



# Authorizations in ProviderConnect<sup>SM</sup>

**We will begin at 1:03 PM**

# Agenda

**1** ProviderConnect Advantages

**2** Accessing Our Provider Portal

**3** Demonstration of Outpatient Authorizations

**4** Demonstration of Higher Level of Care Authorizations

**5** Viewing Authorization Listings and Letters

**6** Resources

health options

Chapter

# 01

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

Our Commitment

## ProviderConnect Advantages

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health options



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# 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**

# 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® Health

Chapter

# 02

## Accessing our Provider Portal

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

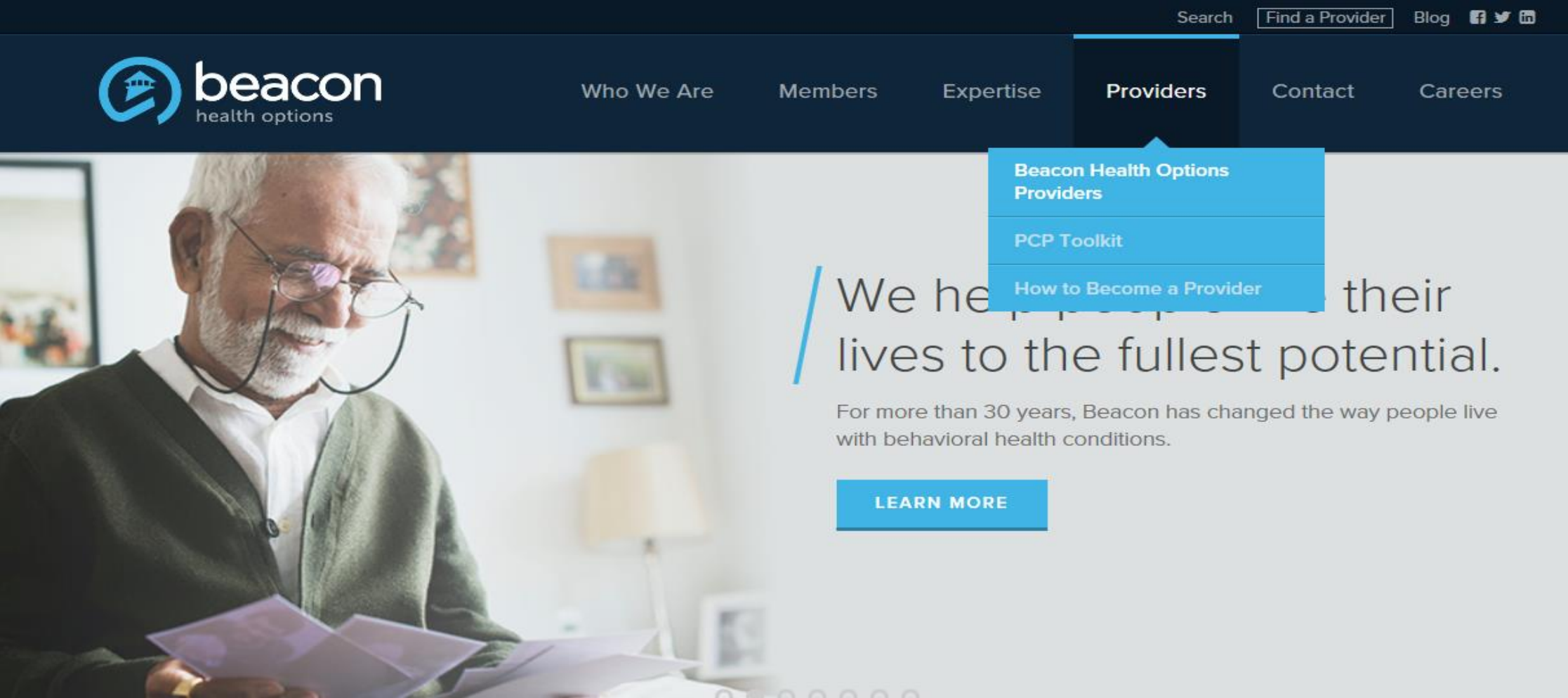
Our Commitment



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# How to Access our Provider Portal





# How to Access our Provider Portal


- Go to [www.BeaconHealthOptions.com](http://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

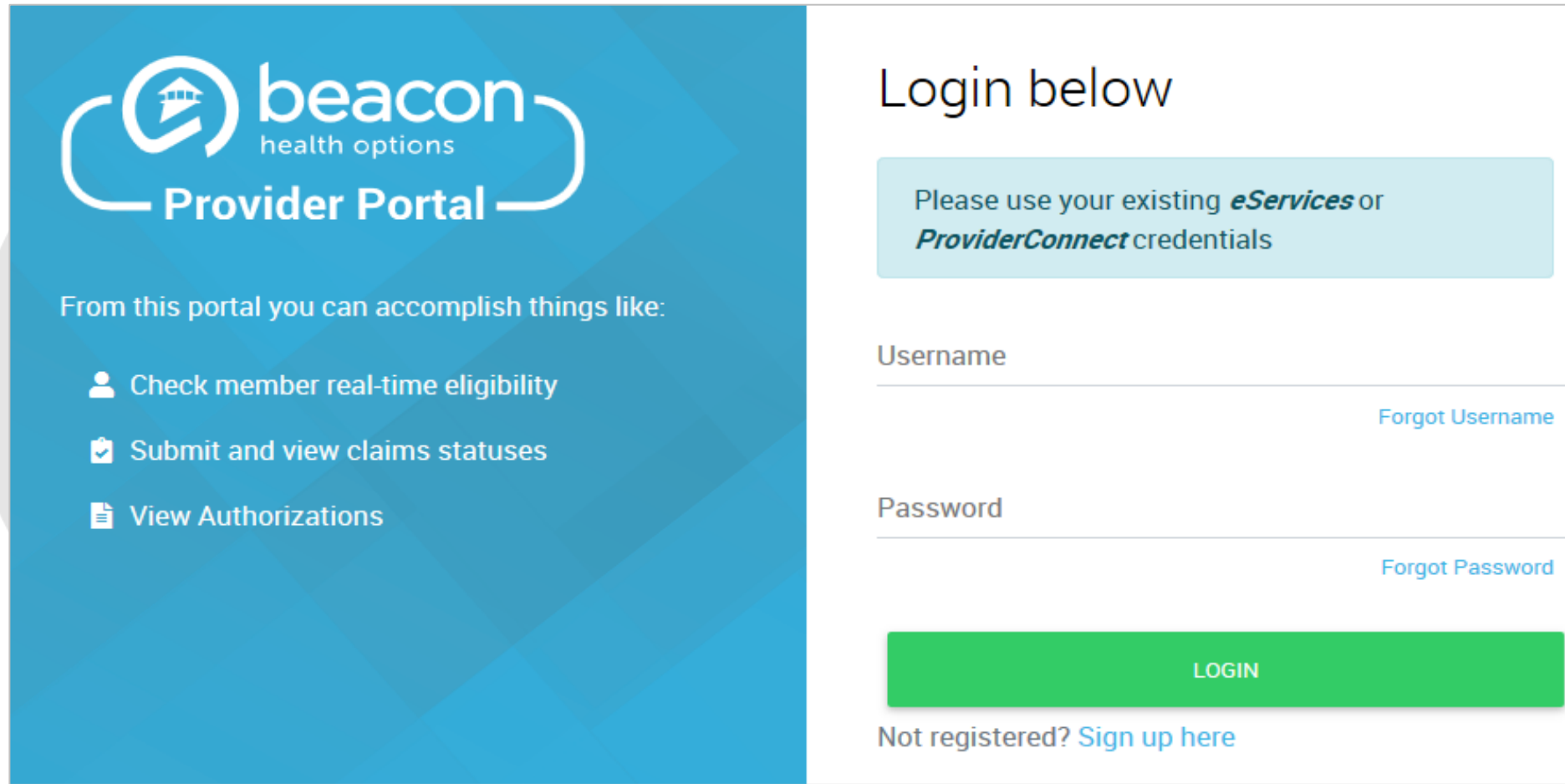
Contact Information

 beacon

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10




# Logging into ProviderConnect



The image shows the 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

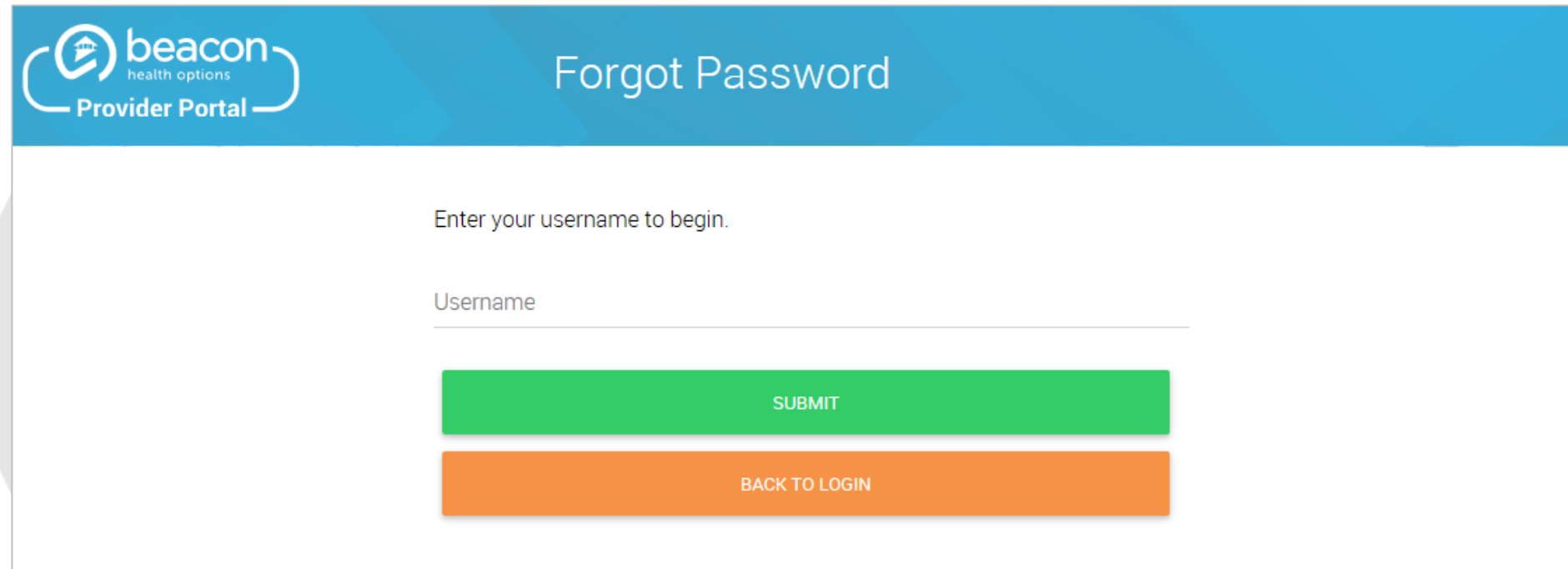
Username [Forgot Username](#)

Password [Forgot Password](#)

**LOGIN**

Not registered? [Sign up here](#)

# Forgot Your Password?



The screenshot shows the 'Forgot Password' page of the Beacon Health Options Provider Portal. The page has a blue header with the Beacon Health Options logo on the left and the title 'Forgot Password' in the center. Below the header, the text 'Enter your username to begin.' is displayed. Underneath this text is 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.

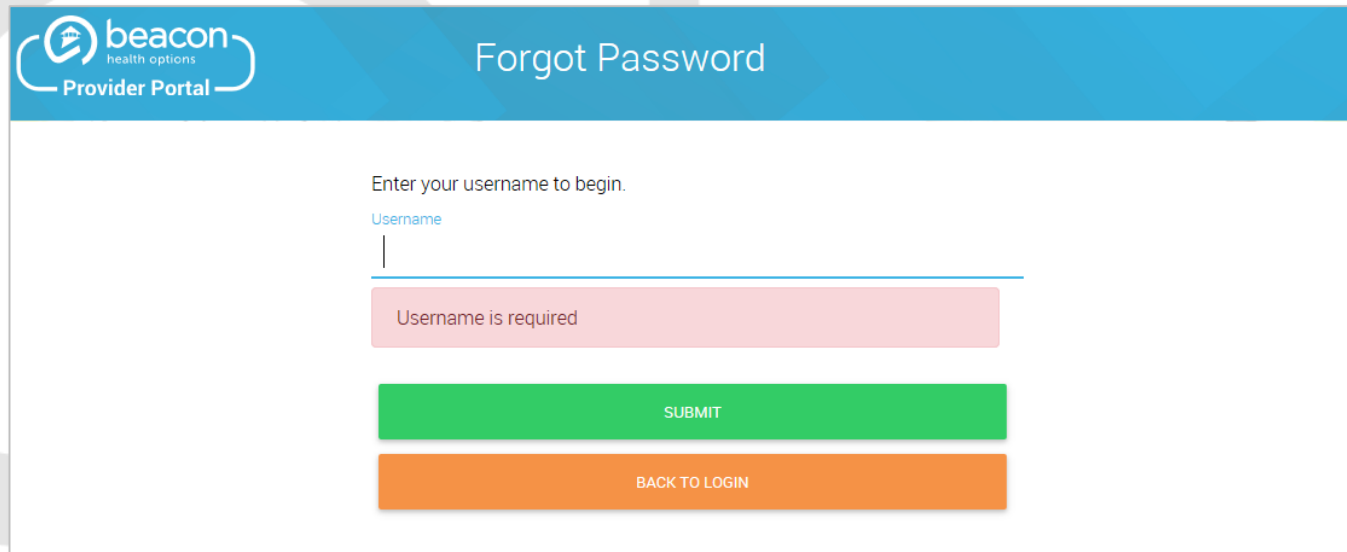
Username

SUBMIT

BACK TO LOGIN

# User ID

- User ID is required



beacon health options  
Provider Portal

## Forgot Password

Enter your username to begin.


Username

Username is required

SUBMIT

BACK TO LOGIN

# Option 1: Answer Secret Question



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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\*

Confirm New Password\*

☐ One uppercase letter

☐ One lowercase letter

☐ One number

☐ One special character

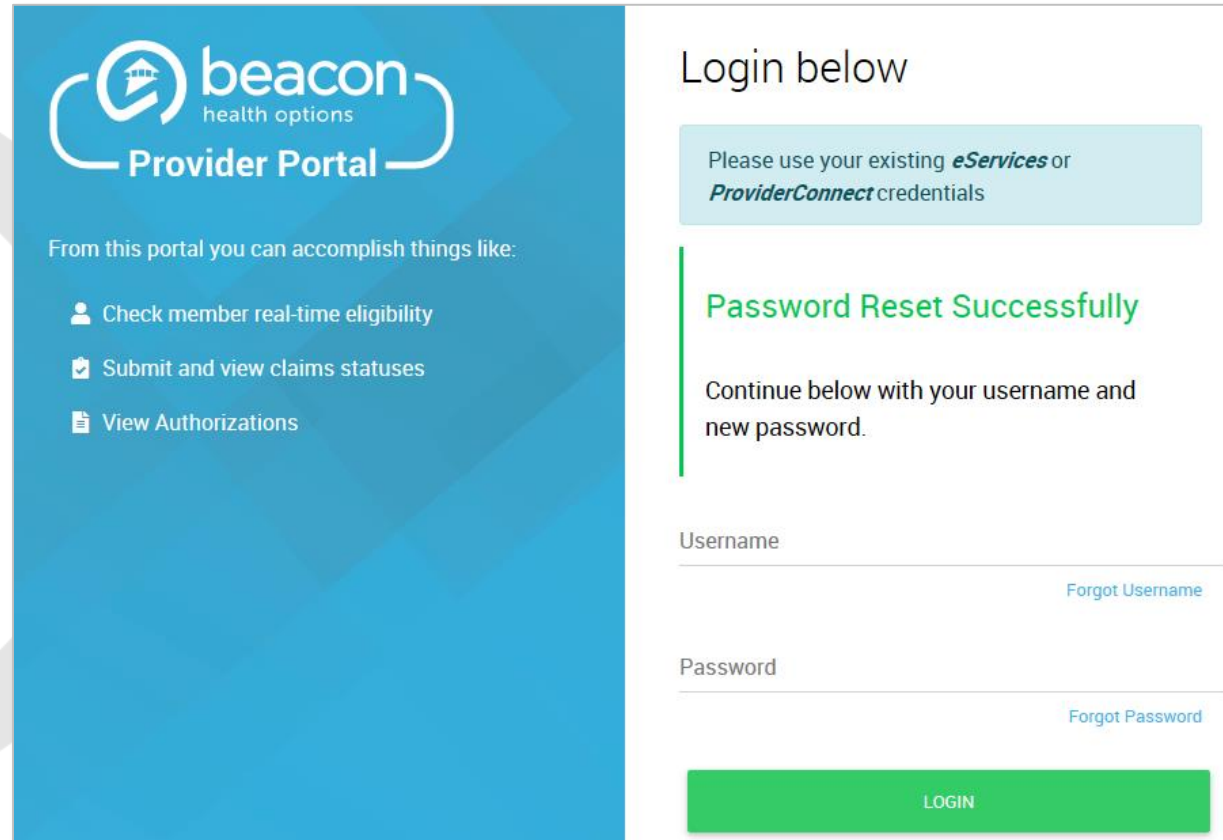
☐ 8-20 characters long

☐ Passwords must match

SUBMIT

BACK TO LOGIN

# Password Changed



The image shows a screenshot of the Beacon Health Options Provider Portal login page. The left side has a blue header with the Beacon Health Options logo and 'Provider Portal' text. Below this, it lists three functions: 'Check member real-time eligibility', 'Submit and view claims statuses', and 'View Authorizations'. The right side is white and contains a 'Login below' section. A light blue box instructs users to use existing eServices or ProviderConnect credentials. A green message states 'Password Reset Successfully'. Below this, it says 'Continue below with your username and new password.' There are input fields for 'Username' and 'Password', each with a 'Forgot' link. A green 'LOGIN' button is at the bottom.

**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

**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

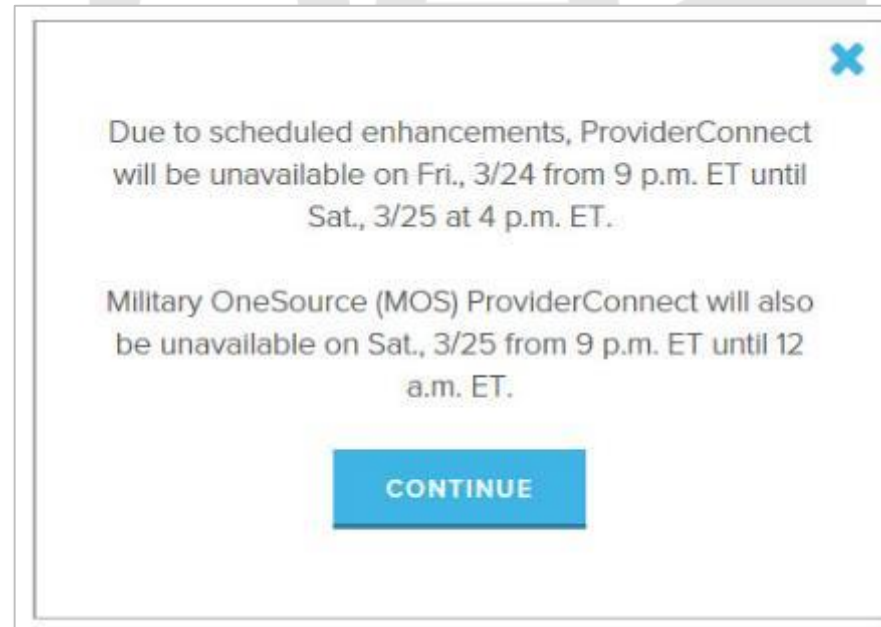
Important Tools

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

# 03

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

Our Commitment

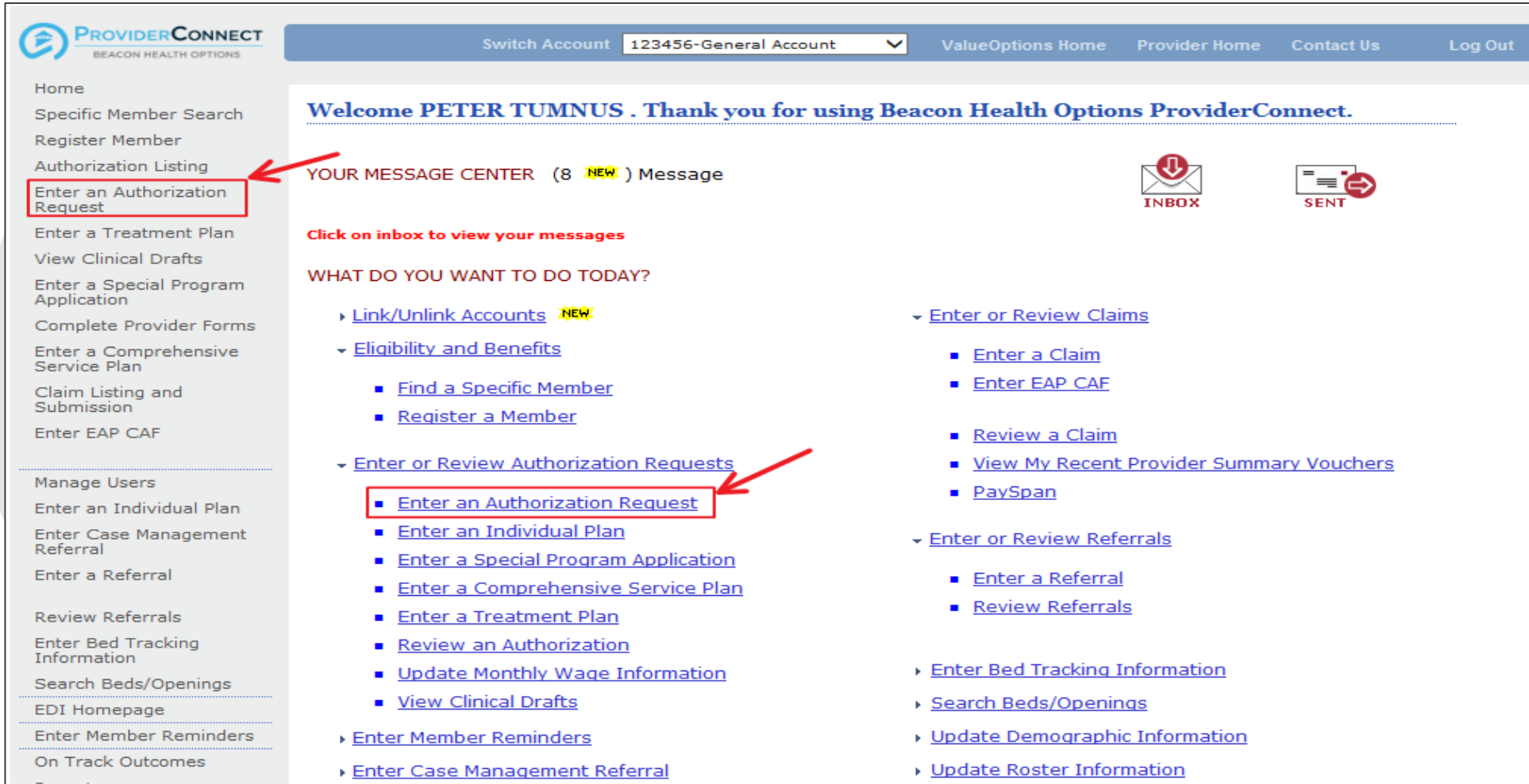
## Demonstration of Outpatient Authorizations



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# Enter an Authorization Request



The screenshot displays the Beacon Health Options ProviderConnect interface. The top navigation bar includes 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 expandable menus. The 'Enter or Review Authorization Requests' menu is expanded, and 'Enter an Authorization Request' is highlighted with a red box and a red arrow. Other visible options include 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Claims', 'Enter or Review Referrals', and 'Enter Bed Tracking 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

**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](#)

# Disclaimer

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home


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## 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

ProviderConnect Home


## Search a Member

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="06202007"/>	(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

Member ID	987654321
Alternate ID	11111111
Member Name	ASLAN,SUSAN
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

Eligibility

Effective Date	03/01/2004
Expiration Date	
COB Effective Date	<input type="text"/>


Subscriber

Subscriber ID	1111111111
Subscriber Name	JAMES ROBERTS

Next



# 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 -
	<a href="#">712345</a>			

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  
SELECT...

\*Level of Care  
SELECT...

\*Type of Care  
SELECT...

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



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26

# Example of Psych Testing Request



PROVIDERCONNECT  
BEACON HEALTH OPTIONS

ProviderConnect Home

OUTPATIENT PSYCH TESTING

RESULTS

PAGE 1 of 2

Requested Services Header

Requested Start Date  
03/02/2011

Type of Request  
INITIAL

Level of Service  
OUTPATIENT/COMMUNITY BASED

Member Name  
ASLAN, SUSAN

Member ID  
987654321

Type of Service  
Mental Health

Provider Name  
TUMNUS, PETER

Provider ID  
123456

Level of Care  
Outpatient

Vendor ID  
A00003

Provider Alternate ID  
712345

Type of Care  
Psych Testing

Save Request as Draft

NPI # for Authorization  
SELECT...

Authorized User

Contact Information

Please provide contact name and phone # of person to provide additional information if needed.

\*Contact Name

\*Phone #

Psychological/Neuropsychological Evaluation Request

\*Are you independently licensed?  
☐ Yes ☐ No

Who initiated referral? (0 of 100)

If MD initiated referral, what is MD's specialty? (0 of 100)

\* Current symptoms and durations of symptoms: (0 of 1000)

\* What are the referral questions and why is testing being requested at this time? (0 of 1000)

Has patient been evaluated by a psychiatrist?  
☐ Yes ☐ No

If yes, when?

Current Psychotropic Medications (0 of 100)

# Diagnosis

## Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

### Behavioral Diagnoses

#### Primary Behavioral Diagnosis

\* Diagnostic Category 1

ALCOHOL-RELATED DISORDERS

\* [Diagnosis Code 1](#)

F10.239

\* [Description](#)

Alcohol Withdrawal without Perceptual Dist

SELECT...

ALCOHOL-RELATED DISORDERS

ANXIETY DISORDERS

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

AUTISM SPECTRUM DISORDER

BIPOLAR AND RELATED DISORDERS

CANNABIS-RELATED DISORDERS

COMBINED OTHER SUBSTANCE DISORDERS

COMMUNICATION DISORDERS

DEPRESSIVE DISORDERS

DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

DISSOCIATIVE DISORDERS

ELIMINATION DISORDERS

FEEDING AND EATING DISORDERS - ANOREXIA & BULIMIA

FEEDING AND EATING DISORDERS - BINGE EATING

FEEDING AND EATING DISORDERS - OTHER

FEEDING AND EATING DISORDERS - OTHER

#### Additional Behavioral Diagnoses

Diagnostic Category 2

SELECT...

[Diagnosis Code 2](#)

[Description](#)

Diagnostic Category 3

SELECT...

[Diagnosis Code 3](#)

[Description](#)

Diagnostic Category 4

SELECT...

[Diagnosis Code 4](#)

[Description](#)

Diagnostic Category 5

SELECT...

[Diagnosis Code 5](#)

[Description](#)

# Diagnosis

**Primary Medical Diagnoses**

*Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.*

\*Diagnostic Category 1

NONE

CIRCULATORY SYSTEM - HYPERTENSION

CIRCULATORY SYSTEM - OTHER

COMPLICATIONS OF PREGNANCY CHILDBIRTH AND THE P

CONGENITAL ANOMALIES

DIGESTIVE SYSTEM - LIVER

DIGESTIVE SYSTEM - OTHER

DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS

DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AN

ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AN

ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AN

GENITOURINARY SYSTEM - KIDNEY

GENITOURINARY SYSTEM - OTHER

INFECTIOUS & PARASITIC - HIV

INFECTIOUS & PARASITIC - OTHER

INJURY AND POISONING - OTHER

INJURY AND POISONING - TBI

MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE

NEOPLASMS

RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA

RESPIRATORY SYSTEM - OTHER

SKIN & SUBCUTANEOUS TISSUE

SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES

SYMPTOMS SIGNS AND ILL-DEFINED CONDITIONS

NONE

UNKNOWN

Diagnosis Code 1 Description

Diagnosis Code 2 Description

Diagnosis Code 3 Description

☐ Housing problems (Not Homelessness)

☐ Occupational problems

☐ Other psychosocial and environmental problems

If Other, please specify (0 of 250)

# Social Elements

### Social Elements Impacting Diagnosis

\* Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (Not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	<input type="checkbox"/> Unknown

If Other, please specify (0 of 250)

### Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure	Assessment Score	Secondary Assessment Measure	Assessment Score
<div>SELECT...</div>		<div>SELECT...</div>	
If Other, please specify		If Other, please specify	

BackNext

# History

If Other, please specify

If Other, please specify

\* History of patient (Summary of psychosocial and medical information (with examination dates) and past treatment; include any past psychological testing, date and results, medical, psychiatric and neurological exam):  
(0 of 1500)

\* Describe how proposed testing will enhance treatment and impact future behavioral treatment: (0 of 1000)

\* Is patient currently in treatment?  
☐ Yes ☐ No

If Yes, specify modality, e.g. (individual, group, family). (0 of 500)

\*Are there clinical explanations other than psychological ones that could explain current behaviors/symptoms?  
(i.e., thyroid dysfunction, closed head injury, medications, poisoning, etc)  
☐ Yes ☐ No

If Yes, please explain. (0 of 1000)

# Tests Planned & Time

Test(s) planned and time required.

*(Note: time required for each test should include administration, scoring and interpretation and brief write-up. see Provider Manual for "Sample Psychological Testing Evaluation Form")*

**Specific tests planned:**

Other Psych Tests:

**Total time required:**

hour

If authorized, proposed testing date

1. Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account specific arrangements.)
2. The expectation is that the diagnosis of ADHD can in most instances be made on the basis of DSM-IV-TR criteria alone and such diagnosis does not necessarily require psychological testing. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales. (Providers should usually first seek approval for a 90801 and a 90806 for rating scale review and feedback before requesting further ADHD testing. Provide clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)
3. Providers who are authorized for psychological testing are responsible for evaluating the results of the testing even if the testing is conducted solely by a technician or a computer assisted program.

Back
Submit

Select Psych Tests - Internet Explorer
Save Close

A-B
C-D
E-L
M-P
Q-T
U-Z

TEST	TYPE	AGE	MINUTES	COMMENTS
<input type="checkbox"/> Achenbach Child Behavior Checklist (CBCL)	Behav Rating Scale	4 - 16	15	
<input type="checkbox"/> Adaptive Behavior Assessment System (ABAS II)	Behav Rating Scale	0 - 89	15	
<input type="checkbox"/> Adolescent Apperception Cards	Proj-Thematic	12 - 19	60	
<input type="checkbox"/> Adolescent Psychopathology Scale	Objective personality test	Child-adul	60	
<input type="checkbox"/> Alcohol Use Inventory Delete	Drinking Styles	16+	30	
<input type="checkbox"/> Aphasia Screening Test (Reitan Indiana)	Neuro: Language	5+	30	
<input type="checkbox"/> Asperger/autism Rating Scale	Rating scale		15	Allow 1 hr for set of checklists
<input type="checkbox"/> Asperger's Syndrome Diagnostic Scales (ASDS)	Rating scale		15	Allow 1 hr for set of checklists
<input type="checkbox"/> Attention-Deficit Scales for Adults (ADSA)	ADHD	17+	15	Allow 1 hr for set of checklists
<input type="checkbox"/> Auditory Continuous Performance Test	Attention; ADHD	6 - 11	30	
<input type="checkbox"/> Australian Scale for Asperger's Syndrome	Rating scale		15	

SELECT...
▼


SELECT...
▼

SELECT...
▼

hour



# Approval

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home

**Requested Services Header**

Requested Start Date <b>04/22/2008</b>	Member Name <b>ASLAN, SUSAN</b>	Provider Name <b>TUMNUS, PETER</b>	Vendor ID <b>A00003</b>	<input type="button" value="Save Request as Draft"/>
Type of Request <b>INITIAL</b>	Member ID <b>987654321</b>	Provider ID <b>123456</b>	Provider Alternate ID <a href="#">712345</a>	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service <b>OUTPATIENT</b>	Type of Service <b>MENTAL HEALTH</b>	Level of Care <b>OUTPATIENT</b>	Type of Care <b>BEHAVIORAL</b>	<a href="#">Authorized User</a> <input type="text"/>


**If your request is approved, you will receive 20 visits.**

If you agree to accept this number of visits, please select "Accept". If you do not agree, please select "Reject" and you may enter your modified request.

Please be aware that if your request is above the offered number of units, it may be pending for additional clinical review.

Disclaimer: The number of approved visits may vary based on contract and medical necessity.

# Requested Services

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home

TYPE OF SERVICES

CURRENT RISKS

PSYCHOTROPIC MEDICATIONS

REQUESTED SERVICES

RESULTS

PAGE 4 of 5

Requested Services Header

Requested Start Date  
03/02/2011

Member Name  
ASLAN, SUSAN

Type of Request  
INITIAL

Level of Service  
OUTPATIENT / COMMUNITY BASED

Provider Name  
TUMNUS, PETER

Member ID  
987654321

Type of Service  
Mental Health

Vendor ID  
A00003

Provider ID  
123456

Level of Care  
Outpatient

Vendor Alternate ID  
712345

NPI # for Authorization  
SELECT...

Type of Care  
Behavioral

Save Request as Draft

Authorized User

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.  
For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.  
Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
SELECT...	12345678					20
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						

Total Visits/ Units  
20

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.  
Please enter the details on this screen.  
Note: TOTAL # OF UNITS CANNOT EXCEED 20

Back

Submit

# Results

Determination Status:

\*\*\*\*\* PENDED \*\*\*\*\*

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Note:

1. Testing regarding basic intellectual, cognitive, academic, developmental, psycho-motor and visual-motor functioning is usually considered educational. Testing that is partially or primarily for educational purposes is not a covered benefit. (This disqualifier may be subject to account specific arrangements.)

2. The expectation is that the diagnosis of ADHD can in most instances be made on the basis of DSM-IV-TR criteria alone and such diagnosis does not necessarily require psychological testing. Extended testing for ADHD is not authorized prior to a thorough evaluation with rating scales. (Providers should usually first seek approval for a 90801 and a 90806 for rating scale review and feedback before requesting further ADHD testing. Provide clear explanation in Section C above why initial evaluation was insufficient to answer the ADHD referral questions.)

3. Providers who are authorized for psychological testing are responsible for evaluating the results of the testing even if the testing is conducted solely by a technician or a computer assisted program.

Member Name

SUSAN ASLAN

Member ID

987654321

Member DOB

03/05/1922

Subscriber Name

SUSAN ASLAN

Subscriber ID

987654321

Pended Authorization #

030211-1-16

Client Authorization #

N/A

Type of Request

INITIAL

Date of Admission/ Start of Services

03/02/2011

Requested From

03/02/2011

Submission Date

03/02/2011

Level of Service

OUTPATIENT/COMMUNITY BASED

Type of Service

MENTAL HEALTH

Level of Care

OUTPATIENT

Type of Care

PSYCH TESTING

Reason Code

P94

Provider Name & Address

PETER TUMNUS  
5065 PARKWAY NORTH BLVD  
STE C  
CUMMING GA 30040

Provider ID

123456

Provider Alternate ID

[712345](#)

NPI # for Authorization

N/A

Message

P94

Attached Documents

There are no documents attached with this Authorization Request

Document Title

Document Description

Authorization Printing & Downloading Options:

(For the best print results, please print in "Landscape" format)

Print Authorization Result

Print the Results page (this page)

Print Authorization Request


Print the entire Authorization Request

Download Authorization Request

Download the entire Authorization Request

Return to Provider Home

Return to the ProviderConnect homepage

 beacon

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35

Chapter

# 04

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

Our Commitment

## Demonstration of Higher Level of Care Authorizations



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# Enter an Authorization Request

The screenshot displays the Beacon Health Options ProviderConnect interface. The top navigation bar includes 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 expandable menus. The 'Enter or Review Authorization Requests' menu is expanded, and its first item, 'Enter an Authorization Request', is highlighted with a red box and a red arrow. Other visible menu items include 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Claims', 'Enter or Review Referrals', and 'Enter Bed Tracking 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

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

# 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

ProviderConnect Home


## Search a Member

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="06202007"/>	(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



# 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 -
	<a href="#">712345</a>			

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  
INPATIENT/HLOC/SPECIALTY

\*Type of Service  
SELECT...

\*Level of Care  
SELECT...

\*Type of Care  
SELECT...

\*Admit Date (MMDDYYYY)  
04072015

\*Has the member already been admitted to the facility?  
☐ Yes ☒ No

► Provider

Tax ID <b>0000001</b>	Provider ID <b>123456</b>	Provider Last Name <b>TUMNUS</b>	Vendor ID <b>A00003</b>	Provider Alternate ID <a href="#">712345</a>
--------------------------	------------------------------	-------------------------------------	----------------------------	---

► Member

Member ID <b>987654321</b>	Last Name <b>ASLAN</b>	First Name <b>SUSAN</b>	Date of Birth (MMDDYYYY) <b>120219791</b>
-------------------------------	---------------------------	----------------------------	--

## 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

# Level of Care

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect Home

LEVEL OF CARE / DIAGNOSIS

CLINICAL PRESENTATION / MEDICATION / TREATMENT

ADDITIONAL INFORMATION

Requested Services Header

Requested Start Date  
04/07/2015

Member Name  
ASLAN, SUSAN

Provider Name  
TUMNUS, PETER

Vendor ID  
D00003

Save Request as Draft

Type of Request  
INITIAL

Member ID  
987654321

Provider ID  
123456

NPI # for Authorization  
SELECT...

Level of Service  
INPATIENT/HLOC

Type of Service  
Mental Health

Level of Care  
Inpatient

Type of Care  
Behavioral

[Authorized User](#)

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

Level Of Care

[Level Of Care](#)  
I - INPATIENT

Type of Service  
MENTAL HEALTH

Treatment Includes  
☐ ECT ☐ Psych Testing  
(Separate pre-authorization may be required.)

\*Aftercare Follow-Up contact information for member - Please provide at least one method for contacting member for follow-up. If not available, please clarify reason.

Phone #  

111 111 1111

 ☐ Not Available

Email

Validate Email

\* At least one contact name and phone number is required.

Admitting Physician  
test

Phone #  
111 111 1111

Attending Physician

Phone #

Preparer

Phone #

Utilization Review Contact

Phone #

Fax

# Diagnosis

## Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

### Behavioral Diagnoses

#### Primary Behavioral Diagnosis

* Diagnostic Category 1	* <a href="#">Diagnosis Code 1</a>	* <a href="#">Description</a>
ALCOHOL-RELATED DISORDERS	F10.239	Alcohol Withdrawal without Perceptual Dist

#### Additional Behavioral Diagnoses

Diagnostic Category 2	<a href="#">Diagnosis Code 2</a>	<a href="#">Description</a>
SELECT...		
Diagnostic Category 3	<a href="#">Diagnosis Code 3</a>	<a href="#">Description</a>
SELECT...		
Diagnostic Category 4	<a href="#">Diagnosis Code 4</a>	<a href="#">Description</a>
SELECT...		
Diagnostic Category 5	<a href="#">Diagnosis Code 5</a>	<a href="#">Description</a>
SELECT...		

SELECT...

ALCOHOL-RELATED DISORDERS

ANXIETY DISORDERS

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

AUTISM SPECTRUM DISORDER

BIPOLAR AND RELATED DISORDERS

CANNABIS-RELATED DISORDERS

COMBINED OTHER SUBSTANCE DISORDERS

COMMUNICATION DISORDERS

DEPRESSIVE DISORDERS

DISRUPTIVE, IMPULSE-CONTROL, AND CONDUCT DISORDERS

DISSOCIATIVE DISORDERS

ELIMINATION DISORDERS

FEEDING AND EATING DISORDERS - ANOREXIA & BULIMIA

FEEDING AND EATING DISORDERS - BINGE EATING

FEEDING AND EATING DISORDERS - OTHER

# Diagnosis

**Primary Medical Diagnoses**

*Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.*

\*Diagnostic Category 1

NONE  
CIRCULATORY SYSTEM - HYPERTENSION  
CIRCULATORY SYSTEM - OTHER  
COMPLICATIONS OF PREGNANCY CHILDBIRTH AND THE P  
CONGENITAL ANOMALIES  
DIGESTIVE SYSTEM - LIVER  
DIGESTIVE SYSTEM - OTHER  
DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS  
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS  
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS  
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS  
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS  
DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS  
ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AN  
ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AN  
GENITOURINARY SYSTEM - KIDNEY  
GENITOURINARY SYSTEM - OTHER  
INFECTIOUS & PARASITIC - HIV  
INFECTIOUS & PARASITIC - OTHER  
INJURY AND POISONING - OTHER  
INJURY AND POISONING - TBI  
MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE  
NEOPLASMS  
RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA  
RESPIRATORY SYSTEM - OTHER  
SKIN & SUBCUTANEOUS TISSUE  
SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES  
SYMPTOMS SIGNS AND ILL-DEFINED CONDITIONS  
NONE  
UNKNOWN

Diagnosis Code 1 Description

Diagnosis Code 2 Description

Diagnosis Code 3 Description

☐ Housing problems (Not Homelessness) ☐ P en

☐ Occupational problems ☐ H

☐ Other psychosocial and environmental problems ☐ U

If Other, please specify (0 of 250)

# Social Elements

## Social Elements Impacting Diagnosis

\* Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (Not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Unknown	<input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment
<input type="checkbox"/> Other psychosocial and environmental problems			

## Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure	Assessment Score	Secondary Assessment Measure	Assessment Score
<div>SELECT...<div></div></div>	<input type="text"/>	<div>SELECT...<div></div></div>	<input type="text"/>

# Medical Implications and Metabolic Assessment

### Medical Implications

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions? ☐ Yes ☐ No ☐ Unknown

Is the member receiving appropriate medical care for the comorbid medical conditions? ☐ Yes ☐ No ☐ Unknown

### Metabolic Assessment Tool

Current Weight  lbs Height  ft  in Waist Circumference in inches  in BMI

**BMI Categories:** Underweight < 18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater.

Results of BMI indicate that the member may be  Recommendation

Additional information on Metabolic Syndrome and assessment tools are available at <http://www.valueoptions.com/providers/Protocols.htm>. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment


☐ BMI not assessed

Please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available.

► Narrative Entry (0 of 2000)

Back Next

# Symptomatology



PROVIDERCONNECT  
BEACON HEALTH OPTIONS

ProviderConnect Home

LEVEL OF CARE / DIAGNOSIS

CLINICAL PRESENTATION / MEDICATION / TREATMENT

ADDITIONAL INFORMATION

Requested Services Header

Requested Start Date  
04/07/2015

Member Name  
ASLAN, SUSAN

Provider Name  
TUMNUS, PETER

Vendor ID  
D00003

Save Request as Draft

Type of Request  
INITIAL

Member ID  
987654321

Provider ID  
123456

NPI # for Authorization  
SELECT...

Level of Service  
INPATIENT/HLOC

Type of Service  
Mental Health

Level of Care  
Inpatient

Type of Care  
Behavioral

Authorized User

Symptomatology

Please explain the reason for current admission (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent request, please list both the progress that has been made to date, and what symptoms still remain.

Narrative Entry (0 of 2000)

Key:  
0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

Member's Risk to Self  
0 0 1 0 2 0 3 0 N/A

Member's Risk to Others  
0 0 1 0 2 0 3 0 N/A

Substance Use  
0 0 1 0 2 0 3 0 N/A


Urine drug screen?  
Yes No Unknown

Outcome of UDS  
Positive Negative Pending

Positive For  
Check all that apply  
Cannabis Benzodiazepines  
Opiates Barbiturates  
Cocaine Methamphetamine  
Amphetamines PCP (Phencyclidine)  
Tricyclic Antidepressants LSD (lysergic acid diethylamide)  
Phenylpropanolamine Methadone  
Other

Date of Urine Drug Screen

Blood Alcohol N/A

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48



# Primary Issues/Symptoms Addressed in Treatment

## Primary Issues/Symptoms Addressed in Treatment

*Symptom complexes are utilized for gathering clinical information specific to the primary behavioral diagnosis and/or risk. At times more than one complex may be identified for completion. Providing all the requested information in the identified complex(es) will assist in completing the authorization process and determining medical necessity. If this is a concurrent request, please update the identified complexes with any new information for each complex based on the individual's current symptomatology.*

▸ Danger to Self Symptom Complex

▸ Danger to Others Symptom Complex

▸ Psychosis Symptom Complex

▸ Child/Adolescent Behavior Symptom Complex

▸ Eating Disorder Symptom Complex

▸ Neurocognitive Symptom Complex

▸ Substance Use Symptom Complex

▸ Narrative Entry

(476 of 4000)

PRESENTING PROBLEM (DRUG(S) OF CHOICE, ROUTE OF ADMINISTRATION, AMOUNT OF USE, FREQUENCY OF USE, AGE OF FIRST USE, DATE OF LAST USE ETC):  
PSYCHOLOGICAL & LEGAL CONSEQUENCES OF USE:  
BASELINE:  
TREATMENT HISTORY (PREVIOUS ATTEMPTS AT TREATMENT & OUTCOME):  
ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC):  
HISTORY OF DTS OR SEIZURES:  
COULD THE PATIENT BE USING DRUGS THAT WOULDN'T SHOW ON UDS?  
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

# ASAM and Recovery and Resiliency

**ASAM/ Other Patient Placement Criteria**

<b>* <a href="#">Dimension 1</a></b> Intoxication/Withdrawal Potential <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<b>* <a href="#">Dimension 2</a></b> Biomedical Conditions <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<b>* <a href="#">Dimension 3</a></b> Emot/Beh/Cogn Conditions <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
<b>* <a href="#">Dimension 4</a></b> Readiness To Change <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<b>* <a href="#">Dimension 5</a></b> Relapse Potential <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<b>* <a href="#">Dimension 6</a></b> Recovery Environment <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High

▶ Mood Disorder Symptom Complex

**Recovery and Resiliency**  
*Please outline the recovery and resiliency environment to support this individual's long term recovery plan. Please include personal strengths, support systems available to support the recovery and details around living environment, as well as outline any identified needs or supports that need to be put in place to assist in the successful recovery.*

▶ Narrative Entry (0 of 2000)

# Medications

## Medications

Medication

\* Medication

Description

\* Start Date

Date Discontinued

\* Date Added

03302015

For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.

▸ Narrative Entry (0 of 250)

Add Medication

With respect to all medications above, please enter any additional details that would assist in coordinating care.

▸ Narrative Entry (0 of 2000)

# Medications

Code	Description
<b>Atypical Anti-psychotics</b>	
<a href="#">CLOZAR</a>	CLOZARIL (CLOZAPINE)
<a href="#">RISPER</a>	RISPERDAL (RISPERIDONE)
<a href="#">ZYPREX</a>	ZYPREXA (OLANZAPINE)
<a href="#">SEROQU</a>	SEROQUEL (QUETIAPINE)
<a href="#">GEODON</a>	GEODON (ZIPRASIDONE)
<a href="#">SYMBYX</a>	SYMBYAX (OLANZAPINE, FLUOXETINE)
<a href="#">ABILIF</a>	ABILIFY (ARIPIRAZOLE)
<b>Antidepressants</b>	
<a href="#">LEXAPR</a>	LEXAPRO (ESCITALOPRAM)
<a href="#">PROZAC</a>	PROZAC (FLUOXETINE)
<a href="#">PAXIL</a>	PAXIL (PAROXETINE)
<a href="#">PAXILC</a>	PAXIL CR (PAROXETINE)
<a href="#">CELEX</a>	CELEXA (CITALOPRAM )
<a href="#">LUVOX</a>	LUVOX (FLUVOXAMINE)
<a href="#">ZOLOFT</a>	ZOLOFT (SERTRALINE)



# Best Practices Endorsement and Discharge Information

**Best Practices Endorsement**

[Best Practice Guidelines Related to Primary Behavioral Diagnosis](#)

\* I endorse that I follow Best Practice Guidelines for the Primary Behavioral Diagnosis.

☐ Yes ☐ No

**Additional Information on Selected Conditions**

Anxiety Disorders [Basic Facts](#) [Treatment](#)

**Discharge Information**

*Discharge planning considerations should include obtaining releases to speak to and coordinate care with the providers that individual will be transitioning to as well as confirming that appointments are timely scheduled. Discharge Planning should be included as a component of the treatment throughout the entire stay. (HEDIS measures require follow-up within 7 days to discharge. Requirements may be sooner based on individual circumstances.)*

\* Planned Discharge Level of Care  
SELECT... ▼


\* Planned Discharge Residence  
SELECT... ▼

Expected Discharge Date (MMDDYYYY)  
 📅

[Back](#) [Next](#)

# Best Practices Endorsement

<http://www.valueoptions.com/providers/crm/2015/hloc-itr2/bestpract>

ValueOptions® Evidenced Based Guideline Decision Support 

Anxiety	
CONDITION INFORMATION	
National Prevalence Rates	APA – Generalized Anx 2.9% - 3.6% APA - Social Anxiety 7% APA – Panic Disorder 2% - 3% APA – Agoraphobia 1.7%
VO Prevalence Rates (commercial and public)	#8 – total cost #3 – total members #23 – avg treatment cost
Condition Identifier Codes	300.00, 300.01, 300.02, 300.09, 300.10, 300.20, 300.21, 300.22, 300.23, 300.29, 300.3, 300.89
Definition	Anxiety is a state of dread, tension, and unease. It is considered a normal response to stress or uncertain situations. Feeling anxious for long periods of time or at intense levels may mean that you have an anxiety disorder. You may be diagnosed with an anxiety disorder if the anxiety: Occurs without an external threat (called "free-floating" anxiety); Is excessive or unreasonable for the situation or threat; Negatively affects how you function during the day. Anxiety may occur with other conditions, such as alcohol abuse, drug abuse, and depression.
BEST PRACTICE	
Primary Interventions	<ul style="list-style-type: none"> <li>- Therapy</li> <li>- Medication SSRI/SNRI as first line (non-benzodiazepine); benzodiazepines only for short term use for crisis</li> </ul>
Secondary Interventions	<ul style="list-style-type: none"> <li>- Psychoeducation regarding flight/fight response</li> <li>- Problem solving</li> <li>- Exposure response training</li> </ul>
General Interventions for All Conditions	<ul style="list-style-type: none"> <li>▪ <b>Assessment</b> - Comprehensive needs assessment includes review of co-occurring health and psychiatric conditions, psychosocial issues</li> <li>▪ <b>Risk</b> - Risk issues have been assessed and addressed as a priority in treatment plan and are continually monitored during treatment</li> <li>▪ <b>Guidelines</b> - Treatment is consistent with national evidence based treatment guidelines.</li> <li>▪ <b>Coordination</b> - Treatment is coordinated with other treating providers as part of integrated care delivery</li> <li>▪ <b>Goals</b> - Treatment plan is member informed with measurable, time-referenced goals.</li> <li>▪ <b>Family</b> - Family/care giver participation in treatment process when indicated</li> <li>▪ <b>Medications</b> - Pharmacological treatment has been addressed, when indicated per Evidence Based Practice guidelines,</li> <li>▪ <b>Therapy</b> - As appropriate treatment includes one or more evidenced based psychosocial therapy modalities:</li> <li>▪ <b>Progress</b> - Treatment progress is monitored – if no improvement demonstrated within 45 days of treatment onset or, condition has</li> </ul>

# Additional Information on Selected Conditions

## Best Practices Endorsement

Best Practice Guidelines Related to Primary Behavioral Diagnosis

\* I endorse that I follow Best Practice Guidelines for the Primary Behavioral Diagnosis.

☐ Yes ☐ No

## Additional Information on Selected Conditions

Anxiety Disorders

[Basic Facts](#)  
[Treatment](#)

## Discharge Information

*Discharge planning considerations should include obtaining releases to speak to and coordinate care with the providers that individual will be transitioning to as well as confirming that appointments are timely scheduled. Discharge Planning should be included as a component of the treatment throughout the entire stay. (HEDIS measures require follow-up within 7 days to discharge. Requirements may be sooner based on individual circumstances.)*


\* Planned Discharge Level of Care

SELECT... ▼

\* Planned Discharge Residence

SELECT... ▼

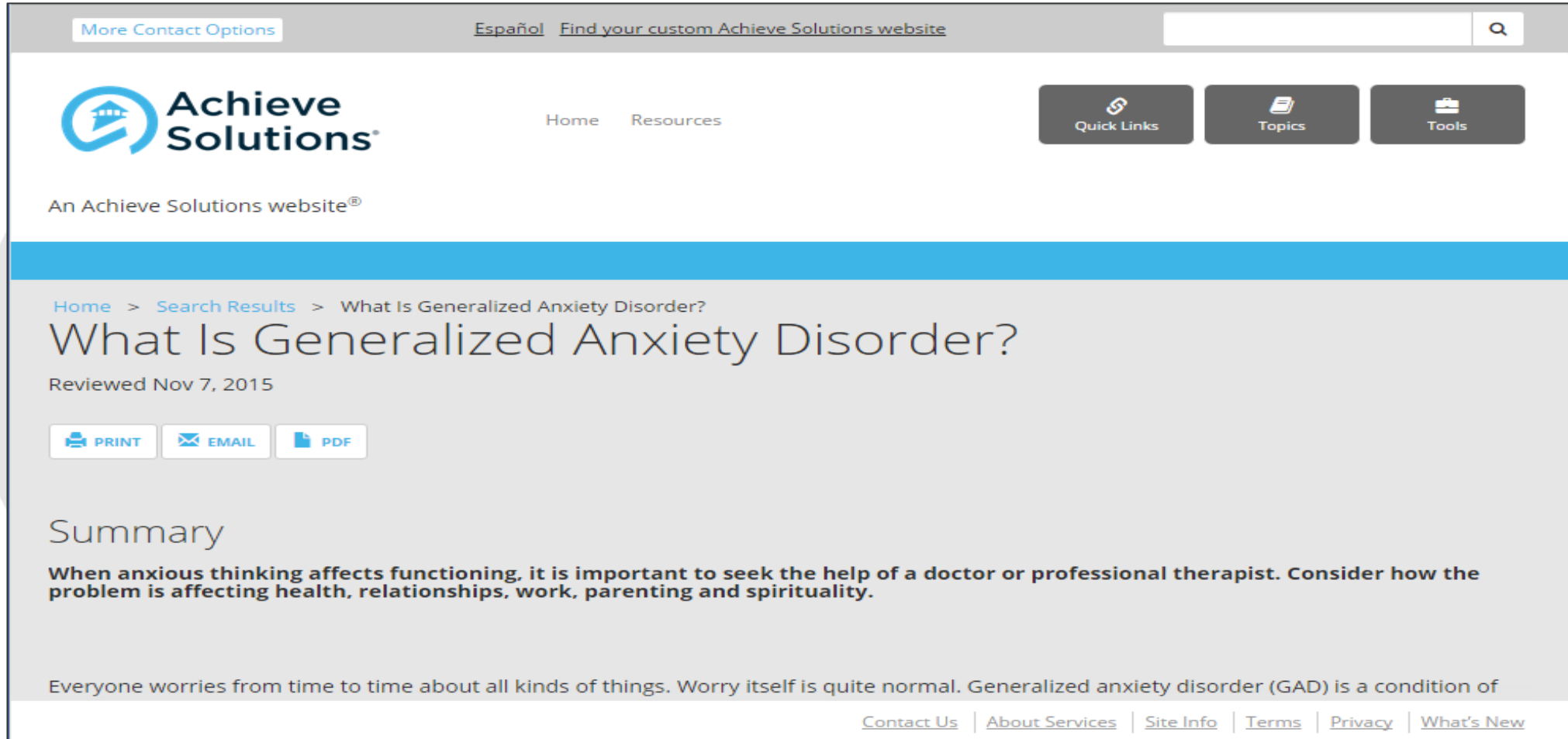
Expected Discharge Date (MMDDYYYY)



Back Next




# Additional Information on Selected Conditions



The screenshot shows the Achieve Solutions website interface. At the top, there is a navigation bar with a search bar, a language selector for 'Español', and a link to 'Find your custom Achieve Solutions website'. The main header features the Achieve Solutions logo, navigation links for 'Home' and 'Resources', and three buttons: 'Quick Links', 'Topics', and 'Tools'. Below the header, a blue banner indicates 'An Achieve Solutions website®'. The main content area shows the breadcrumb trail 'Home > Search Results > What Is Generalized Anxiety Disorder?' and the title 'What Is Generalized Anxiety Disorder?'. It also includes a review date 'Reviewed Nov 7, 2015' and three buttons for 'PRINT', 'EMAIL', and 'PDF'. The 'Summary' section begins with the text: 'When anxious thinking affects functioning, it is important to seek the help of a doctor or professional therapist. Consider how the problem is affecting health, relationships, work, parenting and spirituality.' The footer contains a list of links: 'Contact Us', 'About Services', 'Site Info', 'Terms', 'Privacy', and 'What's New'.

More Contact Options

Español Find your custom Achieve Solutions website

 **Achieve Solutions®**

Home Resources




Quick Links Topics Tools

An Achieve Solutions website®

Home > Search Results > What Is Generalized Anxiety Disorder?

## What Is Generalized Anxiety Disorder?

Reviewed Nov 7, 2015

 PRINT  EMAIL  PDF

### Summary

**When anxious thinking affects functioning, it is important to seek the help of a doctor or professional therapist. Consider how the problem is affecting health, relationships, work, parenting and spirituality.**

Everyone worries from time to time about all kinds of things. Worry itself is quite normal. Generalized anxiety disorder (GAD) is a condition of

[Contact Us](#) | [About Services](#) | [Site Info](#) | [Terms](#) | [Privacy](#) | [What's New](#)

# Discharge Information

## Best Practices Endorsement

[Best Practice Guidelines Related to Primary Behavioral Diagnosis](#)

\* I endorse that I follow Best Practice Guidelines for the Primary Behavioral Diagnosis.

☐ Yes ☐ No

## Additional Information on Selected Conditions

Anxiety Disorders

[Basic Facts](#)  
[Treatment](#)

## Discharge Information

*Discharge planning considerations should include obtaining releases to speak to and coordinate care with the providers that individual will be transitioning to as well as confirming that appointments are timely scheduled. Discharge Planning should be included as a component of the treatment throughout the entire stay. (HEDIS measures require follow-up within 7 days to discharge. Requirements may be sooner based on individual circumstances.)*


\* Planned Discharge Level of Care

SELECT... ▼

\* Planned Discharge Residence

SELECT... ▼

Expected Discharge Date (MMDDYYYY)



Back Next

# Results

**Determination Status:** \*\*\*\*\* **PENDED** \*\*\*\*\*

**The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.**

Member Name <b>SUSAN ASLAN</b>	Member ID <b>987654321</b>	Member DOB <b>12/02/1979</b>	Subscriber Name <b>SUSAN ASLAN</b>	Subscriber ID <b>987654321</b>
Pended Authorization # <b>042208-1-12</b>	Client Authorization # <b>N/A</b>	Type of Request <b>CONCURRENT</b>		
Date of Admission/ Start of Services <b>04/22/2008</b>	Requested From <b>04/22/2008</b>	Submission Date <b>04/22/2008</b>		
Level of Service <b>INPATIENT/HLOC/SPECIALTY</b>	Type of Service <b>MENTAL HEALTH</b>	Level of Care <b>INPATIENT</b>	Type of Care <b>BEHAVIORAL</b>	
Reason Code <b>A70</b>				
Provider Name & Address <b>PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345</b>	Provider ID <b>123456</b>	Provider Alternate ID <a href="#">712345</a>		

Place of Service	CPT	Modifier 1	Service Class	Description	Units / Visits
41				MEDICATION MANAGEMENT	0
Total Units For Auth 042208-1-12 From 04/22/2008 To 04/22/2009				5	
Total Units Authorized This Episode For 111109-1-38				5	

Message

**A70**

**Attached Documents** There are no documents attached with this Authorization Request

Document Title	Document Description
----------------	----------------------

**Authorization Printing & Downloading Options:**  
(For the best print results, please print in 'Landscape' format.)

<a href="#">Print Authorization Result</a> <small>Print the Results page (this page)</small>	<a href="#">Print Authorization Request</a> <small>Print the entire Authorization Request</small>	<a href="#">Download Authorization Request</a> <small>Download the entire Authorization Request</small>	<a href="#">Return to Provider Home</a> <small>Return to the ProviderConnect homepage</small>
---	--	--	--

Chapter

# 05

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

Our Commitment

## Viewing Authorization Listings and Letters



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# 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/Openings  
EDI Homepage  
Enter Member Reminders

**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 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](#)

**INBOX** **SENT**

# 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

# 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](#)

## Authorization Search Results

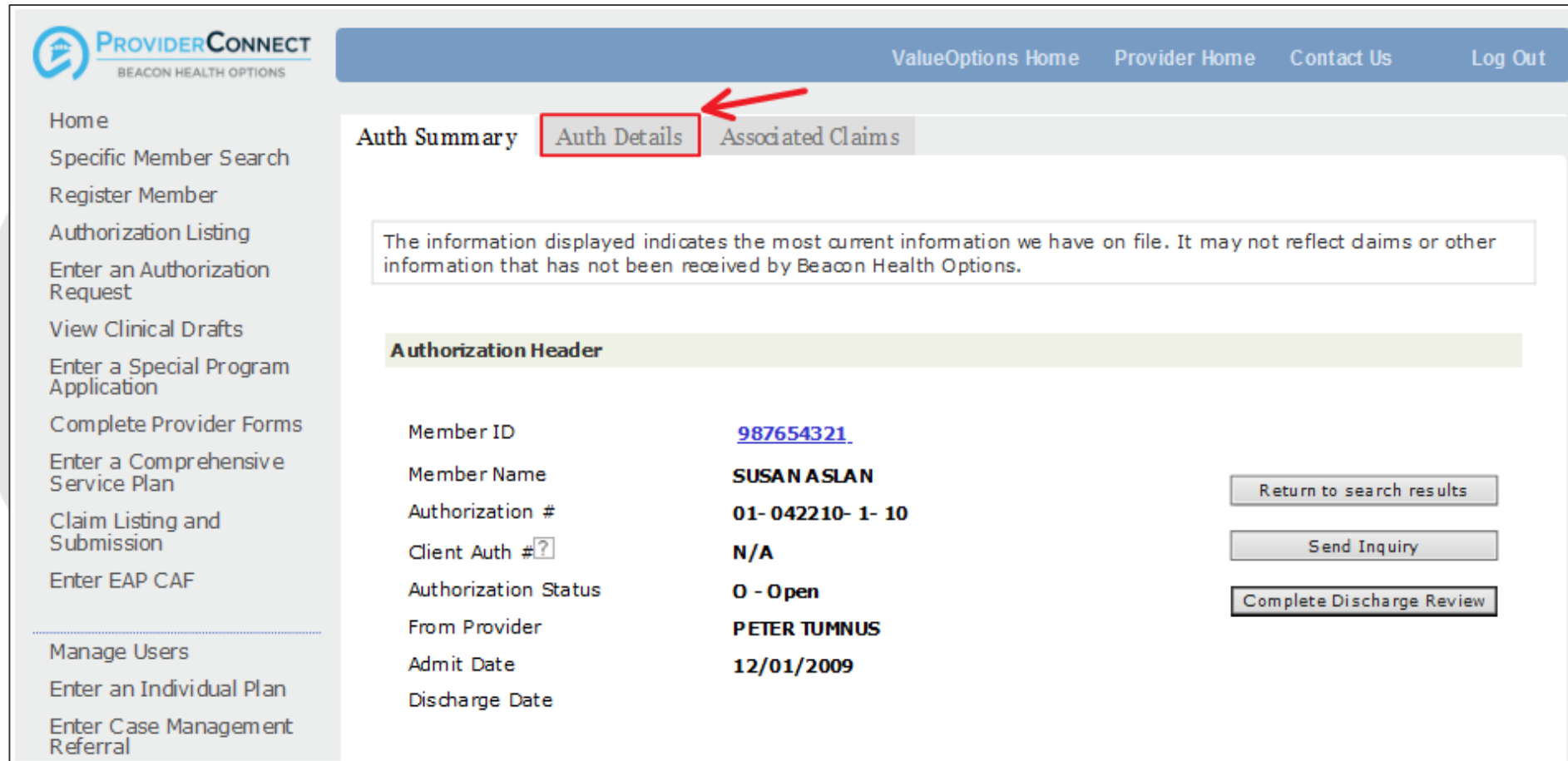
This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

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	
<a href="#">01-02232011-1-3</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		<a href="#">712345</a>		EAP
<a href="#">01-042210-1-10</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		<a href="#">712345</a>		Inpatient
<a href="#">01-123101-1-2</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		<a href="#">712345</a>		Outpatient
<a href="#">04-111108-1-4</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		<a href="#">712345</a>		CST

# Authorization Summary



**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ValueOptions Home   Provider Home   Contact Us   Log Out

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  
Enter Case Management Referral

**Auth Summary**   **Auth Details**   Associated 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	<a href="#">987654321</a>	
Member Name	<b>SUSAN ASLAN</b>	
Authorization #	<b>01-042210-1-10</b>	<a href="#">Return to search results</a>
Client Auth #?	<b>N/A</b>	<a href="#">Send Inquiry</a>
Authorization Status	<b>O - Open</b>	<a href="#">Complete Discharge Review</a>
From Provider	<b>PETER TUMNUS</b>	
Admit Date	<b>12/01/2009</b>	
Discharge Date		



# Authorization Detail



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

Enter Case Management Referral

Enter a Referral

Review Referrals

EDI Homepage

Enter Member Reminders

ValueOptions Home

Provider Home

Contact Us

Log Out

Auth Summary

Auth Details

Associated 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

Complete Discharge Review

Authorization #

01-042210-1-10


Client Auth #?

N/A

Authorization Status

O - Open


Authorization Letter(s)

 (click to view)

Service Lines

Line #	Submission Date	Service Code	Modifier Code	Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	12/01/2009	12345678		N/A	12/01/2009-12/31/2009	0/0	0	O - Open	N/A

# Authorization Letters



PROVIDERCONNECT  
BEACON HEALTH OPTIONS

ValueOptions Home   Provider Home   Contact Us   Log Out

[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](#)  
[Enter a Referral](#)  
[Review Referrals](#)  
[EDI Homepage](#)  
[Enter Member Reminders](#)

- The Information displayed indicates the most current information we have on file. If an authorization is still in process, the authorization has not yet finalized and a letter has not been generated. Please note the letters may take 24 - 48 hours to display in the system.

### Search Authorization Letters

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

\* Provider ID  
123456

Member ID

\* Letters From  
06212010  
(MMDDYYYY)

\* Letters Through  
06282010  
(MMDDYYYY)

Return to search results

Search

Authorization letter search default is for letters created within the date range shown. Fields can be modified to expand or narrow results.

Click on View to see the authorization letter.

	Letter Date	Authorization # ▼	Member Name Member ID	Subscriber Name	Provider Name	AdmitDate	Last Viewed	Select
NEW	06/23/10	06-112310-1-1	ASLAN, SUSAN ***54321	ASLAN, SUSAN	TUMNUS, PETER	06/23/10		<a href="#">View</a>
NEW	06/24/10	06-112410-1-1	ASLAN, SUSAN ***54321	ASLAN, SUSAN	TUMNUS, PETER	06/24/10		<a href="#">View</a>

# Authorization Letter Sample

Beacon Health Options, Inc.



12/31/2015

Employee/Enrollee:   
Patient ID#:   
Patient:   
Patient Date of Birth:

Auth#:   
Employee SSN: \*\*\*\*\*   
Date of Admission:   
Level of Treatment:

Dear :

Beacon Health Options, Inc. has been selected by . to review proposed treatment for mental health and/or substance abuse to determine if the proposed treatment is medically necessary.

Based upon all of the information received by Beacon Health Options, Inc., a determination has been made that the proposed treatment has been certified:

UNIT(S) ACUTE INPATIENT FROM

Chapter

# 06

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

Our Commitment

## Resources

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



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69

# Thank You

## Contact Us



	Beacon Health Strategies	Beacon Health Options (formerly ValueOptions)
Website and EDI	<b>eServices</b> Phone: 866-206-6120 <a href="mailto:eServices@beaconhealthoptions.com">eServices@beaconhealthoptions.com</a>  <b>Electronic Data Interchange</b> Phone: 888-204-5581 <a href="mailto:EDI.Operations@beaconhealthoptions.com">EDI.Operations@beaconhealthoptions.com</a>	<b>EDI Helpdesk</b> Monday through Friday, 8 a.m.-6 p.m. ET  Phone: 888-247-9311 <a href="mailto:e-supportservices@beaconhealthoptions.com">e-supportservices@beaconhealthoptions.com</a>
PaySpan	<b>PaySpan Registration Provider Support</b> Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 <a href="mailto:providersupport@payspanhealth.com">providersupport@payspanhealth.com</a>	Unable to locate your registration code?  Email: <a href="mailto:corporatefinance@beaconhealthoptions.com">corporatefinance@beaconhealthoptions.com</a> Reply will be received within three business days
Provider Relations	<b>Provider Relations</b> Phone: 844-265-7592 <a href="mailto:Provider.Relations@beaconhealthoptions.com">Provider.Relations@beaconhealthoptions.com</a>	<b>National Provider Services Line</b> Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 <a href="#">Regional Provider Relations Team</a>

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