



Guide to Changing or Reprocessing Claims in ProviderConnect

This function allows users to correct claims originally submitted by Direct Claim Submission, Batch Submission, or paper.

To qualify, claims must be:

- ✓ Professional, not institutional
- ✓ Processed (either paid or denied)
- ✓ Available for review on a Provider Summary Voucher or 835 electronic remittance advice

You must have an electronic account set up before you are able to log in to ProviderConnect and access the Claim Adjustment module. If you do not currently have an electronic account, you will need to submit a completed Account Request Form. Locate this form here:

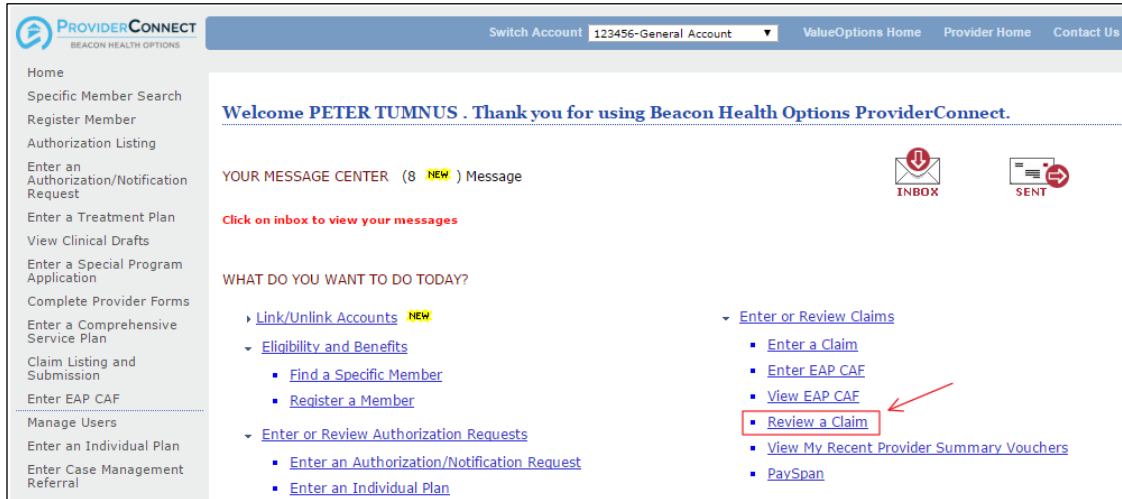
www.beaconhealthoptions.com/providers/beacon/providerconnect/. Also, if a provider is unregistered, they can self-register using the 6-digit Beacon Health Options ID and clicking "Register" on the login screen.

Once your account is set up, go to www.beaconhealthoptions.com and hover over "Beacon Health Options (formerly ValueOptions) Providers" under the Providers dropdown. Then access ProviderConnect on the right (Under Provider Home Dashboard) to log in and locate the "Review a Claim" link

If you have questions or need technical assistance, contact the EDI Helpdesk at 888-247-9311, Monday-Friday, 8 a.m.-6 p.m. ET or email e-supportservices@beaconhealthoptions.com.

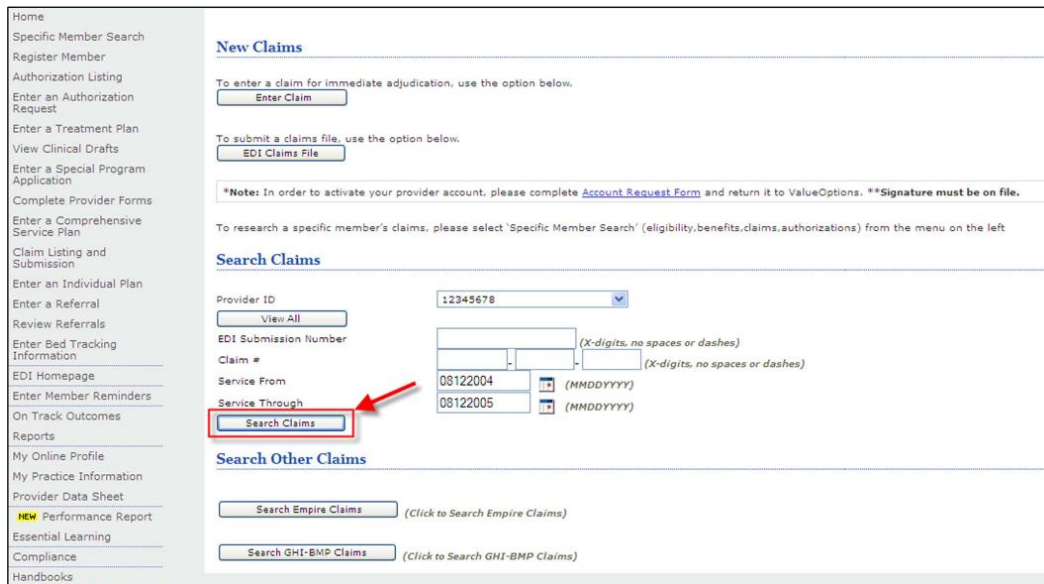
Instructions for Changing or Reprocessing Claims

At the ProviderConnect homepage, click on the “Review a Claim” link:



The screenshot shows the ProviderConnect homepage for user PETER TUMNUS. The navigation menu on the left includes options like Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization/Notification 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, and EDI Homepage. The main content area displays a welcome message and a message center with 8 new messages. Under the heading "WHAT DO YOU WANT TO DO TODAY?", there are several menu items. The "Enter or Review Claims" menu is expanded, showing options: Enter a Claim, Enter EAP CAF, View EAP CAF, Review a Claim (highlighted with a red box and arrow), and View My Recent Provider Summary Vouchers. Other menu items include Link/Unlink Accounts, Eligibility and Benefits (Find a Specific Member, Register a Member), Enter or Review Authorization Requests (Enter an Authorization/Notification Request, Enter an Individual Plan), and PaySpan.

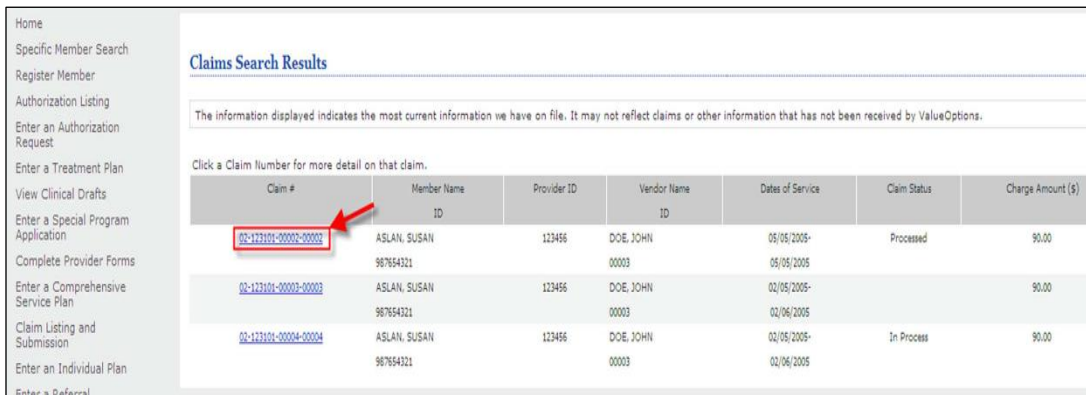
Enter Search criteria and select “Search Claims”



The screenshot shows the "Search Claims" form in ProviderConnect. The form includes fields for Provider ID (12345678), EDI Submission Number, Claim #, Service From (08122004), and Service Through (08122005). The "Search Claims" button is highlighted with a red box and arrow. Below the form, there are sections for "Search Other Claims" with buttons for "Search Empire Claims" and "Search GHI-BMP Claims".

Instructions for Changing or Reprocessing Claims, cont'd.

Find the claim that requires adjustment and click on the claim number in a blue hyperlink.



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 an Individual Plan
 Enter a Referral

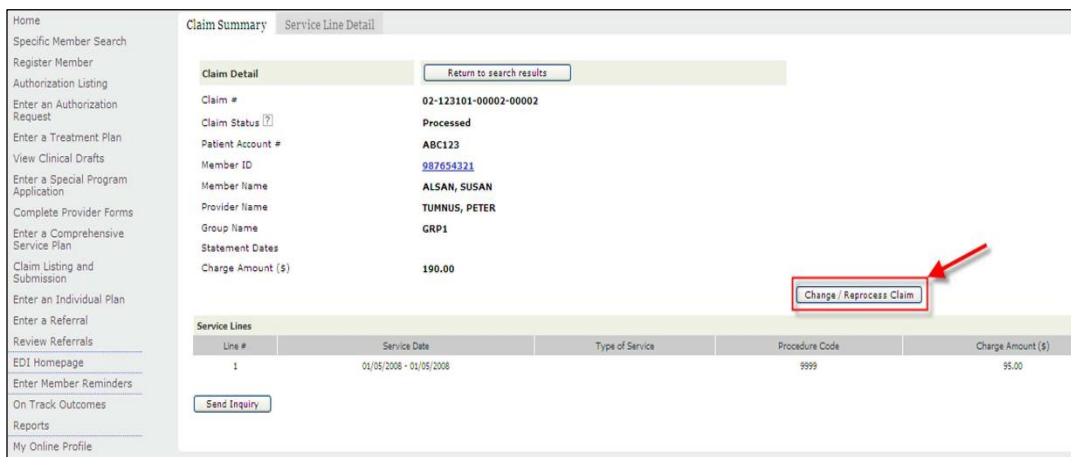
Claims Search Results

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.

Click a Claim Number for more detail on that claim.

Claim #	Member Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
02-123101-0002-0002	ASLAN, SUSAN 987654321	123456	DOE, JOHN 00003	05/05/2005- 05/05/2005	Processed	90.00
02-123101-0002-0003	ASLAN, SUSAN 987654321	123456	DOE, JOHN 00003	02/05/2005- 02/06/2005		90.00
02-123101-0004-0004	ASLAN, SUSAN 987654321	123456	DOE, JOHN 00003	02/05/2005- 02/06/2005	In Process	90.00

Click on the “Change/Reprocess Claim” button to make adjustments to the claim.



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 an Individual Plan
 Enter a Referral
 Review Referrals
 EDI Homepage
 Enter Member Reminders
 On Track Outcomes
 Reports
 My Online Profile

Claim Summary

Return to search results

Claim Detail

Claim # 02-123101-0002-0002
 Claim Status [?] Processed
 Patient Account # ABC123
 Member ID [987654321](#)
 Member Name ALSAN, SUSAN
 Provider Name TUHMUS, PETER
 Group Name GRP1
 Statement Dates
 Charge Amount (\$) 190.00

[Change / Reprocess Claim](#)

[Send Inquiry](#)

Service Lines

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	01/05/2008 - 01/05/2008		9999	95.00

If the Change/Reprocess Claim button is grayed out or does not appear at all, your claim cannot be changed or reprocessed at this time.

Instructions for Changing or Reprocessing Claims, cont'd.

The Service Line Detail screen is displayed in the screenshot below:

Line #	Status		Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt		COIN	Check#	EOP
	Start Date	End Date		1	2	3	4			Deductible	CoPay			
1	In Process	06/18/2009	90806 /1					150.00 0.00	309.28	0.00 0.00	0.00 0.00			

EOP Code	Code Description
	Claim is pending review.

Only highlighted lines may be changed. Do you wish to continue?

Type of Adjustment: **1**

Reason for Adjustment: **2**

Explanation: **3**

Maximum characters: 77
You have characters left.

- 1. Type of Adjustment (Required):** Choose from the drop down list. Definitions for different adjustment types included below.
- **Change claim data:** Detailed information such as dates of service, service codes, modifiers, diagnosis codes, etc., can be changed on a claim.
 - **Resubmit previously denied charges:** Resubmit a partial or complete claim for reconsideration after the reason for initial denial has been resolved (for example, if an address needed to be updated or an authorization was not on file). Note: This type adjustment can only reprocess the information as received on the original claim.
 - **Void a claim:** When a claim was submitted in error, you can void the entire claim. You cannot change any information on the claim to be voided.

Instructions for Changing or Reprocessing Claims, cont'd.

2. Reason for Adjustment (Required): Choose from the drop down list.

- Authorization has been updated
- Claim Submitted in error
- Correct service line error
- COB has been updated
- Eligibility has been updated
- Incorrect member number
- Other
- Provider Data has been updated

3. Explanation (Optional): Provide a short explanation to compliment the reason for adjustment.

Click the "Continue" button to proceed to the next step.

Instructions for Changing or Reprocessing Claims, cont'd.

Changing Claim Information

This is the first screen where changes can be made. The radio button next to the combination of Vendor ID, Service Address, Pay-To Address, and Federal Tax ID on the original claim is already selected.

Change/Reprocess a Claim

Change selection or continue if selection is correct. Press Next to continue

Provider: Provider Last Name: **TEST** Provider First Name: **TEST**

Select Service Address

Capture	Vendor ID	FedTax	Service Address	Pay To Address
<input checked="" type="radio"/>	A969729	521905091	TEST TEST 2432 W BELVEDERE AVE BALTIMORE, MD 21215	ATES LAFFERMAN AND ASSOCI 1407 YORK RD STE 309 LUTHERVILLE TIMO, MD 21093-6054
<input type="radio"/>	D029220	521392214	TEST TEST 6501 N CHARLES ST TOWSON, MD 21204-6819	CIANS PA SHEPPARD PRATT PHYSI 6501 N CHARLES ST TOWSON, MD 21204-6819
<input type="radio"/>	D063585	521162749	TEST TEST 9030 STATE ROUTE 108 COLUMBIA, MD 21045-1990	HOWARD COUNTY CLINIC PO BOX 3826 FREDERICK, MD 21705-3826

If this selection is correct, click “Next” to continue.

If you wish to change the selection, click the radio button next to the correct combination, then click “Next” to continue.

Changing Claim Information Cont'd.

The next screen displays the provider and address information as selected on the previous screen. This screen also displays additional provider and member information from the original claim.

Change/Reprocess a Claim

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

Change incorrect fields or continue if information is correct. Press Next to continue

Provider Name	TEST TEST
Service Address	6802 MCCLEAN BLVD, PARKVILLE, MD, 21234-7260
Pay To Address	6802 MCCLEAN BLVD, PARKVILLE, MD, 21234-7260
Vendor ID	D100463
NPI Number	1306023817 <input type="button" value="v"/>
Taxonomy Code	<input type="text"/>
Licensure Level	Select... <input type="button" value="v"/>
*Member ID	M500 <small>(X-digits, no spaces or dashes)</small>
Member Name	JADA <input type="text"/> S <input type="text"/> <small>(First Last)</small>
Member Account #	<input type="text"/> <small>(X-digits, no spaces or dashes)</small>
Program/Fund/Group ID	<input type="text"/>
*Member DOB	<input type="text"/> <small>(MMDDYYYY)</small>
*First Date of Service	03042011 <small>(MMDDYYYY - Enter Earliest Date of Service for this claim)</small>

If the information is correct, click “Next” to continue.

If the information is accurate, you will be taken to the next screen. If any information is inaccurate, you will get an error message in red at the top of the screen, and you can re-enter the information.

Changing Claim Information, Cont'd.

Change/Reprocess a Claim

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

Member ID	Member Name	Birth Date	NPI Number	Service Address	Pay To Address
M500	JADA S			,PARKVILLE,MD,21234-7260	,PARKVILLE,MD,21234-7260

Only populate **Other Payer Information** fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other payer entities were previously applied to this claim.

Does a COB exist for this claim?
 Yes No

Other Payer Information - Primary

Other Payer Information - Secondary

Other Payer Information - Tertiary

You may add Other Payer Information if it applies to this claim or you may change any Other Payer Information already entered for the claim. If your adjusted claim contains other benefit coverage primary to Beacon, choose the radio button indicating that COB (Coordination of Benefits) exists and enter the information as instructed.

If there is no Other Payer for this claim, click "Next" to continue.

Each service line from the original claim is displayed near the bottom of the screen in the Claim Detail and highlighted in yellow.

Service Line Entry

*Service From (MMDDYYYY)	*Service Through (MMDDYYYY)	*Service Code (ex: 86753)	Modifier Code 1 (no spaces or dashes)	Modifier Code 2 (no spaces or dashes)	Modifier Code 3 (no spaces or dashes)	Modifier Code 4 (no spaces or dashes)	
*Charge Amount (\$) (ex: 123.45)	*Place of Service (00 - 99)	*Units (3-digits)					
*Diagnosis Code 1 (ex: 765.4)	*Diagnosis Code 2 (ex: 765.4)	*Diagnosis Code 3 (ex: 765.4)	*Diagnosis Code 4 (ex: 765.4)	*Diagnosis Code 5 (ex: 765.4)	*Diagnosis Code 6 (ex: 765.4)	*Diagnosis Code 7 (ex: 765.4)	*Diagnosis Code 8 (ex: 765.4)

Primary Payer		Secondary Payer		Tertiary Payer	
COB Payer Paid 1 (ex: 99999.99)	COB Units Paid 1 (ex: 999)	COB Payer Paid 2 (ex: 99999.99)	COB Units Paid 2 (ex: 999)	COB Payer Paid 3 (ex: 99999.99)	COB Units Paid 3 (ex: 999)

This will cancel the changes made to the service line
 This will save the changes made to the service line

This will add this service line information to the claim

Claim Detail: Ready to Submit

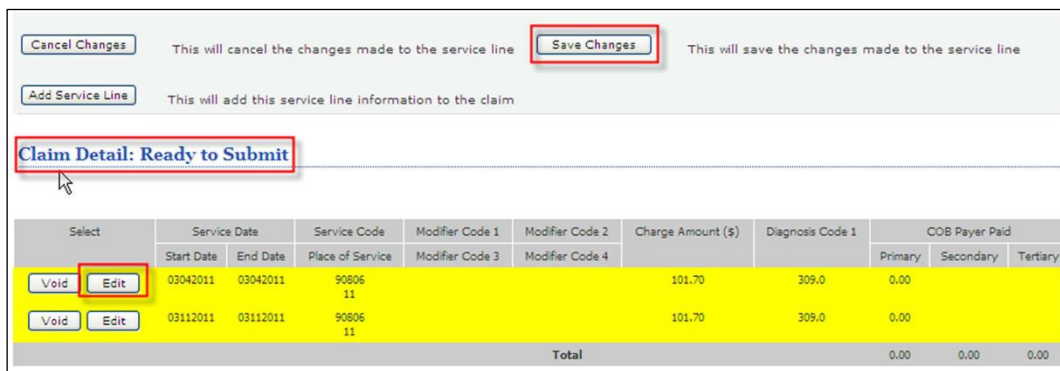
Select	Service Date	Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4		Primary Secondary Tertiary
<input type="button" value="Void"/> <input type="button" value="Edit"/>	06012010	06012010	99232		80.00	295.32	55.25
Total							

Changing Claim Information, Cont'd.

Types of Line Adjustments

Edit a Line: To change a service line, find the line you wish to change and click the “Edit” button on that line. The service line detail” will now be displayed in the “Service Line Entry” section above.

Enter your changes in the Service Line Entry section. When finished, click the “Save Changes” button to save your changes.



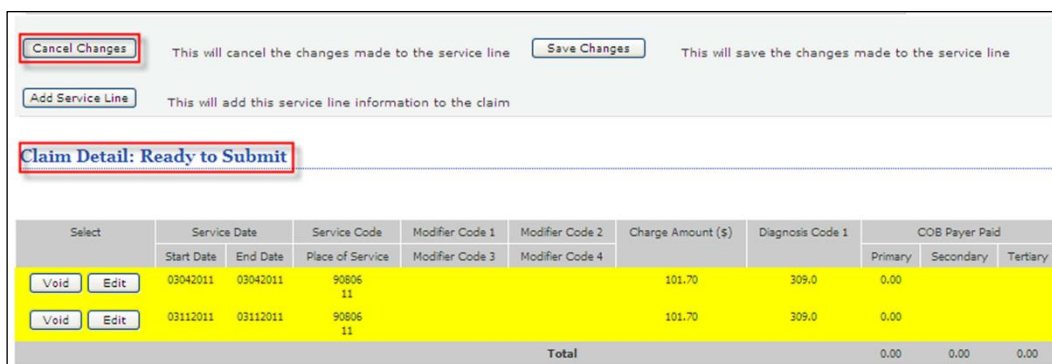
This will cancel the changes made to the service line This will save the changes made to the service line
 This will add this service line information to the claim

Claim Detail: Ready to Submit

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4
<input type="button" value="Void"/> <input type="button" value="Edit"/>	03042011	03042011	90806 11			101.70	309.0	0.00		
<input type="button" value="Void"/> <input type="button" value="Edit"/>	03112011	03112011	90806 11			101.70	309.0	0.00		
Total								0.00	0.00	0.00

The changed information will be checked for valid data. If the changes are valid, the changed information will be displayed in the “Claim Detail: Ready to Submit” section.

Cancel Changes: The “Cancel Changes” button will cancel any changes while they are displayed in the Service Line Entry. If you click on “Save Changes,” the “Cancel Changes” button will not undo the changes. You can use the “Edit” button to re-edit a line.



This will cancel the changes made to the service line This will save the changes made to the service line
 This will add this service line information to the claim

Claim Detail: Ready to Submit

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4
<input type="button" value="Void"/> <input type="button" value="Edit"/>	03042011	03042011	90806 11			101.70	309.0	0.00		
<input type="button" value="Void"/> <input type="button" value="Edit"/>	03112011	03112011	90806 11			101.70	309.0	0.00		
Total								0.00	0.00	0.00

Types of Line Adjustment, cont'd.

Void a line: To remove a line from the original claim, click the “Void” button on that line. The line detail is displayed in the Service Line Entry section. Review the detail to make sure this line is to be voided. Click “Save Changes” to save the Void.

A service line on the original claim cannot be removed or deleted from the claim. Voiding a line will remove the number fields. The service line is effectively removed from consideration when the replacement claim is processed.

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4
Void Edit	03042011	03042011	90806 11			309.0				
Void Edit	03112011	03112011	90806 11			101.70	309.0	0.00		
Total								0.00	0.00	0.00

Add a line: Additional service lines can be added to the claim. Enter the service line information in the Service Line Entry section. Click “Add Service Line” to save the new line. The new line is displayed in the Claim Detail: Ready to Submit section below all lines from the original claim.

In the following example the fourth line was added:

This will cancel the changes made to the service line
 This will save the changes made to the service line

This will add this service line information to the claim

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date						Place of Service	Modifier Code 3	Modifier Code 4
Void Edit	03042011	03042011	90806 11			309.0				
Void Edit	03112011	03112011	90806 11			101.70	309.0	0.00		
Remove Edit	03122011	03122011	90806 11			100.00	309.0			
Total								0.00	0.00	0.00

Remove a Line: You can remove a service line you added by clicking on the “Remove” button for that line. Unlike service lines on the original claim, the “Remove” button will delete the line added to the claim.

You can include up to 10 dates of service per claim.

Coordination of Benefits (COB)

If you have added or changed Other Payer Information or COB, you may also need to include the corresponding Explanation of Benefits (EOB). For more information, please review the “Direct Claim Submission Guide,” located on the [ProviderConnect resource page](#).

Submit your Changes

When you have completed all changes to the claim and are ready to submit the changes to Beacon, click on the “Submit” button at the bottom of the screen. A message is displayed:



If you wish to go back and review your changes or make additional changes, click “Cancel”. The Service Line Detail screen will be displayed.

If the changes you have entered are complete, click “OK” to submit your changes to Beacon. The changes you have submitted will be processed and an acceptance message will be displayed. This indicates that your changes have been received and accepted by Beacon’s claims processing system.

Change/Reprocess a Claim

Submission Results: ***** Changes accepted and in process *****
Your changes have been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID: TEST-643044
Vendor ID: D100463
Patient ID: M300
Patient Name: S, JADA
Program/Fund/Group ID:
Patient Date of Birth:
HPI Number:
Taxonomy Code:
Licensure Level:
Claim #: 021512-04065-00001

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Change Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)				Fund	
	Start Date	End Date						Primary	Secondary	Tertiary			Allowed	Deductible	Pre-Paid	COB		Co-Pay
1	03/04/2011	03/04/2011	9006 11			101.70	309.0	0.00	0.00	0.00	101.70	O	101.70	0.00	0.00	0.00	0.00	FMCD
2	03/11/2011	03/11/2011	9006 11			101.70	309.0	0.00	0.00	0.00	101.70	O	101.70	0.00	0.00	0.00	0.00	FMCD
Total								0.00	0.00	0.00								

Attached EOBs:
No EOB COB Documents Attachments

Note: The new claim number assigned to the replacement claim. This claim number will appear on the Explanation of Payment issued for the replacement claim. If you need to contact Beacon about the status of the replacement claim, you will need this new claim number.

Resubmit Denied Charges

To resubmit a claim when other information has changed since the original claim was processed, such as an authorization or eligibility information:

Select “Resubmit Denied Charges” in the “Type of Adjustment” field.

Select the most appropriate reason for adjustment in the “Reason for Adjustment” field. You may enter an Explanation if appropriate. Explanation is optional. Click “Next.”

Each screen of the original claim will be displayed. This gives you the opportunity to verify that the claim information is correct. Click “Next” to continue to the next screen. If any information on the claim should be changed, use the “Previous” button to page back to Type of Adjustment and change the selection to “Change claim data.”

When you have reviewed the claim, click “Submit.” An Acceptance screen will be displayed. This indicates that your changes have been received and accepted by Beacon’s claims processing system.

Note: There will be a new claim number assigned to the resubmitted claim. This claim number will appear on the Explanation of Payment issued for the resubmitted claim. If you need to contact Beacon about the status of the replacement claim, you will need this new claim number.

Void an Entire Claim

To void an entire claim when the claim is not correct and cannot be changed:

- Select “Void entire claim” in the Type of Adjustment field.
- Select the most appropriate reason for voiding the claim in the Reason for Adjustment field.
- You may enter an Explanation if appropriate. Explanation is optional.
- Click “Next.”

Each screen of the original claim will be displayed. This gives you the opportunity to verify the claim selected should be voided. Click “Next” to continue to the next screen. If any information on the claim should be changed rather than voiding the entire claim, use the “Previous” button to page back to Type of Adjustment and change the selection to “Change claim data.”

When you have reviewed the claim, click “Submit” to submit the claim to Beacon. The Acceptance screen will indicate that your changes have been received and accepted by Beacon’s claims processing system.

When a claim is voided, no new claim number is assigned to the voided claim. The claim number displayed on the Acceptance screen is the same as the original claim number.