EDI Resource Document–E-Support Services for ProviderConnect and Electronic Claims

Beacon Health Options, Inc. (Beacon) is committed to helping providers manage administrative functions more effectively and efficiently, and encourages users to take advantage of Beacon's online provider services. Our ProviderConnect portal allows network providers the ability to complete all routine transactions electronically, including:

- Submission of claims and authorization requests

- Verification of member eligibility and benefits

- Credentialing and demographic updates

- Status checks for claim and authorization

Note: Resources for ProviderConnect referenced in this document are conveniently located on the ProviderConnect page of our website: https://www.beaconhealthoptions.com/providers/beacon/providerconnect/.

Registering for ProviderConnect

- Registration for ProviderConnect is required. If online registration is not possible, please use the Online Services Account Request Form.

- To authorize an external entity such as a billing agent or clearinghouse to submit claims on your behalf, complete the Online Provider Services Intermediary Authorization Form.

Note: In order to submit claims electronically, Beacon must have record of a signed claims agreement, which is available upon ProviderConnect registration. If this option is not possible, submit the Online Services Account Request Form to request access.

Online Claim Advantages

- Claims filed electronically reduce handling costs (forms, purchase, labor, postage, etc.) associated with paper claim filing.

- Claims files that pass format validation are transferred to our claims processing systems the next business day, eliminating the need for manual handling and data entry of claims. This process reduces the amount of time it takes to receive payment for your claims.

Electronic Claims Submission

Beacon encourages providers to submit claims electronically via a direct, secure website.

Determine your Submitter Type:

Direct Claims Submitter: This option gives the user the ability to submit single outpatient claims online. This is a value-added benefit for low-volume submitters. Once provider and member information is entered and validated, the user will be prompted to provide the remainder of the information required to complete the claim. The results page will contain real-time adjudication information.

Note: Direct Claim Submission is not available for inpatient claims

Batch Claims Submitter: Best for large volume claims submitters. Can be utilized for Institutional and Professional claims.

Claim Types for Batch Submissions

Beacon accepts the following HIPPA-compliant claim types for electronic claims submission:

- 837 Professional (CMS 1500)
- 837 Institutional (UB04)

Note: Only invoices billed electronically using the HIPAA Standard Transaction (X12) will be accepted. Batch Claim submitters should use the HIPAA 837 (Professional and Institutional) Implementation Guides, these guides can be purchased from The Washington Publishing Company, http://www.wpc-edi.com/. Batch submitters must also adhere to the Beacon Companion Guide. Additional information is located under Compliance on the ProviderConnect page.

If using the Beacon EDI Claims link for Windows® (ECLW) software, the file will generate in a compliant format.

File Submission Requirements

You may use either Beacon's ECLW software or any third party software that creates a HIPAA-compliant 837 file.

Regardless of what software you will use to create HIPAA-compliant claim files, it is recommended that you submit a test file prior to sending production claims data to help ensure that the files are in the correct format. This test submission will be run through our file format validation program to verify your submission against the format specifications. We strongly suggest that you limit your test and first production files to just a few claims, in the event that you have entered inaccurate data that does not pass the validation process.

Submitting a Production File

For each file you submit, you will receive two email messages: one to confirm submission and another to notify if the file passed or failed compliance. If your file failed validation, the notification will provide the explanation(s) for the failure. The EDI Helpdesk is available to explain the error message if you need assistance.

Note: The file format validation process only checks the format of the file. This process does not verify accuracy of claims data and does not guarantee that the claim will be paid. Normal claims payment rules apply.

File Submission Checklist

In order to begin submitting a file, you must know:

- ProviderConnect user ID and password
- Total number of claims
- Total dollar amount billed in each file

The information you enter at prompts during the upload process must match the information on the actual file in order for the upload to be successful. If one claim within the file contains data that prevents the file from passing our format validation process, the entire file may be rejected.

Methods for File Submission

Beacon allows three options to electronically submit claim files:

- Batch upload through ProviderConnect
- Batch upload through FileConnect
- Batch upload via SFTP

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Beacon Electronic Submission Policies

1. Beacon will only accept files for processing that meet the file format specifications as outlined in the HIPAA 837 Implementation Guide. The Beacon 837 Companion Guide supplements, but does not replace or contradict any requirements in, the Implementation Guide.

2. All requirements as outlined in the companion guide must be met.

3. An authorized representative of the provider, their agents or assignees may request documentation to ensure that all requirements are met.

4. Any applicable local, state, and/or federal regulatory agents may request actual information used to bill claims electronically. All information thus obtained will be held in confidence according to applicable local, state, and/or federal laws and regulations.

5. The provider for whom claims are submitted is ultimately responsible for the accuracy and validity of all such claims submitted for payment consideration. Any provider utilizing the services of a third-party entity to report claim information must be in compliance with all local, state, and/or federal policies and regulations. Both the provider and the third-party entity are required to maintain a record of all services submitted to Beacon for payment consideration

6. Any client/patient information collected by and held within the billing/accounting system of a provider or third-party entity must conform to all applicable local, state and federal confidentiality laws, policies and regulations.

7. Beacon retains the right to return, reject or disallow any claim, group of claims or claims files received via the Beacon system pending that claim, group of claims or claims files correction in compliance with the file format requirements as stated in the documents cited in Item 1 above.

8. A provider may utilize only one third-party entity per type of invoice for any period of time. Billing electronically through multiple billing agencies, clearinghouses or other third-party entities for the same invoice type is not permitted. EDI Helpdesk must be notified if a provider changes billing entities.

9. Billing agents, clearinghouses or other third-party entities are required to ensure that an Intermediary Authorization Form is on file for each provider contained in any files submitted by said agent.

Claim Status Inquiry

Users have the ability to look up the status of their claims via ProviderConnect. The user can search for a member's claims using the member number, member date of birth, and claim date of service. The user can also search for all claims submitted for all their members based on the date of service.

Eligibility Inquiry

Users have the ability to check the eligibility status of a member who comes to them for care. The eligibility shown is a current snapshot and will not reflect the member's past or future eligibility status. You must still follow the normal business procedures for authorizing, registering, and/or notifying of care. Active eligibility in our system does not guarantee authorization or payment of services.

Contact Us

If you have a technical question about ProviderConnect or electronic claim submission, contact the EDI Helpdesk:

Phone: 888-247-9311, Monday-Friday, 8 a.m.-6 p.m. ET
Fax 866-698-6032
Email: e-supportservices@beaconhealthoptions.com