



An Overview of ProviderConnectSM

Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

Agenda



1 Services and Benefits

2 Projects and Initiatives

3 Accessing Our Provider Portal

4 Member Eligibility and Benefits

5 Authorizations

6 Claims

7 Provider Summary Vouchers

8 Credentialing

9 Demographic Updates

10 Additional Training Options

Chapter

01

“We help people live
their lives to the
fullest potential.”

Our Commitment

Services and Benefits

beacon
health options

Services

• Verify member benefits and eligibility	• View and print forms
• Request and view authorizations	• Download and print authorization letters
• Submit claims and view status	• Access Provider Summary Vouchers (PSV)
• Request payment for EAP services	• Submit EAP case activity forms (CAF)
• Submit updates to provider demographic information	• Submit credentialing applications
• Submit customer service inquiries	• Access ProviderConnect message center

Disclaimer: Please note that ProviderConnect may look different and have different functionalities based on individual contract needs, therefore some functions may not be available or may look different for your specific contract.

Benefits

	Free and secure online application, available 24/7		Decreases labor expenses, paper files, and postage
	Reduces the need to call for routine information		Efficient processing allows for quicker payment
	Integrates with practice management software		Less risk of human error or mishandling
	Mobile device friendly		Mac and Windows compatible

INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES

Chapter

02

Projects and Initiatives

“We help people live
their lives to the
fullest potential.”

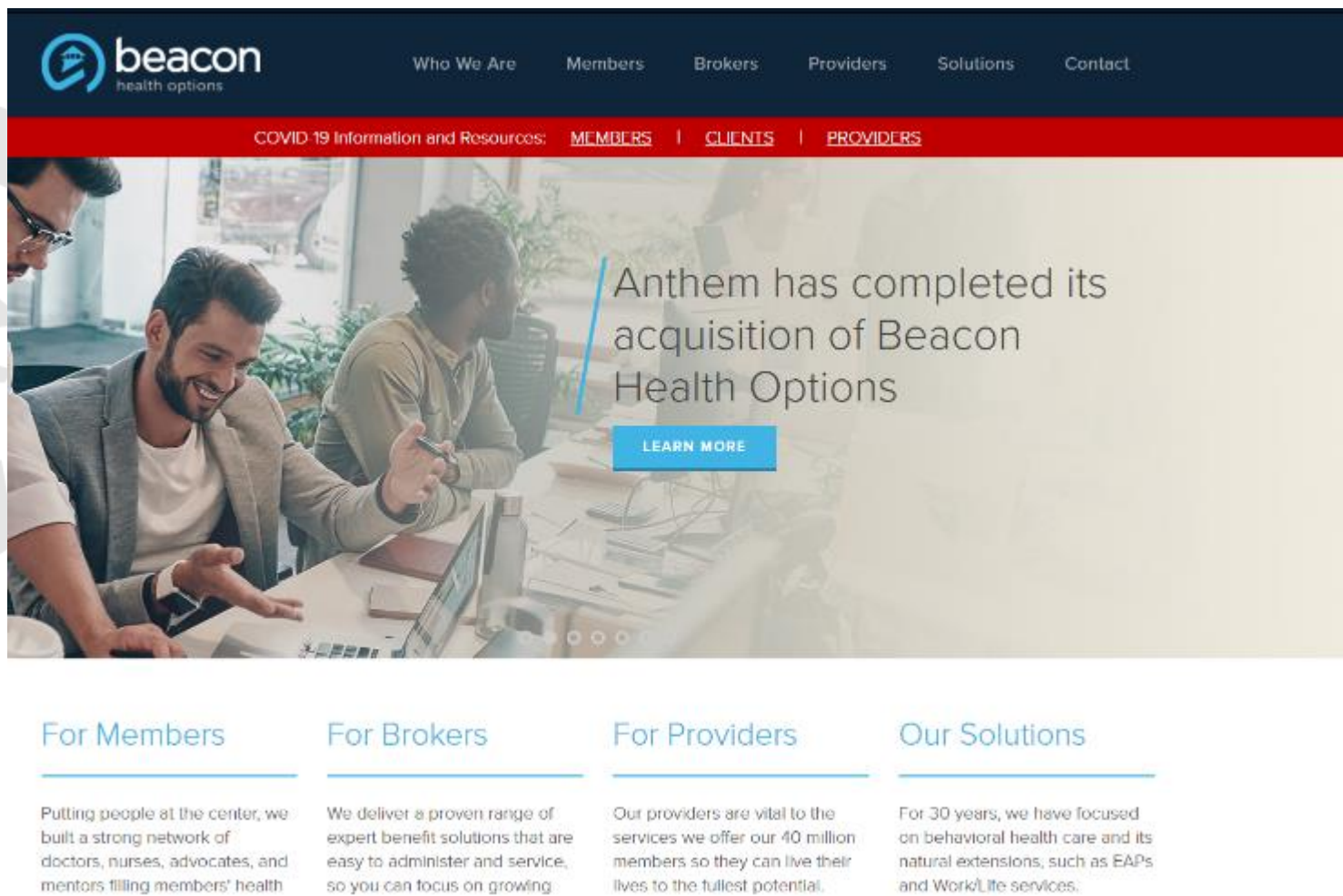
Our Commitment



Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

Covid-19 Information and Resources



The screenshot displays the Beacon Health Options website. The top navigation bar includes links for 'Who We Are', 'Members', 'Brokers', 'Providers', 'Solutions', and 'Contact'. A red banner below the navigation bar reads 'COVID-19 Information and Resources: MEMBERS | CLIENTS | PROVIDERS'. The main content area features a large image of three people in an office setting, with the text 'Anthem has completed its acquisition of Beacon Health Options' and a 'LEARN MORE' button. Below this, there are four columns of information:

For Members	For Brokers	For Providers	Our Solutions
Putting people at the center, we built a strong network of doctors, nurses, advocates, and mentors filling members' health	We deliver a proven range of expert benefit solutions that are easy to administer and service, so you can focus on growing	Our providers are vital to the services we offer our 40 million members so they can live their lives to the fullest potential.	For 30 years, we have focused on behavioral health care and its natural extensions, such as EAPs and Work/Life services.

Telehealth Information and Resources

- For Telehealth services, ensure to bill regular rate codes, procedure codes and modifiers in addition to adding a Telehealth modifier.
- Use GT or 95 modifier to indicate Telehealth services.
- You may also need to use the CR modifier depending on the service and new minimum standards for billing ACT/PRO's/CDT/PHP
- When billing UBO4 (or electronic equivalent of 837i) use Type of Bill as usual
- When billing CMS1500 (or electronic equivalent of 837P) use POS – 02 for telehealth services. Please be sure this is always a 2-digit code.

Claims Process Improvement (CPI) Project

- Mailroom Project: Transition to a centralized shared-service process to improve paper claims intake - **COMPLETE**
 - Many mailing addresses changed
 - Incomplete or incorrect claims rejected
- EDI/Data Exchange: Implement a single gateway for front-end claims intake for all Beacon submitters to improve intake and processing of electronically submitted claims - **IN PROGRESS**
 - New companion guides being released for 837 and 277CA files
- Payment Integrity and Claims Analysis: Analyze claims to identify payment errors - **ONGOING**
 - Requests to verify submissions and payment accuracy
 - Claim adjustments will occur if overpayment is identified

E-Commerce

- Providers in the Beacon Health Options network are expected to electronically conduct all routine transactions, including:
 - Submission of claims
 - Submission of authorization requests
 - Verification of eligibility inquiries
 - Submission of credentialing applications
 - Updating of provider information
 - Electronic fund transfer through Payspan®

Payspan Required for EFT

- Providers must use Payspan EFT for electronic fund transfer
- Benefits:
 - Receive payments automatically to bank account of choice
 - Email notifications immediately upon payment
 - View remittance advices online and download an 835 file to use for auto-posting purposes.



Beacon Health Options, Inc.
PO Box 1347
Latham, NY 12110
(800) 343-8114

1 of 3

Date: mm/dd/yyyy
Reference #: 0012345678
Check Amount: \$xx.00

Provider Name
Address
City, State Zip

Enjoy Faster Payment with Electronic Deposit! Contact Beacon's automated clearinghouse, PaySpan, at (877) 331-7154 or visit www.payspanhealth.com. Please use the Registration Code and PIN provided below for PaySpan account setup.

Registration Code: **A1234567Z**
PIN: **B7654321**

Accessing Provider Summary Vouchers (PSV). Whether you select electronic payment or paper checks, Beacon no longer mails paper PSVs. The PSVs can be accessed online at www.valueoptions.com/pclogin or via PSV faxback service by calling (866) 409-5958. If utilizing the PSV faxback service, have ready the check date, the reference number and the check amount which can be located in the top right hand corner of this check stub.

Beacon Health Options, Inc.
240 Corporate Blvd.
Norfolk, VA 23502

Profile: A13

CHECK NO.: 0012345678
ISSUE DATE: mm/dd/yyyy

Pay**xx And 00/100 Dollars**

AMOUNT
\$xx.00

Registering

- Two registration options:
 - Click the Payspan link in [ProviderConnect](#)
 - Visit [PayspanHealth.com](https://www.payspanhealth.com) or call 877-331-7154
- Have registration code and PIN from the payment stub of a paper check handy
 - Note: EFT is location specific, so if you update or add an address, you will have to contact Payspan to add it to your file
- Until successful registration with Payspan is complete, physical checks will continue be generated



Beacon Health Options, Inc.
PO Box 1347
Lafayette, NY 12110
(800) 543-8114

1 of 3

Date: mm/dd/yyyy
Reference #: 0012345678
Check Amount: \$xx.00

Provider Name
Address
City, State Zip

Enjoy Faster Payment with Electronic Deposit! Contact Beacon's automated clearinghouse, PaySpan, at (877) 331-7154 or visit www.payspanhealth.com. Please use the Registration Code and PIN provided below for **PaySpan** account setup.

Registration Code: **A1234567Z**
PIN: **B7654321**

Accessing Provider Summary Vouchers (PSV). Whether you select electronic payment or paper checks, Beacon no longer mails paper PSVs. The PSVs can be accessed online at www.valueoptions.com/pclogin or via PSV faxback service by calling (866) 409-5958. If utilizing the PSV faxback service, have ready the check date, the reference number and the check amount which can be located in the top right hand corner of this check stub.

Beacon Health Options, Inc.
240 Corporate Blvd.
Norfolk, VA 23502

Profile: A13

CHECK NO.: 0012345678
ISSUE DATE: mm/dd/yyyy

Pay***xx And 00/100 Dollars**

AMOUNT
\$xx.00

Chapter

03

Accessing our Provider Portal

“We help people live
their lives to the
fullest potential.”

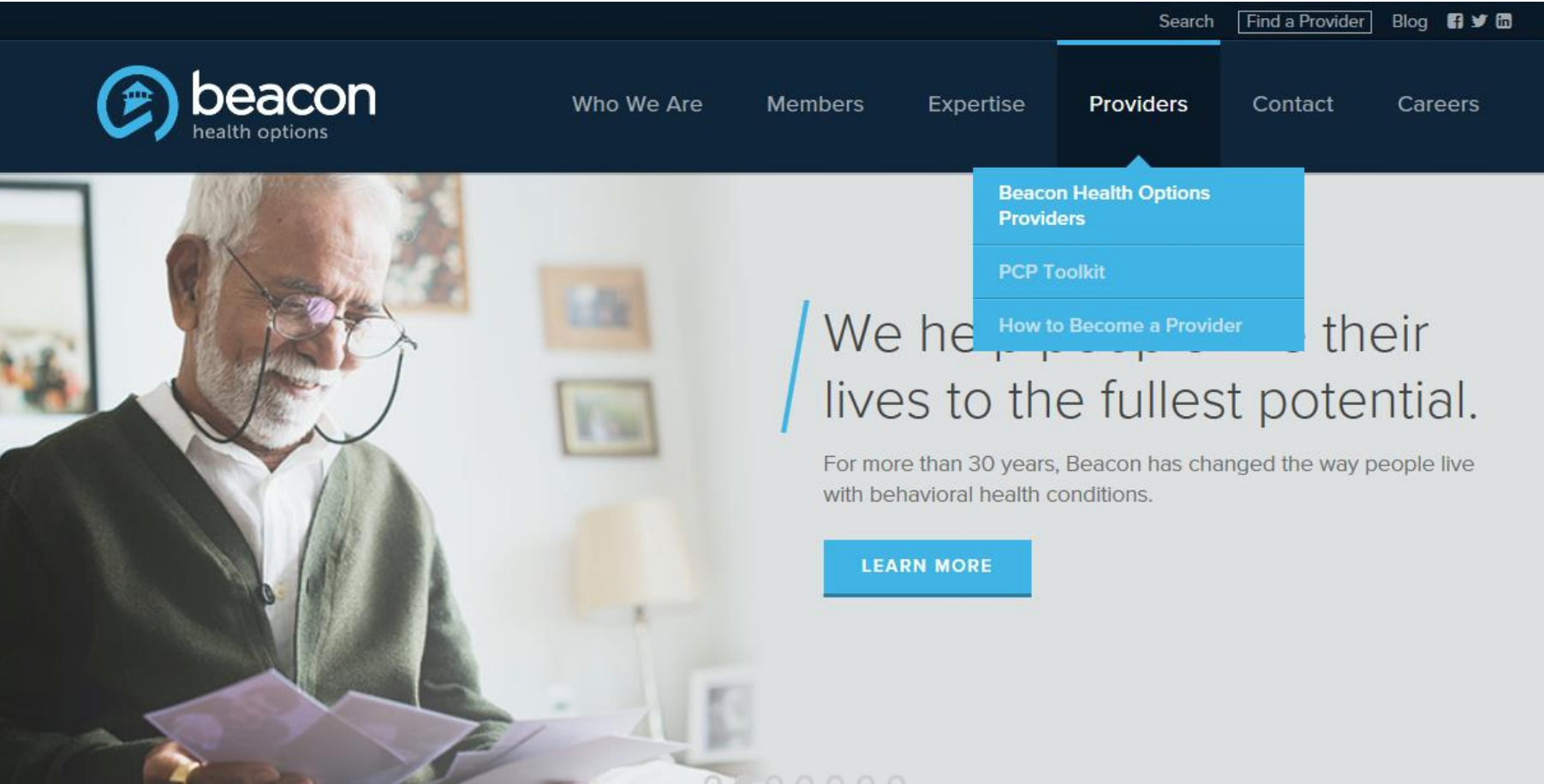
Our Commitment



Copyright 2020, Beacon Health Options

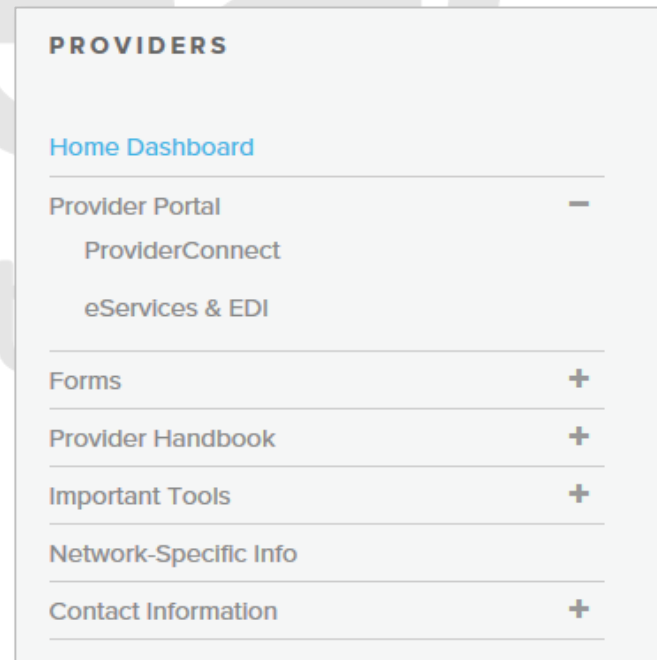
No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

How to Access our Provider Portal



How to Access our Provider Portal

- Go to www.BeaconHealthOptions.com, choose “Providers” and “Beacon Health Options Providers”
- Click on “Provider Portal” on the right side of the screen and choose the appropriate portal.




How to Access our Provider Portal

HOME / PROVIDERS / BEACON HEALTH OPTIONS


Provider Dashboard

Select from the options below:




Health plan, contract, and program information

NETWORK-SPECIFIC INFO




Appendices, clinical criteria, and treatment guidelines

PROVIDER HANDBOOK



Login to the Provider Portal

PROVIDER PORTAL



Clinical, administrative, and EAP forms

LEARN MORE

PROVIDERS

Home Dashboard

Provider Portal +


Forms +

Provider Handbook +

Important Tools +

Network-Specific Info

Contact Information +

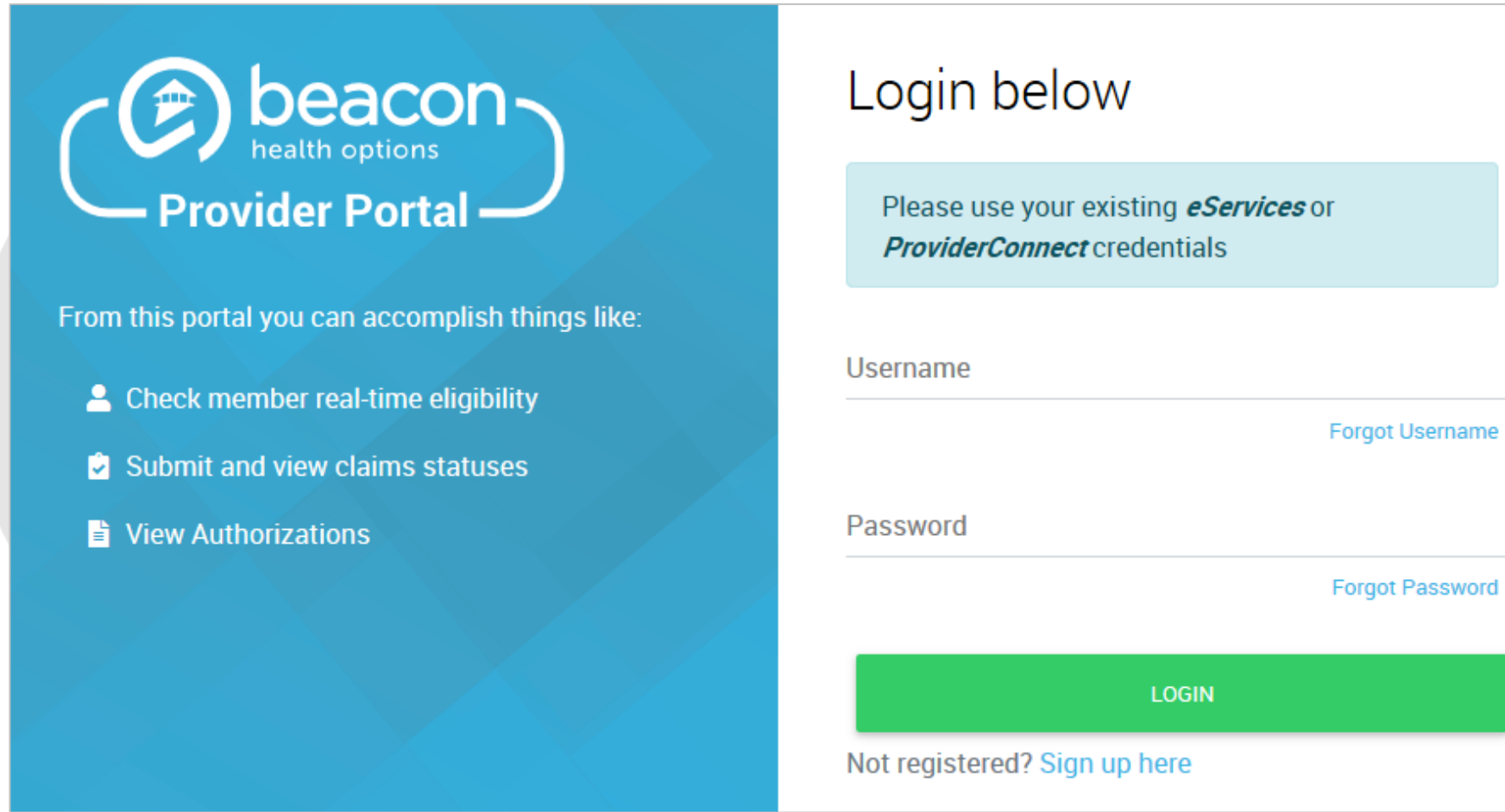


Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

16

Logging into ProviderConnect



The image shows a login page for the Beacon Health Options Provider Portal. The left side has a blue background with the Beacon Health Options logo and a list of features. The right side is white and contains the login form.

beacon
health options
Provider Portal

From this portal you can accomplish things like:

- Check member real-time eligibility
- Submit and view claims statuses
- View Authorizations

Login below

Please use your existing **eServices** or **ProviderConnect** credentials

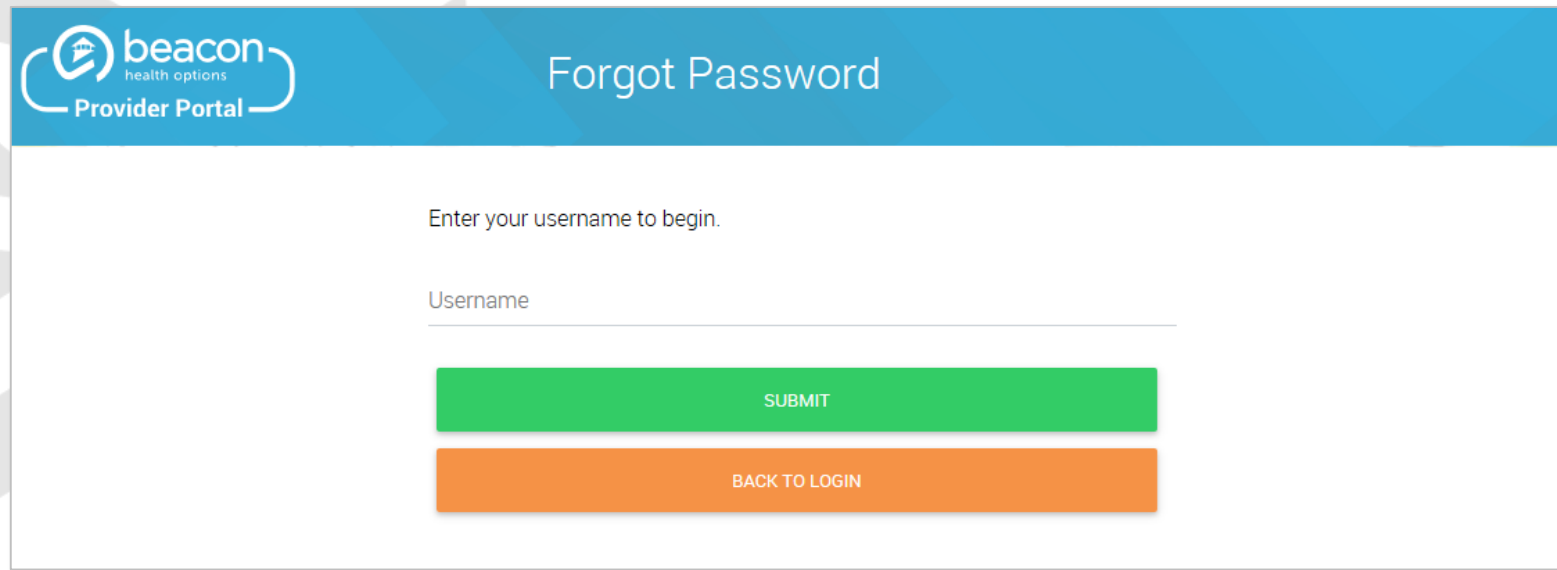
Username [Forgot Username](#)

Password [Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)

Forgot Your Password?



The screenshot shows a web interface for the Beacon Health Options Provider Portal. The top header is blue and contains the Beacon Health Options logo on the left and the text 'Forgot Password' on the right. Below the header, the main content area is white. It starts with the instruction 'Enter your username to begin.' followed by a text input field labeled 'Username'. Below the input field are two buttons: a green 'SUBMIT' button and an orange 'BACK TO LOGIN' button.

beacon health options
Provider Portal

Forgot Password

Enter your username to begin.

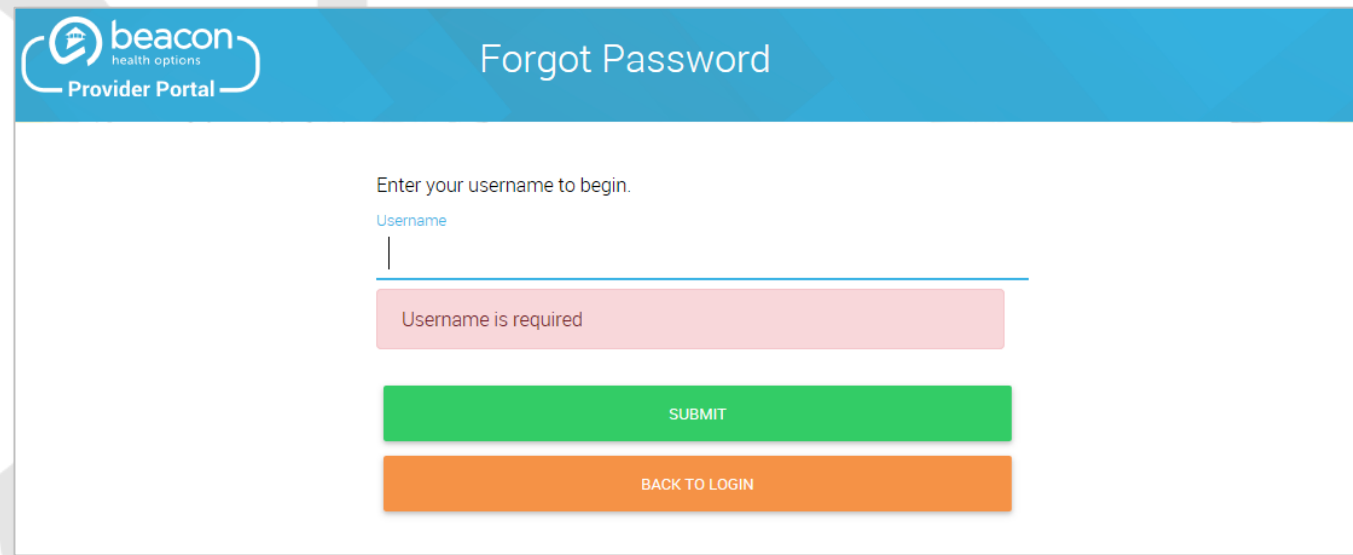
Username

SUBMIT

BACK TO LOGIN


User ID

- User ID is required



The screenshot displays the 'Forgot Password' interface of the Beacon Health Options Provider Portal. The header is blue with the Beacon logo and 'Provider Portal' text. The main content area is white and contains the instruction 'Enter your username to begin.' followed by a 'Username' label and an input field. A red error message 'Username is required' is shown below the input field. At the bottom, there are two buttons: a green 'SUBMIT' button and an orange 'BACK TO LOGIN' button.

Option 1: Answer Secret Question



beacon
health options
Provider Portal

Forgot Password

Here is the secret question that you submitted when you registered.

name of your first animal

Please enter the answer to this question and your new password in the fields below.

Answer*

New Password*

One uppercase letter

One lowercase letter

One number

One special character

8-20 characters long


Passwords must match

Confirm New Password*

SUBMIT

BACK TO LOGIN

Password Changed



beacon
health options

Provider Portal

From this portal you can accomplish things like:

- Check member real-time eligibility
- Submit and view claims statuses
- View Authorizations

Login below

Please use your existing **eServices** or **ProviderConnect** credentials

Password Reset Successfully

Continue below with your username and new password.

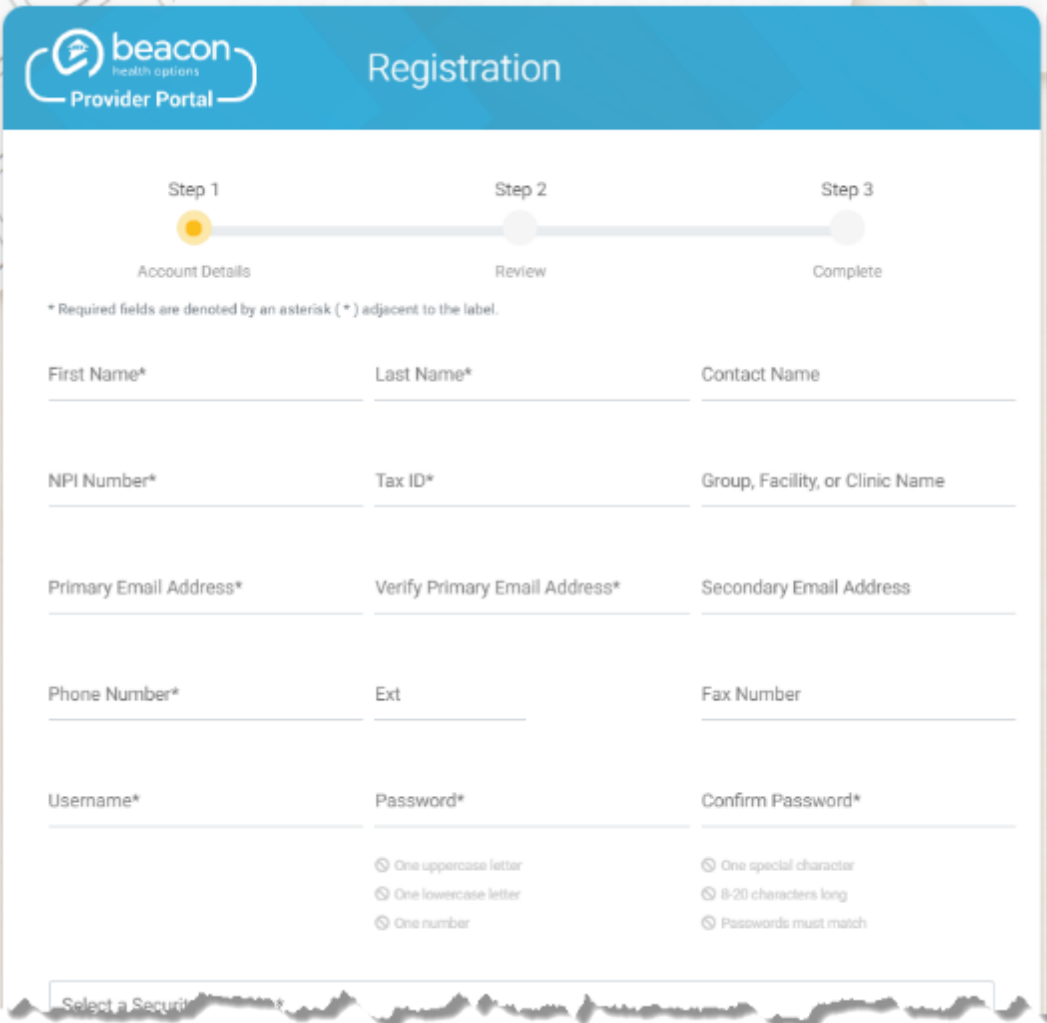
Username [Forgot Username](#)

Password [Forgot Password](#)

LOGIN

New User?

- Register online



The image shows a screenshot of the Beacon Health Options Provider Portal Registration form. The form is titled "Registration" and is part of the "Provider Portal". It features a progress bar with three steps: Step 1 (Account Details), Step 2 (Review), and Step 3 (Complete). Step 1 is currently active, indicated by a yellow dot. The form contains several input fields for registration details, including First Name, Last Name, Contact Name, NPI Number, Tax ID, Group, Facility, or Clinic Name, Primary Email Address, Verify Primary Email Address, Secondary Email Address, Phone Number, Ext, Fax Number, Username, Password, and Confirm Password. A note indicates that required fields are denoted by an asterisk (*). At the bottom, there is a section for selecting a security question.

beacon health options
Provider Portal

Registration

Step 1 Step 2 Step 3
Account Details Review Complete

* Required fields are denoted by an asterisk (*) adjacent to the label.

First Name* Last Name* Contact Name

NPI Number* Tax ID* Group, Facility, or Clinic Name

Primary Email Address* Verify Primary Email Address* Secondary Email Address

Phone Number* Ext Fax Number

Username* Password* Confirm Password*

One uppercase letter
One lowercase letter
One number

One special character
8-20 characters long
Passwords must match

Select a Security Question*




Alternate Registration Option

If unable to register online, there are form options available:

- Multiple users at the same practice
- Establishing Super User access
- Setting up network-specific accounts

Forms

Providers must obtain a User ID before using Online Services. To accomplish this, the following forms must be completed.

- > [Online Services Account Request \(Editable Version\)](#) 
This form authorizes Beacon Health Options (Beacon) to receive and process claims electronically and certifies that claims will comply with all laws, rules and regulations governing your contract with Beacon. Providers who wish to have inquiry-only access to our system for the purpose of conducting eligibility inquiries and claim status inquiries must also submit this form.
- > [Account Request Form for Access to Multiple Providers \(Editable Version\)](#) 
This form allows the user access to multiple Beacon's provider identification numbers under one login once the users have completed online registration or the Online Services Account Request Form.
- > [Online Services Intermediary Authorization \(Editable Version\)](#) 
This form authorizes an external entity such as a billing agent or clearinghouse to submit claims on the provider's behalf. This form must be completed only if the provider utilizes the services of a billing agency, clearinghouse or other third party.

Resources

HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDERCONNECT

ProviderConnect

Log on or register for our provider portal to take advantage of our online services:


- > [Provider Portal](#)
- > [Military OneSource ProviderConnect](#)
- > [Horizon BCBSNJ ProviderConnect](#)

ProviderConnect makes routine tasks such as processing claims, obtaining claims information, and verifying eligibility status easy and convenient.

Access the [ProviderConnect Demo](#).

Guides

Please click on the links below to access the specific guides. Note: you will need [Adobe® Flash Player](#) and [Adobe® Reader](#). If you do not have access to this software, you may download and install these applications on your computer.

The [ProviderConnect User Guide](#)  outlines the steps to using the various functions within ProviderConnect. Providers are encouraged to carefully review the ProviderConnect User Guide to help answer any questions on how to use the ProviderConnect application.

PROVIDERS

Home Dashboard

Provider Portal

ProviderConnect

eServices & EDI

Forms

Provider Handbook

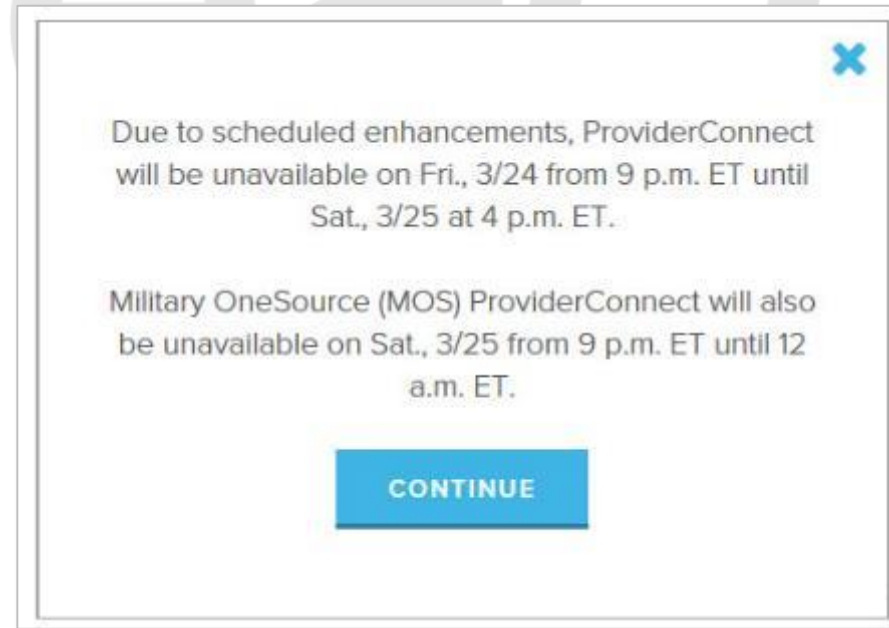
Important Tools

Network-Specific Info

Contact Information

System Downtime

- Beacon works daily to make enhancements to improve processes for our providers
- Provider are notified of system downtime through website popup messages or other provider communications



Chapter

04

“We help people live
their lives to the
fullest potential.”

Our Commitment

Member Eligibility and Benefits



Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

Find a Specific Member

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
 - [Weekly ABA Measures](#)
- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Openings](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)

INBOX SENT

Member Eligibility

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="08112005"/>	(MMDDYYYY)
<input type="button" value="Search"/>		

Member Demographics



PROVIDERCONNECT
BEACON HEALTH OPTIONS

Home

Specific Member Search

Register Member

Authorization Listing

Enter an Authorization Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter EAP CAF

Manage Users

Enter an Individual Plan

Enter Case Management Referral

Enter a Referral

Review Referrals

EDI Homepage

ValueOptions Home

Provider Home

Contact Us

Log Out

Demographics

Enrollment History

COB

Benefits

Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member

Member ID

987654321

Alternate ID

Member Name

ASLAN, SUSAN

Date of Birth

12/02/1979

Address

5 WARDROBE WAY
NARNIA, VA 12345

Alternate Address

Marital Status

-

Home Phone

703 123-4567 X 12345678

Work Phone

Relationship

1 - Self

Gender

F - Female

Eligibility

Effective Date

12/31/2003

Expiration Date

01/15/2009

COB Effective Date

[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID

111111111

Subscriber Name

ROBERTS, JAMES

Additional Information

CSP Type

AD04 - GMH/ARIZONA ONLY

Primary Agency

123456 - DEMO SERVICES

Effective Date

03/01/2007

Expiration Date

Clinical Liaison


123456 - JANE DOE BHT



Copyright 2020, Beacon Health Options
No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

29

Member Enrollment History



PROVIDERCONNECT
BEACON HEALTH OPTIONS

Home

Specific Member Search

Register Member

Authorization Listing

Enter an Authorization Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter SAR Case

ValueOptions Home

Provider Home

Contact Us

Log Out

Demographics

Enrollment History

COB

Benefits

Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member Detail

Subscriber ID	Member ID	Member Name	Group #	Group Name	Account #	Fund	Effective Date	Expiration Date	Date Changed
111111111	123456	ASLAN, SUSAN	00001	Braided Funding Group	GRP1	80BB	11/05/2007	11/05/2008	11/20/2007
222222222	123456	ASLAN, SUSAN	00002	Braided Funding Group	GRP2	80CC	12/06/2007	12/25/2008	12/19/2007

View Member Auths

View Member Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth Request

Enter Claim

Send Inquiry

Enter POMS Data

Member Benefits

Demographics

Enrollment History

COB

Benefits

Additional Information

Member eligibility does not guarantee payment. Benefits are as of today's date.
This is a summary of the member's benefits. For additional information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.

Member Detail

Client ID:

GHI

Client Name:

GHI/BMP

Benefit Package(s):

G045

Please click the Benefits link below to launch the Self-Service Portal (SSP) where Member benefits can be viewed.

Benefits

View Member Auths

View Member Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth/Notification Request

Send Inquiry

Member Benefits

Search Benefits

Benefit Name:

Enter benefit name.

☐ 23 Hour Observation Bed

☐ 72 Hour Observation Bed

☐ Ambulance

☐ Applied Behavioral Analysis (ABA)

Check all | Uncheck all | Invert select

Benefits as of: ?

09/30/2016

Search

Benefit Details

Note: Only members enrolled in CarePlus may be eligible for ABA. If eligible, your benefit is administered by CarePlus/UHC. Please call (877) 261-3340 for ABA benefit, eligibility and claims questions.

Show All | Hide All

+ Ambulance

Covered

+ Applied Behavioral Analysis (ABA)

Covered

+ Biofeedback

Covered

+ Consultation on Medical Floor

Covered

+ Crisis Intervention


Covered

+ Crisis Psychotherapy

Covered

+ Detoxification

Covered

 beacon

Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

32

Member Reminder

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message



Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)
- ▶ [Enter Member Assessment](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)
- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Openings](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)

Chapter

05

“We help people live
their lives to the
fullest potential.”

Our Commitment

Authorizations

beacon
health options

Enter an Authorization Request

The screenshot displays the Beacon Health Options ProviderConnect web application. The top navigation bar includes the logo, a 'Switch Account' dropdown set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. The left sidebar lists various functions, with 'Enter an Authorization Request' highlighted by a red box and a red arrow. The main content area features a welcome message for 'PETER TUMNUS', a message center notification for 8 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section contains several categorized links, with 'Enter an Authorization Request' under the 'Enter or Review Authorization Requests' category also highlighted by a red box and a red arrow.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking

Welcome **PETER TUMNUS** . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request**
 - Enter an Individual Plan
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Enter a Treatment Plan
 - Review an Authorization
- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals

INBOX SENT

Disclaimer

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS


ProviderConnect Home

Disclaimer

Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive a screen noting the pending or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.

Next

Search a Member

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

[Home](#)
[Specific Member Search](#)
Register Member
[Authorization Listing](#)
[Enter an Authorization Request](#)
[Enter a Treatment Plan](#)
[View Clinical Drafts](#)
[Enter a Special Program Application](#)
[Complete Provider Forms](#)
[Enter a Comprehensive Service Plan](#)
[Claim Listing and Submission](#)
[Enter EAP CAF](#)

[Manage Users](#)

ValueOptions Home Provider Home Contact Us Log Out


Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="08112005"/>	(MMDDYYYY)

Member Information

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

ProviderConnect Home

Demographics | Enrollment History | COB | Benefits | Additional Information


Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	03/01/2004
Alternate ID	11111111	Expiration Date	
Member Name	ASLAN,SUSAN	COB Effective Date	
Date of Birth	12/02/1979		
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1 - Self		
Gender	M - Male		

Next

Notify of Admission

Service Address

**PROVIDERCONNECT**
BEACON HEALTH OPTIONS

ProviderConnect Home

Provider

Provider ID
TUMNUS - 123456

Provider Last Name
TUMNUS

Provider First Name
PETER

Select Service Address


	Provider		Vendor	
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
		First Name		Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input checked="" type="radio"/>	123456	PETER TUMNUS	00003	XYZ ABC
	TAX00001	14 BEAVER TRAIL NARNIA, VA 12345 -		14 BEAVER TRAIL NARNIA, VA 12345 -

[712345](#)

Back

Next

Requested Services Header

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

ProviderConnect Home

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

***Requested Start Date** (MMDDYYYY)
10012015

***Level of Service**
OUTPATIENT

***Type of Service**
MENTAL HEALTH

***Level of Care**
OUTPATIENT

***Type of Care**
BEHAVIORAL

Provider

Tax ID
0000001

Provider ID
123456

Provider Last Name
TUMNUS

Vendor ID
A00003

Provider Alternate ID
[712345](#)

Member

Member ID
987654321

Last Name
ASLAN

First Name
SUSAN

Date of Birth (MMDDYYYY)
120219791

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

***Document Type:**

Does this Document contain clinical information about the Member?

Yes ☐ No ☐

***Document Description**

SELECT...

UploadFile

Click to attach a document

Delete

Click to delete an attached document

Attached Document:

Back

Next

Review an Authorization

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages


WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▶ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - **[Review an Authorization](#)**
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)

INBOX SENT

- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)

Search Authorizations



PROVIDERCONNECT
BEACON HEALTH OPTIONS

Home

Specific Member Search

Register Member

Authorization Listing

Enter an Authorization Request

Enter a Treatment Plan

View Clinical Drafts

Enter a Special Program Application

Complete Provider Forms

Enter a Comprehensive Service Plan

Claim Listing and Submission

Enter EAP CAF

Manage Users

Enter an Individual Plan

Enter a Referral

Review Referrals

Enter Bed Tracking Information

EDI Homepage

Enter Member Reminders

On Track Outcomes

Reports

Print Spectrum Release of Information Form

ValueOptions Home

Provider Home

Contact Us

Log Out

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

123456

▼

Vendor ID

Member ID

Authorization #

-


-

(No spaces or dashes)

Client Authorization #


Effective Date

09162009

 (MMDDYYYY)


Expiration Date

09162009


 (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From

 (MMDDYYYY)

Activity Date To

 (MMDDYYYY)

Delimiter Type ?


☒ Comma ','

☐ Pipe '|'

View All

Search

Download


 beacon

Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

42

Authorization Search Results

**PROVIDERCONNECT**
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log Out

[Home](#)
[Specific Member Search](#)
[Register Member](#)
[Authorization Listing](#)
[Enter an Authorization Request](#)
[Enter a Treatment Plan](#)
[View Clinical Drafts](#)
[Enter a Special Program Application](#)
[Complete Provider Forms](#)
[Enter a Comprehensive Service Plan](#)
[Claim Listing and Submission](#)
[Enter EAP CAF](#)

[Manage Users](#)
[Enter an Individual Plan](#)
[Enter Case Management Referral](#)
[Enter a Referral](#)






[Review Referrals](#)
[Enter Bed Tracking](#)

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
01-123101-1-2	987654321	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		712345		Outpatient
04-111108-1-4	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		CST
01-011410-48-43	987654321	12/02/1979	12345	A00001	MENTAL HEALTH
	ASLAN, SUSAN		712345		Outpatient

Chapter

06

Claims

“We help people live
their lives to the
fullest potential.”

Our Commitment



Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

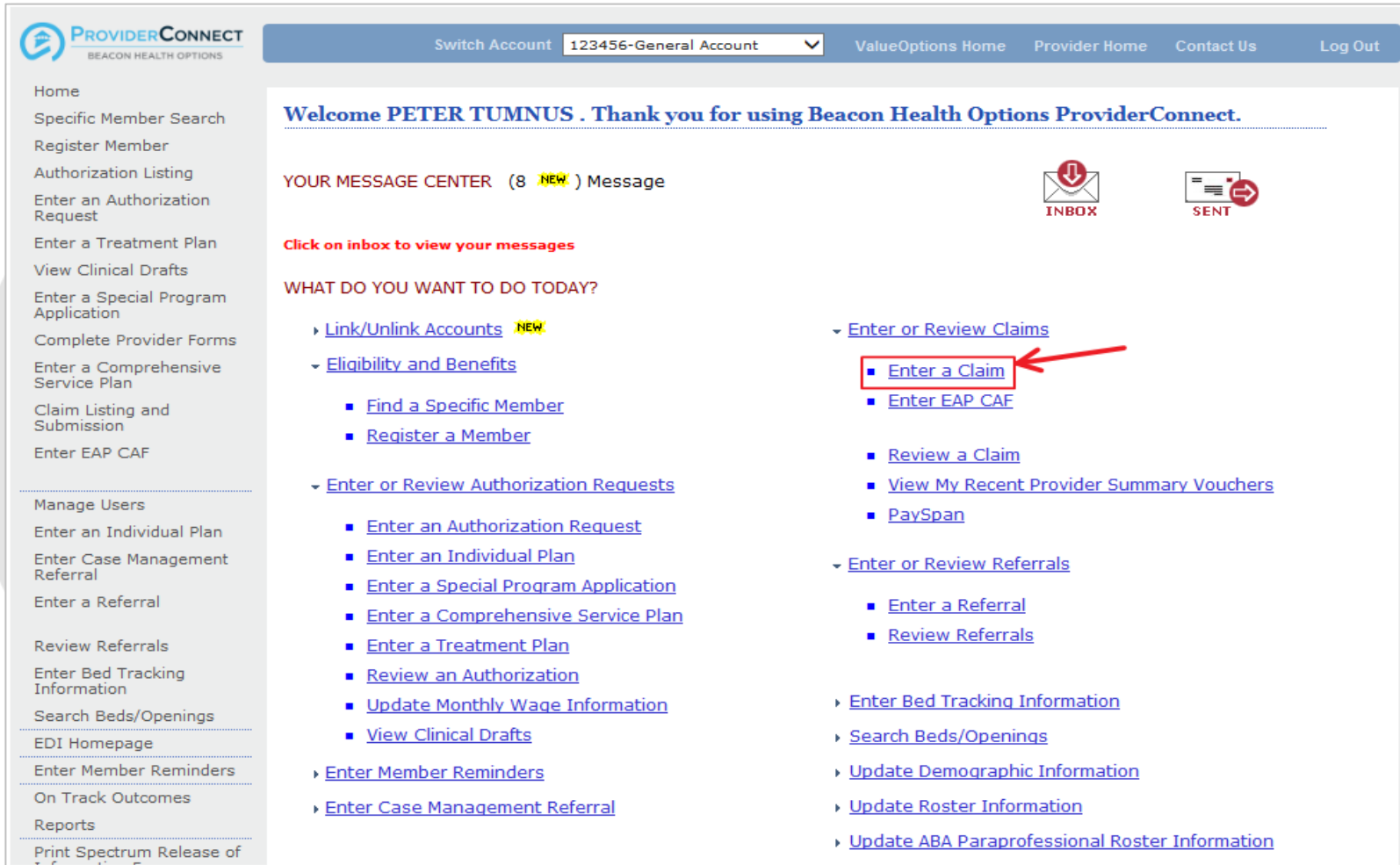
Tips for Claim Submission Success

- When submitting any claim, be sure to complete all required fields
 - Providers: Tips for completing the CMS-1500 or UB04 located under [Administrative Forms](#)
 - EAP: Be mindful of case opening questions for each submission and case closing questions at final billing
 - Direct claim submission: Required fields designated with an asterisk (*)
 - Batch claim submission: Follow the Implementation and Companion Guides located on the [ProviderConnect resource page](#)

Direct Claim Submission

- Provides ability to enter a claim directly into the provider portal without using special software
- Expedites processing of the claim and payment
- Available for professional services only, not higher levels of care
- Recommended for providers submitting a lower volume of outpatient claims

Direct Claim Submission



The screenshot displays the Beacon Health Options ProviderConnect interface. At the top, a navigation bar includes the logo, a 'Switch Account' dropdown set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left sidebar lists various user functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization Request', 'Enter a Treatment Plan', 'View Clinical Drafts', 'Enter a Special Program Application', 'Complete Provider Forms', 'Enter a Comprehensive Service Plan', 'Claim Listing and Submission', 'Enter EAP CAF', 'Manage Users', 'Enter an Individual Plan', 'Enter Case Management Referral', 'Enter a Referral', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'EDI Homepage', 'Enter Member Reminders', 'On Track Outcomes', 'Reports', and 'Print Spectrum Release of'. The main content area features a welcome message for 'PETER TUMNUS', a 'YOUR MESSAGE CENTER' with 8 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section contains several expandable menus. The 'Enter or Review Claims' menu is expanded, and the 'Enter a Claim' option is highlighted with a red box and a red arrow pointing to it. Other options in this menu include 'Enter EAP CAF', 'Review a Claim', 'View My Recent Provider Summary Vouchers', and 'PaySpan'. Other expandable menus include 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Authorization Requests', 'Enter or Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'Update Demographic Information', 'Update Roster Information', and 'Update ABA Paraprofessional Roster Information'.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Enter an Individual Plan
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Enter a Treatment Plan
 - Review an Authorization
 - Update Monthly Wage Information
 - View Clinical Drafts
- Enter Member Reminders
- Enter Case Management Referral
- Enter or Review Claims
 - Enter a Claim**
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update Demographic Information
- Update Roster Information
- Update ABA Paraprofessional Roster Information

Batch Claim Submission

- Allows you to upload HIPAA 5010 compliant files directly to Beacon
- Expedites processing of the claim and payment
- Available for all levels of care
- Recommended for facilities and providers submitting a higher volume of claims
- Payer ID
 - **FHC &Affiliates**, unless otherwise directed
 - Clearinghouses have their own five digit payer ID for Beacon Health Options
 - Contact your clearinghouse to see what payer ID is needed

Batch Claim Submission

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.


YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Enter an Individual Plan
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Enter a Treatment Plan
 - Review an Authorization
 - Update Monthly Wage Information
 - View Clinical Drafts
- Enter Member Reminders
- Enter Case Management Referral
- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update Demographic Information
- Update Roster Information
- Update ABA Paraprofessional Roster Information

Batch Claim Submission

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

[Home](#)
[Submit Batch File](#)
[Search Files](#)
[Exit](#)

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Submit Batch File

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

Search Files

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to Beacon Health Options.

****Signature must be on file.**

Previous Claims File Batch Submissions

Submission #	Result	Date Received	Form #
0058040348	Failed Validation	01/04/2008 3:03:01 PM	ENC837i
0057190346	Passed Validation	01/02/2008 4:52:54 PM	837p

Incoming Files

File Name	Date Posted	File Size
004a120313	06/01/2005 05:11:49 PM	553020

EAP Case Activity Form Submission

The screenshot displays the Beacon Health Options ProviderConnect web application. The top navigation bar includes the 'PROVIDERCONNECT' logo, a 'Switch Account' dropdown menu set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand sidebar lists various user functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization Request', 'Enter a Treatment Plan', 'View Clinical Drafts', 'Enter a Special Program Application', 'Complete Provider Forms', 'Enter a Comprehensive Service Plan', 'Claim Listing and Submission', 'Enter EAP CAF', 'Manage Users', 'Enter an Individual Plan', 'Enter Case Management Referral', 'Enter a Referral', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'EDI Homepage', 'Enter Member Reminders', 'On Track Outcomes Reports', 'Print Spectrum Release of Information Form', and 'My Online Profile'. The main content area features a welcome message for 'PETER TUMNUS', a message center notification for 8 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section contains several expandable menu items: 'Link/Unlink Accounts' (marked as new), 'Eligibility and Benefits' (with sub-links for finding a specific member and registering a member), 'Enter or Review Authorization Requests' (with multiple sub-links for entering and reviewing various plans and drafts), 'Enter Member Reminders', and 'Enter Case Management Referral'. On the right side of this section, there are icons for 'INBOX' and 'SENT' messages. Further down, there are more expandable menu items: 'Enter or Review Claims' (with sub-links for entering a claim, entering EAP CAF, reviewing a claim, and viewing vouchers), 'Enter or Review Referrals' (with sub-links for entering and reviewing referrals), 'Enter Bed Tracking Information', 'Search Beds/Opening', 'Update Demographic Information', 'Update Roster Information', 'Update ABA Paraprofessional Roster Information', and 'View My Recent Authorization Letters'. A red arrow points to the 'Enter EAP CAF' link under the 'Enter or Review Claims' category.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account: 123456-General Account | ValueOptions Home | Provider Home | Contact Us | Log Out

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Enter an Individual Plan
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Enter a Treatment Plan
 - Review an Authorization
 - Update Monthly Wage Information
 - View Clinical Drafts
- Enter Member Reminders
- Enter Case Management Referral

Enter or Review Claims

- Enter a Claim
- Enter EAP CAF
- Review a Claim
- View My Recent Provider Summary Vouchers
- PaySpan

Enter or Review Referrals

- Enter a Referral
- Review Referrals

Enter Bed Tracking Information

Search Beds/Opening


Update Demographic Information

Update Roster Information

Update ABA Paraprofessional Roster Information

View My Recent Authorization Letters

Authorization Search

**PROVIDERCONNECT**
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log Out

[Home](#)
[Specific Member Search](#)
[Register Member](#)
[Authorization Listing](#)
[Enter an Authorization Request](#)
[Enter a Treatment Plan](#)
[View Clinical Drafts](#)
[Enter a Special Program Application](#)
[Complete Provider Forms](#)
[Enter a Comprehensive Service Plan](#)
[Claim Listing and Submission](#)
[Enter EAP CAF](#)





[Manage Users](#)
[Enter an Individual Plan](#)
[Enter Case Management Referral](#)
[Enter a Referral](#)

Authorization Search Results


This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
01-123101-1-2	987654321	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		712345		Outpatient
04-111108-1-4	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		CST

Enter EAP CAF

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

[Home](#)
[Specific Member Search](#)
[Register Member](#)
[Authorization Listing](#)
[Enter an Authorization Request](#)
[View Clinical Drafts](#)
[Enter a Special Program Application](#)
[Complete Provider Forms](#)
[Enter a Comprehensive Service Plan](#)
[Claim Listing and Submission](#)
[Enter EAP CAF](#)

[Manage Users](#)
[Enter an Individual Plan](#)


[ValueOptions Home](#)[Provider Home](#)[Contact Us](#)[Log Out](#)

Auth SummaryAuth DetailsAssociated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

Authorization Header

Member ID	987654321	Return to search results
Member Name	SUSAN ASLAN	Send Inquiry
Authorization #	01-02232011-1-3	Complete Discharge Review
Client Auth #?	N/A	Enter EAP CAF
Authorization Status	O - Open	
From Provider	PETER TUMNUS	
Admit Date	01/14/2010	
Discharge Date		



Copyright 2020, Beacon Health Options


No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

53

Online CAF Key Points

- Select a “Billing Type”
- Complete all case opening questions for both interim and final billing type
- If “Final” was selected for billing type, complete all case closing questions

CAF Entry



BEACON HEALTH OPTIONS

ProviderConnect Home

▶ CASE ACTIVITY FORM

▶ SELECT SERVICE ADDRESS

▶ STEP 1 OF 2

▼ STEP 2 OF 2

▶ RESULTS

PAGE 4 of 5

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	SUSAN ASLANS	12/31/1979	1477642593	14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234	14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234

To enter detail service lines for the claim, please follow these steps:

1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.

Service Line Entry

*Service Date

(MMDDYYYY)

*Units

(3-digits)

Add Service Line

This will add this service line information to the claim

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

Remove

Submit


Previous

This will remove the service line selected above

This will submit the entire claim (including all service lines added)

This will return to the preceding data entry page

© 2018 Beacon Health Options® ProviderConnect v5.12.00




Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

55

Summary Page

 PROVIDERCONNECT
BEACON HEALTH OPTIONS

ProviderConnect Home

Submission Status : ***** CASE ACTIVITY & BILLING FORM SUBMITTED SUCCESSFULLY *****

Your Case Activity & Billing Form has been successfully submitted.

Member Name
SUSAN ASLAN

Member ID
987654321

Member DOB
12/02/1979

Subscriber Name
SUSAN ASLAN

Subscriber ID
987654321

Authorization #
01-011410-48-43

Client Authorization #
0003541789

Claim #
01- 051810- 4065- 1

Date of Admission/ Start of Services
05/18/2010

Requested From
05/18/2010

Submission Date
05/18/2010

Level of Service
EAP

Provider Name & Address
**PETER TUMNUS
14 BEAVER TRAIL
STE C
NARNIA VA 12345**

Provider ID
123456

Provider Alternate ID
[712345](#)

NPI Number

Vendor ID
A00003

Claim Details

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4					Allowed	Deductible	Pre-Paid	COIN	CoPay	
1	12/12/2008	12/12/2008	AEA 11	60		60.00	300.00	60.00	O	60.00	0.00	0.00	0.00	0.00	

Submission Printing Options
(For the best print results, please print in 'Landscape' format)

Print Submission Result
Print the Results page (this page)

Print Submission
Print the entire Submission

Download Submission
Download the Submission in a PDF file

Return to Provider Home
Return to the ProviderConnect homepage

Chapter

07

“We help people live
their lives to the
fullest potential.”

Our Commitment

Provider Summary Vouchers



Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

Provider Summary Vouchers

The screenshot displays the Beacon Health Options ProviderConnect interface. The top navigation bar includes the logo, a 'Switch Account' dropdown menu set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left sidebar lists various user functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization Request', 'Enter a Treatment Plan', 'View Clinical Drafts', 'Enter a Special Program Application', 'Complete Provider Forms', 'Enter a Comprehensive Service Plan', 'Claim Listing and Submission', 'Enter EAP CAF', 'Manage Users', 'Enter an Individual Plan', 'Enter Case Management Referral', 'Enter a Referral', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'EDI Homepage', 'Enter Member Reminders', 'On Track Outcomes', 'Reports', 'Print Spectrum Release of Information Form', and 'My Online Profile'. The main content area features a welcome message for 'PETER TUMNUS', a 'YOUR MESSAGE CENTER' with 8 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section contains several categorized links. A red box highlights the link 'View My Recent Provider Summary Vouchers' under the 'Enter or Review Claims' category, with a red arrow pointing to it.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account: 123456-General Account | ValueOptions Home | Provider Home | Contact Us | Log Out

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)
- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

Search by Provider

[Switch Account](#) [PRCOMM-General Claims Account](#) [ValueOptions Home](#) [Provider Home](#) [Contact Us](#) [Log Out](#)

Search By Provider

Search By Check

Search Provider Summary Voucher by Provider

Please disable the popup blocker to view the Summary Voucher.

Provider ID ?

Tax ID ?

Check #

Paid Date Range ?

COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM)

OR Vendor ID ?

(No spaces or alpha characters)

From 11152014 Through 12152014 (MMDDYYYY)

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------

Search by Check

Search By Provider

Search By Check

Search Provider Summary Voucher by Check

Please disable the popup blocker to view the Summary Voucher.

*Check #

*Check Amount

*Paid Date

(No spaces or alpha characters)

(MMDDYYYY)

Search

Provider Summary Voucher Results

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Search By Provider Search By Check

Search Provider Summary Voucher by Provider

Please disable the popup blocker to view the Summary Voucher.

Provider ID ?
Tax ID ?
Check #
Paid Date Range ?

COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM)

OR

Vendor ID ?

(No spaces or alpha characters)

From 11152014 Through 12152014 (MMDDYYYY)

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
View	PETER TUMNUS	00003	01/23/09	0000011111	120.00

Chapter

08

Credentialing

“We help people live
their lives to the
fullest potential.”

Our Commitment



Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

Credentialing in ProviderConnect

- **Important:** Beacon prefers that providers participate with CAQH and maintain current attestation and credentialing materials
- If needed, the Practitioner Credentialing Application for both initial credentialing and recredentialing is accessible through an individual ProviderConnect account
- Allows for submission of required forms, such as the Disclosure of Ownership Form
- Available for most contracts and provider types

Credentialing in ProviderConnect

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Submit Application Print current page Print all pages Close

1. Provider | 2. Referral | 3. Practice | 4. Education | 5. License/Certification | 6. Insurance | 7. Work History
8. EAP Counselor | 9. Disability Provider | 10. FPD Specialist | 11. Provider Profile | 12. Attestation | 13. W-9

1. PROVIDER INFORMATION

A. DEMOGRAPHIC INFORMATION

Last Name* TUMNUS First Name* PETER MI Gender
☐ Female ☐ Male
☐ Unknown

Mailing Address Line 1* 14 BEAVER TRAIL Mailing Address Line 2 STE C
City* NARNIA County State* VA Zip* 12345
Fax: (include area code)* 5555555555 Ext: Telephone: (include area code)* 5555555555 Ext: Mobile Phone Pager
Social Security Number* 123456 Date of Birth* 12021979 Professional Designation or Title* ABC
Indicate any other name you may have used in the past (e.g., maiden name, etc.) Internet E-mail address* ABC.XYZ@HOTMAIL.COM

ValueOptions, Inc. is engaging in an automated approach to managing and maintaining your network Provider file information. As a network Provider this automated system will immediately update any change you submit regarding your practice and billing activities (i.e. address/phone number changes) and will automatically notify you of our need for you to submit updated license renewals and malpractice information. To take advantage of this paperless and automated system, indicate your preferred method of communication, including the day and the time that is most convenient.

B. COMMUNICATION PREFERENCE:

Please select your preferred method of communication. If you only have one preferred method, please indicate N/A on the other method.

Primary Communication Preference: Secondary Communication Preference:

DAY/TIME PREFERENCE (check only one for each category)

For Primary Preference			For Secondary Preference		
Day	Time of Day	Time Zone	Day	Time of Day	Time Zone
<input type="radio"/> Monday	<input type="radio"/> 6AM-10AM	<input type="radio"/> EST	<input type="radio"/> Monday	<input type="radio"/> 6AM-10AM	<input type="radio"/> EST
<input type="radio"/> Tuesday	<input type="radio"/> 10AM-2PM	<input type="radio"/> CST	<input type="radio"/> Tuesday	<input type="radio"/> 10AM-2PM	<input type="radio"/> CST
<input type="radio"/> Wednesday	<input type="radio"/> 2PM-6PM	<input type="radio"/> MST	<input type="radio"/> Wednesday	<input type="radio"/> 2PM-6PM	<input type="radio"/> MST
<input type="radio"/> Thursday	<input type="radio"/> 6PM-10PM	<input type="radio"/> PST	<input type="radio"/> Thursday	<input type="radio"/> 6PM-10PM	<input type="radio"/> PST
<input type="radio"/> Friday	<input type="radio"/> 10PM-2AM	<input type="radio"/> AZ/HT/AK	<input type="radio"/> Friday	<input type="radio"/> 10PM-2AM	<input type="radio"/> AZ/HT/AK
<input type="radio"/> Saturday	<input type="radio"/> 2AM-6AM		<input type="radio"/> Saturday	<input type="radio"/> 2AM-6AM	
<input type="radio"/> Sunday			<input type="radio"/> Sunday		

Save Save & Next

Chapter

09

“We help people live
their lives to the
fullest potential.”

Our Commitment

Demographic Updates

beacon
health options

Demographic Updates

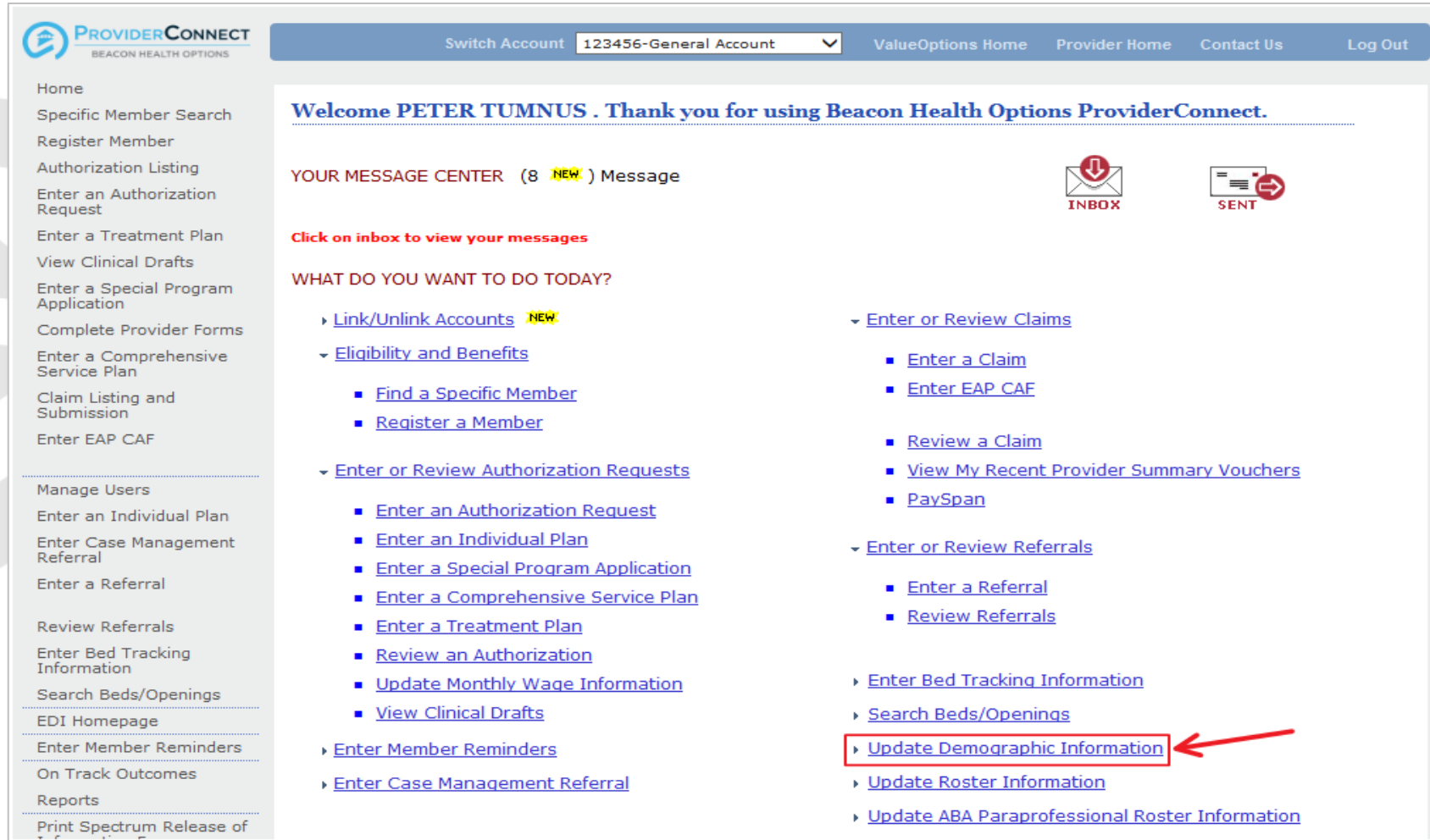
- FIRST: Always review, update, and attest through CAQH for consistency of provider data
- Review information on a regular basis to ensure member referral information is accurate

Phone numbers	Fax numbers	Email addresses	Website URLs
Billing addresses	Mailing address	Disability access	Office hours
Service addresses	Foreign languages	Accepting new patients	Update Tax ID with W9 upload*

*Tax ID update takes 3-5 business days for validation

- If unable to update demographic information online, contact Beacon for assistance

Demographic Update Features



PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of

Welcome **PETER TUMNUS** . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message


Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Enter an Individual Plan
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Enter a Treatment Plan
 - Review an Authorization
 - Update Monthly Wage Information
 - View Clinical Drafts
- Enter Member Reminders
- Enter Case Management Referral
- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- Enter or Review Referrals
 - Enter a Referral
 - Review Referrals
 - Enter Bed Tracking Information
 - Search Beds/Opening
 - Update Demographic Information**
 - Update Roster Information
 - Update ABA Paraprofessional Roster Information

INBOX SENT

Demographic Update Features


**PROVIDERCONNECT**
BEACON HEALTH OPTIONS

Provider Demographics

Provider Last Name
TUMNUS

Provider First Name
PETER

Mailing Address ?

**Edit**

ID:	123456
Address:	123 Main st STE C ABC, VA 12345 Country: US
Phone:	888 - 888 - 8888
Fax:	888 - 888 - 8888
Website address: ?	
ProviderConnect Email: ?	TESTEMAIL@BEACONHEALTHOPTIONS.COM
Correspondence Email: ?	TESTEMAIL@GMAIL.COM



Identify any foreign language(s) or sign language that you use fluently in treating patients ?

Service Location Information

The list below shows the current Service Locations for the Provider shown above.
If you would like to view the Service Address' corresponding Billing Location, click the green "Show" tab to expand the selection.

Sort By: [ID](#) [Name](#) [City](#) [State](#)


Service Address ?

**Edit** **Remove**


ID:	A00003
Provider Type:	CLINIC
Name:	PETER TUMNUS
Address:	123 Main Street STE C ABC, VA 12345 Country: US
Phone:	(888) 888 - 8888
Fax:	(777) 777 - 7777

Office Hours:
Accepting New patients
Email, Website,
Disability Access

	Monday	Tuesday
From	8:30am	8:30am
To	5:30pm	5:30pm
	Wednesday	Thursday
From	8:30am	8:30am
To	5:30pm	5:30pm
	Friday	Saturday
From	8:30am	
To	5:30pm	
	Sunday	
From		
To		

**SHOW**

BILLING LOCATION

**Attestation**

Chapter

10

“We help people live
their lives to the
fullest potential.”

Our Commitment

Additional Training Options

beacon
health options

Helpful Resources

HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDER PORTAL

Provider Portal

[Provider Portal](#)

There is now a single point of entry for our provider portals.

ADDITIONAL RESOURCES

ProviderConnect

Makes routine tasks such as updating demographic information, processing claims, obtaining claims information, and verifying eligibility status easy and convenient.

> For more information, visit the [ProviderConnect resource page](#)

eServices

Available for specific Beacon health plan contracts, the eServices Portal provides easy and secure access to a host of clinical, administrative, and patient information.

> For more information, visit the [eServices page](#)

PROVIDERS

Home Dashboard

[Provider Portal](#)

ProviderConnect

eServices & EDI

Forms

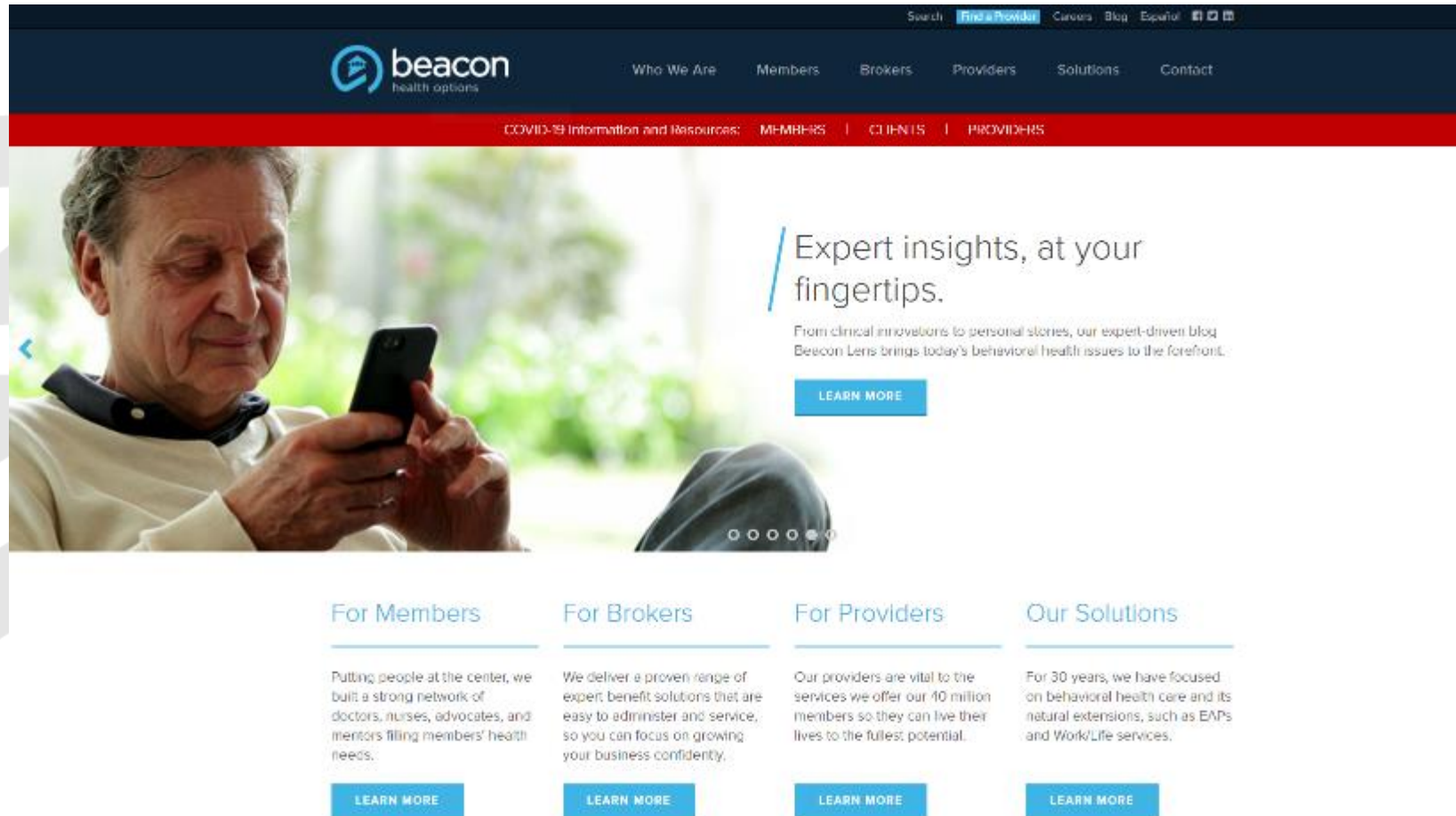
Provider Handbook

Important Tools

Network-Specific Info

Contact Information

Resources



<https://www.beaconhealthoptions.com/>



Copyright 2020, Beacon Health Options

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.

Thank You

Contact Us



	Beacon Health Strategies	Beacon Health Options (formerly ValueOptions)
Website and EDI	EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com	
PaySpan	PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com	Unable to locate your registration code? Email: corporatefinance@beaconhealthoptions.com Reply will be received within three business days
Provider Relations	National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team	

No part of this training may be reproduced, distributed or transmitted in any form or by any means, including photocopying, recording, or electronic or mechanical methods without prior written permission from Beacon Health Options.