



Adding Clinician

To Your Evernorth Behavioral Health Participating Clinic Provider Agreement



Thank you for your interest in adding a clinician to your Evernorth Behavioral Health, Inc. Clinic Participating Provider Agreement(s) ["Agreement(s)"]. **To continue with the credentialing process for your clinician, please complete, sign, and submit the items listed on the attached Application Checklist within 10 business days.** Please note that if we do not receive the completed packet within the 10 business days, the contracting process will be discontinued and you will have to reapply to join the network.

Once you complete these documents, we will be able to place your clinician in our referral and claims systems pending approval of the credentialing process. After this, we will be able to refer eligible participants to the clinician, and they can provide services to those individuals.

We may refer patients to the clinician before finalizing their credentialing. In these cases, even though they are not yet a participating Evernorth behavioral health provider, they are still agreeing to be reimbursed based on the rates attached as Exhibit A of the Agreement(s) and to comply with the any other terms and conditions of the Agreement(s), which you have signed.

Furthermore, please remember that you can't bill the individual for the difference between the rate listed in Exhibit A and the "usual and customary" rates that you're used to billing today. This will help your covered patients to save money on their out-of-pocket expenses.

Once the credentialing process is complete, and we've accepted your application, we will send you a copy of the finalized information. **You will receive this information back by email, with the signature and contract effective date filled out on this page.**

For more information about your partnership with Evernorth Behavioral Health, please visit the Behavioral Medical Management Program (MMP) at provider.evernorth.com > Resources > Behavioral Health Resources > [Behavioral Medical Management](#), which includes an Administrative and Provider Guide. These documents should help outline our guidelines that we hope you'll follow once you're a participating behavioral health provider.

If you have questions about this communication, please call Provider Services at 800.926.2273. Thank you for your interest in adding additional clinicians to your Agreement(s) with us.

Sincerely,

Network Operations
Evernorth Behavioral Health

Enclosures
SIGNATURE TO BE COMPLETED BY EVERNORTH:

EFFECTIVE DATE:



Application Process Checklist

For Behavioral Health Providers



Thanks for your application to the Evernorth Behavioral Health network. To help guide you through the process, we've provided a checklist below for things that should be completed **before** signing and submitting your online application back to us. Once you have met our credentialing guidelines, you will receive your executed contract packet from us by email letting you know it has been signed and filed.

Please make sure you have:



Completed the online CAQH Credentialing Application, which is available at <https://upd.caqh.org/oas/>. If you need assistance with this application, please contact CAQH at 888.599.1771. Your CAQH number is: 16154369

- Listed your status on the CAQH website as "Initial Application Complete" or "Reattestation"
- Granted Evernorth access to view your information

If you never registered with CAQH, you will receive a separate welcome packet from them, which will include information regarding the on-line credentialing application process.

Behavioral Health Provider: Joanna Brown

Signature:  A11DC21C2A2C414...

Date: 4/23/2024 | 1:05 AM EDT

Provider Self-Introduction

This form is designed to write your self-introduction that is available on our provider website, provider.evernorth.com. This form assists customers in their search to select a participating behavioral health provider.

Items to Include	Items to Avoid
Describe your office setting (e.g., handicapped accessible, private entrance, etc.).	Introduction should be for a specific health care professional, and not a group or clinic.
Share your practice style (e.g., goal-oriented, family therapy-based, etc.).	Resumes or Curriculum Vitae cannot be accepted as a provider self-introduction.
Include any unique office hours (e.g., weekends or late evenings).	Avoid clinical and professional jargon.
Give individuals an idea of what to expect at their initial visit.	Limit to a 300 word maximum.

Complete your self-introduction here:

My name is Joanna Katarzyna Brown, my specialty is Behavioral Analyst, and also certified by Board Certification Behavior Analyst. I am working at Able Kids Co since 03/04/2024.

In Process

Graduate School: Arizona State University

Year of Graduation: 2023

Upload a photo of yourself; which will be posted with your self-introduction:

Check Box to Upload a Photo

****Please Note:**

We retain the right to review and edit your self-introduction. Privileged specialties or populations will be removed from profiles when the health care provider has not attested to meeting criteria. Uploaded photos will be reviewed prior to being published on our website.

Behavioral Health Provider Survey Form

EVERNORTHSM[CLEAR FORM](#)***(Providing this information is optional)***

In the care management process, individuals often request that their health care providers have certain personal orientations or cultural backgrounds. Therefore, we would like to be able to refer participants to providers who meet the participants' orientation or cultural requests.

Please note that any information provided by you will be used only to meet the referral requests of the participants and will not be used to determine participation in the network.

We do not discriminate on the basis of any of this information.

Would you like to complete this optional survey?

Yes No

Name: _____		Phone Number: (____) _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____

1. Do you consider yourself to be: <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Cuban American <input type="checkbox"/> Mexican American <input type="checkbox"/> Puerto Rican American <input type="checkbox"/> Other Latina/Latino American <i>Specify:</i> _____ <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Island Descent <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Other - <i>Specify:</i> _____	
2. Are you willing to identify your sexual orientation to your patients? If yes, is your sexual orientation: <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to identify if you are a recovering alcoholic/addict to your patients? If yes, are you a recovering person? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you utilize a clinical philosophy that emphasizes your religious beliefs? Your religious beliefs: <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Other - <i>Specify:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a U.S. military veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you a Vietnam era veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have a physical disability? If yes, what type? <i>Specify:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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958071 Rev. 07/2021

Attention: Autism providers
BCBA-D, BCBA, BCaBA & Non-licensed/Non-certified autism care givers

Please note: The table below includes service descriptions and billing codes that should be used by the provider types listed above only. This table also includes the codes that Evernorth Behavioral Health uses for autism services, how the codes should be used, what provider type can provide the given service, and who can bill for the given service.

It is important to confirm a patient's Applied Behavior Analysis (ABA) eligibility and benefits before performing an assessment. For verification, call the Autism Care Coordinator Team at 877.279.7603, Monday – Friday, from 7:30 a.m. to 5 p.m. CT.

All of the ABA Current Procedural Terminology (CPT[®]) codes are in 15-minute increments.

CODE	HOW THE CODE SHOULD BE USED FOR EVERNORTH BEHAVIORAL HEALTH	WHO CAN PROVIDE THE SERVICE?	WHO CAN BILL FOR THE SERVICE?
97151	Behavior identification assessment , administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	BCBA-D [®] , BCBA [®] , or licensed mental health provider	BCBA-D [®] , BCBA [®] , or licensed mental health provider
0362T	Exposure behavioral follow-up assessment , includes physician or other qualified provider direction with the assistance of one or more technicians. 0362T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians.	BCBA-D, BCBA, or licensed mental health provider	BCBA-D, BCBA, or licensed mental health provider
97155	Adaptive behavior treatment with protocol modification , administered by physician or other qualified healthcare provider with one patient.	BCBA-D, BCBA, or licensed mental health provider	BCBA-D, BCBA, or licensed mental health provider
97156	Family adaptive behavior treatment guidance , administered by physician or other qualified healthcare provider (with or without the patient present).	BCBA-D, BCBA, or licensed mental health provider	BCBA-D, BCBA, or licensed mental health provider
97157	Multiple-family group adaptive behavior treatment guidance , administered by physician or other qualified healthcare provider (without the patient present).	BCBA-D, BCBA, or licensed mental health provider	BCBA-D, BCBA, or licensed mental health provider

0373T	Exposure adaptive behavior treatment with protocol modification , requiring two or more technicians for severe maladaptive behavior(s). 0373T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians.	BCBA-D, BCBA, or licensed mental health provider	BCBA-D, BCBA, or licensed mental health provider
97152	Observational behavioral follow-up assessment , includes physician or other qualified provider direction with interpretation and report, administered by one technician.	BCaBA, Technician	BCBA-D, BCBA, or licensed mental health provider
97153	Adaptive behavior treatment by protocol , administered by technician, face-to-face with one patient.	BCaBA, Technician	BCBA-D, BCBA, or licensed mental health provider
97154	Group adaptive behavior treatment by protocol , administered by technician, face-to-face with two or more patients.	BCaBA, Technician	BCBA-D, BCBA, or licensed mental health provider
97158	Adaptive behavior treatment social skills group , administered by physician or other qualified healthcare provider, face-to-face with multiple patients.	BCBA-D, BCBA, or licensed mental health provider	BCBA-D, BCBA, or licensed mental health provider

Certificate Of Completion

Envelope Id: DB3266A299F04AB09D1210FFDAB4C1A0	Status: Sent
Subject: CA 16154369 Joanna Brown Evernorth behavioral Contract BID	
Source Envelope:	
Document Pages: 6	Signatures: 1
Certificate Pages: 5	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Paige Dunlap
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	900 Cottage Grove Rd
	Bloomfield, CT 06002-2920
	Paige.Dunlap@evernorth.com
	IP Address: 13.110.78.8

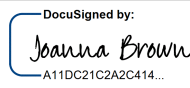
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Status: Original	Holder: Paige Dunlap	Location: DocuSign
4/22/2024 5:02:59 PM	Paige.Dunlap@evernorth.com	

Signer Events

Joanna Brown
 julia@amromed.com
 Speech Language Pathologist, Owner of Live Well
 Speech Therapy
 Jackie Lynn Larsen
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:

 A11DC21C2A2C414...
 Signature Adoption: Pre-selected Style
 Using IP Address: 23.81.206.160

Timestamp

Sent: 4/22/2024 5:03:03 PM
 Viewed: 4/23/2024 1:02:44 AM
 Signed: 4/23/2024 1:05:45 AM

Electronic Record and Signature Disclosure:
 Accepted: 4/23/2024 1:02:44 AM
 ID: 0ef39828-5e39-4b9b-9392-0e5bae709d4e

Steve Brissett Sent: 4/23/2024 1:05:47 AM

Signing Group: Steve Brissett
 Security Level: Email, Account Authentication
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In Person Signer Events **Signature** **Timestamp**

Editor Delivery Events **Status** **Timestamp**

Agent Delivery Events **Status** **Timestamp**

Intermediary Delivery Events **Status** **Timestamp**

Certified Delivery Events **Status** **Timestamp**

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Paige Dunlap
 paige.dunlap@evernorth.com
 Security Level: Email, Account Authentication
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Electronic Record and Signature Disclosure:
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Witness Events **Signature** **Timestamp**

Notary Events **Signature** **Timestamp**

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/22/2024 5:03:03 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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