



ProviderConnect: Behavior Documentation Process

Objectives

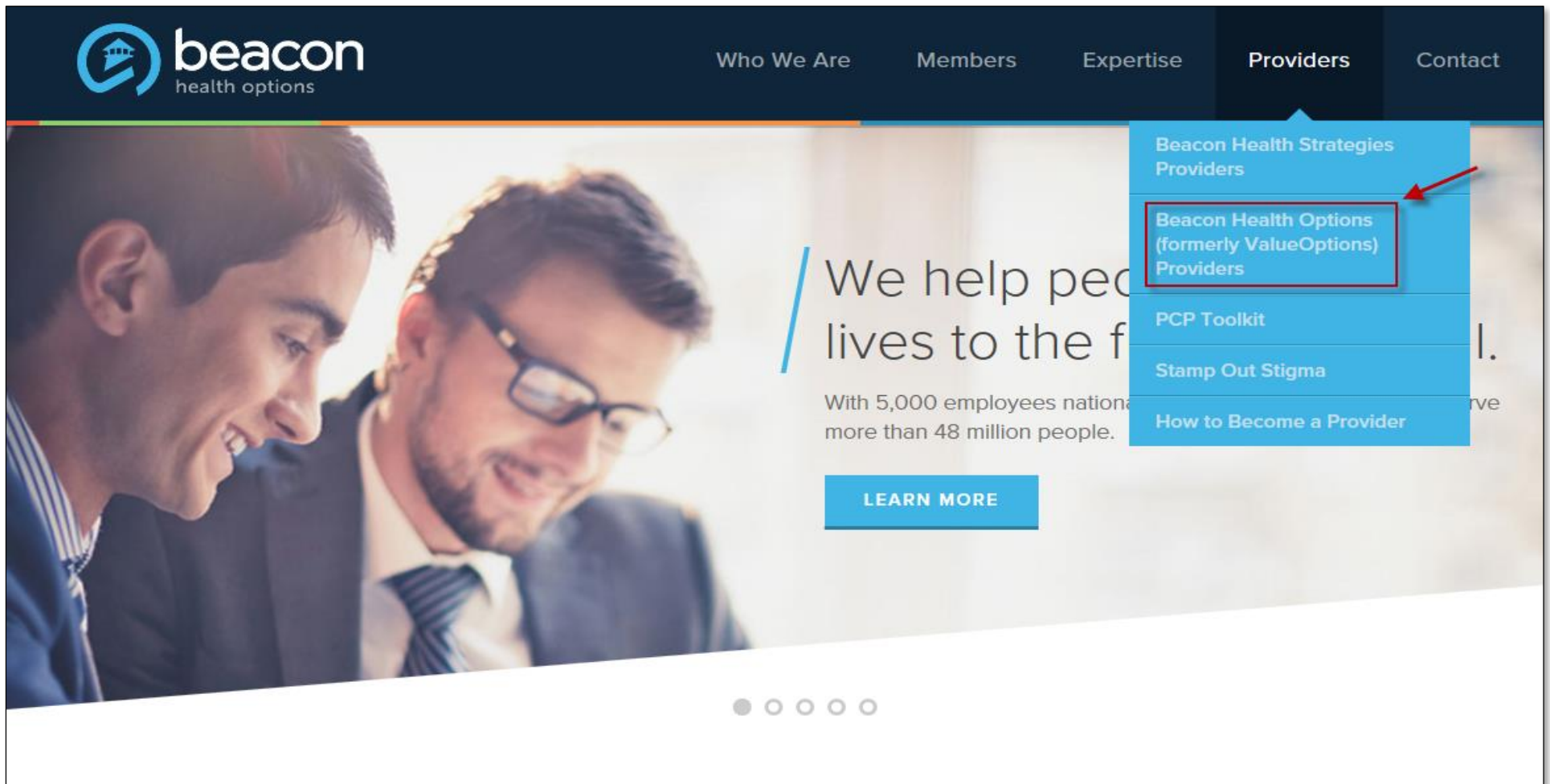
- ProviderConnect
 - Accessing ProviderConnect
 - Submitting Clinical Data
- Viewing Graphs of Maladaptive Behaviors and Skills data
- Additional Information
- Questions

How to Access ProviderConnect



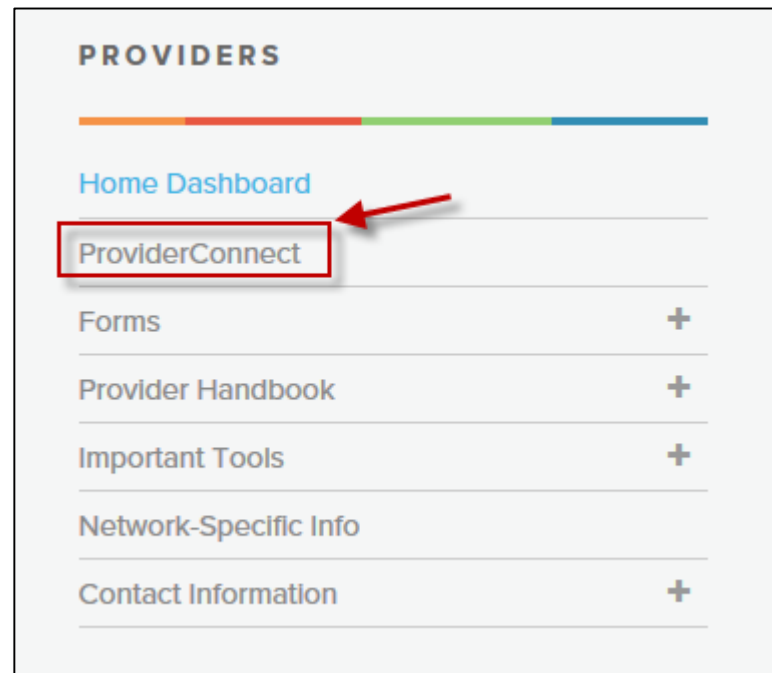
How to Access ProviderConnect

- Access Beacon's website at <https://www.beaconhealthoptions.com/>



How to Access ProviderConnect

- Go to www.BeaconHealthOptions.com, choose “Providers” and “Beacon Health Options (formerly ValueOptions) Providers”
- Click on “ProviderConnect” on the right side of the screen and choose the appropriate portal.



ProviderConnectSM Registration

- Providers register online with ProviderConnectSM
 - In order to register, you will use your Beacon ID Number
 - If you do not have a Beacon ID Number e-mail:
e-supportservices@beaconhealthoptions.com
- After submitting your online registration form, you will receive a ProviderConnectSM log-in with instructions so that you can begin using ProviderConnectSM
- ProviderConnectSM has three different types of user accounts
 - **Super User** – Facility/Group Administrator
 - **Managed User** – Staff account administered by Super User
 - **Standard User** – Staff account administered by Beacon Health Options

ProviderConnect

- **Types of User Accounts:**
- **Super User** – A designation given to one or multiple administrators at an organization that have the ability to allow/disallow use of functions within ProviderConnect. This user also has the ability to create new user accounts for staff and disable accounts when necessary.
- **Managed User** – A designation assigned by the Super User for staff members that will be using ProviderConnect. The user's ability to access functions on ProviderConnect is controlled by a Super User.
- **Standard User** – A standard account created by Beacon for a user that is not controlled by an administrator.

ProviderConnectSM Registration Forms

- Complete the Provider online services registration by completing all of the required fields.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log In

Provider Online Services Registration

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

First Name

*Last Name

Contact Name

*Provider ID ^(?)

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address

*Verify Primary Email Address

Secondary Email Address

*Phone Number
(10 digit number without dashes)
 Ext.

Fax Number
(10 digit number without dashes)

Password must be between 8 and 20 characters long, must contain at least one number (0-9), one upper case letter (A-Z), one lower case letter (a-z), one of these special characters (! # \$ % ^ & * ' () + , - . : ; = ? [] ^ _ ` ~ < > | { } \) , but no spaces. Make sure it is difficult for others to guess. Your Password is case-sensitive.

*Select a Password

*Confirm New Password

*Create a Security Question

*Answer to Security Question

Please check the provider services you want access to:

Inquiry Functions
Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration.

Claims Submission

Next

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-supportservices@beaconhealthoptions.com

Logging into ProviderConnect

PROVIDERCONNECT
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log In

Please Log In

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

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

Log In

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources in providing services to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

Clinical Data Entry



Accessing Clinical Data Entry Screens

Home
Specific Recipient Search
Authorization Listing
Enter an Authorization/Notification Request
View Clinical Drafts
Weekly Behavior Analysis Measures
Reports
My Online Profile
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Welcome. Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [View My Recent Authorization Letters](#)
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Recipient](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization/Notification Request](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)

Search for a Member

Search a Recipient

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

Verify an recipient's eligibility and benefits information by entering search criteria below.

*Recipient ID	<input type="text" value="1234567"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="08262000"/>	(MMDDYYYY)
As of Date	<input type="text" value="11142016"/>	(MMDDYYYY)

Select Option to Enter Maladaptive or Skills Data

Demographics | Enrollment History | COB | Benefits | Additional Information

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

Recipient?		Eligibility	
Recipient ID	TEMP001096557	Effective Date	11/07/2016
Alternate ID		Expiration Date	
Recipient Name	RECIPIENT, AHCA BA	COB Effective Date?	
Date of Birth	01/01/2010		
Address	123 MAIN ST MIAMI, FL 33101		
Alternate Address		Subscriber	
Marital Status	-	Subscriber ID	TEMP001096557
Home Phone		Subscriber Name	RECIPIENT, AHCA BA
Work Phone			
Relationship	1		
Gender	M - Male		

Recipient Participates in Message Center Communication with Providers? No

Next


Disable Recipient Communication

Enter Maladaptive Behavior Data

Enter Skills Data

View Behavioral Analysis Data

Entering Maladaptive Behavior Data


Provider Connect Home

BAMaladaptive Behavior

Record # _____ Recipient Name **RECIPIENT, AHCA BA** Recipient ID **TEMP001096557** Date of Birth **01/01/2010** Age **6**

Select a week for which you will be entering/editing data:

No Maladaptive Behavior Data to report this week

Selected Week: _____ **Added By:** _____ **Date Added:** _____ **Changed By:** _____ **Date Changed:** _____

Baseline	Behavior Type	Behavior Name	Measurement Type	Measurement Units	Interval Units	Data Value
<input type="checkbox"/>	AGGRESSION 1	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	AGGRESSION 2	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	AGGRESSION 3	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	ELOPMENT	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	NON-COMPLIANCE	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	PROPERTY DESTRUCTION	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	SELF-INJURY 1	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	SELF-INJURY 2	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	SELF-INJURY 3	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	STEREOTYPY1	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	STEREOTYPY2	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	STEREOTYPY3	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	TANTRUM	SELECT...	SELECT...	SELECT...		

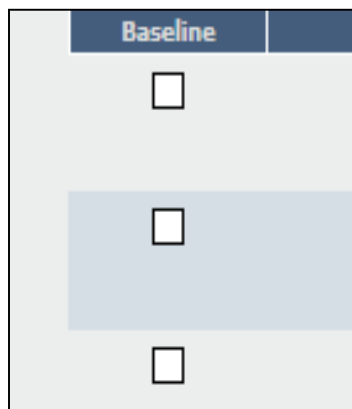
Entering Maladaptive Behavior Data

- Select a week for which you will be entering data



The screenshot shows the PROVIDERCONNECT BEACON HEALTH OPTIONS interface. At the top, there is a logo and the text "PROVIDERCONNECT BEACON HEALTH OPTIONS". Below this, the title "BA Maladaptive Behavior" is displayed. Underneath the title, there is a field labeled "Record #". Below that, there is a prompt "Select a week for which you will be entering/editing data" followed by a date selection box. At the bottom, there is a label "Selected Week:".

- Indicate if data is a baseline measure of performance by clicking in the box



Baseline
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Entering Maladaptive Behavior Data

- Choose Behavior Type per maladaptive behavior displayed by member

Behavior Type
AGGRESSION 1
AGGRESSION 2
AGGRESSION 3
ELOPEMENT
NON-COMPLIANCE
PROPERTY DESTRUCTION
SELF-INJURY 1
SELF-INJURY 2
SELF-INJURY 3
STEREOTYPY1
STEREOTYPY2
STEREOTYPY3
TANTRUM

Behavior Name
HITTING
SELECT...
SELECT...

- Provider may also indicate specific behavior name (This step is optional)
- A drop down list will appear under Behavior Name of most frequently identified behavior examples
- Providers have the option to choose “Other” and enter specific behavior name
- In the example above for Behavior Type “Aggression 1” the Behavior Name of “Hitting” has been identified

Entering Maladaptive Behavior Data

- Select the Measurement Type from the dropdown list.
- Enter the Measurement Units and Interval Units, if the measurement type requires it.
 - *Note the system will only allow data entry into required field based on measurement type chosen.*

Measurement Type	Measurement Units	Interval Units	Data Value
FREQUENCY	SESSION	1.0	1.0
SELECT...	SELECT...		
SELECT...	SELECT...		
SELECT...	SELECT...		

SELECT...
FREQUENCY
RATE
DURATION
PERCENTAGE
LATENCY
INTENSITY
WHOLE INTERVAL RECORDING
PARTIAL INTERVAL RECORDING
MOMENTARY TIME SAMPLE
INTER RESPONSE TIME (IRT)
PERMANENT RECORD

SELECT...
HOURS
MINUTES
SECONDS
SESSION
SESSION

Guide for Measurement Type Requirements

Measurement Type	Measurement Units	Interval Units	Data Value
FREQUENCY	SESSION	1.0	1.0
SELECT...	SELECT...		
SELECT...	SELECT...		
SELECT...	SELECT...		

Measurement Type	Measurement Units	Interval Units	Data Entry
Frequency	<u>Y</u>	<u>Y</u>	<u>Y</u>
Rate	<u>Y</u>	<u>Y</u>	<u>Y</u>
Duration	<u>Y</u>	<u>Y</u>	<u>N</u>
Percentage	<u>Y</u>	<u>Y</u>	<u>Y</u>
Latency	<u>Y</u>	<u>Y</u>	<u>N</u>
Intensity	<u>N</u>	<u>N</u>	<u>Y</u>
Permanent Record	<u>N</u>	<u>N</u>	<u>Y</u>
Whole Interval Recording	<u>Y</u>	<u>Y</u>	<u>Y</u>
Partial Interval Recording	<u>Y</u>	<u>Y</u>	<u>Y</u>
Momentary Time Sampling	<u>Y</u>	<u>Y</u>	<u>Y</u>
Inter-Response Time (IRT)	<u>Y</u>	<u>Y</u>	

Entering Maladaptive Behavior Data

Select a week for which you will be entering/adding data
 No Maladaptive Behavior Data to report this week

Selected Week: 10/30/2016 - 11/05/2016

Baseline	Behavior Type	Behavior Name	Measurement Type	Measurement Units	Interval Units	Data Value
<input type="checkbox"/>	AGGRESSION 1	HITTING	FREQUENCY	SESSION	1	12
<input type="checkbox"/>	AGGRESSION 2	BITING	RATE	HOURS	30	2
<input type="checkbox"/>	AGGRESSION 3	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	BLOPMENT	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	NON-COMPLIANCE	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	PROPERTY DESTRUCTION	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	SELF-INDURY 1	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	SELF-INDURY 2	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	SELF-INDURY 3	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	STEREOTYPY1	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	STEREOTYPY2	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	STEREOTYPY3	SELECT...	SELECT...	SELECT...		
<input type="checkbox"/>	TANTRUM	TANTRUM	DURATION	MINUTES	15	

© 2016 Beacon Health Options® Provider/Connect v 5.06.00

Confirmation Page

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Determination Status: SUBMITTED

Recipient Name RECIPIENT, AHCA BA	Recipient ID TEMP001096557	Recipient DOB 01/01/2010
Record # 10302016 -MB		Type of Request MALADAPTIVE BEHAVIOR TRACKING MEASURE
From - To 10/30/2016 - 11/05/2016	Submission Date 11/14/2016	
Provider Name & Address EHAVIORAL ASSOC SAINT CLOUD, FL 34771	Provider ID FLA000	

Enter Maladaptive Behavior Data **Enter Skills Data**

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

Print Maladaptive Behavior Result <i>Print the Results page (this page)</i>	Print Maladaptive Behavior Request <i>Print the entire Maladaptive Behavior Request</i>	Download Maladaptive Behavior Request <i>Download the entire Maladaptive Behavior Request</i>
---	---	---

Entering Skills Data

Demographics | Enrollment History | COB | Benefits | Additional Information

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

Recipient?		Eligibility	
Recipient ID	TEMP001096557	Effective Date	11/07/2016
Alternate ID		Expiration Date	
Recipient Name	RECIPIENT, AHCA BA	COB Effective Date?	
Date of Birth	01/01/2010		
Address	123 MAIN ST MIAMI, FL 33101		
Alternate Address		Subscriber	
Marital Status	-	Subscriber ID	TEMP001096557
Home Phone		Subscriber Name	RECIPIENT, AHCA BA
Work Phone			
Relationship	1		
Gender	M - Male		

Recipient Participates in Message Center Communication with Providers? **No**

Next


Disable Recipient Communication

Enter Maladaptive Behavior Data

Enter Skills Data

View Behavioral Analysis Data

Entering Skills Data


Provide rConnect Home

BASkills

Record #	Recipient Name RECIPIENT, AHCA BA	Recipient ID TEMP001096557	Date of Birth 01/01/2010	Age 6
----------	---	--------------------------------------	------------------------------------	-----------------

Select a week for which you will be entering/editing data: No Skills Data to report this week

Selected Week: _____

	Added By	Date Added	Changed By	Date Changed
Readiness Skills				
Attending				
Fine Motor				
Gross Motor				
Motor Imitation				
Routine/Schedule				
Visual Performance				
Language/Communication				
Intraverbal				
Label/Text				
Receptive Language				
Request/Mands				
Social Interactions				
Syntax and Grammar				
Vocal Imitation				
Daily Living/Self Help				
Chores				
Dressing				
Eating				
Grooming				
Play and Leisure				
Toileting				
Vocational				
Social Skills				
Group Instruction				
Pragmatic Language				
Social Interaction				
Academics				
Math				
Reading				
Spelling				
Writing				
Generalized Responding				
Academics				
Cognitive Functioning				
Daily Living/Self Help				
Language/Communications				
Readiness Skills				
Safety				
Social Skills				

Submit
Cancel

Entering Skills Data

Readiness Skills	
Attending	<input type="text"/>
Fine Motor	<input type="text"/>
Gross Motor	<input type="text"/>
Motor Imitation	<input type="text"/>
Routine/Schedule	<input type="text"/>
Visual Performance	<input type="text"/>

Social Skills	
Group Instruction	<input type="text"/>
Pragmatic Language	<input type="text"/>
Social Interaction	<input type="text"/>

Language / Communication	
Intraverbals	<input type="text"/>
Label/Text	<input type="text"/>
Receptive Language	<input type="text"/>
Request/Mands	<input type="text"/>
Social Interactions	<input type="text"/>
Syntax and Grammar	<input type="text"/>
Vocal Imitation	<input type="text"/>

Academics	
Math	<input type="text"/>
Reading	<input type="text"/>
Spelling	<input type="text"/>
Writing	<input type="text"/>

Daily Living / Self Help	
Chores	<input type="text"/>
Dressing	<input type="text"/>
Eating	<input type="text"/>
Grooming	<input type="text"/>
Play and Leisure	<input type="text"/>
Toileting	<input type="text"/>
Vocational	<input type="text"/>

Generalized Responding	
Academics	<input type="text"/>
Cognitive Functioning	<input type="text"/>
Daily Living / Self Help	<input type="text"/>
Language / Communications	<input type="text"/>
Readiness Skills	<input type="text"/>
Safety	<input type="text"/>
Social Skills	<input type="text"/>


Entering Skills Data

Select a week for which you will be entering/adding data
 No Skills Data to report this week

Selected Week: 10/30/2016 - 11/05/2016

		Added By	Date Added	Changed By	Date Changed
Under the appropriate domain heading enter the number of steps or increments mastered for each of the skills targeted in the treatment plan during a given week in this form					
Readiness Skills		Language/Communication		Daily Living/Self Help	
Attending	<input type="text" value="2"/>	Intraverbals	<input type="text"/>	Chores	<input type="text"/>
Fine Motor	<input type="text"/>	Label/Tact	<input type="text"/>	Dressing	<input type="text" value="3"/>
Gross Motor	<input type="text"/>	Receptive Language	<input type="text"/>	Eating	<input type="text"/>
Motor Imitation	<input type="text"/>	Request/Commands	<input type="text" value="1"/>	Grooming	<input type="text"/>
Routine/Schedule	<input type="text"/>	Social Interactions	<input type="text"/>	Play and Leisure	<input type="text"/>
Visual Performance	<input type="text"/>	Syntax and Grammar	<input type="text"/>	Toileting	<input type="text"/>
		Vocal Imitation	<input type="text"/>	Vocational	<input type="text"/>
Social Skills		Academics		Generalized Responding	
Group Instruction	<input type="text"/>	Math	<input type="text"/>	Academics	<input type="text"/>
Pragmatic Language	<input type="text"/>	Reading	<input type="text"/>	Cognitive Functioning	<input type="text"/>
Social Interaction	<input type="text"/>	Spelling	<input type="text"/>	Daily Living/Self Help	<input type="text"/>
		Writing	<input type="text"/>	Language/Communications	<input type="text"/>
				Readiness Skills	<input type="text"/>
				Safety	<input type="text"/>
				Social Skills	<input type="text" value="4"/>

Confirmation Page

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

Determination Status: ***** SUBMITTED *****

Recipient Name RECIPIENT, AHCA BA	Recipient ID TEMP001096557	Recipient DOB 01/01/2010
Record # 10302016 -S		Type of Request SKILLS TRACKING MEASURES
From - To 10/30/2016 - 11/05/2016	Submission Date 11/14/2016	
Provider Name & Address EHAVIORALASSOC SAINT CLOUD, FL 34771	Provider ID FLAU	

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

<input type="button" value="Print Skills Result"/> <i>Print the Results page (this page)</i>	<input type="button" value="Print Skills Request"/> <i>Print the entire Skills Request</i>	<input type="button" value="Download Skills Request"/> <i>Download the entire Skills Request</i>
---	---	---

Viewing ABA data

Demographics Enrollment History COB Benefits Additional Information

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

Recipient?		Eligibility	
Recipient ID	TEMP001096557	Effective Date	11/07/2016
Alternate ID		Expiration Date	
Recipient Name	RECIPIENT, AHCA BA	COB Effective Date?	
Date of Birth	01/01/2010		
Address	123 MAIN ST MIAMI, FL 33101		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	M - Male		

Recipient Participates in Message Center Communication with Providers? No

Next

Disable Recipient Communication

Enter Maladaptive Behavior Data

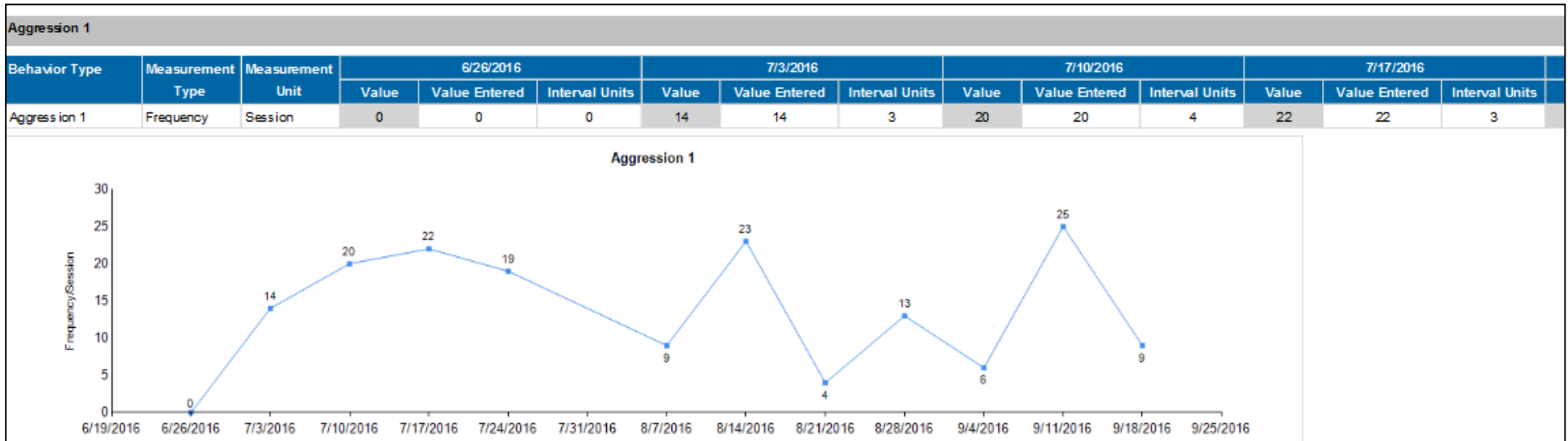
Enter Skills Data

View Behavioral Analysis Data

Subscriber

Subscriber ID	TEMP001096557
Subscriber Name	RECIPIENT, AHCA BA

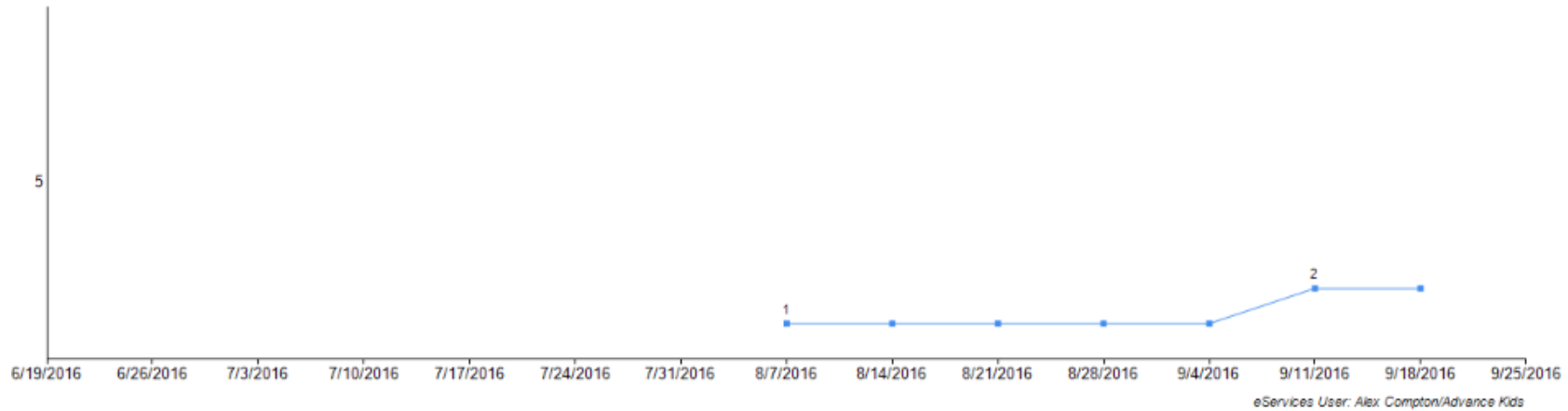
Viewing Maladaptive Behavior Data



Viewing Skills Data

Question	8/7/2016	9/11/2016
Play and Leisure	1	1

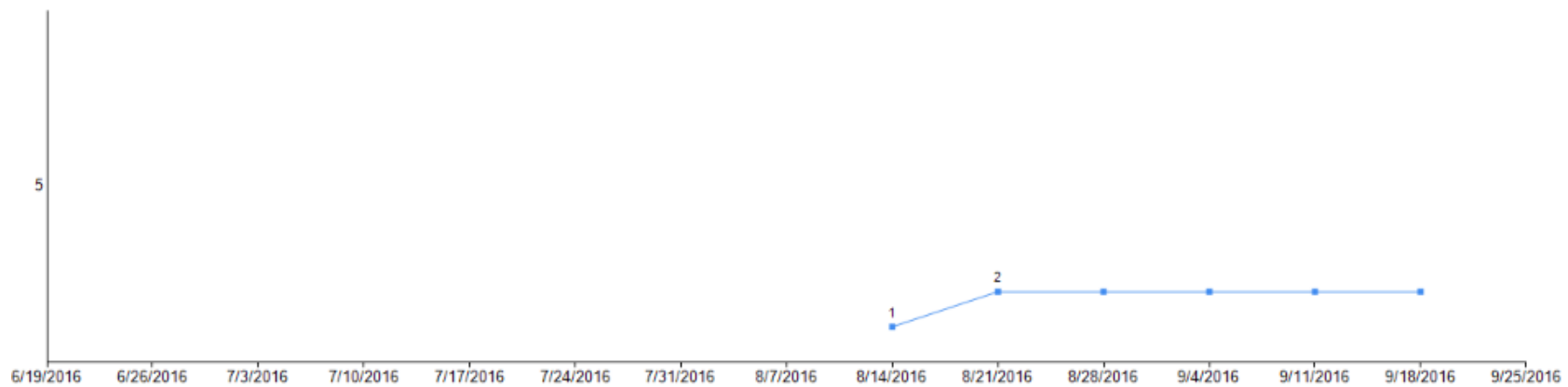
Play and Leisure



Skills Language/Communication

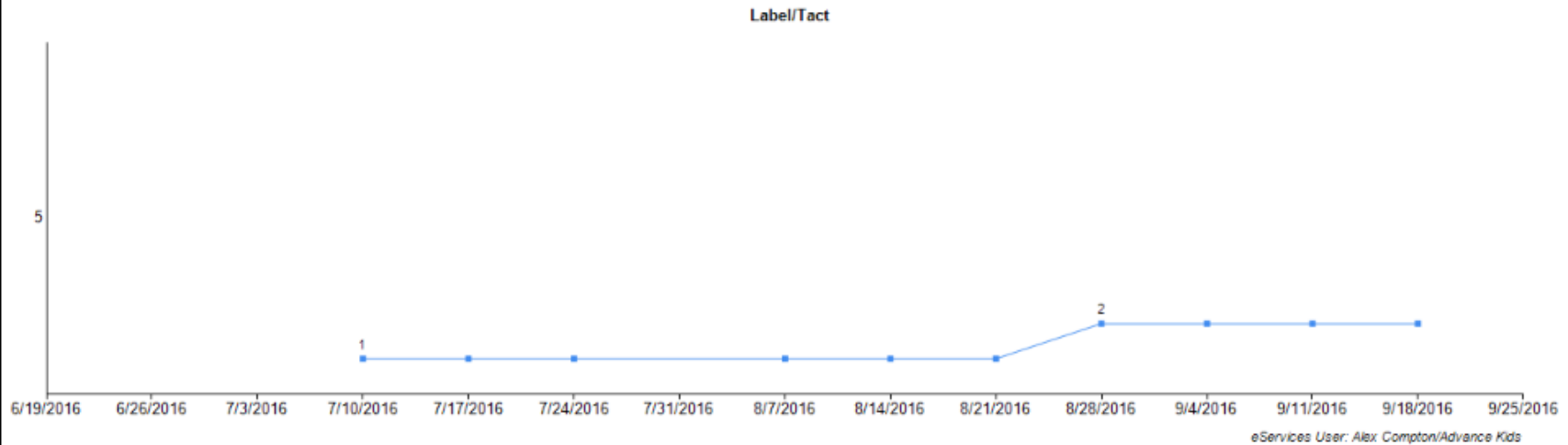
Question	8/14/2016	8/21/2016
Intraverbals	1	1

Intraverbals

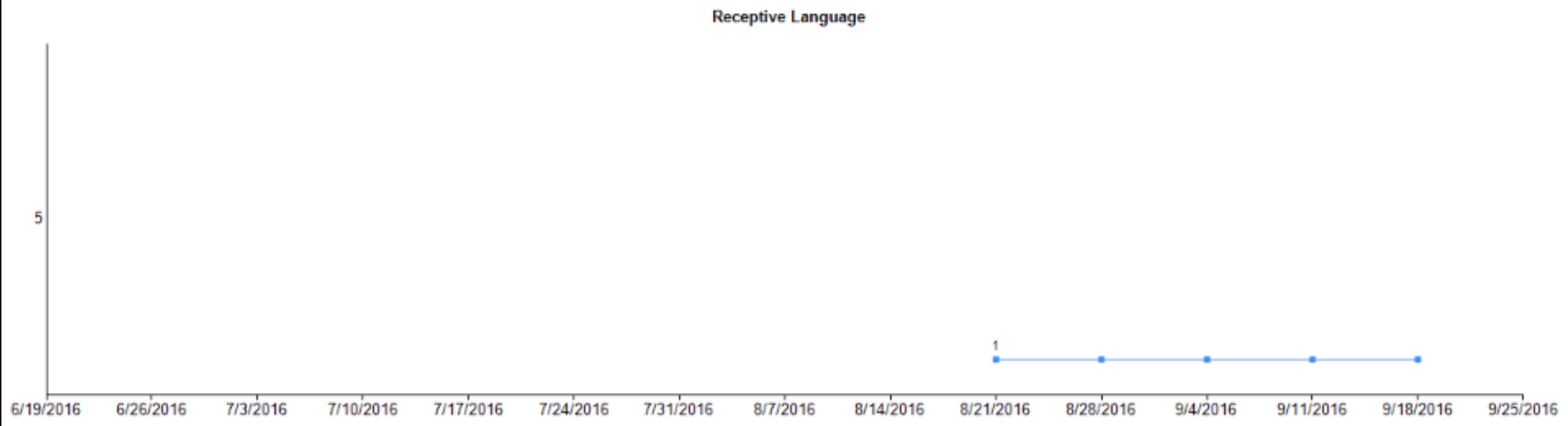


Viewing Skills Data

Question	7/10/2016	8/28/2016
Label/Tact	1	1



Question	8/21/2016
Receptive Language	1



Thank you

