



**Beacon Health Options Provider  
Guide to Online EAP  
Submissions**

**[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)**

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Online EAP Submission allows the provider/submitter to enter a claim directly into the Beacon Health Options ProviderConnect portal without using any special software. This expedites both the processing of the claim and the payment being sent to the provider.

You must have an electronic account set up before you are able to log in to ProviderConnect and access the Online EAP Submission module. You will need to submit a completed Account Request Form if you do not currently have an electronic account. This form can be accessed by using the following link:

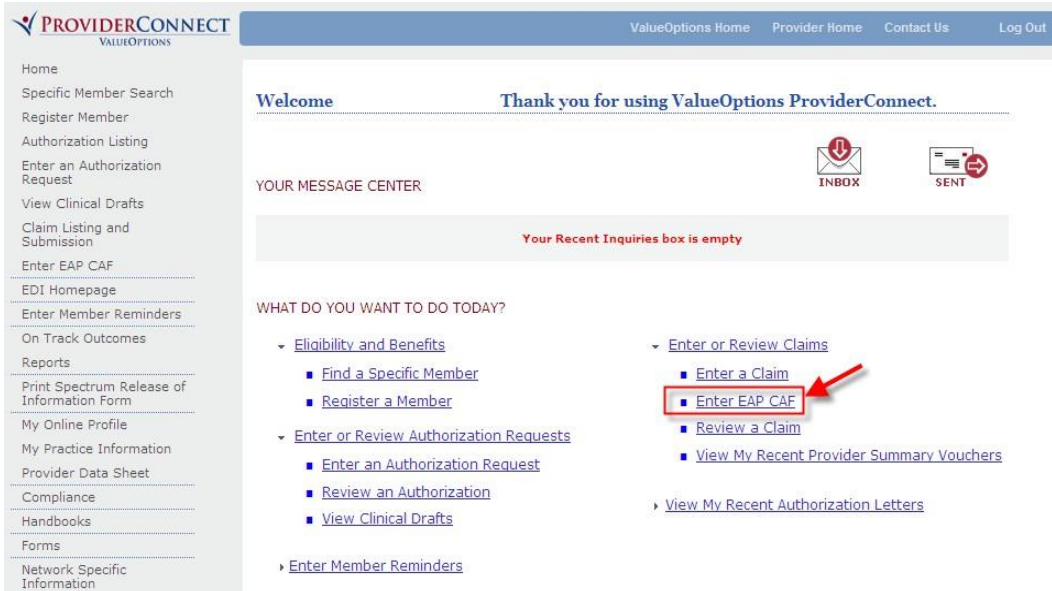
<https://www.beaconhealthoptions.com/providers/beacon/providerconnect/>

Once your account is set up, go to <https://www.beaconhealthoptions.com> and hover over the “Providers” option in the upper right hand corner of the page. This will bring you to the Providers Home Page. Please log in to ProviderConnect and access the Online EAP Submission module using the screenshots on the next pages as guides.

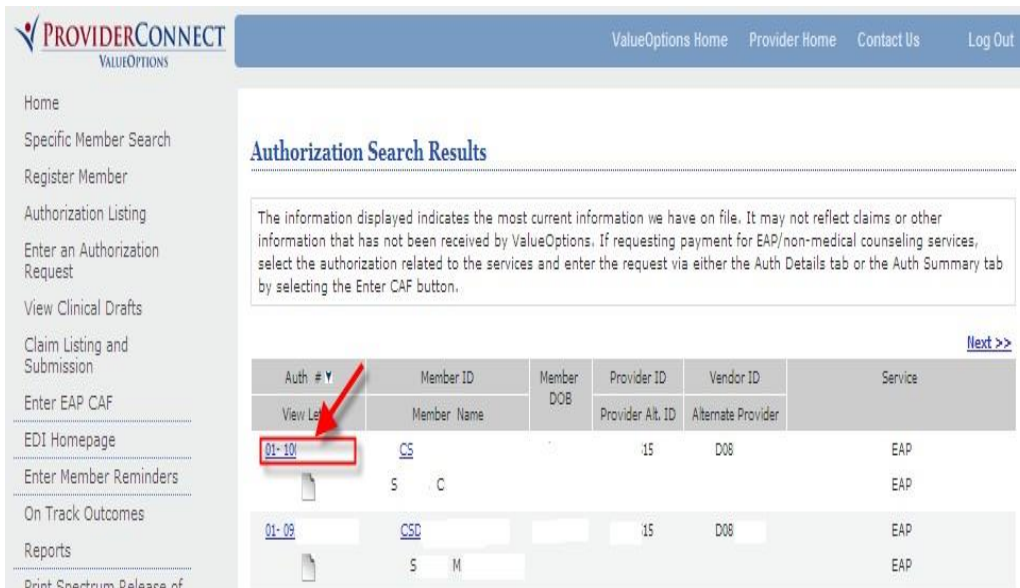
ProviderConnect is best compatible with Internet Explorer. For all web browsers, please make sure you have your browser settings to allow JavaScript, cookies, and pop-up windows from <https://www.beaconhealthoptions.com>

# Submitting an EAP CAF

Once logged in select "Enter EAP CAF" from the ProviderConnect home page.

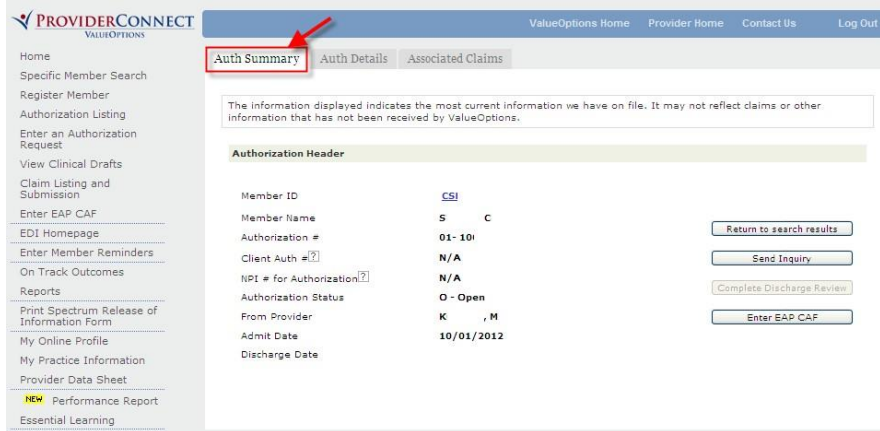


This will show the "Authorization Search Results." Click directly on the desired "Authorization number" hyperlink, as shown below, to display the "Authorization Search Results" page.



## Submitting an EAP CAF (Cont'd)

The “Auth Summary” page is displayed in the screenshot below.



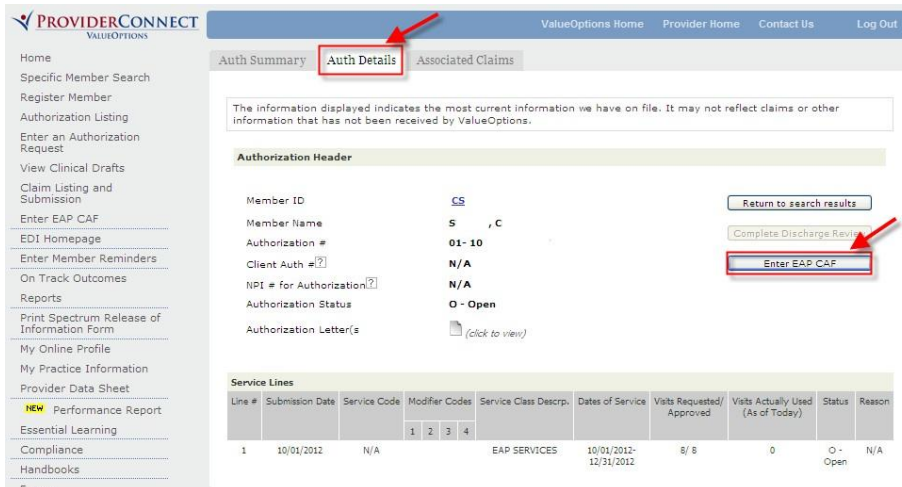
The screenshot shows the PROVIDERCONNECT VALUEOPTIONS interface. The top navigation bar includes links for ValueOptions Home, Provider Home, Contact Us, and Log Out. The left sidebar contains various menu items such as Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization Request, View Clinical Drafts, Claim Listing and Submission, Enter EAP CAF, EDI Homepage, Enter Member Reminders, On Track Outcomes, Reports, Print Spectrum Release of Information Form, My Online Profile, My Practice Information, Provider Data Sheet, NEW Performance Report, and Essential Learning. The main content area has three tabs: Auth Summary (highlighted with a red box and arrow), Auth Details, and Associated Claims. Below the tabs is a disclaimer: "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 ValueOptions." The "Authorization Header" section displays the following information:

Member ID	CS	
Member Name	S	C
Authorization #	01-10	<a href="#">Return to search results</a>
Client Auth #?	N/A	<a href="#">Send Inquiry</a>
NPI # for Authorization?	N/A	<a href="#">Complete Discharge Review</a>
Authorization Status	O - Open	<a href="#">Enter EAP CAF</a>
From Provider	K	, M
Admit Date	10/01/2012	
Discharge Date		

## Reviewing the Authorization

Prior to submitting the claim, ensure that the correct authorization has been selected by clicking “Auth Details” tab; this tab will provide a more detailed record of the authorization.

If any of the information on this page is not correct, click “Return to Search Results” to ensure that the correct authorization was selected.



The screenshot shows the PROVIDERCONNECT VALUEOPTIONS interface with the "Auth Details" tab selected (highlighted with a red box and arrow). The main content area displays the following information:

Member ID: CS  
Member Name: S, C  
Authorization #: 01-10  
Client Auth #?: N/A  
NPI # for Authorization?: N/A  
Authorization Status: O - Open  
Authorization Letter(s): [\(click to view\)](#)

Buttons on the right side include: [Return to search results](#), [Complete Discharge Review](#), and [Enter EAP CAF](#) (highlighted with a red box and arrow).

**Service Lines**

Line #	Submission Date	Service Code	Modifier Codes	Service Class Descr.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	10/01/2012	N/A	1 2 3 4	EAP SERVICES	10/01/2012-12/31/2012	8/8	0	O - Open	N/A

**\*\*Note:** If the correct authorization has been selected but is showing incorrect data, please contact the appropriate Customer Service Clinical Department.\*\*

# Submitting a Claim

From the “Auth Summary” or “Auth Details” screen, click “Enter EAP CAF.”

**PROVIDERCONNECT**  
VALUEOPTIONS

ValueOptions Home   Provider Home   Contact Us   Log Out

Home   **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 ValueOptions.

**Authorization Header**

Member ID: 987654321   [Return to search results](#)  
Member Name: ASLAN SUSAN  
Authorization #: 01-02232011-1-3   [Complete Discharge Review](#)  
Client Auth #: 0003541789   **Enter EAP CAF**  
NPI # for Authorization: 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	01/14/2010	N/A		EAP SERVICES	01/07/2010-07/07/2010	5/ 5	3	O - Open	N/A

Complete any fields that are marked with an asterisk (\*). Click “Next” at the bottom of the page to continue.

**PROVIDERCONNECT**  
VALUEOPTIONS

ProviderConnect Home

▼ CASE ACTIVITY FORM   ▼ SELECT SERVICE ADDRESS   ▼ STEP 1 OF 2   ▼ STEP 2 OF 2   ▼ RESULTS

PAGE 1 of 5

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

**EAP Case Activity and Billing Form**

CAF Date: 05/18/2010   Client Company/Organization: HCA - PPO   \*Billing Type: SELECT...

**Participant & Employee Information**

**PARTICIPANT INFORMATION**

Member ID: 987654321   Member Name: ASLAN, SUSAN   Member DOB: 12/02/1974   Gender: Female

\*Statement of Understanding Signed?  Yes  No

\*Participant Relationship to Employee: SELF

**EAP Clinician**

Provider Name: TUHIIUS, PETER   Provider ID: 123456   Provider Alternate ID: 712345   Tax ID: 0000001   \*NPI Number: 1477642593

**Assessed Problem**

\*One Assessed Problem indicator is required

Adult/Elder Care    Drugs    Hyperactivity/Learning    Medical

[Back](#)   **Next**

## Submitting a Claim (Cont'd)

Select the service location by choosing the radio button applicable to the submission.

Once the correct provider and service location are selected, click “Next.”

**PROVIDERCONNECT**  
VALUEOPTIONS

ProviderConnect Home

**Provider**

Provider: TUMNUS - 123456  
Provider Last Name: TUMNUS  
Provider First Name: PETER

**Select Service Address**

Capture	Vendor ID	Service Address	Pay To Address
<input checked="" type="radio"/>	ABC003	PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA, VA 12345-1234	ABC VENDOR 15 HOKIE LANE STE D NARNIA, VA 12345-1234
<input type="radio"/>	ILL004 (For ILLINOIS DCS)	PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA, VA 12345-1234	ILL VENDOR 15 HOKIE LANE STE D NARNIA, VA 12345-1234

Back Next

Step 1 of 2 is now displayed. Confirm the member’s information and complete any required fields. Click “Next.”

**PROVIDERCONNECT**  
VALUEOPTIONS

ProviderConnect Home

CASE ACTIVITY FORM SELECT SERVICE ADDRESS **STEP 1 OF 2** STEP 2 OF 2 RESULTS

PAGE 3 of 5

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

To submit a single claim, begin with step 1 below.

Provider Name: TUMNUS PETER  
Service Address: 14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234  
Pay To Address: 14 BEAVER TRAIL ,STE C,NARNIA,VA, 12345-1234  
Vendor ID: A00003  
NPI Number: 1477642593  
Taxonomy Code:   
Licensure Level: SELECT...

\*Member ID: 987654321  
Member Name: SUSAN ASLAN (FIRST LAST)  
Member Account #:  (X-digits, no spaces or dashes)  
Program/Fund/Group ID:

\*Member DOB: 12021979  
\*First Date of Service: 05182010 (MMDDYYYY - Enter Earliest Date of Service for this claim)

Back Next

## Submitting a Claim (Cont'd)

Step 2 of 2 is now displayed. The patient information and the service address location should be reviewed for accuracy. If any data is incorrect, click “Previous” at the bottom of the page.

### Enter a Service Line

- Enter “Service Date.”
- Click on “Add Service Line” to enter the information into the claim.
- Repeat (a) & (b) as needed, for a maximum of 10 service lines per claim.

**PROVIDERCONNECT**  
VALUEOPTIONS

ProviderConnect Home

CASE ACTIVITY FORM | SELECT SERVICE ADDRESS | STEP 1 OF 2 | **STEP 2 OF 2** | RESULTS

PAGE 4 of 5

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

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
987654321	SUSAN ASLAN	12/02/1979	1477642593	14 BEAVER TRAIL, STE C, NARNIA, VA, 12345-1234	14 BEAVER TRAIL, STE C, NARNIA, VA, 12345-1234

To enter detail service lines for the claim, please follow these steps:  
1. Enter your first (or only) service line entry.  
2. Click the “Add Service Line” button to add that information into the claim.  
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.

#### Service Line Entry

a

\*Service Date: 12/22/2008 (MM/DD/YYYY)  
\*Units: 1 (3-digits)

b Add Service Line This will add this service line information to the claim

#### Claim Detail: Ready to Submit

Click to Remove	Service Date	Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4	
<input type="radio"/>	12/22/2008	12/22/2008	AEA 11	60	60.00	300.00

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

Remove Submit Previous

This will remove the service line selected above | This will submit the entire claim (including all service lines added) | This will return to the preceding data entry page

Once “Add Service Line” is selected, confirm all data is accurate. Click, “Submit.”

# Submission Status

The submission status page is displayed below. A claim number will be generated by the submission.

**PROVIDERCONNECT**  
VALUEOPTIONS

ProviderConnect Home

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

**Your Case Activity & Billing Form has been successfully submitted.**

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
SUSAN ASLAN	987654321	12/02/1979	SUSAN ASLAN	987654321
Authorization #	Client Authorization #	Claim #		
01-011410-48-43	0003541789	01- 051810- 4065- 1		
Date of Admission/ Start of Services	Requested From	Submission Date		
05/18/2010	05/18/2010	05/18/2010		
Level of Service				
EAP				
Provider Name & Address	Provider ID	Provider Alternate ID	NPI Number	Vendor ID
PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345	060398	107128	1477642593	A949036

**Claim Details**

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

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

Print Submission Result  
*Print the Results page (this page)*

Print Submission  
*Print the entire Submission*

Download Submission  
*Download the Submission in a PDF file*

Return to Provider Home  
*Return to the ProviderConnect homepage*

Users can click “Download Submission” or “Print Submission” to display and print all details that were submitted. **Please note you can go to “View EAP CAP” to view your complete claim in detail, this will include your narratives from the session.**

## **Contact Us**

If you have technical questions, please contact us at the e-Support Helpdesk at 888-247-9311. We are open Monday through Friday, 8am – 6pm EST.

You may also email us directly at [e-supportservices@beaconhealthoptions.com](mailto:e-supportservices@beaconhealthoptions.com) with any technical issues.

When sending e-mails, please do not include any Protected Health Information (member #s, DOBs, etc.) unless you are sending it via ZIX secure email.