours to provide EAP services to a specific worksite on a regular basis; also may consist of providing situational onsite services, for example, during a reduction in force, an office closing, etc.
Onsite Employee Assistance Professional	An EAP affiliate provider who regularly delivers a defined number of service hours at a customer client's worksite location on behalf of Carelon Behavioral Health of California.
Organizational Services	EAP services provided to the client organization, including but not limited to onsite services such as critical incident response, educational and topical seminars, training, orientations, and management and organizational consultation.
Outcome Goals	The goals for the changes in a patient's/EAP participant's current and future health status that can be attributed to health care or EAP services that are being provided. The goals are related to a person's physical health and psychological and social well-being, including psychological symptoms, quality of life, and legal/social consequences.
Outpatient Review	Formerly known as the Outpatient Treatment Report (OTR) or Outpatient Review Form (ORF), this form is a Carelon Behavioral Health form used to review outpatient mental health and/or substance abuse treatment. Used for the certification of medically necessary services based on account-specific requirements.

TERM	DEFINITION
Participating Provider/ Provider	Either an: • Appropriately trained and licensed or certified individual practitioner or group of practitioners (psychiatrist, physician, psychologist, psychiatric social worker or other licensed mental health provider), hospital, institution, facility, clinic, program, or agency credentialed/recredentialed by Carelon Behavioral Health of California or its designee that has entered into a provider agreement with Carelon Behavioral Health of California to provide covered services to members at agreed upon payment rates • Appropriately trained and licensed or certified individual practitioner (psychiatrist, physician, psychologist, psychiatric social worker or other licensed mental health provider) credentialed/re-credentialed by Carelon Behavioral Health of California or its designee who has entered into a written contractual arrangement with a facility, group, agency, and/or clinic contracted with Carelon Behavioral Health of California to provide covered services to members at agreed upon payment rates.
Pass-Through or Visit	An outpatient visit that does not require treatment authorization. The number of pass- through visits that can occur before registering care varies by employer.
Employer Specific Requirements	Those requirements included as a part of a specific employer's plan.
Peer Advisor or Peer Reviewer	A licensed psychiatrist, licensed psychologist or master's-level licensed professional who is qualified, as determined by the medical or clinical director, to render a clinical opinion about the medical condition, procedures, and/or treatment under review.
Policies and Procedures	A document that combines one or more policy statements about a particular subject with one or more procedure statements that specify how the policy statement(s) are accomplished. A procedure is the means by which a policy is accomplished.
Pre-Authorization or PreCertification Review	A review that is conducted prior to an inpatient admission or outpatient service or procedure to determine medical necessity for the requested service or level of care.
Presenting Problem	The issue or concern for which the EAP participant is seeking assistance through the EAP.

TERM	DEFINITION
Prevention, Education, and Outreach (PE&O)	Activities designed to assist members who exhibit, or who are at risk for developing, behavioral health disorders, with the goals of decreasing the incidence, prevalence, severity and/or residual effects of their illnesses and improving overall quality of life.
Problem Resolution	In self-referrals, problem resolution is the EAP participant's achievement of personal goals developed in collaboration with the EAP professional. In management/supervisor referrals, it is an employee's return to his/her previous level of satisfactory job performance, or termination following continued unsatisfactory job performance.
Professional Development Hours (PDHs)	The unit measurement for continuing education for the Certified Employee Assistance Professional (CEAP) credential, and a means by which the CEAP certification is maintained.
Protected Health Information (PHI)	A member's 'individually identifiable health information' as defined in 45 C.F.R.§160.103 and/or applicable state law, and/or 'patient identifying information' as defined in 42 C.F.R. Part 2.
Provider	A practitioner, hospital, facility, or other provider of mental health or substance use disorder services.
Provider Agreement	A contract between Carelon Behavioral Health of California and the participating provider that includes the terms and conditions regarding the parties' contractual relationship and their respective performance and responsibilities.
ProviderConnect	A Carelon Behavioral Health web-based self-service alternative that serves as a 24/7 onestop shop for providers/participating providers who wish to complete everyday service requests online. Providers/ participating providers may review claims electronically, review claims status, obtain copies of authorization/certification letters, obtain forms, and review their provider profile.
Provider Directory	A published and maintained listing of all VOC MHSUD and EAP network practitioners and facilities/organizational providers contracted to provide behavioral health care services to VOC members. This listing includes, but is not limited to, practitioner and facility contact information, area of specialty, and whether a practitioner is accepting new patients.

TERM	DEFINITION
Provider Dispute	A formal written notice by a practitioner and/or facility/organizational provider to Carelon Behavioral Health of California challenging, appealing, or requesting reconsideration of a claim that has been denied, adjusted, or contested; seeking resolution of a billing determination or other contract dispute; disputing a request for reimbursement of an overpayment of a claim; and/or disputing a provider network participation decision related to administrative reasons (i.e. disenrollment from the network for not being responsive to recredentialing efforts, denied network participation for not meeting credentialing criteria).
Provider Summary Voucher (PSV)	An online statement for providers/participating providers explaining why a claim was or was not paid.
Psychiatric Emergency Medical Condition	A mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the individual as being either an immediate danger to himself or herself or to others or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder.
Psychological Testing	The use of one or more standardized measurement instruments, devices, or procedures including the use of computerized psychological tests, to observe or record human behavior, and which require the application of appropriate normative data for interpretation or classification and includes the use of standardized instruments for the purpose of the diagnosis and treatment of mental and emotional disorders and disabilities, the evaluation or assessment of cognitive and intellectual abilities, personality and emotional states and traits, and neuropsychological functioning.
Public Policy Committee	A Carelon Behavioral Health of California Committee responsible for the consideration and formulation of policies on issues affecting Carelon Behavioral Health of California members. The Committee is made up of members entitled to health care services from Carelon Behavioral Health of California, one member of the Carelon Behavioral Health of California Board of Directors, and one participating provider.
Quality Assurance/ Improvement	A structured system for continually assessing and improving the overall quality of service delivered to members.
Reduction in Force	The process by which a work organization reduces its work force by eliminating jobs, such as closing subsidiaries or departments. This may also be referred to as downsizing.

Reentry/Reintegration	The process of helping an employee who was on leave from work in order to receive behavioral health treatment restore relationships in the workplace and reestablish a satisfactory level of job performance.

TERM	DEFINITION
Retrospective Review	A review of the relevant portion of a medical record provided when permitted under the benefit plan in cases in which the member has been discharged or services were rendered prior to the request for review.
Return-to-Work Agreement	A formal document signed by an employee that delineates specific conditions for being able to return to work, such as drug testing and attendance at an EAP.
Return-to-Work Conference	A meeting designated to facilitate the return to work of an employee who was on leave for the purposes of receiving treatment.
Risk Assessment	The process utilized to determine the level of risk of violence towards oneself, another person(s) and/or property.
Risk Management	A strategy for minimizing a work organization's exposure to health and safety factors that pose a threat of loss to the organization.
Routine	A situation in which an assessment or treatment is required, with no urgency or potential risk of harm to self or others.
Safety-Sensitive Position	A work assignment which entails high safety risk to self, property or the general public, and may be within an industry that is subject to federal regulations requiring compliance with safety regulations.
Self-Referral	A referral for counseling/EAP services made by the EAP participant/member on their own behalf when an EAP affiliate continues to see an EAP participant under the EAP participant's MHSUD benefits following EAP services.
Serious Chronic Condition	Medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.

TERM	DEFINITION
Serious Emotional Disturbances of Child	A Serious Emotional Disturbance (SED) of a child is defined as a child who has one or more mental disorders as defined by the Diagnostic and Statistical Manual (latest edition), other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms and is under the age of eighteen (18) years old. Furthermore, the child must meet one or more of the following criteria: • As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: the child is at risk of removal from home or has already been removed from the home, the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment • The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder • The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the California Government Code.
Service Area	The geographical area in which Carelon Behavioral Health of California is licensed to operate pursuant to the Knox-Keene Health Care Service Plan Act to operate the Health Plan.
Severe Mental Illness	Severe Mental Illness (SMI) includes the diagnosis and medically necessary treatment of the following conditions: • Anorexia Nervosa • Bipolar Disorder • Bulimia Nervosa • Major Depressive Disorder • Obsessive-Compulsive Disorder • Panic Disorder • Pervasive Developmental Disorder, including Autistic Disorder, Rett's • Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism. • Schizoaffective Disorder • Schizophrenia

Sexual Harassment	As specified in Title VII of the 1964 Civil Rights Acts, as amended in 1972, sexual harassment can be either unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.
Single Fixed Point of Accountability (SFPA)	A provider or agency that coordinates services to enable a child/adolescent to live in the least restrictive environment possible and increase adaptive capabilities.
TERM	**DEFINITION**
Submitter	Entity (provider/participating provider, billing agent or clearinghouse) responsible for submission of claims to Carelon Behavioral Health of California for adjudication.
Submitter ID	The identification number (ID) that Carelon Behavioral Health of California assigns to uniquely identify the entity that is sending in electronic files, for one provider/participating provider or multiple providers/participating providers. Normally, we will use the Provider ID provided on the EDI electronic claims application and designate it as your Submitter ID. This may also sometimes be referred to as your user ID or login ID.
Substance Use Disorder	A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
Substance Abuse Professional (SAP)	A professional who meets the qualifications set forth by the Department of Transportation (DOT), evaluates employees who have violated DOT drug and alcohol regulations, and makes recommendations concerning education, treatment, follow-up testing, and aftercare.
Supervisory Training	An essential component of an EAP that educates managers as to what an EAP is, how to refer employees, and the availability of consultation.
Surgery/Other Procedure	Refers to a surgical or other procedure that is authorized by Carelon Behavioral Health of California as part of a documented course of treatment which has been recommended and documented by a participating provider, as defined at Section 1345(i) of the California Health and Safety Code, to occur 180 days of the termination, nonrenewal or expiration of the agreement between Carelon Behavioral Health of California and the participating provider.

Taxonomy Code	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length. The code set is structured into three distinct "levels" including Provider Type, Classification, and Area of Specialization. The Health Care Provider Taxonomy code set allows a single provider (individual, group, or institution) to identify their specialty category. Providers may have one or more than one value associated to them.
TeleConnect	An interactive voice response (IVR) system for members and providers/participating providers enabling rapid, 24/7 self-service resolution of an array of common requests such as claims' status, authorizations, and forms.

TERM	DEFINITION
Telehealth	Mental health and substance use disorder services using two-way, interactive videoconferencing as the modality by which these services are provided.
Threat of Violence	Any situation in which an individual is at risk of inflicting physical harm, either to himself, to another person or to property, or any communication of intent that gives reasonable cause to believe that there is a potential risk of harm.
Timely Access Regulations	The Timely Access Regulations set forth in California Code of Regulations, Title 28 section 1300.67.2.2, subdivision (c) (5). Pursuant to Section 1367.03, subdivision (f), and Rule 1300.67.2.2, subdivision (g) (2) requires that health care service plans such as Carelon Behavioral Health of California meet a set of standards, which include specific timeframes under which members must be able to obtain care. These standards include availability of appointments for urgent and non-urgent MHSUD and EAP services.
Topical and Wellness Training	An essential component of an EAP that educates employees, supervisors, human resources professionals and union representatives on a variety of health, wellness and work/life balance topics to prevent negative workplace impact of these issues and to encourage the health and wellness of employees. Trainings vary in length (typically anywhere from 20 to 90 minutes) and may be delivered onsite, telephonically, or in a web-based format.

Urgent	A situation in which immediate care is not needed for stabilization, but if not addressed in a timely manner could escalate. Urgent services are to occur within 48 hours.
UB-04	Standard inpatient billing form for providers/participating providers.
Utilization Management (UM)	The process of evaluating the medical necessity, appropriateness and efficiency of health care services against established guidelines and criteria.
Carelon Behavioral Health of California Credentialing Committee	Carelon Behavioral Health of California's internal committee that functions as a peer review body under NCQA standards. The Carelon Behavioral Health of California Credentialing Committee is made up of representatives of all major clinical disciplines and includes network providers. The committee is tasked with making the final decision on Carelon Behavioral Health of California credentialing policies and procedures; approval, denial and pending status for all applications to join the network; and making decisions on possible provider sanctions.

TERM	DEFINITION
Carelon Behavioral Health of California Provider Appeals Committee	Providers have the right to appeal any adverse Carelon Behavioral Health of California Credentialing Committee decision regarding network participation and any decisions made through the Provider Dispute Resolution process. Carelon Behavioral Health of California has established a Provider Appeals Committee to hear provider appeals. This committee is comprised of representatives of major clinical disciplines, network providers and clinical representatives from departments within Carelon Behavioral Health of California, none of whom compete with the appealing provider. Members of the committee must not have participated in the original decision under review.
W-9 Form	A document used by the Internal Revenue Services (IRS) to validate a tax identification number (either SSN or EIN) and the person or entity it represents. A valid W-9 Form is required for each pay-to vendor.
Website	The Carelon Behavioral Health of California collection of web pages particular to providers/participating providers found at the following URL: www.valueoptionsofcalifornia.com.

Work/Life	A program often offered as part of the EAP, which addresses a variety of services such as child care (including schools, summer care and prenatal care), adult care (including assisted living facilities, housing options and in-home care), adult/child special needs, adult/child education, convenience (including pet care, relocation and vacation planning) and health and wellness. The program seeks to help employees achieve a satisfactory allocation of time between the demands of work and one's personal life.
805 and 805.01 Report	The written report filed with the applicable state licensing agency in the form and manner described under California Business and Professions Code Section 805 and section 805.01