



# Provider Administrative Orientation Training

# Training Topics

- › Welcome and Introductions
- › Overview of ValueOptions/Beacon Health Options
- › Military OneSource Program
  - Participant Eligibility Requirements
  - Scope of Services
  - Duty to Warn and Mandated Reporting Procedures
  - Referral Procedures
  - Telehealth Program
- › Case Activity Forms and Various Methods for Submission
- › Online Tools and Website
- › Contact Information

# Initial Courses Requirement

- › Provider Administrative Orientation
- › Identifying and Safeguarding PII and PHI
- › Cyber Awareness Challenge
- › Enhancing Clinical Competency through an Understanding of Military Culture

# Overview of Beacon Health Options/ ValueOptions

- › Founded in 1983
- › Nation's largest behavioral health and wellness company
- › Became a subsidiary of Anthem in 2019
- › Currently serving over 50 million lives in 150,000 different locations
- › Diverse client base:
  - Commercial division
  - Federal division
  - Public Sector division
- › Over 35 years of continuous experience in supporting military members and their dependents

# Beacon Health Options/ ValueOptions Network Services

## › Provider Relations

- Ensures participants' have access to readily available providers
- Maintains network composition by engaging in assertive retention strategies
- Engages in timely and appropriate recruitment
- Offers educative communications and trainings to our provider community and staff
- Provides escalated customer service for providers

# Beacon Health Options/ ValueOptions Network Services

- Provider Credentialing:
  - Completion of Credentialing Application required for network participation
- Military OneSource network participation requirements:
  - Must be a citizen of the United States
  - Speak English
  - FBI background check with fingerprints
  - Complete all training requirements
    - Training is required annually

# Beacon Health Options/ ValueOptions Network Services

## › Provider Contracting:

- Contract with ValueOptions/ Beacon Health Options
  - Ownership Disclosure Form
- Military OneSource-Specific:
  - Military OneSource Provider Statement of Understanding
  - Military OneSource Short-term Non-medical Counseling Program Amendment

Questions about Contracting and Credentialing?

Call 1-800-397-1630 (8am – 5pm ET)

# Beacon Health Options/ ValueOptions Quality Management

- Program oversight is provided by the medical director
  - Key Quality Indicators include but are not limited to:
    - Satisfaction feedback measures
    - Access and availability of services – geographic access; phone statistics; appointment availability; etc.
    - Complaints and Grievances tracking and reporting
    - Member safety – (adverse incidents and quality of care)
    - Quality Improvement activities/projects
  - Military OneSource-Specific Quality Monitoring
    - Case Activity Form Audits
    - Collaborative management of high risk cases
    - Assure adherence to scope of non-medical counseling



# Military OneSource Program

# Eligibility Requirements

US  
Navy

US  
Army

US  
Marines

US  
Air Force

US  
Space Force

## › Department of Defense Service Members and Dependents

- **Active Component (AC):** Active Duty and service members who serve under the command of the President full time continuously until discharged
- **'Retired 365':** Above AC eligible for one year past retirement
- **Reserve Components (RC):** Army, Navy, Air Force, & Marine Corps Reserves and the Army National Guard and Air National Guard
- **US Coast Guard (Active Duty not eligible, Retired are Eligible)**
  - Operate under Homeland Security and receive services under a separate program called **CG SUPRT**
  - Service members are not eligible unless retired within a year or currently serving under a Department of Defense mission

# Range of Support



# Additional Military OneSource Benefits

## › Specialty Consultations

- Financial Assistance
  - Tax Filing Services
  - Budget Management
- Military Spouse Support
  - Education Resources
  - Career Assistance
- Parenting and Childcare Resources
- Elder Care Resources
- Health and Wellness Coaching
- Research for Community Services and Support

**For more information about Military OneSource Programs**

**Please visit: <http://MilitaryOneSource.mil>**

# Other Benefits and Programs

- › Information regarding the following programs can be found by visiting <http://www.military.com>
  - Morale, Welfare and Recreation (MWR)
  - Commissary and Post Exchange Locations
  - Wounded Warrior Support
  - Thrift Savings Plans (TSP)
  - Savings Deposit Programs (SDP)
  - Service Members Group Life Insurance (SGLI)
  - Educational benefits
  - Family Advocacy Program (FAP)
  - Legal Assistance

# Scope of Services

- Military One Source covers confidential, face-to-face, non-medical counseling services:
  - Short term, psycho-educational, and solution focused in nature
  - Non-medical counseling for Z-code issues such as:
    - Adjustment to situational stressors
    - Relationship issues
    - Parenting / family related issues
    - Stress management skills
    - Work-related issues
  - Military OneSource Program is intended to prevent the development or exacerbation of lifestyle conditions that may compromise military and family readiness

# Scope of Service

- Military OneSource does NOT cover the following:
  - Clinical mental health treatment or long-term issues such as:
    - Depression and anxiety
    - Substance use disorders
    - Severe impairment
    - Post Traumatic Stress Disorder
    - High Risk Participants
    - Domestic Violence or Assaults
  - Assessment services, fit -for-duty determinations, Disability assessments, or court-ordered counseling
  - Those recently diagnosed with a mental health illness, prescribed psychotropic medication, receiving concurrent psychiatric or behavioral health treatment, or with an open Family Advocacy Program (FAP) case.
    - **All participants who do not meet the scope of services criteria should be referred to their medical health insurance benefit, military base services, or community resources**

# Mandated Reporting

## Provider reporting is required for the following issues:

### All Participants:

*(Including additional participants):*

- Child, elder, vulnerable adult abuse
- Critical risk to others
- Risk to self
- Wrongful death (homicide/suicide)

### Service Members:

- Sexual assault incidents
- Domestic violence
- Recent psychiatric hospitalization within 30 days
- Present or future illegal activity

## › To Make a Report Call Military OneSource at (800)342-9647

- A Triage Consultant or Clinical Supervisor will take the report and file the required information with the appropriate Department of Defense point of contact



- DO NOT contact the participant's command/supervisor

# Reporting Details (Cont.)

Please be prepared to answer the following questions:

1. Who is the alleged perpetrator/ victim?
2. Demographic Information of both perpetrator/victim:
  - Name
  - Date of Birth
3. Duty Status and Location: Active Duty, Guard, Reserve
4. Detailed account of the incident
  - When did the incident occur?
  - Were there any injuries?
  - Were there any witnesses?
  - Were weapons involved?
  - Were alcohol or drugs involved?

# Reporting Details (Cont.)

Please be prepared to answer the following questions:

5. Date of most recent occurrence and chronicity
6. Involvement of military or civilian agencies, arrests made?  
(e.g. FAP, MPs, SARC, CPS, DHS, local police)
7. Any action taken by SM/FM  
(e.g. police called, restraining order, etc.)
8. Any involvement with children (names and ages)
9. Was a safety plan developed? Support systems
10. Any resources or referrals that were given  
(e.g. TRICARE, educational materials, community resources, base services)

# Mandated Reporting Checklist



## Military OneSource Mandated Reporting Checklist

In the event that a participant's circumstances require a mandated report/duty to warn, please call Military OneSource to file the report at 1-800-342-9647. Please have ready the following information (Reports may require 10 -15 minutes to complete):

- The nature of the incident:
  - Child/Elder/Vulnerable Adult Abuse
  - Risk To Self (Suicidal Intent)
  - Risk to Others (Homicidal or Other Intent to Harm)
  - Domestic Violence
  - Sexual Assault (involving a service member)
  - Psychiatric Hospitalization (Diagnosis \_\_\_\_\_)
  - Illegal Activity \_\_\_\_\_
  - Other \_\_\_\_\_
- Who is the alleged perpetrator/ victim? \_\_\_\_\_
- Demographic Information of both perpetrator/victim:
  - Name \_\_\_\_\_
  - Date of Birth \_\_\_\_\_
- Duty Status, Location, and Branch: Active Duty, Guard, Reserve  
\_\_\_\_\_
- Detailed account of the incident
  - When did the incident occur? \_\_\_\_\_
  - Summary of Incident. \_\_\_\_\_



# Informed Consent

- › Participants are provided with full disclosure:
  - Participants hear a Limits of Confidentiality statement during their initial call to Military OneSource
  - The Statement of Understanding must be signed by all participants prior to delivering face-to-face non-medical counseling services
- › Military Resources that respond to Mandated Reporting situations
  - Family Advocacy Program (FAP)
  - Sexual Assault Response Coordinator (SARC)
  - Victim Advocacy

# Post Suicide Survivor Training

- › Defining suicide “postvention”
  - Immediate crisis intervention for those affected by a suicide or suicide attempt

# Post Suicide Survivor Training

- › The aftermath of suicide:
  - Types of suicide survivors include:
    - Spouse / Significant other
    - Parents
    - Siblings
    - Children
    - Friends
    - Co-workers

# Post Suicide Survivor Training

## › The Key Issues

- Normal Grief is magnified
  - Stigma and shame
  - Discomfort of others
  - Existential quandaries

## › Stages of Grieving

- Shock / denial
- Guilt
  - What could I have done?
  - Why didn't I see this coming?
- Sadness
- Anger (and blame)
  - At the person who died
  - Authorities, helpers, family and friends
  - Why did he/she do this to me?
- Acceptance

# Post Suicide Survivor Training

- › Psycho-education regarding depression and suicide
- › Supportive Counseling
  - Telling the Story
  - Reframing thoughts and perceptions
  - Connecting with others
- › Resources
  - Support Groups
    - Peer-led
    - Professional-led
  - MHSA Services
- › Normalize the healing process

# Referral Procedures

Triage Consultants complete an assessment to determine that no urgent needs exist and that counseling is within scope of non-medical parameters

- › Member will be warmed transferred to the provider office
- › Providers are required to offer an appointment within 3 business days or at the convenience of the participant
- › If participant information is left on a voicemail, provider must call the participant back within 24 hours to schedule an appointment
- › Triage Consultants complete an assessment to determine that no urgent needs exist and that counseling is within scope of non-medical parameters
- › If unable to schedule an appointment with the referred Participant providers need to notify Military OneSource
- › Two business days after the referral Military OneSource will contact the participant to verify an appointment is scheduled

# Conditions of Military OneSource

- › Cases are on a referral basis only, participants must be pre-authorized
- › Authorizations are provider-specific: Participants cannot be transferred to a different provider without a new authorization
- › Self-referral for additional treatment is not permitted, providers may not refer participants to themselves for ongoing services
- › Providers may not bill or seek reimbursement from the participant or any other entity other than Beacon Health Options/ ValueOptions
  - Balance-billing and charging for missed appointments is prohibited
- › Military OneSource benefit allows for a maximum of 12 sessions per authorization
  - Payment for services is limited to the number of sessions authorized and terms of Military OneSource Program

# Telehealth

- › Military One Source offers Telephonic, Video, and Online (chat) counseling:
  - **Telephonic:** All providers may conduct telephonic counseling
  - **Video:** All MOS providers must use the MOS ZOOM platform with DoD approved settings. Therefore, all video providers must be pre-approved for video counseling, take a one-on-one ZOOM training, and be registered with a MOS ZOOM account prior to offering video counseling services.
  - **Online (Chat):** Military OneSource Online chat providers must use the MOS chat platform with a signed agreement
  - The use of other video or chat platforms (i.e. FaceTime, messenger, Skype, Doxy.me, etc.) is strictly prohibited as per the Department of Defense.
  - Telehealth sessions may only occur with participants who are located in states where the provider is currently licensed, unless the participant is stationed outside of the United States (OCONUS).



# Military OneSource Case Activity Form (CAF)

## CAF Page 1 (Continued)

Assessed Problem Category (Choose 1 Problem Category)	Assessed Problem (Choose 1 Problem or Issue):	
<input type="radio"/> Academic/Educational Problem	<input type="radio"/> Z55.9 Academic or Educational Problem	<input type="radio"/> Z62.820 Parent-Child Relational Problem
<input type="radio"/> Anger Management	<input type="radio"/> Z56.8 Religious or Spiritual Problem	<input type="radio"/> Z62.891 Sibling Relational Problem
<input type="radio"/> Bereavement	<input type="radio"/> Z56.82 Problem Related to Current Military Deployment Status	<input type="radio"/> Z62.898 Child Affected by Parental Relational Distress
<input type="radio"/> Deployment Related Stress	<input type="radio"/> Z56.9 Problem Related to Employment	<input type="radio"/> Z63.0 Relational Distress with Intimate Partner
<input type="radio"/> Emotional/ Behavioral Issues	<input type="radio"/> Z59.2 Discord Neighbor, Lodger, Landlord	<input type="radio"/> Z63.4 Uncomplicated Bereavement
<input type="radio"/> Employment Issue	<input type="radio"/> Z59.6 Low Income	<input type="radio"/> Z63.5 Disruption of Family by Separation/Divorce
<input type="radio"/> Health/lifestyle Issue	<input type="radio"/> Z59.9 Housing or Economic Problem	<input type="radio"/> Z65.4 Victim of Crime
<input type="radio"/> Housing Issues	<input type="radio"/> Z60.0 Phase of Life Problem	<input type="radio"/> Z65.5 Exposure to Disaster, War, or Hostilities
<input type="radio"/> Income/Financial/Resource Access Issue	<input type="radio"/> Z60.4 Social Exclusion or Rejection	<input type="radio"/> Z66.9 Overweight or Obesity
<input type="radio"/> Legal Issue	<input type="radio"/> Z60.5 Target of (perceived) Discrimination or Persecution	<input type="radio"/> Z71.9 Other Counseling and Consultation
<input type="radio"/> Relational Problem	<input type="radio"/> Z62.29 Upbringing Away from Parents	<input type="radio"/> Z72.810 Child or Adolescent Antisocial Behavior
<input type="radio"/> Social Skills	<input type="radio"/> Z62.811 History of Psychological Abuse In Childhood	<input type="radio"/> Z91.411 History of Spouse or Partner Psychological Abuse
		<input type="radio"/> Z91.82 Personal History of Military Deployment

# Military OneSource Case Activity Form P. 2

Participant Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Does participant have a DSM diagnoses?	<input type="radio"/> Yes <input type="radio"/> No (If yes, refer case to medical/mental health treatment)
Is the issue related to deployment?	<input type="radio"/> Yes <input type="radio"/> No
Is the issue related to reintegration?	<input type="radio"/> Yes <input type="radio"/> No

**Risk and Functional Assessment:** Indicate participant's level of impairment for each Session and at Case Closing:

**0= No Evidence of Impairment 1= Mild Impairment 2= Moderate Impairment 3= Severe Impairment (significant impairment)**

Member's risk to self.....	00 01 02 03	<b>High Risk Case:</b> <input type="radio"/> Yes <input type="radio"/> No
Member's risk to others.....	00 01 02 03	
Mood Disturbances (depression or mania).....	00 01 02 03	If High Risk = Yes: <b>Call 800-342-9647</b> and document risk in Case Summary Note
Anxiety.....	00 01 02 03	
Thinking / Cognition / Memory / Concentration.....	00 01 02 03	Reviewed with MOS consultant? <input type="radio"/> Yes <input type="radio"/> No
Impulse / Reckless / Aggressive Behavior.....	00 01 02 03	
Activities of Daily Living Problems.....	00 01 02 03	If yes, w/ whom? (Consultant's name) _____
Medical / Physical Condition.....	00 01 02 03	
Substance Abuse / Dependence.....	00 01 02 03	Was a safety plan developed? <input type="radio"/> Yes <input type="radio"/> No
Job / School Performance.....	00 01 02 03	
Social Functioning / Relationship / Marital / Family...	00 01 02 03	

**Counseling Goals:** (At least one goal is required)

1.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
2.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
3.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change

Mental Health Treatment History Assessed	<input type="radio"/> Yes <input type="radio"/> No	(Call If Current)	None/Denies	Current (<1yr)	History
Substance Abuse Treatment History Assessed	<input type="radio"/> Yes <input type="radio"/> No	Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength, Skills, and Interests Assessed	<input type="radio"/> Yes <input type="radio"/> No	Child Abuse/Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supports Assessed	<input type="radio"/> Yes <input type="radio"/> No	Sexual Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document critical assessment items in Case Summary Note		Sexual Abuse (of minor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Was a legally required report filed (CPS, DHS, PD, etc.)?**  Yes  No

**If Yes (Required):** By Whom: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

**Case Summary Note:** A. Participant Presentation B. Steps Taken C. Response (Please include critical events or issues)

# Military OneSource Case Activity Form (CAF)

## CAF Page 2 (Continued)

<p><b>First and Last Session:</b> Participant's Response To, "How would you rate the severity of your problem?" (Both questions should be related to the <u>initial Assessed Problem</u>)</p>	<input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe <input type="radio"/> Do Not Know <input type="radio"/> Did Not Respond <input type="radio"/> Provider Deemed Question Inappropriate
<p><b>Last Session:</b> Participant's Response To, "How is your ability to address the issue as compared to the start of counseling?"</p>	<input type="radio"/> Improved <input type="radio"/> Same <input type="radio"/> Lower <input type="radio"/> Did Not Respond <input type="radio"/> Provider Deemed Question Inappropriate <input type="radio"/> NA

**Case Closing/Final Session** (Must complete upon Case Closing/Final Session or after 30 days of no contact)

**Closing Reason:**

- Participant's case successfully resolved
- Participant withdrew/dropped out before the completion of services
- Participant discontinued for other reasons
- Out of Scope- Escalated to Crisis
- Out of Scope- Non Crisis

**Reasons Deemed Out of Scope** (If Indicated)

- Risk to Self       Risk to Others
- Currently Receiving Mental Health Tx.
- Currently Prescribed Psych. Medication
- Diagnosed w/ Mental Health Condition
- Fitness for Duty or Court Ordered
- Psych. Hospitalization    Illegal Activity
- Domestic Abuse    Child Abuse/Neglect
- Substance Abuse    Sexual Assault/Rape

**Case Disposition:**

- No Referral made to other resources
- Referral for other resources accepted
- Referral for other resources declined
- Did Not Keep Initial Appointment
- Discontinued Counseling

**Overall Status of Goals:**

- Goals Met
- Partially Met Goals
- Goals Not Met

**Submit Electronically via  
ProviderConnect or  
Fax to 877-762-1356**

**Referral Type** (check all that apply)

- No referral beyond MOS
- TRICARE
- Military Treatment Facility
- Victim Advocate
- Sexual Assault Response Coordinator
- Family Advocacy Program
- Other Medical
- Other Substance Abuse
- Other Mental Health
- Community Resource
- Red Cross

**This form is due within 30 Days of the date of service.**

# 2 Questions to Ask Participants

Military OneSource is conducting a study on non-medical counseling efficacy. To accomplish this task, please ask participants these two questions during their first and final sessions and record the responses on the CAF form:

## First and Final Sessions:

**Question1:** “*Thinking about this problem before you connected with me for non-medical counseling, how would you rate the severity of your problem?*”

### **Participant Response Options:**

- Low
- Moderate
- Severe
- Very Severe
- Do Not Know
- Participant did not Respond
- Provider deemed question inappropriate

Please ask this question to your participants in the first session and in the final session of counseling. Ask the participant to rate the severity of their problem with the following options:

Low  Moderate  Severe  Very Severe  Do Not Know.

If you determine that the question is not appropriate to ask, please mark ‘ Provider deemed question inappropriate.’ If the participant did not show for the final session and you are submitting a Case Closure CAF, please mark ‘ Do Not Know.’

# 2 Questions to Ask Participants (Cont.)

## Final Session Only:

**Question #2.** “How is your ability to address the issue as compared to when we started counseling?”

### **Participant Response Options:**

- Improved
- Same
- Lower
- Participant did not respond
- Provider deemed question inappropriate
- NA

Please ask this question to your participants in the final session of counseling. Ask the participant to rate their ability to address their issue as compared to the start of counseling with the following options:  Improved  Same  Lower

If you determine that the question is not appropriate to ask, please mark:

“ Provider deemed question inappropriate.”

If the participant did not show for the final session and you are submitting a Case Closure CAF, please mark: “ NA.”

### **On the CAF:**

<p><b>First and Last Session:</b> Participant’s Response To, “How would you rate the severity of your problem?” <i>(Both questions should be related to the <u>initial Assessed Problem</u>)</i></p>	<p><input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe <input type="radio"/> Do Not Know <input type="radio"/> Did Not Respond <input type="radio"/> Provider Deemed Question Inappropriate</p>
<p><b>Last Session:</b> Participant’s Response To, “How is your ability to address the issue as compared to the start of counseling?”</p>	<p><input type="radio"/> Improved <input type="radio"/> Same <input type="radio"/> Lower <input type="radio"/> Did Not Respond <input type="radio"/> Provider Deemed Question Inappropriate <input type="radio"/> NA</p>



# Case Summary Notes

Case Summary Notes are meant to be brief and general, yet informative about what occurred during each session related to the participant's progress toward established goals.

The following 3 elements are necessary for a comprehensive Case Summary Note (one sentence for each should suffice):

1. How did the participant present or what occurred during the session?
2. What steps were taken by the provider to achieve established goals?
3. What was the response of the participant?

## Example:

*Participant exhibited stress and discussed the pressures of his workplace and marriage. Practiced stress management exercises to be used in times of overwhelming stress. Participant was receptive and agreed to practice at home.*

# Case Summary Notes (continued)

Additional case summary details are required in the following situations:

- **High Risk Cases:** If the participant is engaging in high risk behaviors (violence, abuse, self-harm, and impulsive or addictive behaviors that present risk to self or others), please document those behaviors and call Military OneSource to report or consult.
- **Safety Plan Developed:** If a safety plan was developed, please document a summary of that safety plan.
- **Risk and Functional Assessment indicating Severe Impairment:** If the participant exhibits Severe Impairment of functioning in any of the Assessment factors (this is indicated by a '3'), please clarify what behaviors lead to that determination in the Case Summary Note.

**Please Do Not:**

1. Copy and paste session notes from one session to another.
2. Write the same note for each session. Write a unique note for each session.
3. Be so general or brief that the quality of work is not reflected in your notes.

# Case Activity Form (CAF) and Submission Procedures

- › **Submit CAF within 30 days of the date of service**
- › Please use CAP letters and write legibly
- › Document that the Statement of Understanding was signed
- › Check, but do not copy Military ID cards
- › Please use your billing address on the CAF (not practice address)
- › It is IMPORTANT to fill out ALL sections of CAF (Case Closing session is only required for Final CAF)
- › Must complete the Case Closing section of the CAF once the services are completed or within 30 days after last contact.

# How do I submit my Case Activity Form (CAF)?

Submit CAF within 30 days of the date of service

› USPS:

ValueOptions, Inc.  
PO Box 1317  
Latham, NY 12110

› Fax:

(877) 762-1356

› Online:

Military OneSource ProviderConnect  
Portal

# Records and Confidentiality

## Guidelines for Record-Keeping

- › Keep a copy of the record/CAF in your files
- › Print CAFs prior to submission on ProviderConnect
- › Have a 'Release of Information' (ROI) form signed before releasing any records
- › Participants have a right to the record
- › The record must NEVER be released to the Department of Defense or the chain of command
- › The record may be released to a 3<sup>rd</sup> party (other than the DoD) with a signed ROI. It is always preferable to release the record directly to the participant.



# Online Tools

# Military OneSource ProviderConnect

- A 24/7, Secure online tool where providers can:
  - Access ProviderConnect message center
    - Submit customer service inquiries
    - Submit updates to provider demographic information
  - Submit re-credentialing applications
  - Access and print forms:
    - Authorizations
    - Provider Summary Vouchers
  - Submit Case Activity Forms and view their status
- Increase convenience, decrease claims processing time, and ultimately claims payment time is reduced

# Military OneSource Network Information

Beacon Health Options Website

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

# Online Tools

## › Relias Learning Management System

- Website where Military OneSource Training Requirements may be completed
  - Self-paced & access available 24/7
  - Military OneSource initial and annual training requirements
  - Military-specific courses CEU accredited
  - For help with Relias Learning Management System:  
[MOSProviderRelations@MilitaryOneSource.com](mailto:MOSProviderRelations@MilitaryOneSource.com)

## › PaySpan Health

- Direct deposit for claims payment
  - For registration information please email:  
[corporatefinance@valueoptions.com](mailto:corporatefinance@valueoptions.com)
  - Phone: (877) 331-7154
  - Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

# Contact Information

- › ValueOptions Provider Service Line
  - Phone: (800) 397-1630
- › Military OneSource 24/7 dedicated line
  - Phone: (800) 342-9647
- › ValueOptions Claims Department
  - Phone: (888) 450-6795
- › Electronic Claims Submissions/EDI Helpdesk
  - Phone: (888) 247-9311
  - FAX: (866) 698-6032
  - Email: [e-supportservices@valueoptions.com](mailto:e-supportservices@valueoptions.com)
- › PaySpan Health Support
  - Phone: (877) 331-7154
  - Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)
- › Military OneSource Provider Relations Department
  - Email: [MOSProviderRelations@MilitaryOneSource.com](mailto:MOSProviderRelations@MilitaryOneSource.com)



*Thank you*

[MOSProviderRelations@militaryonesource.com](mailto:MOSProviderRelations@militaryonesource.com)