Getting Started With ProviderConnect

This document is confidential and proprietary to Beacon Health Options IT Operations.

Revision History

Click on the link for the revision that you want. Although every effort is made to keep the links current, users should consult the Table of Contents if a particular link does not work. Note that the revision history encompasses a maximum of three years.

Last Revised Date	Revised By	Revisions
06/17	L. Finta	Login instructions updated
03/18	L. Finta	Updates from 3/2/18 off-cycle release; new **Primary Care Provider** tab added to list of tabs in Searching for a Member, What Member Information Can the Provider See?
12/18	L. Finta	Updated log in instructions and new user registration information

Beacon Health Options IT Operations maintains the original electronic version of this document. Copies or changes made by another party are the responsibility of that party. This document is current as of the last reviewed date.

Table of Contents

1 Introduction

The purpose of this document is to introduce providers to the ProviderConnect application and help them get started. This document is not intended as a substitute for the *ProviderConnect User Guide*. For complete information about ProviderConnect, providers should still consult the user guide. Updates made to the user guide are not necessarily reflected in this document.

Overview

ProviderConnect is an easy-to-use online application that providers can use to complete everyday service requests. Providers have the ability to access information 24 hours a day/7 days a week using this application. Just some of the things providers can do are:

- Obtain information about member eligibility and benefit status
- Search authorizations
- Enter authorization requests and attach supporting documents
- Enter requests for services
- Search and submit claims
- Send messages to and receive messages from Beacon
- Send messages to and receive messages from members
- Locate claims mailing addresses for particular members

Before You Begin

Before using this guide, please take note of the following:

- A **Note** graphic showing in the margin signifies a freestanding user note.

- Important things to remember are indicated with a ✋ symbol.

- Hyperlinks look like this: Sample Link

- **Things like button, field, checkbox, icon, and tab labels look like this.**

2 Accessing ProviderConnect

This chapter covers the following topics:
- How to log in to ProviderConnect
- New user registration
- Navigation tips
  - o Message Center
  - o News & Alerts
- Access information without logging on

Log in to ProviderConnect

To log in to ProviderConnect:
1. Access the following URL: www.beaconhealthoptions.com
2. Click the Beacon Health Options Providers link on the **Providers** tab.
3. Click the Provider Portal link on the Provider Dashboard.
4. Enter your username and password.
5. Carefully read the Use Agreement and click **Continue**.
6. Select from the list of available plans if applicable and click **Go**.
7. Carefully read the ProviderConnect Use Agreement and select **I Agree**.

Note	*ProviderConnect allows submitters belonging to providers with the same NPI# to use a single login to access multiple accounts.*

New User Registration

If you are a new user, you must first register in order to access ProviderConnect.

1. Click the Sign up here link on the Login screen.
2. Complete the following information on the Registration page.

> ***Note:*** *An asterisk (*) indicates a required field.*

- Enter the provider's first name.
- Enter the provider's last name.
- Enter the person's name to contact at the office.
- Enter the provider's NPI Number.
- Enter the provider's Federal ID or Social Security Number.
- Enter the provider's group, facility, or clinic name if applicable
- Enter and verify the provider's primary e-mail address.
- Enter the provider's secondary e-mail address.
- Enter the provider's complete phone number, omitting dashes
- Enter an extension.
- Enter the provider's complete fax number, omitting dashes.
- Enter a user name.
- Enter and confirm a password. Passwords must contain at least:
  - One upper case letter (A-Z),
  - One lower case letter (a-z),
  - One number (0-9), and
  - One of the following special characters:

!
#
$
~
"
%
&
'
(
)
*
+
,
-
.
:
;
<
=
>

?
[
\
]
^
_
`
{
|
}

> Passwords must be between 8 and 20 characters, cannot contain spaces, and are case-sensitive.

Note: You are required to change your password every 90 days.

- Select a security question.
- Enter and confirm the answer to the security question.

3. Click **Next**.
4. Review the registration details and click **Complete Registration.**

The Additional Information page displays.

5. Select the **Would you like to be able to Submit Claims?** checkbox if applicable. The Account Request Form displays. (Refer to the *ProviderConnect User Guide* for more information.)
6. Select the **Message Center?** checkbox if you want to be able to send and receive messages. (Refer to the *ProviderConnect User Guide* for more information.)
7. Click **Continue**.

The Use Agreement page displays.

8. Check the box to confirm that you have read and agree to the Use Agreement and click **Continue.**

Navigation Tips

There are two ways of navigating ProviderConnect.
- Main Menu
- Navigation Bar

Click on the link for the option you wish to access. Of particular note are the Your Message Center and News & Alerts links.
- Your Message Center – Used for sending secure messages to and receiving secure messages from Beacon. Providers can also send messages to and receive messages from members.
- News & Alerts – Displays information disseminated by Beacon.

Access Information without Logging On

A number of features are available to providers on the ProviderConnect page
(https://www.beaconhealthoptions.com/providers/beacon/providerconnect/) without them
having to log in. Examples include:

- Forms – Administrative, Clinical, and EAP forms specific to Beacon Health Options
- Provider Handbook – Beacon's policies and procedures
- Important Tools
- Network-Specific Information – Program-specific handbooks, forms, etc., unique to a particular network
- Contact Information
- Compliance – Federal and state-specific program requirements for maintaining HIPAA-compliant claims submission
- EDI (Electronic Data Interchange) Claims Link for Windows$^{®}$

3 Searching for a Member

This chapter covers the following topics:
- How to search for a member
- What member information a provider can see

How to Search for a Member

To perform a member search:
1. Click on Specific Member Search or Find a Specific Member.
2. Enter the following information at a minimum.
   - Member's ID (required)
   - Member's date of birth (MMDDYYYY format) (required)
   - As of date (MMDDYYYY format)
3. Click **Search**.

What Member Information Can the Provider See?

If the member search is successful, the system displays the following information via a series of tabs (pages).
- Demographics – Displays the member's information, including member ID, name, date of birth, eligibility, etc.
- Enrollment History – Displays the member's enrollment and eligibility information.
- COB – Displays information about the member's other insurance policies, if applicable.
- Benefits – Displays a comprehensive summary of the member's benefits.
- Additional Information – Displays the claims mailing address or addresses, member information, and eligibility data.
- Primary Care Provider – Displays detailed information about the member's primary care provider or providers.

Whenever a provider is using an alternate ID to look up a member, he/she should always start with Specific Member Search or Find a Specific Member. (Because alternate IDs are shared among family members, this allows the provider to enter a date of birth and locate the correct member.)

4 Entering an Authorization Request

This chapter covers the following topics:
- How to enter an authorization request
- How to decrease the number of approved visits

How to Enter an Authorization Request

Providers have the ability to electronically submit requests for services (RFS) for Outpatient, Inpatient/HLOC/Specialty, and Medication Management services.

This process is based on the member's contract.

To create a request for services:
1. Click on Enter an Authorization/Notification Request.
2. Review the disclaimer information and click **Next**.
3. Search for the member.
4. Review the demographic information if necessary and click **Next**.
5. Select the service address and click **Next**.
6. Enter a date in the **Requested Start Date** field.
7. Select the level of service.
8. Select the type of service, level of care, and type of care.
9. Enter an admit date and time if entering an IP/HLOC request.
10. Select either **Yes** or **No** in the **Has the member already been admitted to the facility?** field if entering an IP/HLOC request.
11. Attach any supporting documentation if applicable and click **Next**.
12. Complete the subsequent pages as appropriate. (The pages are dependent on the level of service selected.)
    *Note: If entering an IP/HLOC request, you will need to click the **Submit** button.*
13. Either **Accept** or **Reject** the approved number of visits. (OP and Med. Mgmt.)
14. Complete the requested services information if applicable. (OP and Med. Mgmt.)
15. Review the authorization results.
16. Click the **Return to Provider Home** button to return to the home page. You can also:
    - Print/download the authorization results
    - Print the authorization request
    - Print the individual plan data

After leaving, you cannot return to the page for printing or downloading the authorization request.

Whenever a provider is using an alternate ID to look up a member, he/she should always start with Specific Member Search or Find a Specific Member. (Because alternate IDs are shared among family members, this allows the provider to enter a date of birth and locate the correct member.)

How to Decrease the Number of Approved Visits

If need be, VSP and in-network providers can decrease the number of visits approved for the member. (When units are offered for potential auto-approval, accepting that number of units or requesting fewer units may result in automatic authorization. Requests for a greater number of units will need to pend for further review.)

To decrease the number of approved visits:
1. Click **Reject** to reject the approved number of visits.
2. Enter the new number in the **Please enter number of visits you would like to request** field.
3. Click **Submit**.
4. Complete the fields on the Requested Services page if necessary.
5. Verify the **Visits/Units** amount.
6. Click **Submit**.

The ValueSelect (VSP) designation recognizes network outpatient providers for engaging in activities that promote clinical effectiveness, member access to services, member satisfaction, and administrative efficiency. Beacon creates partnering relationships with ValueSelect providers in order to offer the highest standard of clinical and administrative services to our members.

5 Saving a Request as a Draft

This chapter covers the following topics:
- How to save a request as a draft
- How to authorize others to work clinical drafts

How to Save a Request as a Draft

Providers have the ability to save authorization requests as works in progress prior to submission. To save an authorization request as a draft:

1. Click on Enter an Authorization/Notification Request.
   - Review the disclaimer information and click **Next**.
   - Search for the member.
   - Review the demographic information if necessary and click **Next**.
   - Select the service address and click **Next**.
   - Enter the requested start date.
   - Select the level of service.
2. Select the type of service, level of care, and type of care.
3. Enter an admit date and time if applicable.
4. Answer either **Yes** or **No** to the **Has the member already been admitted to the facility?** question if applicable.
5. Attach any supporting documentation if applicable and click **Next**.
6. Click the **Save Request as Draft** button if you wish to save the request at this point. Click **OK** on the pop-up window advising how long the draft is available.
   Note: You can also save on any of the subsequent pages.
7. Click the View Clinical Drafts link on the ProviderConnect home page to view the saved draft.

The draft is maintained on the home page for 30 days. After 30 days, the request is removed and a new request is required. If attachments were added, they need to be reattached when the draft is opened. (Attachments do not remain after saving a request as a draft.)

How to Authorize Others for Clinical Drafts

Creators of clinical drafts have the ability to permit other users to update and/or submit saved clinical drafts. While creating a draft request:

1. Click on [Authorized User](#).
2. Select the appropriate user ID(s) or click **Check All**.
3. Click **Submit**.
   - If you authorize only one person, his/her user ID displays.
   - If you authorize more than one person, the word "Multiple" displays.
4. Click the **Save Request as Draft** button when you are ready to save the draft.

6 Submitting a Claim or Batch File

This chapter covers the following topics:
- How to submit a claim
- How to submit a batch file

> **Note:** *Click the following link to locate the Authorization and Claim Submission Guides:*
> *https://www.beaconhealthoptions.com/providers/beacon/providerconnect/*

How to Submit a Claim

Providers have the ability to electronically submit claims for a member. To submit a claim:

1. Search for the member.
2. Click the **Enter Claim** button.
3. Select the service address and click **Next**.
4. Enter the first (earliest) date of service for the claim and click **Next**.
5. Complete the fields on the next two pages as appropriate.
6. Click **Submit**.

Whenever a provider is using an alternate ID to look up a member, he/she should always start with Specific Member Search or Find a Specific Member. (Because alternate IDs are shared among family members, this allows the provider to enter a date of birth and locate the correct member.)

How to Submit a Batch File

Providers can also electronically submit claims batch files. To submit a batch file:
1. Click on EDI Homepage.

The EDI Transactions page displays.

2. Click **Submit Batch File**.
3. Select the form type and click **Next**.
4. Enter the number of claims in the file.
5. Enter the total dollar amount of the submitted claims and click **Next**.
6. Browse for, open, and upload the batch file.

Note	*Some restrictions apply to the files, such as files must be only text or zip files, they must be at least 50 bytes in size, and they cannot be password-protected.*

The following information displays once the upload is complete.
* A confirmation that the file was successfully uploaded
* A statement that the submission number will be sent to the registered e-mail address

Note	*Beacon can also accommodate batch claims processed via a clearinghouse. If you currently use a clearinghouse, please provide them with Beacon's payer ID: FHC & Affiliates.*

7 Viewing Member Authorizations and Claims

Providers have the ability to view member authorizations and claims information via a series of command buttons on the Member Demographics page. These buttons are:

- View Member Auths
- View Member Claims
- View Empire Claims

  Note: Applicable only for the Empire Client.

- View GHI-BMP Claims

View Member Auths

When you select this option, the system displays some pre-populated information.

- Click **Search** to display any authorizations on file for the member.
- Click on a particular authorization to view related letters and detail information.

View Member Claims

When you select this option, the system displays some pre-populated information.

- Click **Search** to display any claims on file for the member.
- Enter limiting criteria if desired.
- Click **Search**.
- Click on a particular claim to view detail information.
- Click on the **Service Line Detail** tab to view the status and claim processing information about each service.

8 Updating Demographic Information

This functionality allows a provider to see all his/her active service locations along with the associated telephone numbers, fax numbers, and billing locations. Providers make and submit changes as needed from within ProviderConnect.

To update demographic information, click on Update Demographic Information. (This link is controlled outside the application. Providers will have access to this link only at certain times.)

The Provider Demographics Summary page displays.

Provider Demographics

The top portion of the Provider Demographics Summary page displays the provider's mailing address along with other provider-related information.
1. Click the "edit" icon to update provider demographic information.

The Enter & Verify Mailing Address page displays.

2. Edit the following information as necessary.
   - Address Line 1/Line 2
   - City/State/Zip Code
   - Country
   - Phone #
   - Phone extension
   - Fax #
   - Fax extension
   - Website address
   - ProviderConnect E-mail (Verify e-mail)
   - Correspondence E-mail (Verify e-mail)

Upon clicking **Continue**, the user is presented with three options.
- **Cancel** – Cancels the changes and returns the user to the Provider Demographics Summary page.
- **Back** – Returns the user to the previous page.
- **Submit** – Sends the changes to Network Operations. Once a decision is made by Network Operations to approve or reject a particular change, the system sends a message to the provider's message center indicating the status of the update.

Service Location Information

The bottom portion of the Provider Demographics Summary page displays the provider's service locations.
- Clicking the SHOW icon reveals the billing location for a specific service location.
- Clicking the HIDE icon re-hides the billing information.
- Clicking the Show Hours icon expands the office hours display, allowing the provider to add and update service location office hours.
- Clicking the Hide Hours icon collapses the office hours display.

Providers have the ability to edit service locations. To edit a service location:
1. Click the "edit" icon for the appropriate record.
2. Edit the following information as necessary.
   - Location name
     Note: Editable only if the location does not have a tax ID.
   - Phone #
   - Phone extension
   - Fax #
   - Fax extension
3. Click **Save**.

Billing Location Information

Providers also have the ability to edit the billing information for a particular service location. To edit a billing location:
1. Click the SHOW icon for the appropriate record.
2. Click the "edit" icon.
3. Edit the following information as necessary.
   - Phone #
   - Phone extension
   - Fax #
   - Fax extension
4. Click **Save**.

9 Additional Features

ProviderConnect offers some additional features of which providers can take advantage. These include:

- Viewing Recent Provider Summary Vouchers – Allows providers to view recent vouchers by entering either the paid date range or a specific check number.
- Viewing On Track Outcomes – Allows providers to connect to the On Track Outcomes Tools on the Collaborative Outcomes Resource Network (ACORN).
- My Online Profile – Allows providers to access and modify their own information.
- My Practice Information – Allows providers to access practice information.
- Provider Data Sheet – Beacon's online provider re-credentialing application.
- Facility Data Sheet – Beacon's online facilities and organizational provider re-credentialing application.
- Performance Report – Allows provider information to be entered and saved.
- Compliance – Contains regulatory and HIPAA information, resources, and technical assistance contact information.
- Provider Handbook – Contains Beacon's policies and procedures regarding individual providers, affiliates, group practices, programs, and facilities.
- Forms – Contains a variety of forms that providers can view and/or print.
- Network Specific Information – Contains information that is specific to certain networks.
- Education Center – Allows providers to access articles, training/workshops, and provider tools.
- ValueSelect Designation – Contains a description of the ValueSelect Network Program.
- Contact Us – Contains a summary of contact information, including authorizations, claims, EDI, mailing addresses, and engagement center contacts.

> *Items such as the Provider Handbook, Forms, Contact Information, etc., are also available on the ProviderConnect page of the Beacon Health Options website. Although not ProviderConnect features, links to these items are available from within ProviderConnect.*

10 **Log Out of ProviderConnect**

To log out of ProviderConnect, click the Log Out link in the upper right-hand corner of the screen. The login page redisplays.