Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please email COProviderRelations@BeaconHealthOptions.com

Chapter

01

Welcome & Introductions



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Quarterly Kaiser Roundtable

Chapter

02

ProviderConnect Overview





An Overview of ProviderConnectSM

1	Services and Benefits	2	Projects and Initiatives
3	Accessing Our Provider Portal	4	Member Eligibility and Benefits
5	Authorizations	6	Claims
7	Provider Summary Vouchers	8	Demographic Updates
9	Additional Resources and Information		





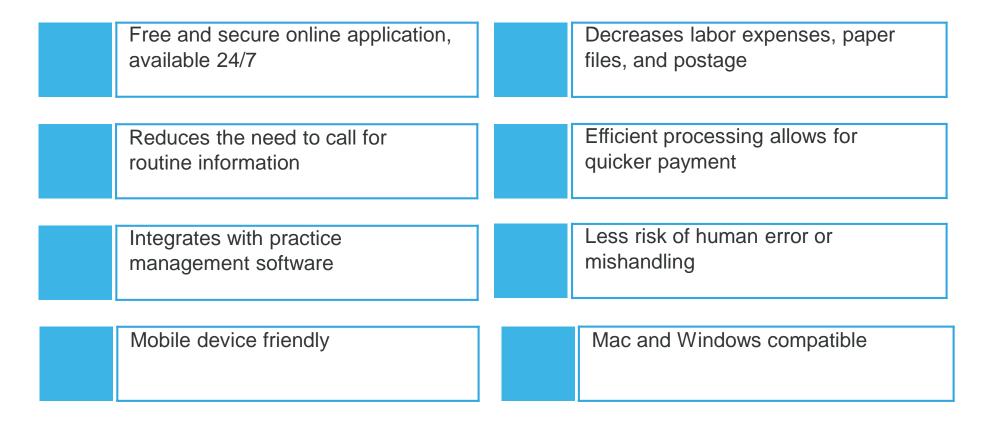
Services and Benefits

Services

 Verify member benefits and eligibility 	 View and print forms
Request and view authorizations	 Download and print authorization letters
Submit claims and view status	 Access Provider Summary Vouchers (PSV)
 Submit updates to provider demographic information 	Submit credentialing applications
Submit customer service inquiries	 Access ProviderConnect message center



Benefits



INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES





Projects and Initiatives

PaySpan Required for EFT

- Providers must use Payspan
 EFT for electronic fund transfer
- Benefits:
 - Receive payments automatically to bank account of choice
 - Email notifications immediately upon payment
 - View remittance advices online and download an 835 file to use for auto-posting purposes.



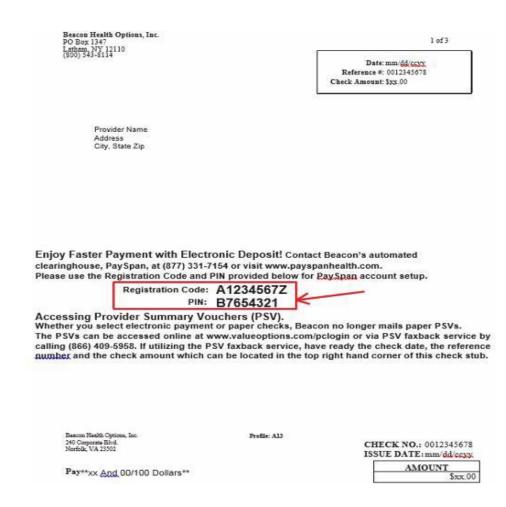
Beacon Health Options, Inc. lof3 Date: mm/dd/ccvv Reference #: 0012345678 Check Amount: \$3x.00 Provider Name Address City, State Zip Enjoy Faster Payment with Electronic Deposit! Contact Beacon's automated clearinghouse, PaySpan, at (877) 331-7154 or visit www.payspanhealth.com. Please use the Registration Code and PIN provided below for Pay Span account setup. Registration Code: A1234567Z Accessing Provider Summary Vouchers (PSV). Whether you select electronic payment or paper checks, Beacon no longer mails paper PSVs. The PSVs can be accessed online at www.valueoptions.com/pclogin or via PSV faxback service by calling (866) 409-5958. If utilizing the PSV faxback service, have ready the check date, the reference number and the check amount which can be located in the top right hand corner of this check stub. Profile: A13 CHECK NO.: 0012345678 ISSUE DATE: mm/dd/ccxxx

Pay**xx And 00/100 Dollars**



Register for PaySpan

- Two registration options:
 - Click the Payspan link in <u>ProviderConnect</u>
 - Visit <u>PayspanHealth.com</u> or call 877-331-7154
- Have registration code and PIN from the payment stub of a paper check handy
 - Note: EFT is location specific, so if you update or add an address, you will have to contact Payspan to add it to your file
- Until successful registration with Payspan is complete, physical checks will continue be generated

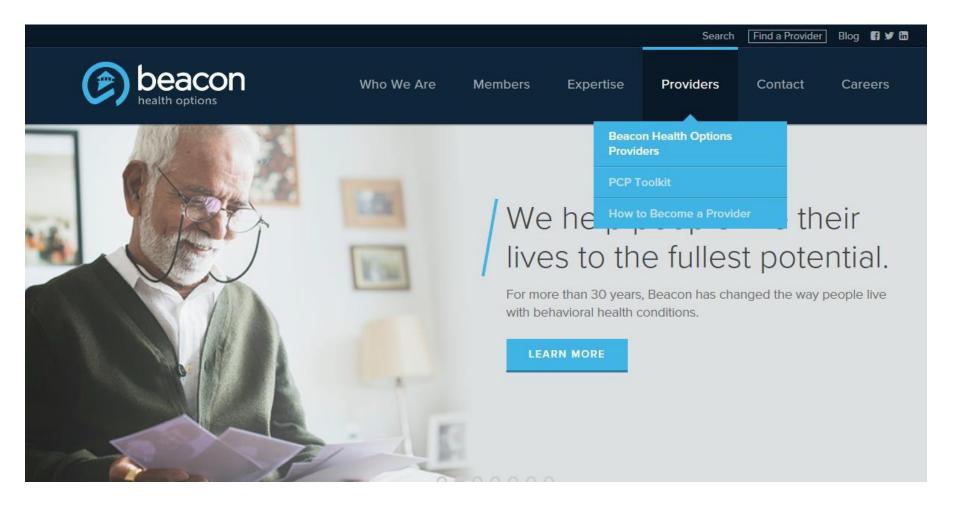






Accessing our Provider Portal (ProviderConnect)

How to Access our Provider Portal



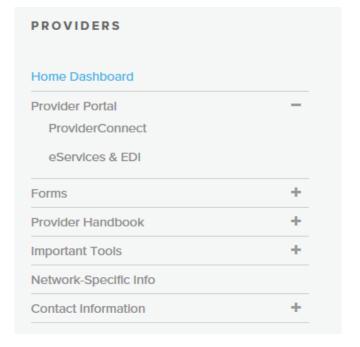


How to Access our Provider Portal

Go to <u>www.BeaconHealthOptions.com</u>, choose
 "Providers" and "Beacon Health Options Providers"

Click on "Provider Portal" on the right side of the screen

and choose the appropriate portal.





How to Access our Provider Portal

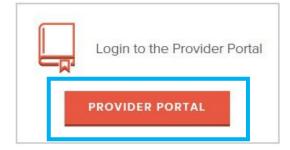
HOME / PROVIDERS / BEACON HEALTH OPTIONS

Provider Dashboard

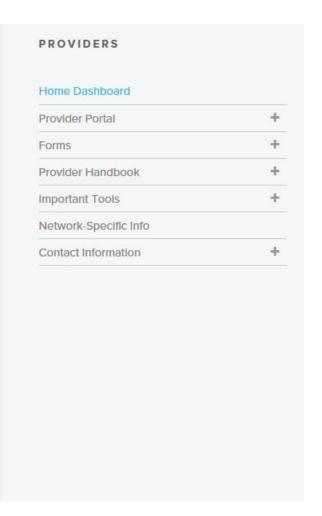
Select from the options below:





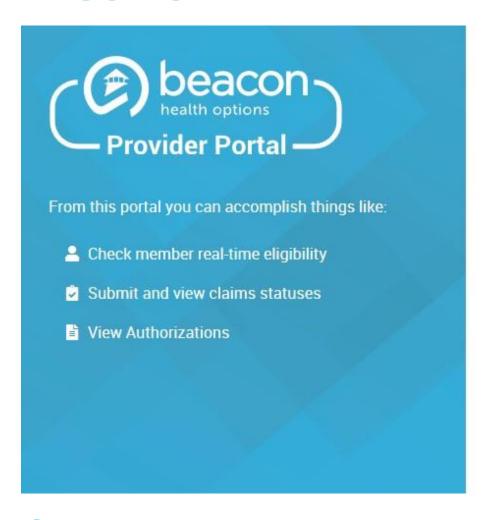








Logging into ProviderConnect



Login below

Please use your existing *eServices* or *ProviderConnect* credentials

Username

Forgot Username

Password

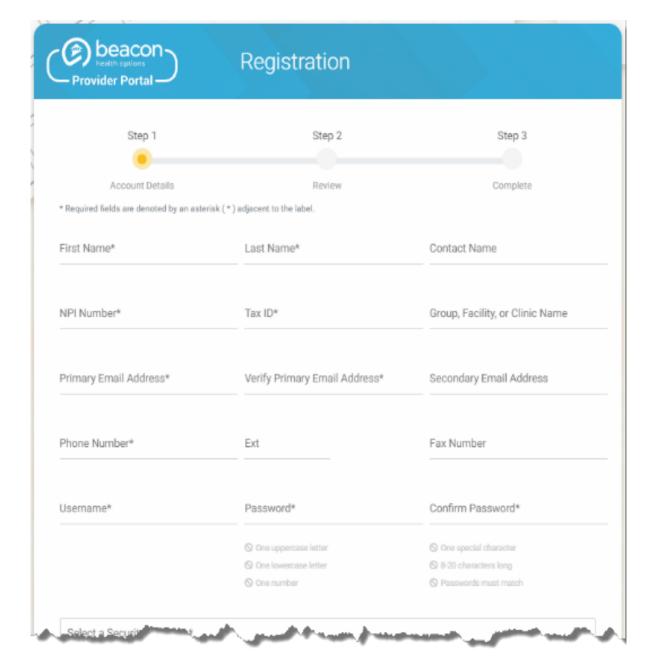
Forgot Password

LOGIN

Not registered? Sign up here



New User?





Alternate Registration Option

If unable to register online, there are form options available:

- Multiple users at the same practice
- Establishing Super User access
- Setting up network-specific accounts

Forms

Providers must obtain a User ID before using Online Services. To accomplish this, the following forms must be completed.

- ➤ Online Services Account Request (Editable Version)
 This form authorizes Beacon Health Options (Beacon) to receive and process claims electronically and certifies that claims will comply with all laws, rules and regulations governing your contract with Beacon. Providers who wish to have inquiry-only access to our system for the purpose of conducting eligibility inquiries and claim status inquiries must also submit this form.
- Account Request Form for Access to Multiple Providers (Editable Version) This form allows the user access to multiple Beacon's provider identification numbers under one login once the users have completed online registration or the Online Services Account Request Form.
- Online Services Intermediary Authorization (Editable Version) This form authorizes an external entity such as a billing agent or clearinghouse to submit claims on the provider's behalf. This form must be completed only if the provider utilizes the services of a billing agency, clearinghouse or other third party.

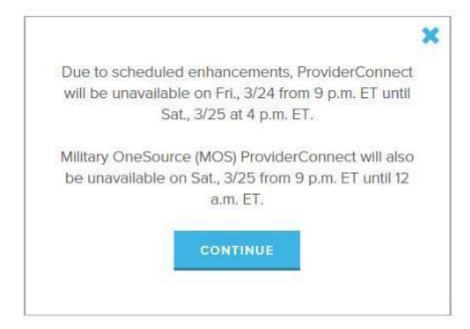


System Downtime

 Beacon works daily to make enhancements to improve processes for our providers

Provider are notified of system downtime through website popup messages or

other provider communications







Member Eligibility and Benefits

Find a Specific Member

Welcome PETER TUMNUS. Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 NEW) Message





Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts NEW
- Eligibility and Benefits
 - Find a Specific Member
 - Register a Member
- Enter or Review Authorization Requests
 - Enter an Authorization/Notification Request
 - . Enter an Individual Plan
 - Enter a Special Program Application
 - Enter a Comprehensive Service Plan
 - Enter a Treatment Plan
 - · Review an Authorization
 - Update Monthly Wage Information
 - View Clinical Drafts
 - Weekly ABA Measures

- Enter or Review Claims
 - Enter a Claim
 - Enter EAP CAF
 - Review a Claim
 - View My Recent Provider Summary Vouchers
 - PaySpan
- - Enter a Referral
 - Review Referrals
- > Enter Bed Tracking Information
- Search Beds/Openings
- Update Demographic Information
- Update Roster Information



Member Eligibility

Eligibility & Benefits Search

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

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID 987654321 (No spaces or dashes)

Last Name

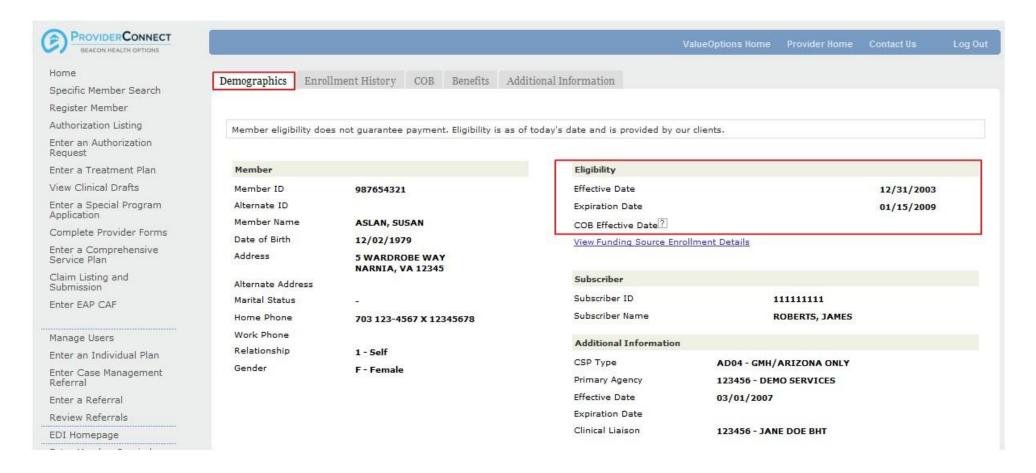
First Name

*Date of Birth 12021979 (MMDDYYYY)

As of Date 08112005 (MMDDYYYY)



Member Demographics



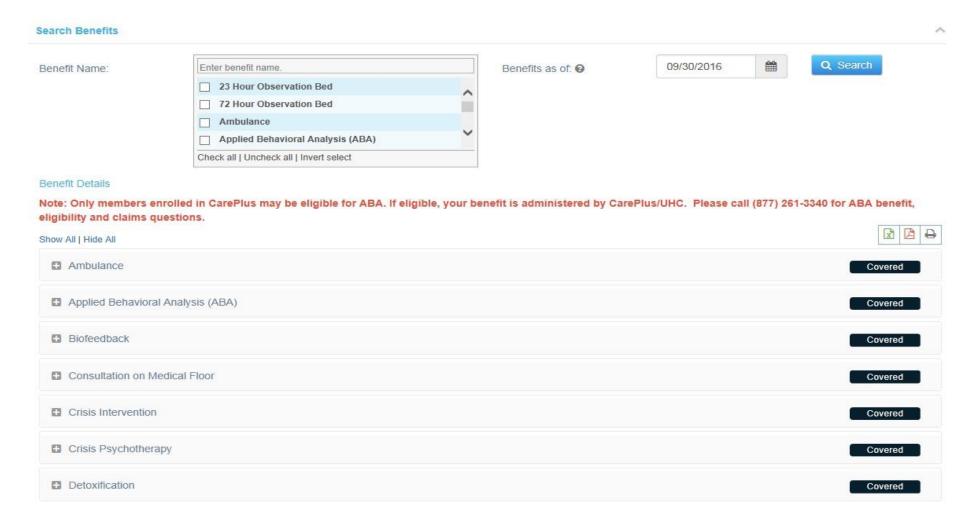


Member Benefits

emographics	Enrollment History	COB	Benefits	Additional Information
 Vel 000000 NU00000000000000000000000000000	ility does not guarantee p nary of the member's ber			as of today's date. Information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.
Mark But de				
Member Detail				
Client ID: Client Name:	GH GH	HI/BMP		
Benefit Packa	ge(s): GC)45		
Please click the	Benefits link below to la	unch the		Portal (SSP) where Member benefits can be viewed.
	ember Auths		Member Claim	ns View Empire Claims View GHI-BMP Claims
Enter Auth/No	otification Request		Send Inquiry	



Member Benefits







Authorizations

Enter an Authorization Request





Disclaimer



ProviderConnect Home

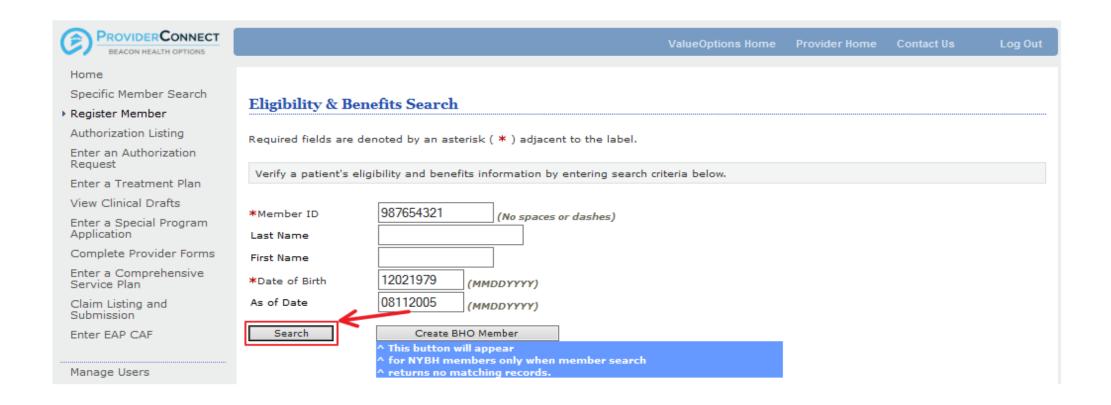
Disclaimer

Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request "process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.



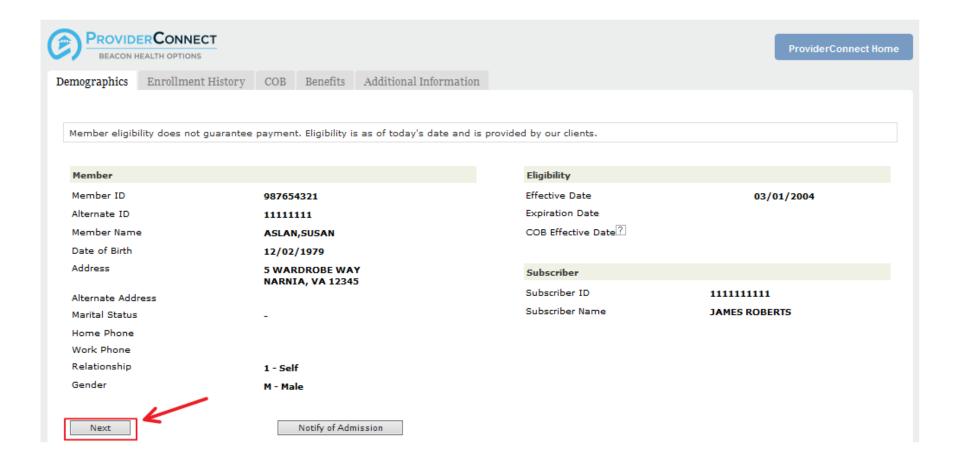


Search a Member



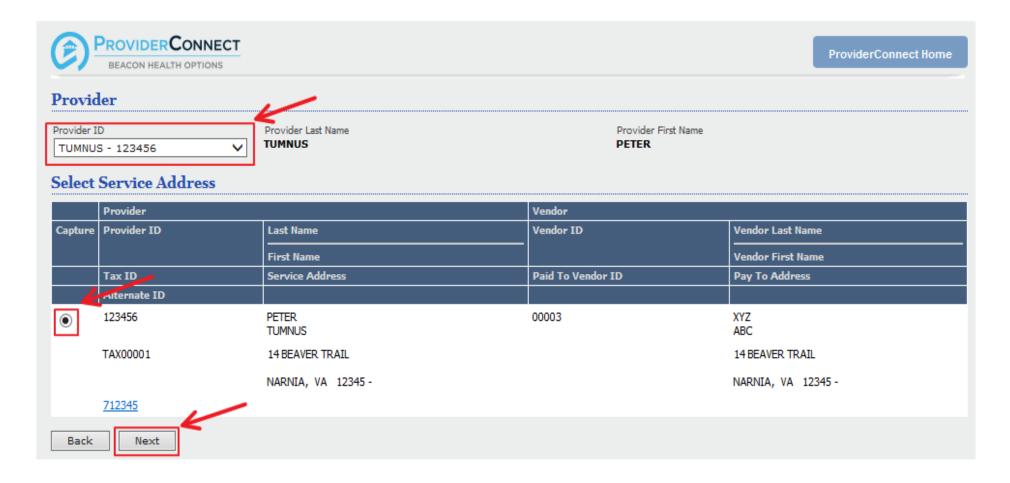


Member Information



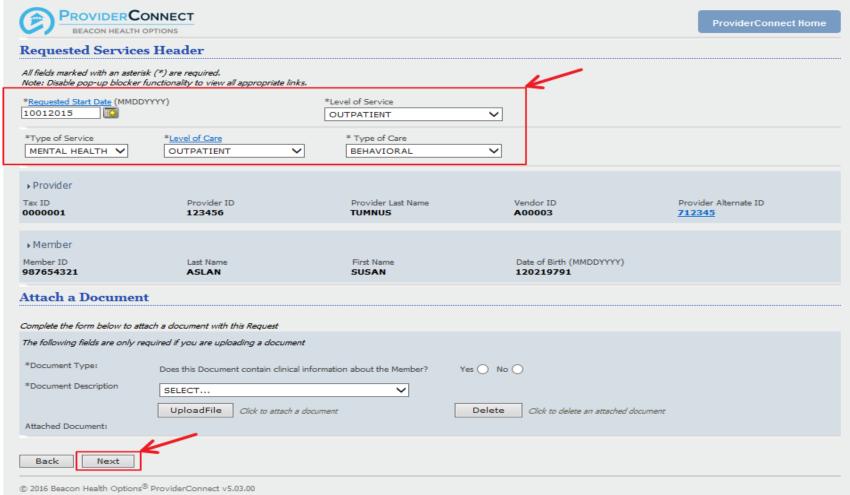


Service Address



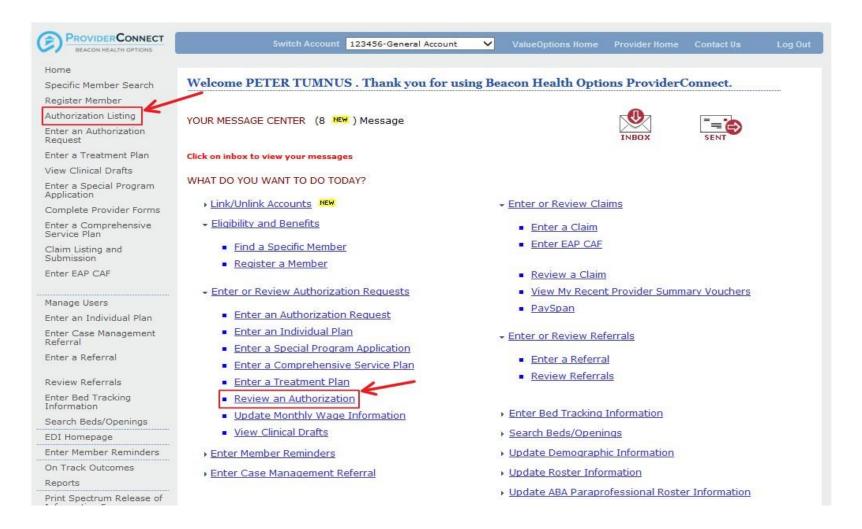


Requested Services Header



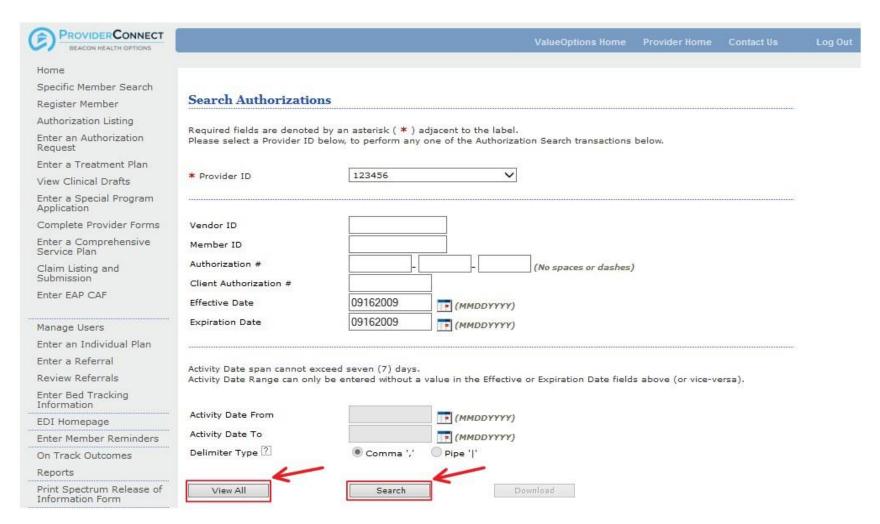


Review an Authorization



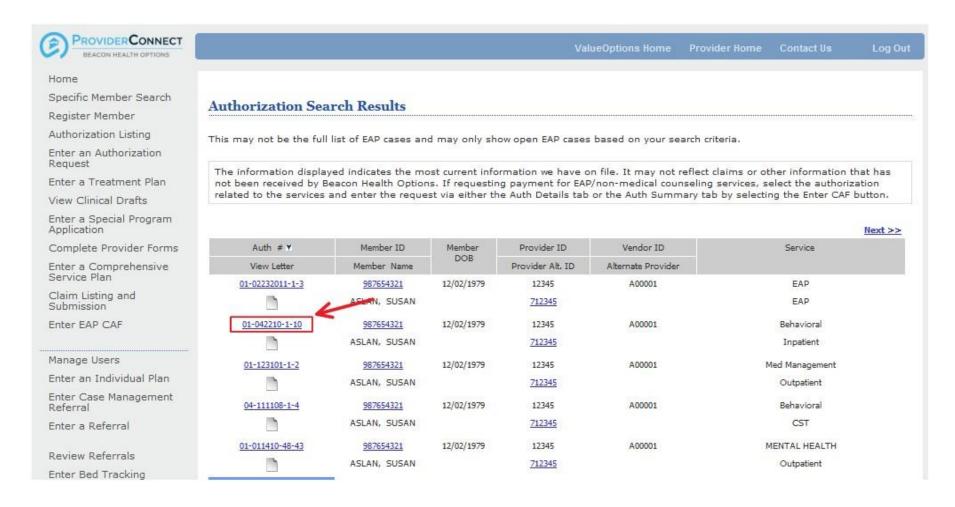


Search Authorizations





Authorization Search Results







Claims

Tips for Claim Submission Success

- When submitting any claim, be sure to complete all required fields
 - Providers: Tips for completing the CMS-1500 or UB04 located under Administrative
 Forms
 - Direct claim submission: Required fields designated with an asterisk (*)
 - Batch claim submission: Follow the Implementation and Companion Guides located on the <u>ProviderConnect resource page</u>

Claims must be received within 90 days of the DOS or if there is other primary coverage within 90 days of the primary EOB.

Claims received after 90 days of DOS will be denied for timely filing

If you do not agree with a payment or denial, you must submit a written request for reconsideration within **60 days** of the denial date on the Beacon Provider Summary Voucher

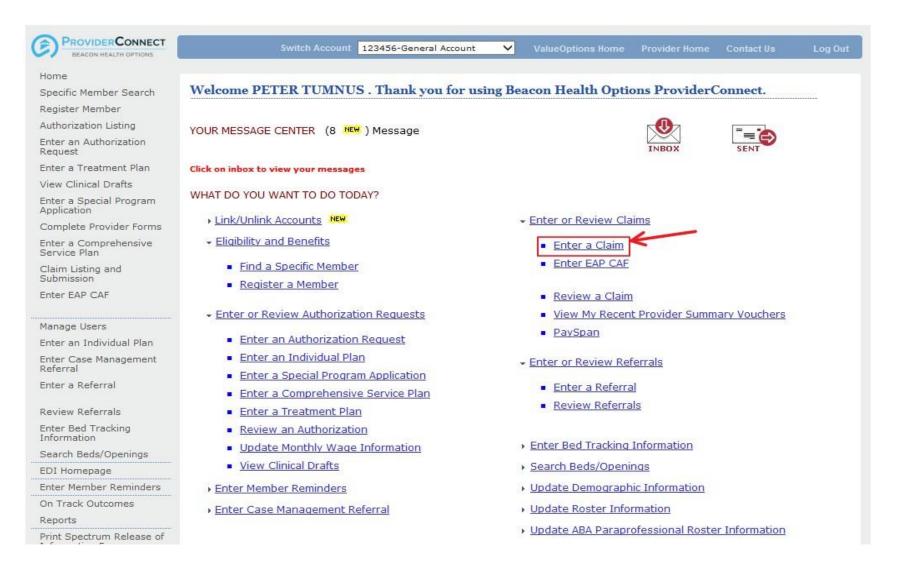


Direct Claim Submission

- Provides ability to enter a claim directly into the provider portal without using special software
- Expedites processing of the claim and payment
- Available for professional services only, not higher levels of care
- Recommended for providers submitting a lower volume of outpatient claims



Direct Claim Submission



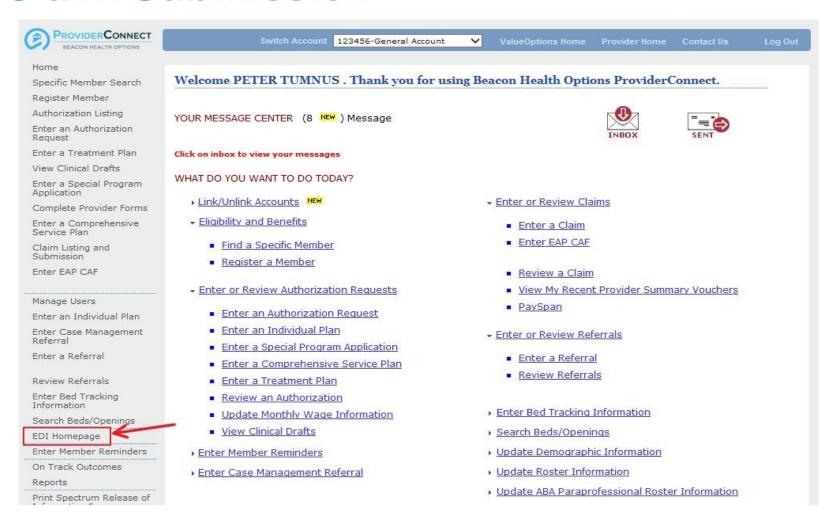


Batch Claim Submission

- Allows you to upload HIPAA 5010 compliant files directly to Beacon
- Expedites processing of the claim and payment
- Available for all levels of care
- Recommended for facilities and providers submitting a higher volume of claims
- Payer ID
 - FHC & Affiliates, unless otherwise directed
 - Clearinghouses have their own five digit payer ID for Beacon Health Options
 - Contact your clearinghouse to see what payer ID is needed

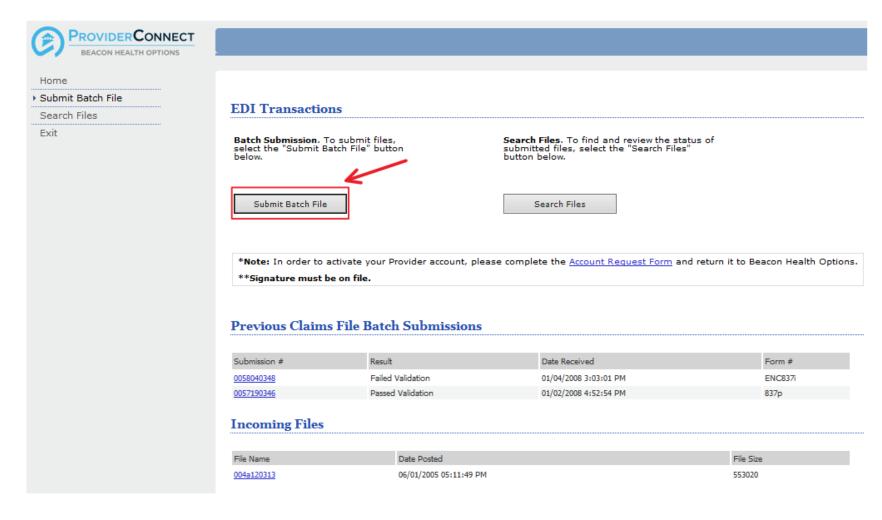


Batch Claim Submission



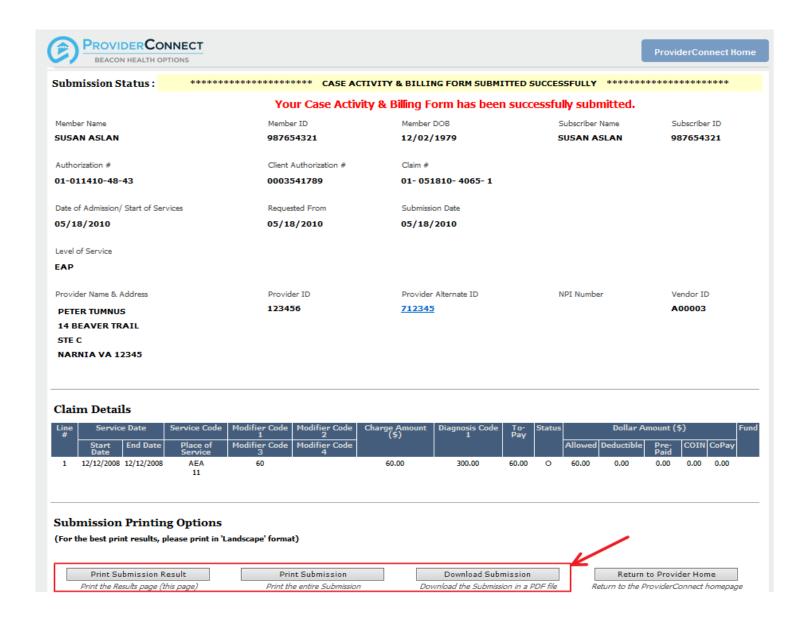


Batch Claim Submission





Summary Page

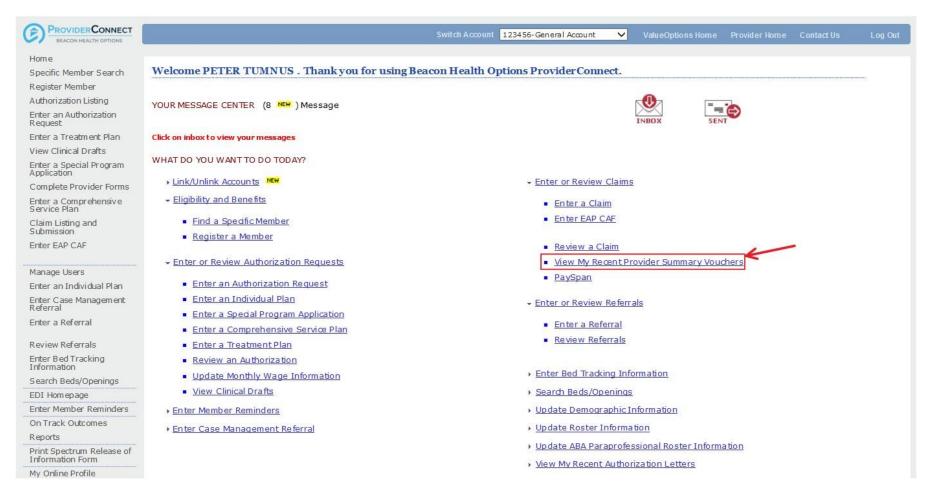






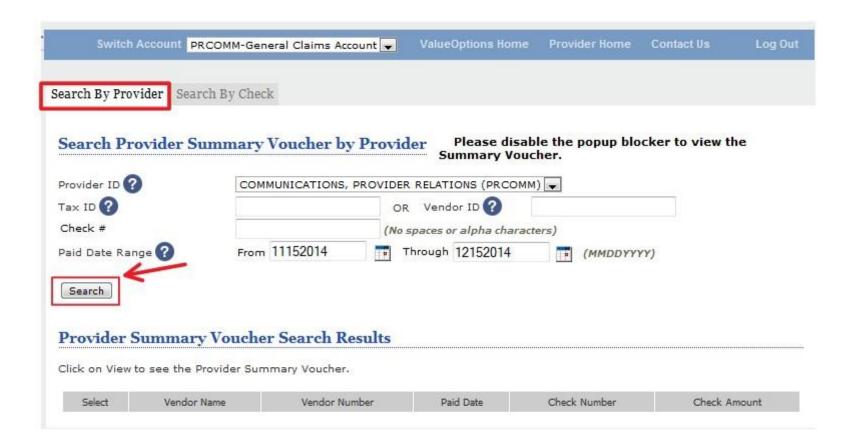
Provider Summary Vouchers (PSV)

Provider Summary Vouchers



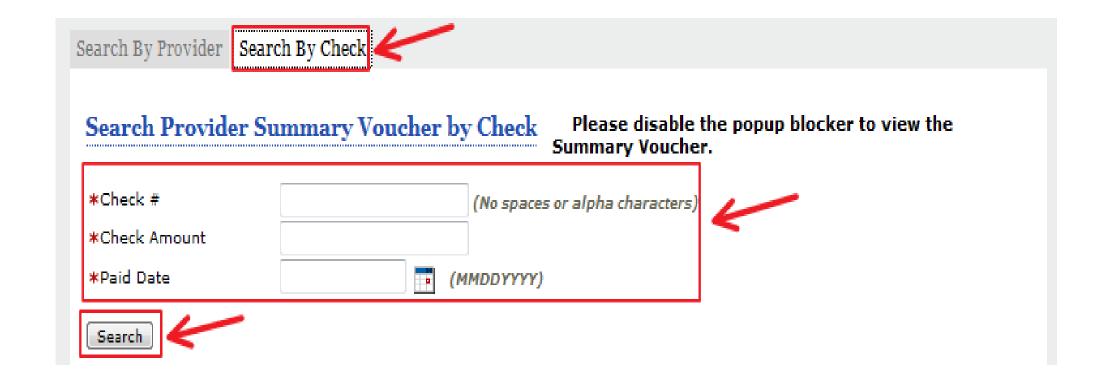


Search by Provider



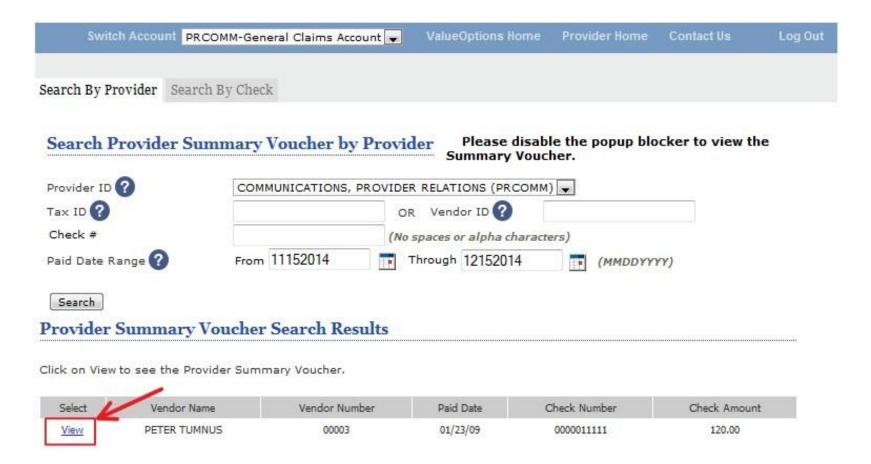


Search by Check





Provider Summary Voucher Results







Demographic Updates

Demographic Updates

- FIRST: Always review, update, and attest through CAQH for consistency of provider data
- Review information on a regular basis to ensure member referral information is accurate

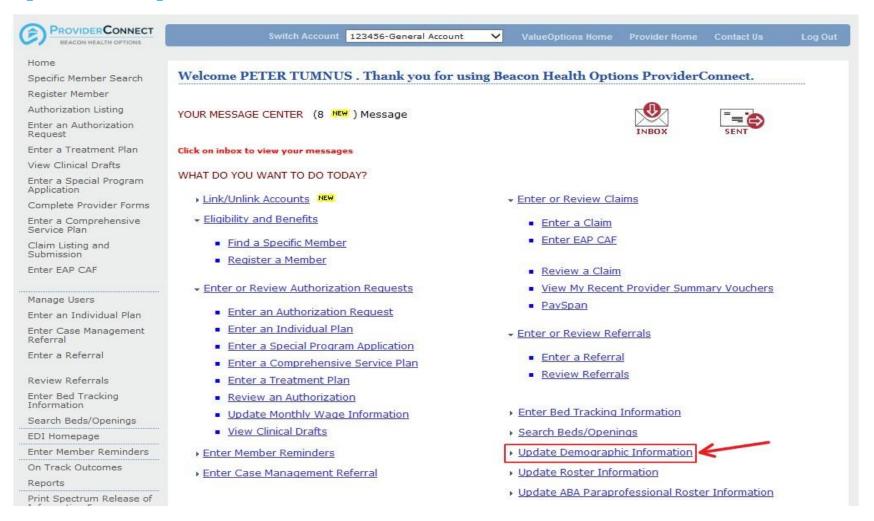
Phone numbers	Fax numbers	Email addresses	Website URLs
Billing addresses	Mailing address	Disability access	Office hours
Service addresses	Foreign languages	Accepting new patients	Update Tax ID with W9 upload*

^{*}Tax ID update takes 3-5 business days for validation

 If unable to update demographic information online, contact Beacon for assistance

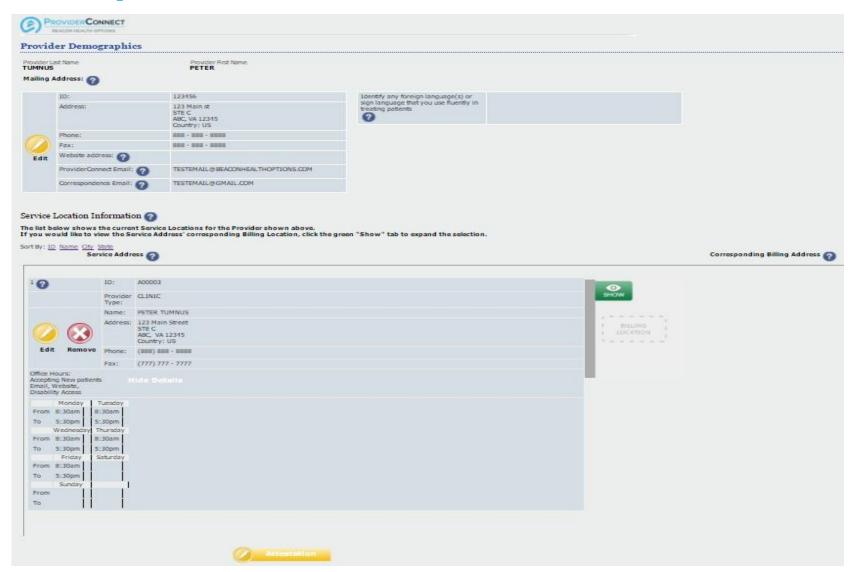


Demographic Update Features





Demographic Update Features







Additional Resources and Information

Video Tutorials- ProviderConnect

https://www.beaconhealthoptions.com/providers/beacon/important-tools/video-tutorials/

ProviderConnect

- How do I View a Member's Eligibility?
- > Submitting an Outpatient Authorization in ProviderConnect
- Submitting an Inpatient/HLOC Authorization in ProviderConnect
- Submitting a Concurrent (continued care) Inpatient/HLOC Authorization or Notification in ProviderConnect
- > How do I Submit a Psych Testing Request?
- How to Search an Authorization in ProviderConnect
- > How to View Authorization Letters in ProviderConnect
- > Submitting a Claim through Direct Claim Submission in ProviderConnect
- > Submitting a Batch Claim File in ProviderConnect
- How to Search a Claim in ProviderConnect
- Correcting a Claim in ProviderConnect
- View Provider Summary Vouchers in ProviderConnect
- > Submitting an EAP Case Activity Form in ProviderConnect
- Updating Demographic Information on ProviderConnect



Beacon Health Strategies		Beacon Health Options (formerly ValueOptions)		
Website and EDI	Monday thi 8 a.m6 p.r 888-24	EDI Helpdesk Monday through Friday, 8 a.m6 p.m. ET Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com		
PaySpan	PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com	Unable to locate your registration code? Email: corporatefinance@beaconhealthoptions.com Reply will be received within three business days		
Provider Relations	Monday thi 8 a.m8 p.r 800-39	National Provider Services Line Monday through Friday, 8 a.m8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team		



Stay Up To Date

Every 2 weeks we provide a Newsletter including upcoming webinars, events, updates, and resources.

Be sure to check out the Inspire Wellness newsletter!!



Wed 5/12/2021 7:02 AM

Beacon Health Options Provider Relations <coproviderrelations@beaconhealthoptions.com>
NHP Provider Newsletter 5.12,2021





Chapter

03

Minority Mental Health Month





July is Minority Mental Health Awareness Month



https://www.minorityhealth.hhs.gov/minority-mental-health/

National Minority Mental Health Awareness Month is observed each July to bring awareness to the unique struggles that racial and ethnic minority communities face regarding mental illness in the United States. The COVID-19 pandemic has made it harder for racial and ethnic minority groups to get access to mental health and substance-use treatment services.

Throughout the month, the HHS Office of Minority Health (OMH) will focus on promoting tools and resources addressing the stigma about mental health among racial and ethnic minority populations, particularly during the COVID-19 pandemic.





https://mhanational.org/BIPOC-mental-health-month

2021 Theme: Strength In Communities



This year's theme is Strength in Communities, where we will be highlighting alternative mental health supports created by BIPOC and queer and trans BIPOC (QTBIPOC), for BIPOC and QTBIPOC.

Our 2021 toolkit will examine community-developed systems of support created to fill in gaps within traditional systems that may overlook cultural and historical factors that impede BIPOC and QTBIPOC mental health. It will explore three topic areas: community care, self-directed care, and cultural care and why these types of care are valid and valuable choices people can make for their mental health.





- •Community care refers to ways in which communities of color have provided support to each other. This can include things such as mutual aid, peer support, and healing circles.
- •Self-directed care is an innovative practice that emphasizes that people with mental health and substance use conditions, or their representatives if applicable, have decision-making authority over services they receive.
- •Cultural care refers to practices that are embedded in cultures that are passed down through generations that naturally provide resiliency and healing.

Download The Toolkit



Chapter

04

Questions and Open Discussion



Thank you

Contact Us



- **&** 800-397-1630
- www.beaconhealthoptions.com
- coproviderrelations@beaconhealthoptions.com