



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

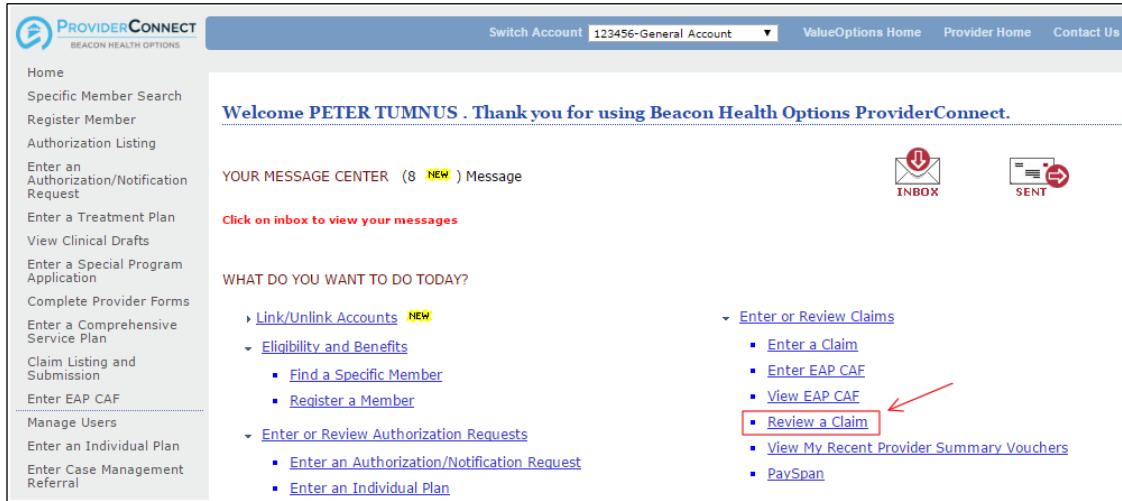
You must have an electronic account set up before you are able to log in to ProviderConnect and access the Claim Adjustment module. If you do not currently have an electronic account, you will need to submit a completed Account Request Form. Locate this form here: www.beaconhealthoptions.com/providers/beacon/providerconnect/.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

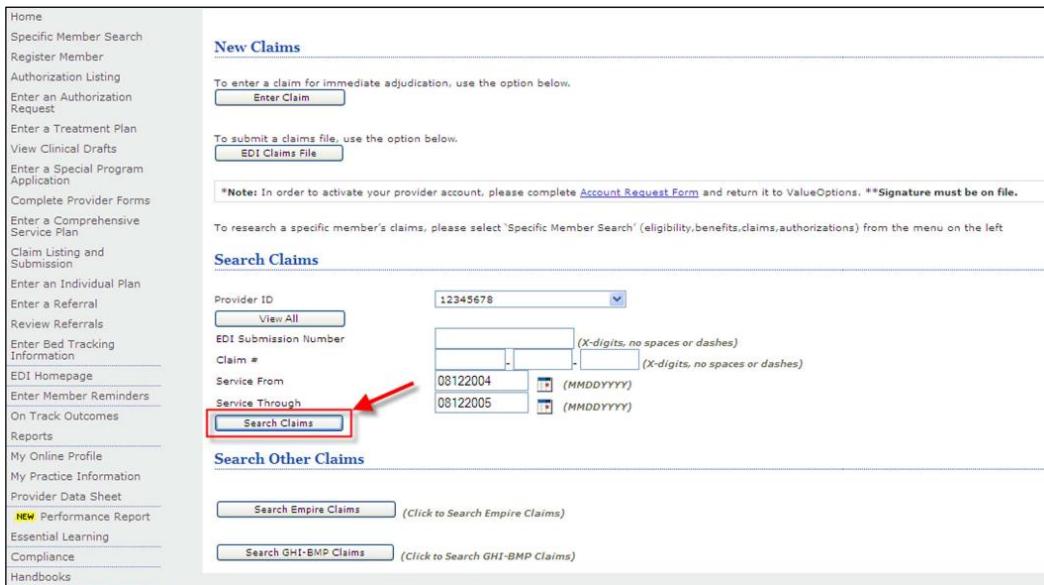
Instructions for Changing or Reprocessing Claims

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



The screenshot shows the ProviderConnect homepage. On the left, there is a sidebar with various links. On the right, there is a main content area with a message to the user and a navigation menu. The 'Review a Claim' link in the navigation menu is highlighted with a red box and an arrow pointing to it.

Enter Search criteria and select “Search Claims”



The screenshot shows the 'Search Claims' section of the ProviderConnect homepage. It includes fields for Provider ID, EDI Submission Number, Claim #, Service From, and Service Through. The 'Search Claims' button is highlighted with a red box and an arrow pointing to it.

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	Provider ID	Vendor Name	Dates of Service	Claim Status	Charge Amount (\$)
ID	ID	ID	ID			
02-123101-00002-00002	ASLAN, SUSAN	123456	DOE, JOHN	05/05/2005-	Processed	90.00
	987654321			05/05/2005		
02-123101-00003-00003	ASLAN, SUSAN	123456	DOE, JOHN	02/05/2005-		90.00
	987654321			02/06/2005		
02-123101-00004-00004	ASLAN, SUSAN	123456	DOE, JOHN	02/05/2005-	In Process	90.00
	987654321			02/06/2005		

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 [Service Line Detail](#)

[Return to search results](#)

Claim Detail	
Claim #	02-123101-00002-00002
Claim Status	Processed
Patient Account #	ABC123
Member ID	987654321
Member Name	ALSLAN, SUSAN
Provider Name	TUMNUS, PETER
Group Name	GRP1
Statement Dates	
Charge Amount (\$)	190.00

[Change / Reprocess Claim](#)

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

[Send Inquiry](#)

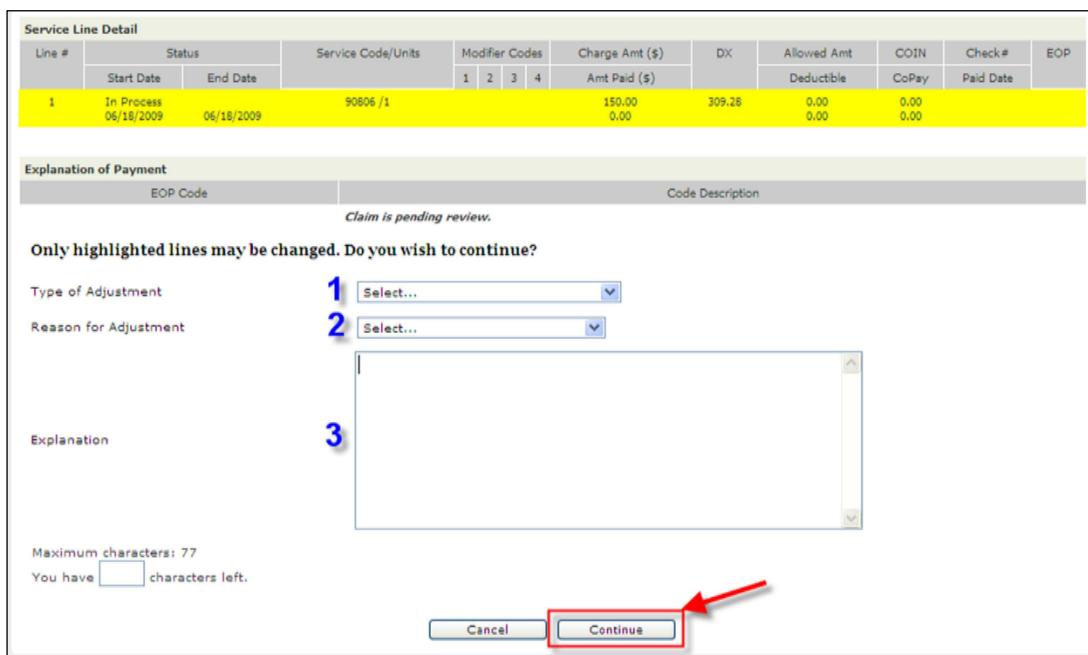
If the Change/Reprocess Claim button is grayed out or does not appear at all, your claim cannot be changed or reprocessed at this time.

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3

Instructions for Changing or Reprocessing Claims, cont'd.

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



The screenshot shows the 'Service Line Detail' screen. At the top, there is a table for 'Service Line Detail' with columns for Line #, Status, Service Code/Units, Modifier Codes, Charge Amt (\$), DX, Allowed Amt, COIN, Check#, and EOP. A single row is selected, showing Line # 1, Status In Process, Service Code 90806 /1, and various monetary amounts. Below this is a section titled 'Explanation of Payment' with 'EOP Code' and 'Code Description' columns. A note says 'Claim is pending review.' A message at the top of the main area says 'Only highlighted lines may be changed. Do you wish to continue?'. Three numbered fields are present: 1. Type of Adjustment (a dropdown menu), 2. Reason for Adjustment (another dropdown menu), and 3. Explanation (a text area). Below the explanation area, a note says 'Maximum characters: 77' and 'You have [redacted] characters left.' At the bottom are 'Cancel' and 'Continue' buttons, with 'Continue' being highlighted by a red box and a red arrow pointing to it.

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	Provider First Name
TEST - 620100	TEST	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

Back **Next**

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	<input type="text" value="1306023817"/>
Taxonomy Code	<input type="text"/>
Licensure Level	<input type="text" value="Select..."/>
*Member ID	<input type="text" value="M500"/> (X-digits, no spaces or dashes)
Member Name	<input type="text" value="JADA"/> <input type="text" value="S"/> (First Last)
Member Account #	<input type="text"/>
Program/Fund/Group ID	<input type="text"/>
*Member DOB	<input type="text"/>
*First Date of Service	<input type="text" value="03042011"/> (MMDDYYYY - Enter Earliest Date of Service for this claim)

Previous **Next**

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			1,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

[Previous](#) [Next](#)

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	*Service Through	*Service Code	Modifier Code 1	Modifier Code 2	Modifier Code 3	Modifier Code 4	
(MMDDYYYY)	(MMDDYYYY)	(ex: 86753)	(no spaces or dashes)				
*Charge Amount (\$)	*Place of Service	*Units					
(ex: 123.45)	(00 - 99)	(3-digits)					
*Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Diagnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8
(ex: 765.4)	(ex: 765.4)	(ex: 765.4)	(ex: 765.4)	(ex: 765.4)	(ex: 765.4)	(ex: 765.4)	(ex: 765.4)
Primary Payer		Secondary Payer		Tertiary Payer			
COB Payer Paid 1	COB Units Paid 1	COB Payer Paid 2	COB Units Paid 2	COB Payer Paid 3	COB Units Paid 3		
(ex: 99999.99)	(ex: 999)	(ex: 99999.99)	(ex: 999)	(ex: 99999.99)	(ex: 999)		

[Cancel Changes](#) This will cancel the changes made to the service line [Save Changes](#) This will save the changes made to the service line

[Add Service Line](#) This will add this service line information to the claim

Claim Detail: Ready to Submit

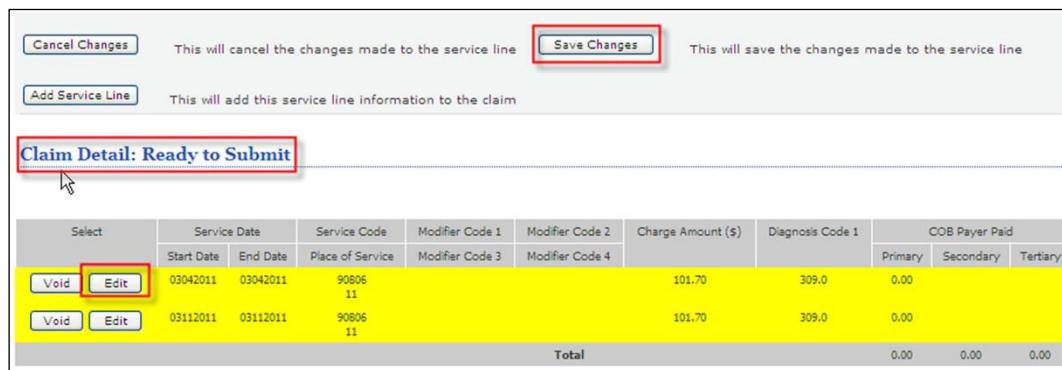
Select	Service Date	Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid	
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4		Primary Secondary Tertiary	
<input type="button" value="Void"/>	<input type="button" value="Edit"/>	06012010	06012010	99232	21	80.00	295.32	55.28
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.

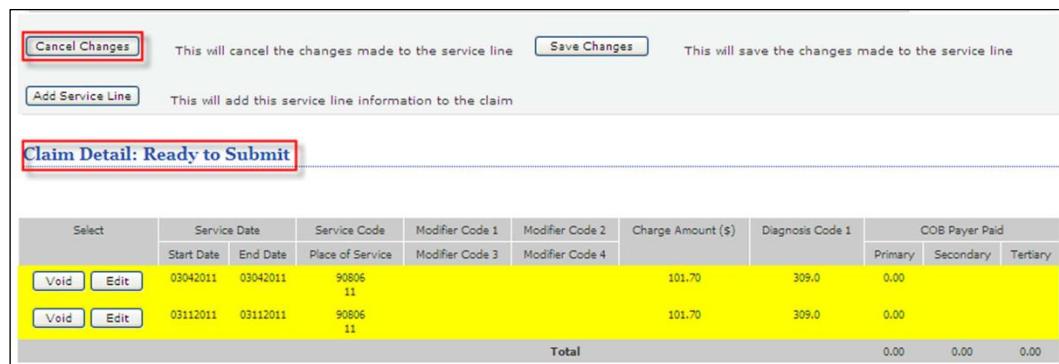
Enter your changes in the Service Line Entry section. When finished, click the “Save Changes” button to save your changes.



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"/>	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.



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"/>	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						Primary	Secondary	Tertiary
	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:

[Cancel Changes](#)
This will cancel the changes made to the service line
[Save Changes](#)
This will save the changes made to the service line

[Add 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
	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	H500
Patient Name	S, JADA
Program/Fund/Group ID	
Patient Date of Birth	
NPI Number	
Taxonomy Code	
Licensure Level	
Claim #	021512-04065-00001

Line #	Service Date	Service Code	Modifier Code 1	Modifier Code 2	Modifier Code 3	Modifier Code 4	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)			Fund	
									Primary	Secondary	Tertiary			Allowed	Deductible	Pre-Paid		COPAY
1	03/04/2011	03/04/2011	90806	11			101.70	309.0	0.00	0.00	0.00	101.70	O	101.70	0.00	0.00	0.00	FMCD
2	03/11/2011	03/11/2011	90806	11			101.70	309.0	0.00	0.00	0.00	101.70	O	101.70	0.00	0.00	0.00	FMCD
									Total									
									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.