

Genetic Testing Provider Office Staff Training

Subtitle line Date



Agenda

- Introduction to Carelon Medical Benefits Management
- UCare Program Overview
- Preparing for the Program Go-Live
- Carelon provider portal Features
- Carelon provider portal Order Request
 Demonstration
- Questions





Our business is national in scale and scope





Our collaborative approach enhances the provider experience

90% OVERALL SATISFACTION 3-4MIN AVERAGE INTAKE TIME

94%

SATISFACTION WITH PORTAL EASE OF USE 87%+

WITHIN 24 HOURS



UCare Program Overview

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Our solution addresses the medical and business practice complexities of genetic testing





Services requiring preauthorization

Test categories included:

- Reproductive carrier screening
- Prenatal testing
- Preimplantation genetic testing (PGT)
- Rare disease testing
- Whole exome/genome sequencing
- Hereditary cancer testing
- Hereditary cardiac testing

- Tumor testing
- Neurogenetic and neuromuscular testing
- Pharmacogenomics and thrombophilia testing
- Susceptibility testing for common diseases



Settings requiring preauthorization



Included setting:

• Genetic testing laboratories



Excluded setting:

- Inpatient studies
- Studies performed as part of ER/observations visit
- Studies that are a component of outpatient elective surgery





Carelon promotes ordering provider-initiated requests



Carelon will accept additional clinical information not previously submitted for a denied case for a period of up to 10 days from the date of determination



Key UM elements and clinical review steps



4. Extract case

information to UCare

How long is a preauthorization valid?





Carelon closes most cases within 24 hours



Case turn-around times

- A determination will be made on non-urgent commercial (Individual and Family Plans) requests within 5 business days of receipt of all information necessary to complete the review.
- A determination will be made on urgent commercial (Individual and Family Plans) requests within 48 hours to include one business day
- A determination will be made on non-urgent Medicare Advantage and Medical Assistance (Medicaid) requests within 10 calendar days
- A determination will be made on expedited Medicare Advantage and Medical Assistance (Medicaid) requests within 72 hours





Preparing for the Program Go-Live

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Contact center and provider portal will be available beginning on June 16, 2025 for preauthorization requests with dates of service rendered on or after July 1, 2025.



Submitting an order request

Provider portal

- Register at <u>www.providerportal.com</u>
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12-6 pm CT
- SSO through EPA for out-of-state providers (Blue plans only)
- Provider portal support team: (800) 252-2021

Carelon contact center

- Dedicated toll-free number: (833) 821-1954
- Contact center hours: 8AM 5 PM CST
- Voicemail messages received after business hours will be responded to the next business day

* Carelon call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.



Which UCare members need preauthorization through Carelon?

Included lines of business (products):

Members in all products except Medicare Supplement



Medicare Supplement

Please contact the health plan to verify preauthorization requirements for members who are not found within the Carelon system.

If the health plan confirms eligibility, they may contact Carelon to have the member manually added into the Carelon system.



Order request checklist

Gather necessary information prior to logging into the Carelon provider portal



- Member's first and last name and date of birth
- Ordering provider's first and last name
- Test being requested and laboratory



- Summary of patient's clinical diagnosis
- Clinical summary from genetic counseling appointment
- Pedigree or summary of three-generation maternal and paternal family history
- Material and paternal ethnic background/race



Genetic testing provider microsite



Welcome

We're entering a new era of precision medicine, where treatments can be targeted and disease risks in individuals, based on their unique genetic makeup. Today, there are more than 65,000 tests available t and the number is growing. Navigating this rapidly advancing area of medicine can be a challenge for and your patients.

Carelon Medical Benefits Management partners with health plans to help ensure quality care while reassociated with care that's not evidence-based. In collaboration with you and your patient's health pla testing program helps ensure care that's appropriate.

This site will help you understand how the Carelon genetic testing program works, and the benefits fo and your patients.

Program designs vary by health plan. We encourage you to review the FAQs for each patient's plan of the <u>Resources page</u>.



Frequently asked questions

About the Genetic Testing Program

What is the genetic testing program?

The genetic testing program assists your practice in delivering evidence-based and cost-effective care for your paticollaboration with you and your patient's health plan, the genetic testing program helps ensure care that's appropria

How can this program benefit my practice?

Practices participating in the program can gain efficiency through:

- 24/7 online access to the Carelon Medical Benefits Management ProviderPortal_{SM}, a proven technology platfill
- When requested, Carelon can provide access to a database of genetic counseling providers
- Assurance that your practice is providing evidence-based care

Synchronization with health plan medical policy and clinical guidelines

How will the genetic testing program be administered?

The genetic testing program will be administered by Carelon on behalf of your patient's health plan. Participating in the program is most easily managed using the **Provider**Portal, available 24/7, or by calling Carelon directly.

Providers can visit the Genetic Testing Microsite

for:

- Clinical guidelines development process
- Carelon provider portal registration
- > Entering an order request
- Order request checklists and FAQs

https://providers.carelonmedicalbenefitsmana gement.com/genetictesting/

Provider portal highlights

Provider portal modules



Provider portal access and registration

- Register at Carelon via <u>www.providerportal.com</u>
- Select your User Role
- Enter Username and Password
- Enter value for unique key (I.e., TIN, NPI)
- Check your inbox for an email from Carelon



Registering with the provider portal

Note: Carelon Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Registering on the provider portal

Scarelon.

User Confirmation	
USERNAME	
Remember Me	Don't have an account?
Next <u>Can't access your account?</u>	Register
5.05.30.01	System Requirements

The Carelon Medical Benefits Management provider portal will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance. During system maintenance if you have an urgent request, please call the number of the health plan on the back of the member ID card.

<u>NOTICE:</u> Carelon MBM continues to roll out multi-factor authentication (MFA) to all existing portal users. You will be notified when your account needs to be updated. New users will automatically be setup up for MFA when they register. Check our Provider Connection newsletter to find the latest information and important dates for our MFA rollout (see link in bottom right corner).

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If you need assistance, please <u>Click Here</u> or contact Carelon Medical Benefits Management provider portal support at (800) 252-2021.

Access the provider portal at:

https://providerportal.com

If you are registered with the Carelon *provider portal*, log in with your existing user account

or

Click the "**Register**" button to begin your registration process if you are a new user

Registering via the provider portal

S3 carelon.		
Register		
Contact Web Customer Service	1 Login Information	
Carelon Medical Benefits Management (800) 252-2021	FIRST NAME	LAST NAME
	EMAIL 🚯	
	PASSWORD	
		 Cannot be less than 8 characters At least one or research latter
	CONFIRM PASSWORD	At least one lowercase letter
		 At least one number (0-9)
		✓ At least one symbol (e.g., !@#\$%^&*)
		 Cannot be the same as Email

Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue

Registering via the provider portal

3. Application Selection

Select the applications you will need to access.

💎 Health Plan Utilization Review Programs 🕧

Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021.

PROVIDER IDENTIFIER 🕧



Enter your **practice's Group identifier**. Please utilize NPI to register and link your account to UCare

Then type in the number in the following field.



Finding the Health plan your facility is associated with

Welcome	Provider Management Iser Profile Iser Profile	
Start Your Order Request Here	Service Date * MM/DD/YYYY B	Message Center
Order Search	Member Details: First Name *	Secure Message (0)
Check Order Status	Last Name *	between 12:30 PM CST - 6:00 PM CST for regularly scheduled maintenance.
View Order History	 Hide Search Tips For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date. 	Provider Resources Medical Oncology provider portal submissions overview
Check Member's Eligibility	 The Member ID should match what is on the member's card including Alpha Prefix where applicable. In the member's id number entry, do not include the dependent code. 	
Access Your Optinet Registration	 For Federal Employee (FEP) members, please include the leading "R" in the search. If there is an asterisk as part of the Member ID, do not enter it before searching. Member not found? Try entering only one character of the patient's first name and two characters of the last name. If you are still having issues, try removing the prefix from the member's id number (first three characters of the member's ID number) and search again. 	
	Find This Member	

After you receive the portal registration confirmation, log in to your account and select **Provider Management.**

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Adding associated Health Plan

Scarelon. Home | Log Out **Provider Management** Health Plan Utilization Review Program Please enter at least one valid Provider Identifier to associate your account with the available Health Plans. You may enter multiple Provider Identifiers. If your Health Plan is not displayed please contact Web Customer Service at 1-800-252-2021. PROVIDER IDENTIFIER 0 Tax ID (TIN) 410916626 Confirm the Health Plans your Facility is associated with. If a Health Plan is not displayed, enter another type of Provider Identifier. Anthem BCBS KY Anthem BCBS WI Amerigroup DC Anthem Blue Cross Blue Shield Ohio Amerigroup Louisiana

Enter your **practice's Group identifier**. Please utilize NPI for linking your acount to UCare

You may need to add the NPI for each physician for whom you will be submitting requests

Then type in the number in the following field.

Select the health plan from the display below and click 'Save'



Finding the Health plan your facility is associated with

We

lcome	Provider Management Manage Your User Profile I Help Center	
Start Your Order Request Here	Service Date * MM/DD/YYYY	essage Center
Order Search	Member Details: Sec First Name * Not	ure Message (0) tifications 2 Carelon Medical Benefits Management wider portal will be unavailable Sundays
Check Order Status	Manage My Profile This information is displayed on this tab is for reference purposes only and is non-editable	ar
View Order History	Itee Internation Change Password	Print Registration Summary
Check Member's Eligibility	User Role	
Access Your Optinet Registration	Ordering Provider	
	Enabled	
	Health Plan(s): AmeriGroup - Texas Anthem CR Arkansas BlueCross BlueShield BCBS National Accounts BCBSIL Healthy Blue Missouri Healthy Blue Missouri	
83		d New Health Plan

After you receive the portal registration confirmation, log in to your account and select **Provider Management.**



Provider portal order request demonstration

Note: Carelon Medical Benefits Management maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Provider portal Home Page

Grider Request		
elcome PMPHYS RAYA Strange PMPHYS RAYA	der Seference gement User Profile Desk	
Start Your Order Request Here	Service Date * MM/DD/YYYY I	Message Center
Check Order Status	Member Details: First Name *	Secure Message (0) Notifications The Provider Portal application will be unavailable Sundays between 12:30 PM CST - 6:00 PM CST for regularly schedu
View Order History	Last Name *	Infanteriarce. If you have any questions regarding the new Medicare Appropriate Use Criteria Clinical Decision Support Program see the Provider Resource links below. DO NOT call the he plans
Check Member's Eligibility	Date of Birth * MM/DD/YYYY Hide Search Tips A	The Provider Portal application will be unavailable on Satur November 6th 12.00 PM CST - 12:00 AM CST for special maintenance activities.
Access Your Optimet Registration	 For all Radiology requests use Date of Service. For Genetic Testing use the testing date. For all other requests, use Service Date. Do not include suffix/dependent code. For Federal Employee (FEP) members, please include the leading "R" in the search. If the member is not found, remove the leading "R" and search again. If there is an asterisk as part of the Member ID, do not enter it before searching. Member not found? Try entering only the first 2 characters of the patient's first and last name. 	Provider Resources Radiology Tutorial Anthem Cancer Care Quality Program Genetic Testing Tutorial
	Find This Member	BCBS of IL, MT, NM, OK and TX Clinical Guidelines and CPT

To start an order request, enter the "Date of Service" field on the provider portal homepage.

A member search is completed by providing the following:

- Member First Name
- Member Last Name
- Member ID
- Member Date of Birth

Select "Find this member"

You may also:

- Check Order Status
- View Order History
- Check Member's Eligibility
- Provider Management
- Manage Your User Profile
- Reference Desk

Member search results

Grider Request			Medicare AUC Logout
Back to Homepage			Print Preview
Member Details			
DONOT MAIL HOBART, IN 46342 Service Date: 2/1/2022	Date of Birth: 01/01/2002 Age: 20 Female	Member ID: 032T95500 Alpha Pref	ix: YZD
Eligibility Details			
Effective: 01/01/2020-12/31/9999	Product Code: PPO Employer Group ID: WA0543M004	100000 C	
The following solutions for the service date entered require To initiate a request, please select the solution and then click the Start Orde	a Pre-Authorization: ar Request to start your request.		
View Code List Diagnostic Imaging Angiography, Bone Density CT, CTA, MRA, MRI, Nuclear Medicine, PET	View Code List View Code List Coronary Angiography, Percutaneous Coronary Intervention, Arterial Utrasound, Physiologic Arterial Study, Cardiac Devices (ICD, CRT, Pacemaker)	View Code Litt Diagnostic Sleep Study (home/lab), Titration Study, APAP/BPAP/CPAP, Oral Appliance, MSLT, MWT	Werv Code Litt Werv Code Litt Unit Surgery, Spine Surgery & Interventional Pain Management
View Code Litt 2030 Brachytherapy, IGRT, IMRT, IORT, Proton, Stereotactic (SRS/SBRT), SIRT	Chemotherapy and Supportive Drugs Review of cancer drugs, side effect management and treatment pathways	Genetic Testing Laboratory testing for the inheritance or management of genetic conditions	View Code List View Code List Other Surgical and Endoscopic Procedures Site of Care review for certain outpatient surgical & endoscopic procedures
This is an urgent request			Start Order Request
The following solutions for the service date entered do not	require Pre-Authorization by AIM. Please contact the health plan	using the number on the back of the member's ID card to deten	mine if a Pre-Authorization is required.
Rehabilitation Physical Therapy, Occupational Therapy and Speech			·

Select your modality by clicking on the eligible solution.

Programs that are currently managed by Carelon for the selected member will display above the programs that do not require a Pre-Authorization from Carelon.



Ordering provider selection

Step: 12346 SMAC, MARY Edit Hide Details Member #: 032T9550070 Start Date: 2/1/2022 Date of Birth: 1/1/2002 Health Plan: Ordering Provider: Step 2: Please select the Ordering Provider from the list below. Ordering Provider Search Results View: Logistic Provider Search Results View: Logistic Provider: Search Type:	gout
SMAC, MARY Edit Hide Details Member #: 032T9550070 Start Date: 2/1/2022 Date of Birth: 1/1/2002 Health Plan: Ordering Provider: Step 2: Please select the Ordering Provider from the list below. Recent Favorites Search Results View: Codering Provider:	6
Step 2: Please select the Ordering Provider from the list below. Ordering Provider Search Search Type: Ordering Provider Search Recent Favorites Search Results	
Urdering Providers	al 🗸
Name Favorite Pain Address Pain City Speciality Pain TIN or NPI KENNEDY, HEATHER 222 PIEDMONT AVE CINCINNATI Miscellaneous	¢
Image: Withdraw this request DISPLAYING 1-1 OF 1 RESU	TS
First Name:	
Last Name:	
Indiana ~	

Ordering providers that are associated with group identifier (e.g., TIN, NPI, etc.). in the user's registration will be available for selection

For practices with multiple providers, establishing "**Favorites**" will allow for increased intake efficiency.



Ordering provider fax confirmation

Order Request						Logout
					Step:	123456
SMAC, MARY Edit Member #: 032T9550070 Start Date: Date of Birth: 1/1/2002 Health Plan Ordering Provider:	2/	Hide D	etails			
Step 2: Please select the Ordering Provider from the lis	t below.					
Ordering Provider Search Search Type:	Rr Ordering I	Ordering Provider Fax	Number		ded Search	View: Local 🗸
Name	Favorite 🛱	Please enter or c	onfirm the physician's secur	e fax number below.	🟚 Specialty	🟚 Health Plan 🔹
O TIN or NPI		FAX Number [523] 423-4222 Nurse/ I			Nurse/ Nurse Practitioner	
○ Address	\$	<u>Why do you neec</u>	<u>l this?</u>		Nurse/ Nurse Practitioner	
		Save Fax Un	available		Nurse/ Nurse Practitioner	
First Name: ROBIN	☆				Nurse/ Nurse Practitioner	
Last Name:	☆	<u>SMAIL, ROBIN</u>	830 BOARDMAN CANFIELD RD	YOUNGSTOWN	Nurse/ Nurse Practitioner	
SMAIL	☆	<u>SMAIL, ROBIN</u>	6505 MARKET ST BLDG B	YOUNGSTOWN	Nurse/ Nurse Practitioner	
State	☆	SMAIL, ROBIN	8740 E MARKET ST STE 2	WARREN	Nurse/ Nurse Practitioner	
	☆	<u>SMAIL, ROBIN</u>	1011 BOARDMAN CANFIELD RD	YOUNGSTOWN	Nurse/ Nurse Practitioner	
Search	144 44 1 bi				DISPLAYING 1	-8 OF 8 RESULTS

Enter the fax number to be used when communicating the outcome of an adverse determination (denial) case.

or

If a fax number was previously entered for the provider, confirm the number is correct.

Press the **"Save**" button to continue.



Patient diagnosis and search for test

atient's Condition or Diagnosis Selection			
Provide the patient's primary condition or diagnosis. 🕕			
Ros liness, unspecified			
ovide Genetic Test Information			
ter the test information to search for and select the requested	Genetic Test.		
Lenter Reyword(s) to search here			
			_
Salar	ct vaur requested test from any of the following options:		
Selec			
Filte	r by: Laboratory: Enter a Laboratory		
Ge	anetic Tests	Laboratory	Network Status
0	FETAL ANALYSIS; CYSTIC FIBROSIS (CF), AMNIOTIC FLUID OR CVS, 32 MUTATIONS	LABCORP	IN
0	INHERITEST CORE PANEL, CYSTIC FIBROSIS (CF), SMAAND FRAGILE X, CARRIER SCREENING	LABCORP	IN
0	CYSTIC FIBROSIS (CF) PROFILE, 32 MUTATIONS, DNA ANALYSIS, CARRIER	LABCORP	IN
۲	CYSTIC FIBROSIS (CF): CFTR (FULL GENE SEQUENCING)	LABCORP	IN
0	CYSTIC FIBROSIS (CF) PROFILE, DNA ANALYIS AND 5T ALLELE GENOTYPING	LABCORP	IN
0	CYSTIC FIBROSIS 97, FETAL	LABCORP	IN
0	CYSTIC FIBROSIS (CF): CFTR DELETION/DUPLICATION ANALYSIS	LABCORP	IN
0	CYSTIC FIBROSIS DNA ANALYSIS, FETUS	QUEST DIAGNOSTICS	IN
0	CFTR INTRON 8 POLY-T ANALYSIS	QUEST DIAGNOSTICS	IN
▼ Ad	Iditional Genetic Tests	Laboratory	Network Status
0	CYSTIC FIBROSIS GENOTYPING, 39 MUTATIONS (CF39)	PATHOLOGY LABORATORIES	OUT
0	CYSTIC FIBROSIS GENOTYPE, 139 MUTATIONS	PATHOLOGY LABORATORIES	OUT
0	CYSTIC FIBROSIS, 165 VARIANTS	INTERMOUNTAIN CENTRAL LAB	UNKNOWN
0	CYSTIC FIBROSIS (CFTR) 165 PATHOGENIC VARIANTS	ARUP LABORATORIES	OUT
0	CYSTIC FIBROSIS (CFTR) SEQUENCING	ARUP LABORATORIES	OUT
0	CYSTIC FIBROSIS (CF) PROFILE, 97 MUTATIONS, CFPLUS, CARRIER SCREENING	LABCORP	IN
0	CYSTIC FIBROSIS DNA	AMERICAN ESOTERIC LABORATORIES	UNKNOWN
0	CYSTIC FIBROSIS CARRIER	SUNRISE MEDICAL LABORATORIES	UNKNOWN
	ASHKENAZI JEWISH MUTATION ANALYSIS PANEL WITHOUT CYSTIC FIBROSIS (CF)	LEGACY LABORATORY SERVICES LLC	UNKNOWN
2.5	Not able to find your test? Try Manually Adding a Genetic Test		

Enter the primary ICD 10 diagnosis code for the patient.

Search for the genetic test you would like to request.

You can search by the name of the test or key words associated with the test. You may also filter by laboratory.

If you are unable to find a test, you may click on "Manually Add a Genetic Test" and follow the instructions given.



Confirm the sample collection date

Senetic Sample Information
Provide the following information for the patient's genetic sample:
When is the sample collection date? 02/01/2022
*Sample Type
O Amniotic fluid or chorionic villi 🕕
💿 Blood, saliva, cheek swab 🕕
O Bone marrow 🕕
O Embryo or oocyte 🕧
O Liquid biopsy for cancer 🕕
O Solid tumor tissue 🕧
O Other/unknown
Back Withdraw this request

The Sample Collection Date is used to determine the valid authorization period for the request, based on health plan rules.

If the date is not changed, it will default to today's date.

Select "Continue" to proceed to the next step.

Capture clinical information

TESTING SCENARIO	
Please confirm the testing sco	enario.
Cystic Fibrosis Testing	
CLINICAL SCENARIO	
Hereditary general conditions	
Answer the following questions	to provide as much information possible for clinical review.
Select the type of inherited condit	ion.
Cardiac	
Neurological	
Thrombophilia	
Other inherited condition	
Has genetic testing for this specifi	c inherited condition ever been performed?
🔵 Yes 💿 No	
Select all that apply. (Select all that	apply)
The individual have a known family history or clinical pres	or suspected genetic condition associated with significant morbidity or mortality based on entation.
Alternate testing is indetermina	ate or not available and test is being done at a certified laboratory.
2 <u>1.</u>	

After selecting a test, you will then be asked to select the Testing Scenario, followed by the Clinical Scenario

You will then answer a series of questions until we have enough information to make a determination.

Any questions about genetic counseling are asked AFTER the clinical questions

Document upload is available for all requests that do not automatically approve

FILE



Order request preview

S3 carelon.		
Order Request Previe	w	
Case Status:	Health Plan:	
Has Not Been Submitted		
For institutional billing, please click on the provider to your institution	e "edit" button to change the servicing	Servicing Provider:
Member mormaton.	ordering Provider.	Servicing Howder.

The Clinical Information displayed was obtained by Carelon Medical Benefits Management through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

REQUESTED TESTS

Foresight Cystic Fibrosis		REQUEST STATUS	REASON	Hide Details
In-Scope CPT Codes:	81220 (up to 1)			

This is a preview of your order prior to submitting the request.

Select **"Submit This Request**" to proceed.

After selecting the **"Submit This Request**" button, you will be able to provide additional information, if necessary.

Order request summary



The Clinical Information displayed was obtained by Carelon Medical Benefits Management through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Please call 866-789-6254 for all Urgent Requests.

REQUESTED TESTS

R

TEST	REQUEST STATUS	REASON	ACTION
Foresight Cystic Fibrosis	Authorized	Criteria Met	Hide Details

Once the order request has been submitted, the Order Request Summary will display.

An Order ID, Valid Preauthorization timeframe, and Request Status will be displayed on the summary page within a green box.

The end user may select to "**Print**" or "**Save as PDF**" to include in the patient's chart.

Order request summary

REQUESTED TESTS

TEST		REQUEST STATUS	REASON	ACTION		
CYSTIC FIBROSIS (CF): CFTR (FULL GENE SEQUENCING)		Authorized	Health Plan Medical Policy	Hide Details		
CPT Codes: Genes: Counseling Required:	81223 (up to 1) Yes					
DIAGNOSIS						
Z31.430:	Encntr fem test gntc dz carr stati	JS				
SAMPLE INFORMATION						
Sample Type :	Blood, saliva, cheek swab					
CLINICAL INFORMATION[-]						
CLINICAL INFO	RMATION[-]					
GENETIC COUNSELING:	RMATION[-]					
GENETIC COUNSELING: Has Genetic Counseling B	RMATION[-] een Performed?	Ye	5			
GENETIC COUNSELING: Has Genetic Counseling B When Was Genetic Couns	RMATION[-] een Performed? eling Performed?	Ye 07	rs 2/01/2022			
GENETIC COUNSELING: Has Genetic Counseling B When Was Genetic Couns JUSTIFICATION QUESTIO	RMATION[-] een Performed? eling Performed? NS:	Y4 07	rs 2/01/2022			
GENETIC COUNSELING: Has Genetic Counseling B When Was Genetic Couns JUSTIFICATION QUESTIO Is testing being ordered t	RMATION[-] een Performed? eling Performed? NS: o determine if the patient is a carrier of cy	Ye Oź /stic fibrosis? Ye	rs 2/01/2022 rs			
GENETIC COUNSELING: Has Genetic Counseling B When Was Genetic Couns JUSTIFICATION QUESTIO Is testing being ordered to Is the patient's reproduction	RMATION[-] een Performed? eling Performed? NS: o determine if the patient is a carrier of cy ve partner a known carrier of cystic fibros	Ye Oi /stic fibrosis? Ye is? U	is 2/01/2022 is nknown			

The requested test, diagnosis, and clinical information will also display on the Order Request Summary screen.





Carelon provider portal Features

Note: Carelon maintains the confidentiality of all protected health information. All data displayed is fictional and any resemblance to real persons is purely coincidental.



Manage your user profile

Order Request	
DEMO TRAINING	age Your Profile Reference Desk
Start Your Order Request Here	Service Date * MM/DD/YYYY II
Check Order Status	Member Details: First Name*
View Order History	Member Carlos Manage My Profile
Check Member's Eligibility	Date of Hide S For a
Access Your Optinet Registration	Do n and: Mem
Access Failed Cases	User Role User Information Account Information Notification Change Password
	User Role Health Plan Representative
	Health Plan Utilization Review Programs
	Enabled
	Health Plan(s):
	Manage My Groups
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Manage Your User Profile

Users can manage their profiles from the home page.

Click on **"Manage Your User Profile**".

First page displays User Role

From this screen, the user can update their user contact information, security questions, or change password.

Searching for order requests on the Carelon provider portal

Coemelon.				
come DEMO TRAINING Provider Manageme	ent Manage Your User Profile	Help Center		
	Search by: Member Ord	er ID		
Start Your Order Request Here	Member ID *	Date of Birth *	First Name *	Last Name *
Order Search		MM/DD/YYYY		
Check Order Status				
View Order History				
Check Member's Eligibility				Q
Check Claim Status				
Access Your Optinet Registration				

Searching for Orders:

Select the member's health plan (if not pre-populated or if different than the default)

Select the "**Order Type**". E.g., Genetic Testing

Search for the record by either Order ID or Member Information.

- Order ID + DOB
- Order ID + Member Name
- Member ID + DOB
- Member ID + Member Name

Select **"Find This Order**" to continue.

Viewing order requests on the Carelon provider portal

nola400 23				© Provider P
Order Reques	t Summary	Order ID: 1359773	363	Authorized
Health Plan: This order is not a guarantee of pa member's contract at the time of so	Start Date: 03/03/2023 syment except when required by applicable ervices provided.	Valid Date Range: 03/03/2	2023 - 05/31/2023	, benefit limitation and other terms of the
Member Information:	Orde	ering Provider:	Servicing Provi	der:

The Clinical Information displayed was obtained by Carelon Medical Benefits Management through the order entry process. The information is being displayed for the convenience of the user and has not been independently verified or clinically reviewed.

Please call 866-789-6254 for all Urgent Requests.

REQUESTED TESTS

TEST	REQUEST STATUS	REASON	ACTION
Foresight Cystic Fibrosis	Authorized	Criteria Met	Hide Details

Order Information

Order Information displayed included on the order/preauthorization:

- Request Status
- Valid Dates
- Requested tests shows a request status and reason for the test outcome
- When a denial occurs, the clinical rationale statement is included

Reference desk



The Reference Desk contains helpful information such as:

- Tutorials
- UM Mailbox with letters
- Carelon Clinical Guidelines

Reference desk



The Reference Desk contains helpful information such as:

- Tutorials
- UM Mailbox with letters
- Carelon Clinical Guidelines