



# eServices Orientation

Training will begin at 1:03 PM ET

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# Agenda

During the course of this presentation we will review the following areas on eServices:

- COVID-19 Information
- Account set-up and Administration
- Eligibility Verification
- Authorization Submission
- Authorization Status
- Claim Submission
- Claim Status
- Claim Re-submission

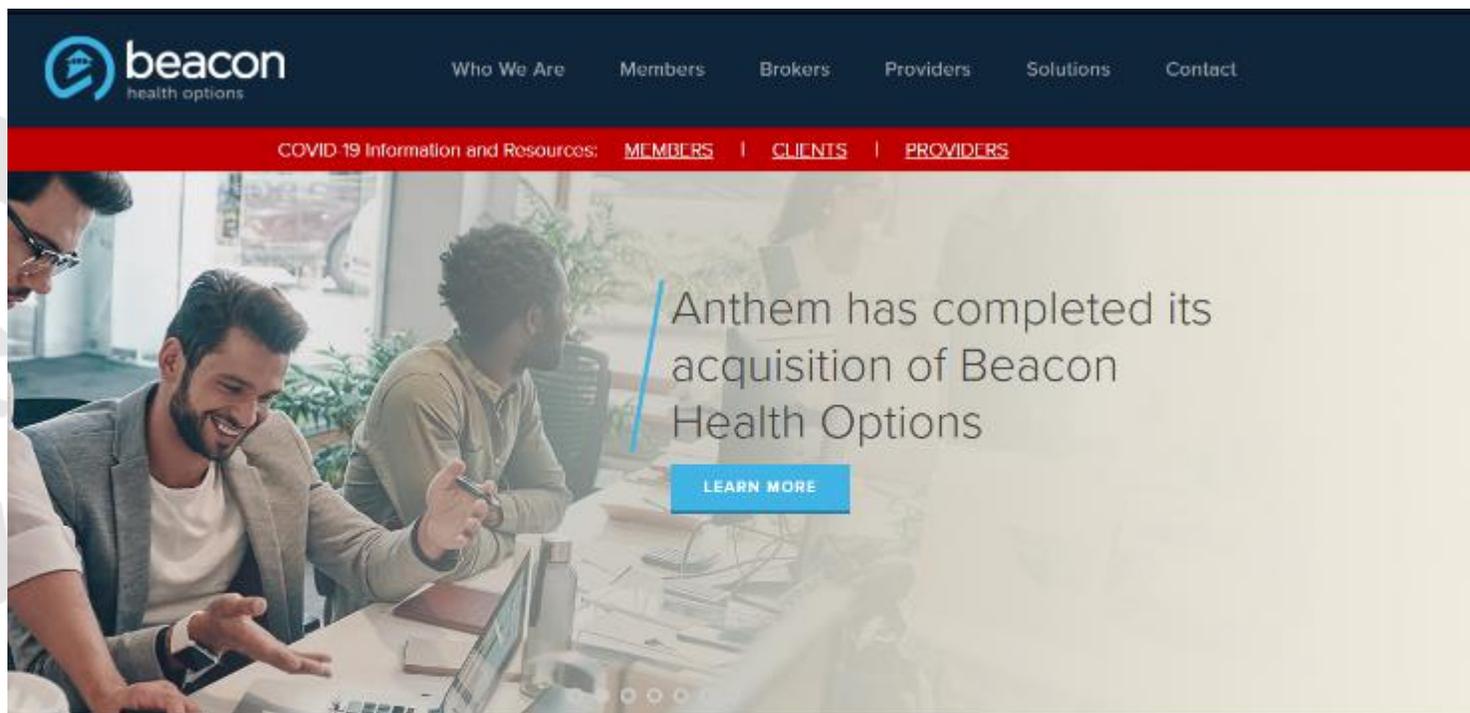
beacon  
health options

# COVID-19 Information



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health options

# Covid-19 Information and Resources



## For Members

Putting people at the center, we built a strong network of doctors, nurses, advocates, and mentors filling members' health

## For Brokers

We deliver a proven range of expert benefit solutions that are easy to administer and service, so you can focus on growing

## For Providers

Our providers are vital to the services we offer our 40 million members so they can live their lives to the fullest potential.

## Our Solutions

For 30 years, we have focused on behavioral health care and its natural extensions, such as EAPs and Work/Life services.

# Telehealth Information and Resources

- For Telehealth services, bill regular rate codes, procedure codes and modifiers in addition to adding a Telehealth modifier.
- Use GT or 95 modifier to indicate Telehealth services.
- You may also need to use the CR modifier depending on the service and new minimum standards for billing ACT/PRO's/CDT/PHP
- When billing UB04 (or electronic equivalent of 837i) use Type of Bill as usual
- When billing CMS1500 (or electronic equivalent of 837P) use POS – 02 for telehealth services. Please be sure this is always a 2-digit code.

# Account set-up and Administration



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# E-Commerce

- Providers in the Beacon Health Options network are expected to electronically conduct all routine transactions, including:
  - Submission of claims
  - Submission of authorization requests
  - Verification of eligibility inquiries
  - Submission of credentialing applications
  - Updating of provider information
  - Electronic fund transfer through Payspan<sup>®</sup>

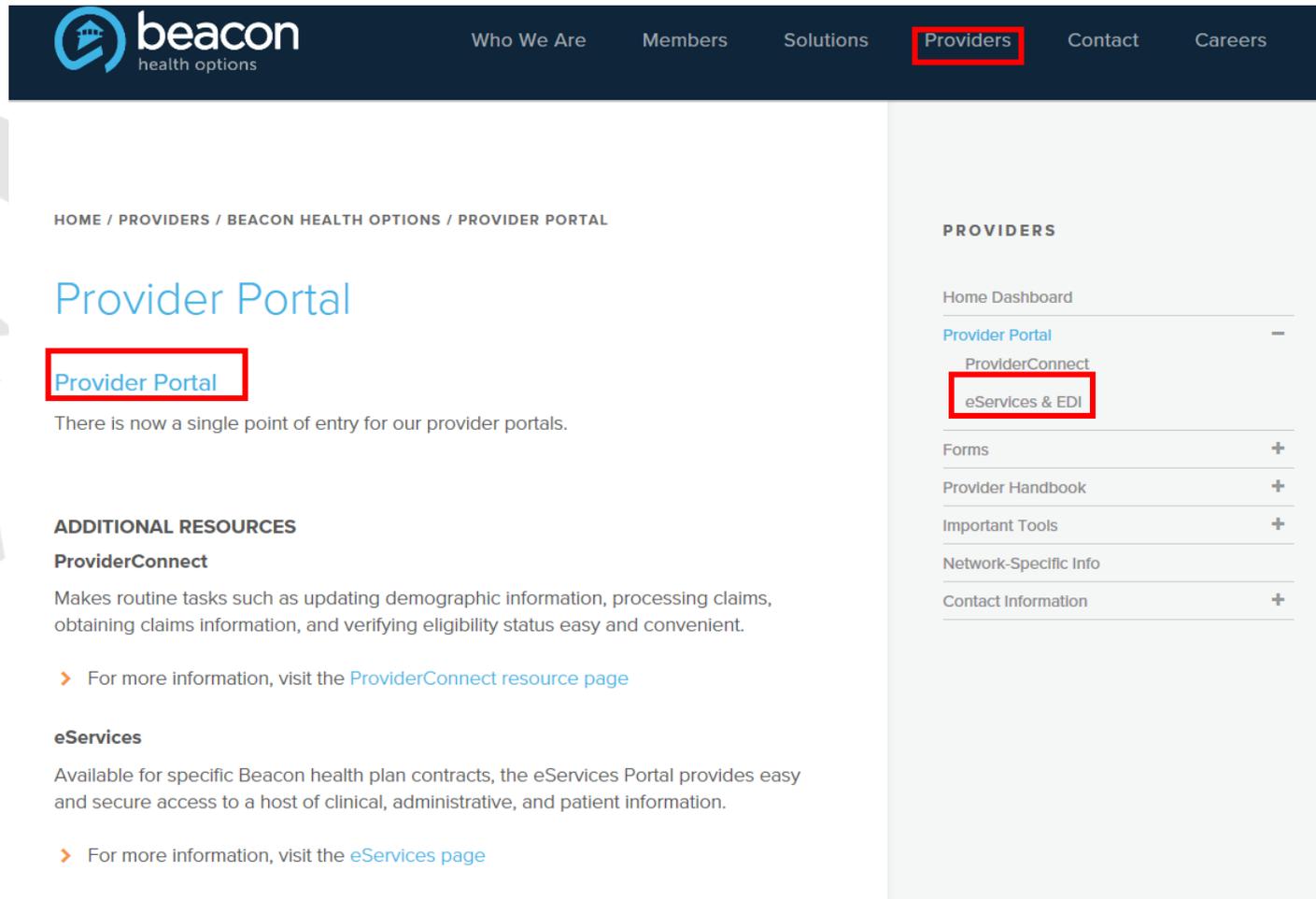
# eServices

What is eServices?

This is a free service that Beacon offers to all contracted and in-network providers. The goal of using eServices is to simplify access to clinical, administrative, and claims transactions for users. By utilizing eServices you will be able to perform the following:

- **Submit claims and outpatient services requests (when needed)**
- **Verify member eligibility**
- **Confirm outpatient services status**
- **Check claim status**
- **Update and edit provider site information**
- **View claims performance information**
- **Access to provider manuals, forms, bulletins and mailings**
- **View or print frequently asked questions (FAQs)**

# Account set-up and Administration



The screenshot displays the Beacon Health Options website. The top navigation bar includes links for Who We Are, Members, Solutions, **Providers** (highlighted with a red box), Contact, and Careers. The breadcrumb trail reads: HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDER PORTAL. The main heading is "Provider Portal", with the text "Provider Portal" below it also highlighted with a red box. A sub-heading states: "There is now a single point of entry for our provider portals." Under "ADDITIONAL RESOURCES", the "ProviderConnect" section describes routine tasks and includes a link to the "ProviderConnect resource page". The "eServices" section describes access to clinical and administrative information and includes a link to the "eServices page". On the right, a "PROVIDERS" sidebar menu lists: Home Dashboard, Provider Portal (with a minus sign), ProviderConnect (with a plus sign), eServices & EDI (highlighted with a red box), Forms (with a plus sign), Provider Handbook (with a plus sign), Important Tools (with a plus sign), Network-Specific Info (with a plus sign), and Contact Information (with a plus sign).

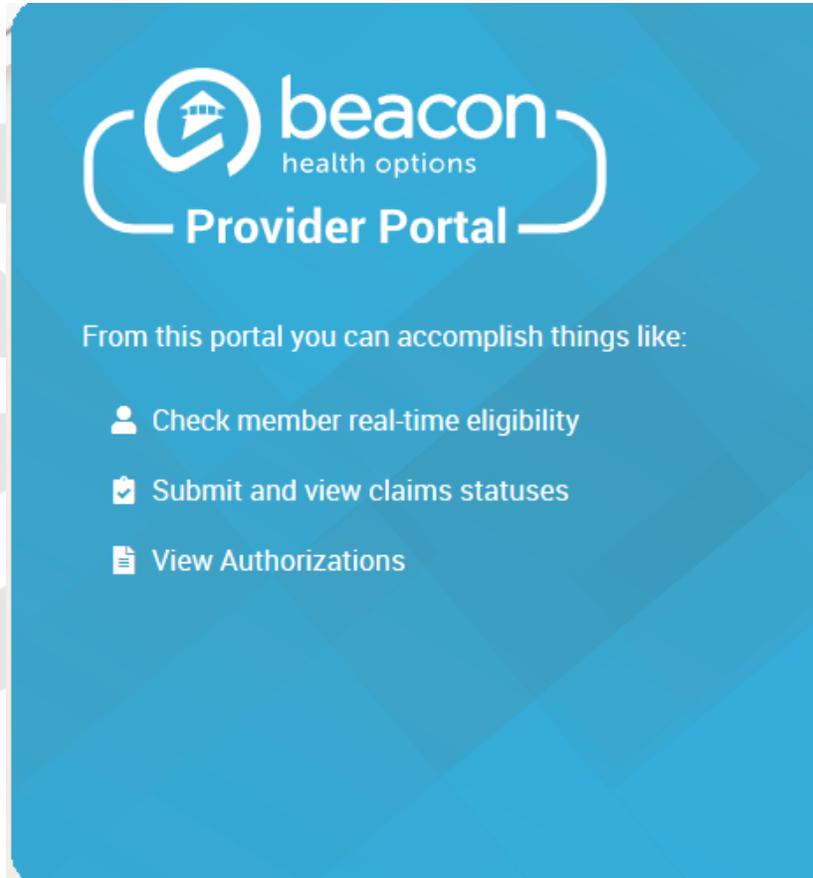


## eServices home page

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# Account set-up and Administration



Login below

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

Username

eServicesDemo01

[Forgot Username](#)

Password

●●●●●●●●●●

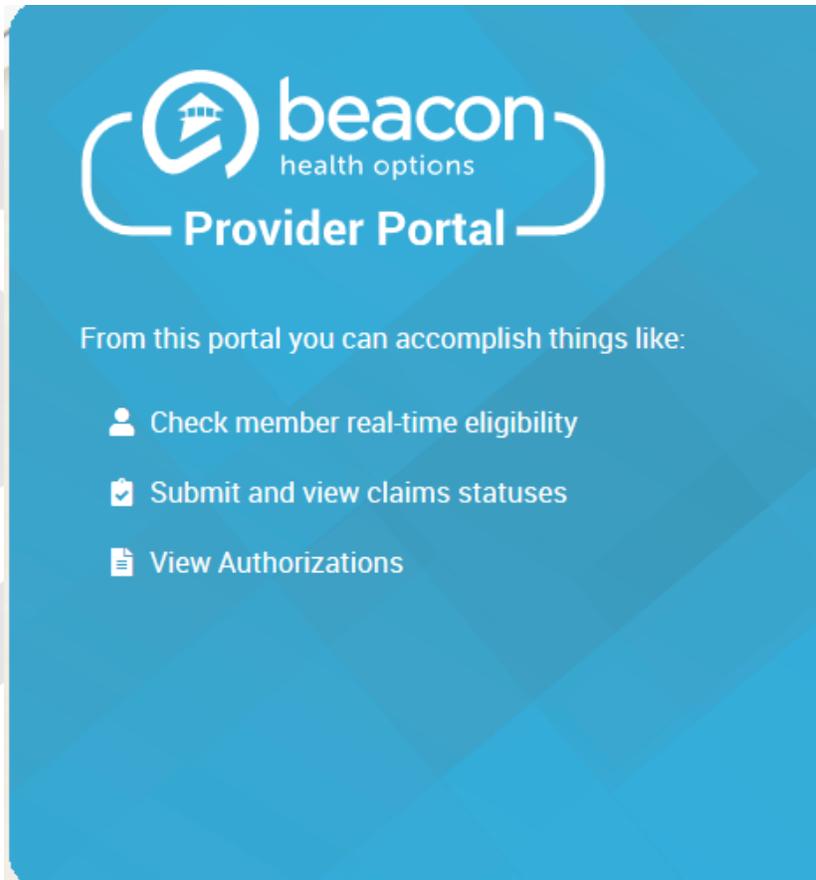
[Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)

eServices is simple to log into and use.  
You create your own username and password.

# Account set-up and Administration



The banner features the Beacon Health Options logo at the top left, which includes a stylized house icon inside a circle. To the right of the logo, the text "beacon health options" is displayed in a sans-serif font. Below the logo and text, the words "Provider Portal" are written in a larger, bold, white font. Underneath, the text "From this portal you can accomplish things like:" is followed by three bullet points, each with a small icon: a person icon for "Check member real-time eligibility", a clipboard icon for "Submit and view claims statuses", and a document icon for "View Authorizations".

Login below

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

Username

eServicesDemo01

[Forgot Username](#)

Password

●●●●●●●●●●

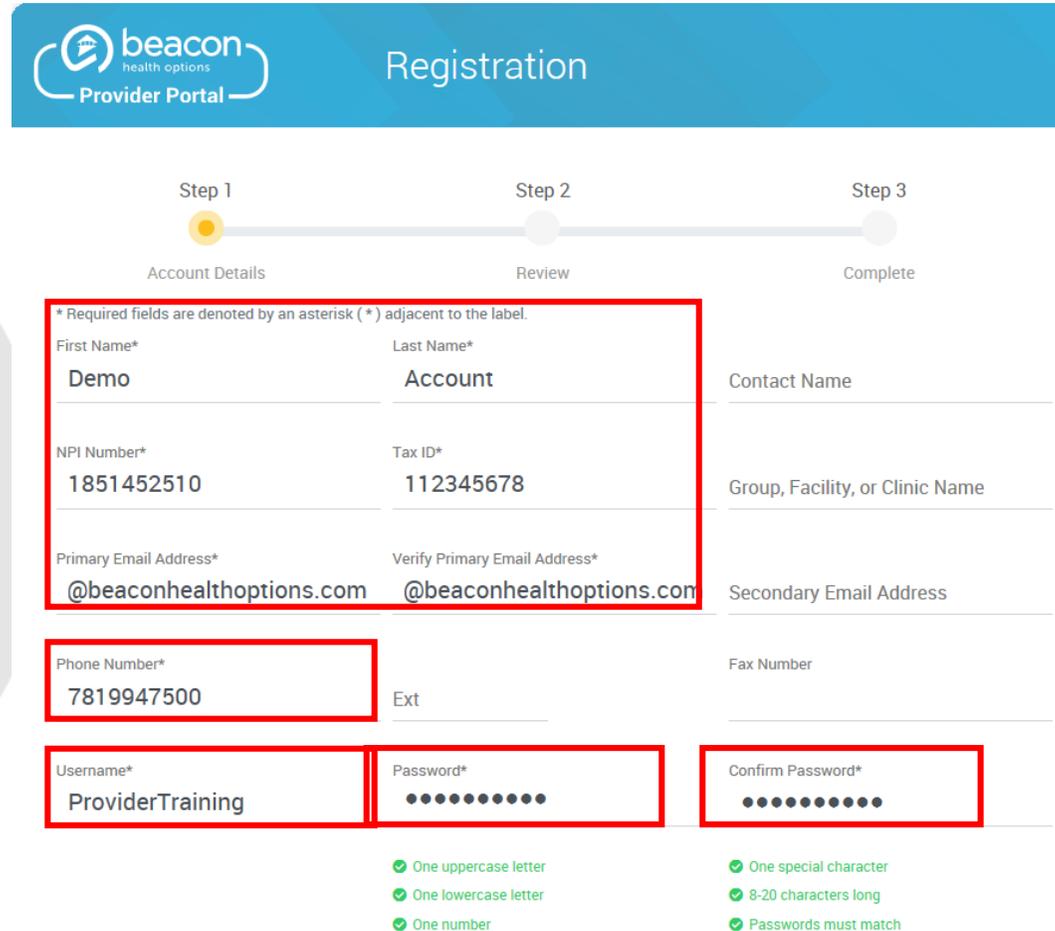
[Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)

eServices is simple to log into and use.  
You create your own username and password.

# Account set-up and Administration



The image shows a registration form for the Beacon Health Options Provider Portal. The form is titled "Registration" and is divided into three steps: Step 1 (Account Details), Step 2 (Review), and Step 3 (Complete). Step 1 is currently active, indicated by a yellow dot. The form contains several fields, some of which are highlighted with red boxes. These fields include: First Name\* (Demo), Last Name\* (Account), NPI Number\* (1851452510), Tax ID\* (112345678), Primary Email Address\* (@beaconhealthoptions.com), Verify Primary Email Address\* (@beaconhealthoptions.com), Phone Number\* (7819947500), Username\* (ProviderTraining), Password\* (represented by dots), and Confirm Password\* (represented by dots). Below the form, there are two columns of requirements for the password, each with a green checkmark indicating that the requirements are met. The requirements are: One uppercase letter, One lowercase letter, One number, One special character, 8-20 characters long, and Passwords must match.

beacon health options  
Provider Portal

Registration

Step 1 Step 2 Step 3  
Account Details Review Complete

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

First Name\* Demo Last Name\* Account Contact Name  
NPI Number\* 1851452510 Tax ID\* 112345678 Group, Facility, or Clinic Name  
Primary Email Address\* @beaconhealthoptions.com Verify Primary Email Address\* @beaconhealthoptions.com Secondary Email Address  
Phone Number\* 7819947500 Ext Fax Number  
Username\* ProviderTraining Password\* Confirm Password\*  
One uppercase letter One special character  
One lowercase letter 8-20 characters long  
One number Passwords must match

# Account set-up and Administration

Select a Security Question\*

What is the name of the street you grew up on? ▾

Answer to the Security Question\*

Main St

Confirm the Answer to the Security Question\*

Main St | ×

NEXT

BACK TO LOGIN

Create your Security Question, click Next to continue

# Account set-up and Administration

**beacon**  
health options  
Provider Portal

## Registration

Step 1: Account Details | Step 2: Review | Step 3: Complete

First Name*	Last Name*	Contact Name
Demo	Account	

NPI Number*	Tax ID*	Group, Facility, or Clinic Name
1851452510	112345678	

Primary Email Address*	Verify Primary Email Address*	Secondary Email Address
provider.training@beaconhe	provider.training@beaconhe	

Phone Number*	Ext	Fax Number
7819947500		

Username*	Password*	Confirm Password*
ProviderTraining	••••••••	••••••••

What is the name of the street you grew up on? ▾

Answer to the Security Question\*

Main St

Confirm the Answer to the Security Question\*

Main St

**COMPLETE REGISTRATION**



# Account set-up and Administration



- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- NOA
- Beacon Select Program
- FARS/CFARS Assessment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- Manage Users**
- Manage Accounts
- Alerts (0)

## Manage Users

Activate users and edit permissions for eServices user accounts.

on  
s

Account administrators can determine the level of access.

# Account set-up and Administration

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Beacon Select Program
- FARS/CFARS Assesment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- IOP Extension and Discharge
- Discharge
- Manage Users**
- Manage Accounts
- Alerts (0)

## Manage Users

Show ONLY active accounts

	Username	Name	City	State	Email	Account Locked	Account Active
<a href="#">Edit</a>	testdemouser	dhyapulai, naga	Boston	MA	naga.dhyapulai@beaconhs.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	mkonicov	konicov, marc	Woburn	MA	marc.konicov@beaconhs.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	nhpTestUser	Patel, Berish			berishkumar.patel@beaconhealthoptions.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	eServicesDemo01	Robins, Linda	Marblehead	MA	berish.patel@beaconhealthoptions.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>



To locate inactive accounts, please uncheck the box circled above.

# Account set-up and Administration

- Eligibility/Benefits
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- Manage Users**
- Manage Accounts
- Alerts (0)

## Manage Users

Show ONLY active accounts

	Username	Name	City	State	Email	Account Locked	Account Active
<a href="#">Edit</a>	ProviderTraining	Account, Demo			provider.training@beaconhealthoptions.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	JALPC	Anderson, Jeffrey			jeffrey.anderson@beaconhealthoptions.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	webdev	Apps, Web			scott.berman@beaconhealthoptions.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	BeaconDemo	BeaconDemo, BeaconDemo	Woburn	MA	nabil.benchekroun@beaconhs.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	nbnabil1	benchekroun, nabil	woburn	MA	nabil.benchekroun@beaconhs.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	DBoothroyd	Boothroyd, David	Woburn	MA	david.boothroyd@beaconhs.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	Hawaii	Brown, Brenda	New York	NY	bbrown@lmn.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	Beacon2016	Cassell, Barry	Woburn	MA	barry.cassell@beaconhealthoptions.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	bcassell	Cassell, Barry	Woburn	MA	barry.cassell@beaconhs.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	demologin	Dhyapulai, Naga			naga.dhyapulai@beaconhealthoptions.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	jdoh02	Doe, John	New York	NY	jdoh@abc.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	jdoh01	Doe, John	New York	NY	jdoh@abc.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	cGreen	Green, Cathy	Woburn	MA	cgreen@beaconhs.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	dhelfand	Helfand, David	NY	NY	david.helfand@beaconhs.com	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Edit</a>	jeskin	Jetson, Judy	butler	MA	jjetson@abc.com	<input type="checkbox"/>	<input type="checkbox"/>

Page size: 15

31 items in 3 pages

# Account set-up and Administration

## Manage Users

User Name	<input type="text" value="BeaconDemo"/>
First Name	<input type="text" value="BeaconDemo"/>
Last Name	<input type="text" value="BeaconDemo"/>
Email	<input type="text" value="nabil.benchekroun@beaconhs.com"/>
Locked	<input type="checkbox"/>
Active	<input checked="" type="checkbox"/>
<b>Roles :</b>	
Eligibility	<input checked="" type="checkbox"/>
Wellsense NOA	<input type="checkbox"/>
Check Claims	<input checked="" type="checkbox"/>
Submit Claims	<input checked="" type="checkbox"/>
Edit Provider Information	<input type="checkbox"/>
Reports	<input type="checkbox"/>
Manage Authorizations	<input type="checkbox"/>
Check Authorizations	<input type="checkbox"/>
Submit Authorizations	<input type="checkbox"/>
Neuro-PsychTesting	<input type="checkbox"/>
Auth File Upload (WVHP)	<input type="checkbox"/>
Care Coordination Program	<input type="checkbox"/>
Clinical Stabilization Services	<input type="checkbox"/>
Capitation	<input type="checkbox"/>
PHC NOA	<input type="checkbox"/>

You can assign the type of access by clicking on the checkboxes.  
Please note that all accounts must have eligibility checked in order to work.

# Account set-up and Administration

beacon health options

Provider: Demo Site (212810)

Select a Member from your Search History

Eligibility/Benefits >

Authorization >

PsychTesting >

NOA >

Clinical Stabilization Services >

NOA >

Beacon Select Program >

FARS/CFARS Assessment >

Claims >

**Provider Information** v

**Edit Site Information**

Provider Reports >

Managing Entity Data System >

Auth File Upload >

## Providers

Sites
eServices Demo Site
Jewish Board of Family & Child Svc - Uptown Clinic
Jewish Board of Family & Child Svc - Deveraux Clinic
Jewish Board of Family & Child Services- Midtown

Please remember, that in order to preserve member privacy, this session is set to expire in 30 minutes.

**Account Administrator can now update/edit Site Information**

# Account set-up and Administration

NOA  
 Clinical Stabilization Services  
 SUD Resi Admissions  
 Detox RI  
 Beacon Select Program  
 FARS/CFARS Assessment  
 Claims  
**Provider Information**  
 Edit Site Information  
 Provider Reports  
 Managing Entity Data System  
 Auth File Upload  
 Auth File Download  
 Care Coordination Program  
 Capitation  
 IOP Extension and Discharge  
 Discharge  
 Manage Users  
 Alerts (0)

**Site** [Edit Site](#)

**Address**  
 eServices Demo Site  
 ABC Address  
 BELLEVUE, Kentucky, 12345  
 (781) 555-0000

**Site Referrals**  
 Is the Site Accepting New Referrals? Yes  
 Effective Date 3/1/2010

**Site Contacts**

Contact	Address	Phone
Clinical Manager	ABC Address	(711) 000-0111
Prior Authorization Letter Fax/Mail/Email		
Executive Director		
Managed Care Contracting		
CMO/Senior Clinical Director		
Claims/Billing		
Credentialing		
Intake		
Administrator/Practice Manager		

**Site Hours**

Day	Hours
Sunday	24 Hours
Monday	10:00 AM to 6:00 PM
Tuesday	4:00 PM to 8:00 PM
Wednesday	8:30 AM to 12:00 PM
Thursday	8:30 AM to 3:00 PM
Holidays	By Appointment

**Site Services**

Inpatient	MH Adolescent SA Children	MH Adults	MH Children	SA Adolescent	SA Adults
Outpatient	MH Adolescent SA Children	MH Adults	MH Children	SA Adolescent	SA Adults
Accessibility Handicap Accessible Public Transportation					
Additional					

**Site Clinicians**  
 Bobby Valentine  
 Demo Clinician

**Site Languages**  
 Chinese-Mandarin English Spanish

**Site Specialties**  
 Addictions/ Substance Abuse POPULATIONS WITH CO-OCCURRING MH/SUD, MH/IDD AND MH/PH Psychology

Click Edit Site link

acon  
options

# Account set-up and Administration

- Eligibility/Benefits
- Authorization
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- Detox RI
- WellSense SUD NOA
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- Claims
- Provider Information**
- Edit Site Information
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- Auth File Download
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- Capitation
- IOP Extension and Discharge
- Discharge
- Manage Users
- Alerts (0)

## Providers

### Site

**Address(Current Information)**

<b>Site Name:</b>	eServices Demo Site	<b>City:</b>	SCHENECTADY
<b>Address:</b>	ABC ADDRESS	<b>State:</b>	New York
		<b>Zip:</b>	12345-0001
		<b>Phone:</b>	(781) 555-0000
		<b>Ext:</b>	456
<b>Address2:</b>		<b>Fax:</b>	
		<b>Email:</b>	ABCD@ABC.COM
<b>Room / Suite:</b>			

**Address(To Edit)**

Note:

- Updating this address will not change the mailing address of where payments/checks are being sent. If you would like to change your payee address please send an updated W-9 to Provider Relations either by emailing it to [Provider.Relations@beaconhealthoptions.com](mailto:Provider.Relations@beaconhealthoptions.com) or by faxing to Provider Relations at (781) 994-7639.
- This feature does not allow for adding an additional location
- Any Changes made will be discarded if you do not hit 'Save' on each page.

**Site Name:** eServices Demo Site

**Address:** Xxz Address

**Address2:**

**Room / Suite:**

**State:** Kentucky

**City:** BELLEVUE

**Zip:** 12345

**Phone:** (781) 555-1111

**Ext:** 456

**Fax:**

**Email:** ABCD@ABC.COM

Back Save Sklp

## Update information and click Save.

Note: Updating this address will not change the mailing address of where payments/checks are being sent. If you would like to change your payee address please send an updated W-9 to Provider Relations either by emailing it to [Provider.Relations@beaconhealthoptions.com](mailto:Provider.Relations@beaconhealthoptions.com) or by faxing to Provider Relations at (781) 994-7639.

This feature does not allow for adding an additional location  
Any Changes made will be discarded if you do not hit 'Save'.

You will need to click on the "skip" button to move forward if you are not editing this screen.



# Account set-up and Administration

- Eligibility/Benefits
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- Discharge
- Manage Users
- Alerts (0)

## Providers

Site > eServices Demo Site

### Site Referrals(Current Information)

Is the Site Accepting New Referrals? Yes  
Effective Date 3/1/2010

### Site Referrals(To Edit)

Note:

- Any Changes made will be discarded if you do not hit 'Save' on each page.

Is the Site Accepting New Referrals? Yes  
Effective Date 7/10/2020

Back Save Skip

- Eligibility/Benefits
- Authorization
- PsychTesting
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- Clinical Stabilization Services
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- Discharge
- Manage Users
- Alerts (0)

## Providers

Site

### Site Contacts(Current Information)

Contact	Address	Phone	
Clinical Manager	ABC Address	(711) 000-0111	<a href="#">Edit</a>
Prior Authorization Letter Fax/Mail/Email			

### Add New

Select Type:

Back

Add

Skip

You will be able to update if your site is accepting new referrals. You can also edit your site contacts.

# Account set-up and Administration

- Eligibility/Benefits
- Authorization
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- Alerts (0)

## Providers

### Site Contact

#### Claims/Billing

Note:

- Any Changes made will be discarded if you do not hit 'Save' on each page.

<b>Prefix</b>	<input type="text"/>	<input type="checkbox"/>	<b>Use Site Address</b>
<b>First Name</b>	<input type="text"/>	<input type="checkbox"/>	<b>Address1</b>
<b>MI</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<input type="checkbox"/>	<b>Address2</b>
<b>Title</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<b>Ext</b>	<input type="text"/>	<input type="checkbox"/>	<b>State</b>
<b>Fax</b>	<input type="text"/>	<input type="checkbox"/>	<b>City</b>
<b>Email</b>	<input type="text"/>	<input type="checkbox"/>	<b>Zip</b>



You can also edit your site contacts.

# Account set-up and Administration

- Eligibility/Benefits
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- Discharge
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- Alerts (0)

## Providers

### Site

Site Hours(Current Information)			
Day	From	To	Hours
Sunday			24 Hours
Monday	10:00	6:00	
Tuesday	4:00	8:00	
Wednesday	8:30	12:00	
Thursday	8:30	3:00	
Holidays			By Appointment

Site Hours(To Edit)			
<p>Note:</p> <ul style="list-style-type: none"> <li>Any Changes made will be discarded if you do not hit 'Save' on each page.</li> </ul>			
Day	From	To	Hours
Sunday			24 Hours
Monday	10:00 AM	6:00 PM	
Tuesday	4:00 PM	8:00 PM	
Wednesday	8:30 AM	12:00 PM	
Thursday	8:30 AM	3:00 PM	
Friday			
Saturday			
Holidays			By Appointment

Site hours for the practice can be updated or changed. You can also specify if hours are 24 hour availability or by appointment.



# Account set-up and Administration

- Eligibility/Benefits
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## Providers

**Site**

**Site Services(Current Information)**

<b>Inpatient</b>	MH Adolescent	MH Adults	MH Children	SA Adolescent	SA Adults
	SA Children				
<b>Outpatient</b>	MH Adolescent	MH Adults	MH Children	SA Adolescent	SA Adults
	SA Children				

**Accessibility Additional**

Handicap Accessible    Public Transportation

**Site Services(To Edit)**

**Note:**

- Any Changes made will be discarded if you do not hit 'Save' on each page.

<b>Inpatient</b>	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> MH (age unspecified)	<input checked="" type="checkbox"/> MH Adolescent
	<input checked="" type="checkbox"/> MH Adults	<input checked="" type="checkbox"/> MH Children	<input type="checkbox"/> MH Geriatric
	<input type="checkbox"/> SA (age unspecified)	<input checked="" type="checkbox"/> SA Adolescent	<input checked="" type="checkbox"/> SA Adults
	<input checked="" type="checkbox"/> SA Children	<input type="checkbox"/> SA Geriatric	
<b>Outpatient</b>	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> MH (age unspecified)	<input checked="" type="checkbox"/> MH Adolescent
	<input checked="" type="checkbox"/> MH Adults	<input checked="" type="checkbox"/> MH Children	<input type="checkbox"/> MH Geriatric
	<input type="checkbox"/> SA (age unspecified)	<input checked="" type="checkbox"/> SA Adolescent	<input checked="" type="checkbox"/> SA Adults
	<input checked="" type="checkbox"/> SA Children	<input type="checkbox"/> SA Geriatric	

**Accessability**

Able to create print materials that are accessible for individuals with disabilities

Answering service with one or more clinicians on call 24 x 7

Beeper/direct number given to members to reach clinician on-call 24 x 7

Can print materials that are appropriate for individuals with disabilities

Can transcribe written material into Braille or have staff member read it to an individual who is blind or vision impaired

Closed captioning available (subtitles) for video or audio on website for deaf or hard of hearing users

Display ADA compliant major access symbols

E-Appointment scheduling

E-Prescribing

E-Referrals

EHR/EMR

Electronic refill reminders

Elevator buttons in Braille

- Handicap Accessible
- Provide interpreter services for individuals who are deaf or hard of hearing
- Public Transportation
- RC4 Assistance (Eating)
- RC4 Assistance (Home Visit)
- RC4 Assistance (Personal Care)
- Signs in Braille
- Staff fluent in American Sign Language
- Staff fluent in languages other than English
- Translation Services Offered
- TTY/ TDD (Telephone Typewriter/ Telephone Device for the Deaf)
- Website content developed with consideration to the needs of users with cognitive disabilities
- Website is accessible to users who are vision impaired, e.g., using screen reader technology

- Adjustable height exam table
- All services available on ground level
- Building access ramp
- Designated handicapped parking
- Elevator / Lift
- Home Visiting
- Passenger pick-up and drop-off zone
- Patient lifts available
- Staff experienced with wheelchair transfer techniques
- Transfer boards available
- Walkway free of stairs and obstacles
- Wheelchair access to facility
- Wheelchair accessible lavatory
- Wheelchair accessible office entrance / reception area
- Wheelchair accessible public transit routes
- Wheelchair accessible treatment space

### Additional

- Home-based Services

Back

Save

Skip



Site services, such as available services, age demographics, and accessibility can now be updated.

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# Using eServices: Eligibility Verification



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# eServices

- Eligibility/Benefits
- Check Eligibility
- Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- NOA
- Beacon Select Program
- FARS/CFARS Assesment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- Manage Users
- Alerts (0)

## Member Search

The member look-up function on eServices will require three unique member identifiers in order to find a member through the search feature. Those elements are:

- Member ID /Alternative ID(which can be found on the members health plan identification card)
- Member Date of Birth
- Member Last Name.

**Please ensure that you are collecting the three required elements from your members for eServices transactions.**

Member ID / Alternative ID: ?	<input type="text" value="MA1849952839"/>
Date Of Birth:	<input type="text" value="12/20/1955"/>
Last Name:	<input type="text" value="Member"/>

**Search for Member**

Start by verifying your members eligibility by entering their plan ID, date of birth, along with their last name.

1 Member(s) Found in your Search

Name	DOB	Plan	Eligible?	Currently Eligible for Managed Care Plan?		
▼ DEMO MEMBER	12/20/1955	BEST	<b>Yes</b>	No		
LATEST ELIGIBILITY CRITERIA						
Begin Date	End Date	Benefit Name	PCP Name	PCP Site Name	Has Health Home Assignment ?	Capitation Agreement ?
08/01/05	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice	<b>Yes</b>	<b>N/A</b>
DELINQUENCY GRACE PERIOD						
Is Grace Period in effect?		In effect as of		Date claims will pend		
No						
AVAILABLE OPTIONS						
<a href="#">Request Authorizations</a>						
<a href="#">Check Authorization</a>						
<a href="#">Submit eClaim</a>						
<a href="#">Reconsideration</a>						
<a href="#">Check Claims</a>						
<a href="#">FARS/CFARS Data</a>						
<a href="#">Neuro-Psychological Testing</a>						
<a href="#">Enter Member Maladaptive Behavior Data</a>						
<a href="#">Enter Member Skills Data</a>						

Once your member has been found, you can verify their benefits by clicking on [Yes](#).

- Eligibility/Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- SUD Resi Admissions
- Detox/DDAT MA
- Detox RI
- WellSense SUD NOA
- Beacon Select Program
- FARS/CFARS Assesment
- Claims**
- Check Claims By Member
- Check Claims By Provider
- Check Claims By Authorization
- Submit eClaim
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- IOP Extension and Discharge
- Discharge
- Manage Users
- Alerts (0)

## Eligibility and Benefits

Check up-to-date member eligibility, benefit levels and copayments.

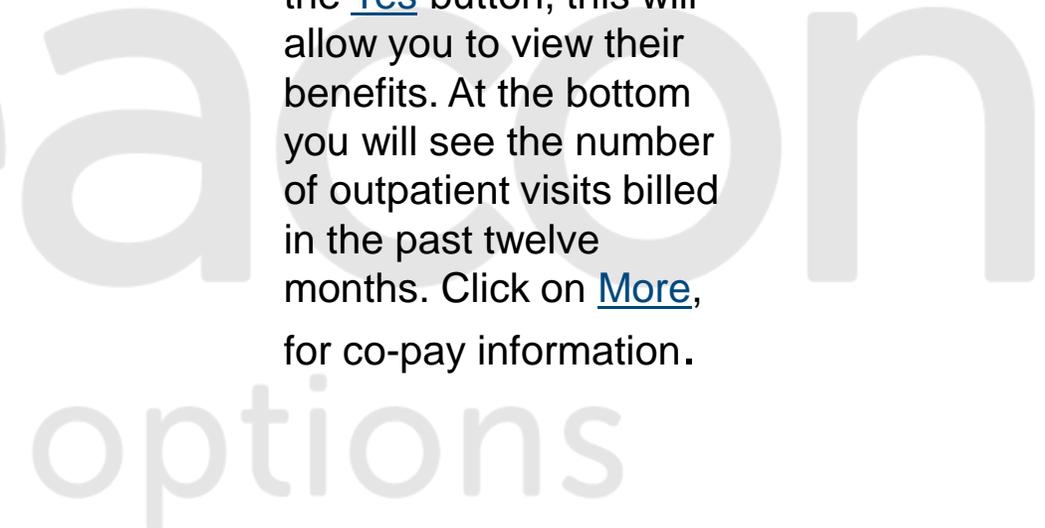
### Member Information:

**Member:** MEMBER, DEMO (BEST ID: MA1849952839)  
**City, State:** Any Town, KY, 12345  
**DOB:** 12/20/1955 **Sex:** F

	Begin Date	End Date	Benefit Name	PCP Name	PCPSite Name
<a href="#">MORE</a>	08/01/2005	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice
<a href="#">MORE</a>	08/01/2000	07/31/2005	Commercial Product A	Dr Jane Doe	XYZ Physician Practice
<a href="#">MORE</a>	03/15/1999	07/31/2000	Medicaid	Dr John Doe	ABC Physician Practice
<a href="#">MORE</a>	08/18/1998	02/21/1999	Medicaid	Dr John Doe	ABC Physician Practice
<a href="#">MORE</a>	07/25/1997	04/30/1998	Medicaid	Dr John Doe	ABC Physician Practice

Outpatient Initial Encounters (IE's) used in the benefit year	Last Visit
0	

After you have clicked on the [Yes](#) button, this will allow you to view their benefits. At the bottom you will see the number of outpatient visits billed in the past twelve months. Click on [More](#), for co-pay information.



- Eligibility/Benefits ▾
- Authorization ▾
- PsychTesting ▾
- NOA ▾
- Clinical Stabilization Services ▾
- SUD Resi Admissions ▾
- Detox/DDAT MA ▾
- Detox RI ▾
- WellSense SUD NOA ▾
- Beacon Select Program ▾
- FARS/CFARS Assesment ▾
- Claims ▾**
- Check Claims By Member
- Check Claims By Provider
- Check Claims By Authorization
- Submit eClaim
- Provider Information ▾
- Provider Reports ▾
- Managing Entity Data System
- Auth File Upload ▾
- Auth File Download ▾
- Care Coordination Program ▾
- Capitation ▾
- IOP Extension and Discharge ▾
- Discharge ▾
- Manage Users ▾
- Alerts (0) ▾

## Eligibility and Benefits

Check up-to-date member eligibility, benefit levels and copayments.

### Member Information:

**Member:** MEMBER, DEMO (BEST ID: MA1849952839)  
**City, State:** Any Town, KY, 12345  
**DOB:** 12/20/1955  
**Sex:** F

**BenefitLevel :** Medicaid

**MentalHealth IP :** Prior authorization required, number of days is based on medical necessity.

**MentalHealth OP :** 12 initial encounters per member per calendar year before authorization is needed; visits beyond 12 are based on medical necessity. (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).

**SubstanceAbuseIP :** Detox is a post-admit review, number of days is based on medical necessity.

**SubstanceAbuseOP :** 12 initial encounters per member per calendar year before authorization is needed; visits beyond 12 are based on medical necessity. (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).

**Other :** Methadone maintenance is a covered benefit; no authorization required. No authorization required for the following services: medication management (90862), group therapy (90853), crisis intervention services (S9494 - on-site; H2011 P15 - mobile), case consult (90882) or family consult (90887). (Please note this is not a health plan benefit design, this is how Beacon administers the outpatient behavioral health benefit and is subject to change).

Benefit Level	Group Name	From	To	Days	Status
Medicaid	Medicaid 1	01/01/2020	12/31/2020	365	Normal
Medicaid	Medicaid 1	01/01/2019	12/31/2019	365	Normal
Medicaid	Medicaid 1	01/01/2018	12/31/2018	365	Normal
Medicaid	Medicaid 1	01/01/2017	12/31/2017	365	Normal
Medicaid	Medicaid 1	01/01/2016	12/31/2016	366	Normal
Medicaid	Medicaid 1	01/01/2015	12/31/2015	365	Normal
Medicaid	Medicaid 1	01/01/2014	12/31/2014	365	Normal
Medicaid	Medicaid 1	01/01/2013	12/31/2013	365	Normal
Medicaid	Medicaid 1	01/01/2012	12/31/2012	366	Normal
Medicaid	Medicaid 1	01/01/2011	12/31/2011	365	Normal

Page size: 10 26 items in 3 pages

Copay Type	Copay Value	Copay Range	DateFrom	DateTo
SA OP	0 (Dollars)	Per Visit	10/22/1999	12/31/2029

After clicking on the [More](#) link, there is additional eligibility information of member co-pay details.

# Using eServices: Requesting Authorization



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## Authorizations

### Request for eAuthorization

#### Member Details

**Date of Birth:** 12/20/1955

**Last Name:** MEMBER

**Member ID:** MA1849952839

**Please Select  
Authorization Type:**

Outpatient Authorization

Submit

Please remember, that in order to preserve member privacy, this session is set to expire in 30 minutes. You will be prompted to continue your session 5 minutes before the expiration. If not responded, you session will terminate and all entered information will be lost.

Please start by choosing the type of service being requested.

### Outpatient Authorization

#### Member Information

Member: MEMBER, DEMO (BEST ID: MA1849952839 )  
City, State: Any Town, KY 12345  
DOB: 12/20/1955

#### Clinician Details

Clinician Name:   
Clinician Phone #:

#### Date of Service Requested

Sessions over the next:  30 days  90 days  180 days  Other  
From Date:    
Site of Service \*    
Total # of Visits Requested:

Save

Next

Enter the clinician's name and dates and units you are seeking for authorization.

### Outpatient Authorization

#### Existing Reviews

eServicesDemo01 02/07/2019

Show

#### Current Psychotropic Medications

Are psychotropic medications being prescribed?

Yes

Psychotropic Medications

\* Adderall XR 10mg

Prescribing MD/RN, CS

\* Dr. Doctor

(or) Prescribing PCP

\*

Have you communicated with the member's prescriber of psychotropic drugs? \*

Yes

No

Member Declined

N/A Provider is the prescriber

N/A Member not on Medication

Have you communicated with the member's PCP? \*

Yes

No

Member Declined

Have you documented the communication or member declination? \*

Yes

No

N/A I did not contact PCP

Have you been in communication with other BH providers for this member? \*

Yes

No

Member Declined

N/A There are no other BH providers

If Yes, please indicate the type of BH provider

You will start by providing detail on if the member currently has any prescribed psychotropic medications, along with communication with the prescriber and any other behavioral health providers the member may be seeing.

**DSM Diagnosis:** (Please select either a DSM-5 Description, ICD-9 Code, or ICD-10 Code for each diagnosis)

Diagnosis	DSM-5	ICD-10	ICD-9
Primary Diagnosis: *	Attention-deficit/hyperactivity disorder, Predominantly hyperactive-impulsive type	F90.1	314.01
Additional BH/SA Dx's:	Choose an Item	Choose an Item	Choose an Item
	Choose an Item	Choose an Item	Choose an Item
	Choose an Item	Choose an Item	Choose an Item

**DESCRIPTION** requires at least 6 characters to search      **CODE** requires at least 3 characters to search

Medical Diagnosis	Description	Code
Medical Diagnosis 1:	Sleep apnea	G47.3
Medical Diagnosis 2:		
Medical Diagnosis 3:		
Medical Diagnosis 4:		

[Save](#) [Next](#)

Please provide the DSM-5 from the drop down menu. This will auto-populate the ICD-10 and ICD-9. You can also choose the ICD-10 first, and it will populate the DSM-5.

**TREATMENT STATUS**  
(Please rate the patient's response to treatment since last review or since start of treatment if this is first report)

**Behavioral Symptoms that are focus of treatment**  ▼

**Ability to perform work/school/household tasks**  ▼

**Other Agency Involvement**

DMH  DSS  DYS  DMR  Court  AA/NA  
 Other  None  DSHS  DFPS  Foster Care  DADS

**Location of Treatment:**  Office  Home  School  Other

**Clinical Formulations:**  
(Please limit the total number of characters to 1000 or less)

Behavioral problems at home and at school, poor boundaries, some issues with peers at school

Provide the treatment status, and then enter the Targeted Behavioral Goal, Modality and Progress Update.

Targeted Behavioral Goal (be specific)	* Will need to follow directions given by parents 3 out of every 5 times as evidenced by parental report
Modality	* Weekly individual treatment
Progress Update	* 2= Somewhat Worse

Targeted Behavioral Goal (be specific)	* Will not assault peers at school 3 out of every 5 days as evidenced by receiving a token from the teacher
Modality	* Weekly individual therapy
Progress Update	* 2= Somewhat Worse

Targeted Behavioral Goal (be specific)	Develop incentive plan and increase consistency implementing rules with parents
Modality	Family therapy
Progress Update	3= No Change

The first two series of Targeted Behavioral Goals are required. The third series is not mandatory, but recommended.

**RISK ASSESSMENT**  
(Check all that apply)

**Risk Indicators:**

Current substance abuse       Fire setting  
 Caring for ill family member       Impulsive behavior  
 Self-mutilation/cutting       Assaultive behavior  
 Prior psychiatric inpatient admission       Psychotic Symptoms  
 Sexually offending behavior       Coping with significant loss (job, relationship, financial)  
 Current family violence (abuse, domestic)

**Other Risk Indicators:**

**Suicidity:\***

Not Present(Suicidity)       Ideation(Suicidity)  
 Plan(Suicidity)       Means(Suicidity)  
 Prior attempt (last 12 months)(Suicidity)

**Homicidity:\***

Not Present(Homicidity)       Ideation(Homicidity)  
 Plan(Homicidity)       Means(Homicidity)  
 Prior attempt (last 12 months)(Homicidity)

**Rate level of Psychological distress: \***

1 [Minimal]    2 [Mild]    3 [Moderate]    4 [Marked]    5 [Severe]

**Provider's assessment of current risk of psychiatric hospitalization:\***

1. Minimal    2. Mild    3. Moderate    4. Marked    5. Severe

**If 3 or higher, have you created/ reviewed a crisis plan for this member?**

Yes    No    Member Declined

**If Yes, does the member have a copy?**

Yes    No

**Member has been in higher level of care in past 12 months?**

Yes    No

Complete the Risk Assessment, by checking all Risk Indicators that apply.

Indicate levels of Suicidity and Homicidity present in the member.

Rate the levels of psychological distress and risk of psychiatric hospitalization.

# eServices

Was a standard instrument used to evaluate treatment progress?  Yes  No

\*  
If yes, which instrument?

Member has been in continuous treatment with you?  Yes  No

Please indicate if a standard instrument was used, and if the member has been in continuous treatment with you.

Once these field have been completed you can click Submit

Your request has been successfully submitted.

The Reference Number for this transaction is : 3001874

[Click Here](#) to go back to member search

 [Print this page](#)

### Authorization Result:

#### Member Information :

Member : DEMO MEMBER- MA1849952839

#### eRecord :

Submitted By : Linda Robins (ABC Behavirol Health) Phone: 781-344-3321

Reference Number : 3001874

Submission Date And Time : 2019-04-05 12:09:53

#### Provider Information :

Clinician Name : John Doe

Clinician Phone # : 781-555-5555

#### Request for Session :

Requested Procedure : Outpatient Visits (OPVISITS)

Requested Visits : 12

Date From : 04/05/2019

Date To : 10/02/2019

Once you have submitted the request, you will receive a transaction number.  
This page can be printed for your records.

- Eligibility/Benefits ▾
- Authorization** ▴
- Manage Pending Reviews
- Check Authorization Request
- Submit Authorization Request
- Check Status
- PsychTesting ▾
- NOA ▾
- Clinical Stabilization Services ▾
- NOA ▾
- Beacon Select Program ▾
- FARS/CFARS Assesment ▾
- Claims ▾
- Provider Information ▾
- Provider Reports ▾
- Managing Entity Data System
- Auth File Upload ▾
- Auth File Download ▾
- Care Coordination Program ▾
- Capitation ▾

## Authorizations

### Member Information:

**Member:** MEMBER, DEMO (BEST RecID: MA1849952839)  
**City, State:** Any Town, KY, 12345  
**DOB:** 12/20/1955 **Sex:** F

Select the month and year that the service was requested.

Service Requested Date:

Search by Year  Search by Month

**SEARCH FOR AUTHORIZATIONS**

	Continued Stay	Requested From	Requested To	Requested Procedure	Req. Units	Approved From	Approved To	App'd. Units	Paid Units	PA	Decision
<a href="#">MORE</a>		02/20/2019	02/22/2019	INMHN (114, 124, 134, 144, 154)	3	02/20/2019	02/22/2019	3	0	12784660	Approved
<a href="#">MORE</a>		02/21/2019	02/25/2019	X5608 (912, 913)	6	02/21/2019	02/25/2019	6	0	12787914	Approved
<a href="#">MORE</a>		03/11/2019	03/14/2019	INMHN	3	03/11/2019	03/14/2019	0	0	12787969	Adverse Determination- Denial

All outpatient authorizations can be viewed on eServices

# Using eServices: Billing



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# eServices

- Eligibility/Benefits
- Check Eligibility
- Benefits
- Authorization
- PsychTesting
- NOA
- Clinical Stabilization Services
- NOA
- Beacon Select Program
- FARS/CFARS Assessment
- Claims
- Provider Information
- Provider Reports
- Managing Entity Data System
- Auth File Upload
- Auth File Download
- Care Coordination Program
- Capitation
- Manage Users
- Alerts (0)

## Claims

### Submit eClaim

Please Select eClaim Type:

- Outpatient/Professional (CMS 1500)
- Inpatient/Institutional (UB 04)

Submit

Please remember, that in our system, your session is set to expire in 30 minutes. You will be prompted to continue your session 5 minutes before the expiration. If not responded, your session will terminate and all entered information will be lost.

Claim submission is simple and easy to complete. Choose the type of claim from the drop down menu.

# eServices

Member	
Member	MEMBER, DEMO (BEST ID: MA1849952839 )
City, State	Any Town, KY 12345
DOB	12/20/1955

Claim	
Is this claim a resubmission/adjustment of an original Claim? <input checked="" type="radio"/> NO <input type="radio"/> Yes	
Patient Control No: (Box 3A) <sup>?</sup>	<input type="text"/>
*Federal Tax ID:	<input type="text" value="112345678"/>

Enter tax id number

# eServices



Enter diagnosis codes

Select billing NPI  
and the rendering  
clinician

Claim	
Is this claim a resubmission/adjustment of an original Claim? <input checked="" type="radio"/> NO <input type="radio"/> Yes	
Patient Control No: (Box 3A)	<input type="text"/>
*Federal Tax ID:	<input type="text" value="112345678"/>
Is this claim billed with:	
<input type="text" value="ICD-10"/>	
*Diag Code 1	<input type="text" value="F90.1"/>
Diag Code 2	<input type="text"/>
Diag Code 3	<input type="text"/>
Diag Code 4	<input type="text"/>
Diag Code 5	<input type="text"/>
Diag Code 6	<input type="text"/>
Diag Code 7	<input type="text"/>
Diag Code 8	<input type="text"/>
Diag Code 9	<input type="text"/>
Diag Code 10	<input type="text"/>
Diag Code 11	<input type="text"/>
Diag Code 12	<input type="text"/>
*Service Site:	<input type="text" value="eServices Demo Site"/>
Site Zip Code +4:	<input type="text" value="01801"/>
*Billing NPI:	<input type="text" value="1851452510"/>
Billing Taxonomy:	<input type="text"/>
Referring/Ordering NPI	<input type="text"/>
Referring/Ordering Taxonomy:	<input type="text"/>
*Clinician:	<input type="text" value="Clinician, Demo - 1073712121"/>



Choose site the site  
of service



# eServices

Enter the service line details

Select appropriate modifier, units and charges

Enter diagnosis pointers

**Service Lines** Add

<b>*From</b> 4/2/2019	<b>*To</b> 4/2/2019	<b>*POS</b> 11	<b>*Procedure</b> 90834		
<b>Modifiers</b>					
1 AJ	2	3	4		
5	6	7	8		
<b>*Units</b> 1	<b>*Charges</b> 80.00	<b>*Clinician NPI</b> 1073712121	<b>Other ID</b>	<b>RecID</b>	
<b>NDC Qualifier</b>	<b>NDC Code</b>	<b>NDC Units</b>	<b>Taxonomy</b>		
<b>Diag Pointers</b>					
* 1 1	2	3	4	5	6
7	8	9	10	11	12
<b>*Total Charges:</b>				80.00	

Add other dates of service

Submit

Click submit when completed

# eServices



**Service Lines** Add

**\*From** 4/2/2019 **\*To** 4/2/2019 **\*POS** 11 **\*Procedure** 90834

**Modifiers**  
1 AJ 2 3 4  
5 6 7 8

**\*Units** 1 **\*Charges** 80.00 **\*Clinician NPI** 1073712121 **Other ID** **RecID**

**NDC Qualifier** **NDC Code** **NDC Units** **Taxonomy**

**Diag Pointers**  
\* 1 1 2 3 4 5 6  
7 8 9 10 11 12

---

**\*From** **\*To** **\*POS** **\*Procedure**

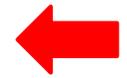
**Modifiers**  
1 2 3 4  
5 6 7 8

**\*Units** **\*Charges** **\*Clinician NPI** 1073712121 **Other ID** **RecID**

**NDC Qualifier** **NDC Code** **NDC Units** **Taxonomy**

**Diag Pointers**  
\* 1 2 3 4 5 6  
7 8 9 10 11 12

**\*Total Charges:** 80.00



Click on the Add button for submitting additional dates of service

# eServices

**Claim**

Is this claim a resubmission/adjustment of an original Claim?  NO  Yes

**Please correct the following:** close  
To Date in Claim Line 1

Is this claim billed with:

ICD-10

*Diag Code 1	<input type="text" value="F901"/>	Diag Code 7	<input type="text"/>
Diag Code 2	<input type="text"/>	Diag Code 8	<input type="text"/>
Diag Code 3	<input type="text"/>	Diag Code 9	<input type="text"/>
Diag Code 4	<input type="text"/>	Diag Code 10	<input type="text"/>
Diag Code 5	<input type="text"/>	Diag Code 11	<input type="text"/>
Diag Code 6	<input type="text"/>	Diag Code 12	<input type="text"/>

\*Service Site:

Site Zip Code +4:

\*Billing NPI:  Billing Taxonomy:

Referring/Ordering NPI  Referring/Ordering Taxonomy:

\*Clinician:

**Service Lines** Add

*From	<input type="text" value="4/2/2019"/>	*To	<input type="text"/>	*POS	<input type="text" value="11"/>	*Procedure	<input type="text" value="90834"/>
-------	---------------------------------------	-----	----------------------	------	---------------------------------	------------	------------------------------------

**Modifiers**

1	<input type="text" value="AJ"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>
5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>

*Units	<input type="text" value="1"/>	*Charges	<input type="text" value="80.00"/>	*Clinician NPI	<input type="text" value="1073712121"/>	Other ID	<input type="text"/>	RecID	<input type="text"/>
NDC Qualifier	<input type="text"/>	NDC Code	<input type="text"/>	NDC Units	<input type="text"/>	Taxonomy	<input type="text"/>		

**Diag Pointers**

* 1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>

\*Total Charges:

eServices will recognize if you leave fields blank when submitting your claim.

It will highlight the area, and prompt you to correct the claim.

You will not be able to submit until the error is rectified.

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# eServices



Your eClaim has been successfully submitted. The Reference Number for this transaction is :

**8546615**

You can check the status of this claim on our web site. Please allow 3 to 4 hours for the claim to be posted in our system. If you have any other questions regarding this claim please contact the Claims Hotline at 1-888-249-0478.

[Print this page](#)

### Member Information

Member:	MEMBER, DEMO (BEST ID: MA1849952839 )
City, State:	Any Town, KY 12345
DOB:	12/20/1955

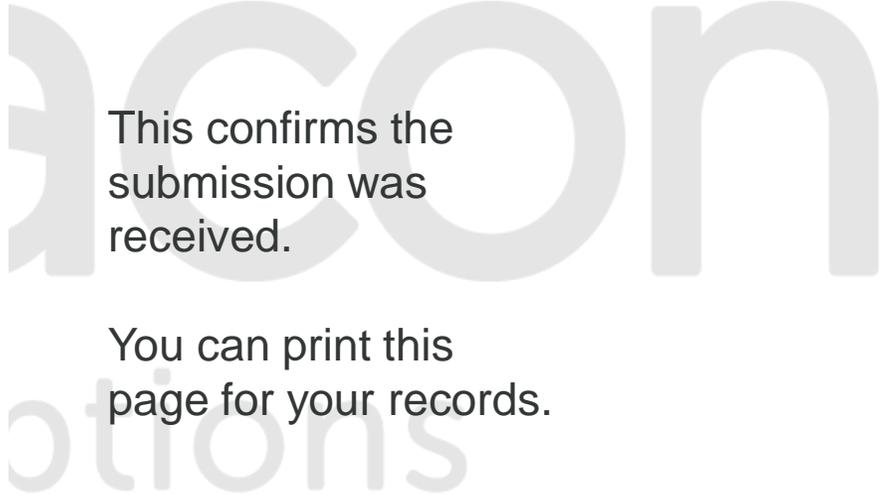
### Claim Information

SiteName:	eServices Demo Site
Charge Amount:	\$80.00
eClaimID:	8546615
eAccountID:	101221
MemRecID:	9656
SiteID:	1777
Resubmission:	0
DateEntered:	4/10/2019 11:14:26 AM
UDate:	4/10/2019 11:14:26 AM
DateReceived:	4/10/2019 11:14:26 AM

After you successfully submit your claim, a reference number will be generated.

This confirms the submission was received.

You can print this page for your records.



# eServices

Member	
Member	MEMBER, DEMO (BEST ID: MA1849952839 )
City, State	Any Town, KY 12345
DOB	12/20/1955

Statement Covers Period	
From *	<input type="text"/>
Through *	<input type="text"/>

Service	
Type of Bill *	<input type="text"/> <input type="text"/> <input type="text"/>
Admission Date	<input type="text"/>
Admission Hour	<input type="text"/>
Admission Type	<input type="text"/>
Admission Source	<input type="text"/>
Discharge Hour	<input type="text"/>
Discharge Status	<input type="text"/>

Occurrence Codes			
#1	Code	Date	
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>
#2	Code	Date	
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>
#3	Code	Date	
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>
#4	Code	Date	
a	<input type="text"/>	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	<input type="text"/>

Value Codes								
#1	Code	Amount	#2	Code	Amount	#3	Code	Amount
a	<input type="text"/>	<input type="text"/>	a	<input type="text"/>	<input type="text"/>	a	<input type="text"/>	<input type="text"/>
b	<input type="text"/>	<input type="text"/>	b	<input type="text"/>	<input type="text"/>	b	<input type="text"/>	<input type="text"/>
c	<input type="text"/>	<input type="text"/>	c	<input type="text"/>	<input type="text"/>	c	<input type="text"/>	<input type="text"/>
d	<input type="text"/>	<input type="text"/>	d	<input type="text"/>	<input type="text"/>	d	<input type="text"/>	<input type="text"/>

Claim	
Is this claim a resubmission/adjustment of an original Claim? * <input checked="" type="radio"/> NO <input type="radio"/> Yes	
Is this claim billed with: * <input type="text" value="ICD-10"/>	
Patient Control No: (Box 3A) ?	<input type="text"/>
PRV DX:	<input type="text"/>
Federal Tax ID: *	<input type="text"/>
Admit Diag:	<input type="text"/>
PPS Code:	<input type="text"/>
Diag #1: * POA #1:	<input type="text"/> <input type="text"/>
Diag #2: POA #2:	<input type="text"/> <input type="text"/>
Diag #3: POA #3:	<input type="text"/> <input type="text"/>
<a href="#">More...</a>	
Service Location: *	<input type="text"/>
Location Zip Code +4	<input type="text"/>
Billing NPI: *	<input type="text"/>
Billing Taxonomy:	<input type="text"/>
Referring/Ordering NPI	<input type="text"/>
Referring/Ordering Taxonomy:	<input type="text"/>
Attending:	<input type="text"/>

Service Lines					
Type	Service Date *	Procedure	Units	Clinician NPI	Other ID ?
<input type="text" value="Primary"/>	<input type="text"/>				
Rev Code		Charges		Taxonomy	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
RecID					
<input type="text"/>					
Mod1	Mod2	Mod3	Mod4	Mod5	Mod6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mod7	Mod8				
<input type="text"/>	<input type="text"/>				
Total Charges: *					<input type="text"/>

[Submit](#)



Inpatient claims may also be submitted through eServices.

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Name	DOB	Plan	Eligible?	Currently Eligible for Managed Care Plan?		
▼ DEMO MEMBER	12/20/1955	BEST	Yes	No		
LATEST ELIGIBILITY CRITERIA						
Begin Date	End Date	Benefit Name	PCP Name	PCP Site Name	Has Health Home Assignment ?	Capitation Agreement ?
08/01/05	OPEN	Medicaid	Dr Jane Doe	XYZ Physician Practice	Yes	N/A
DELINQUENCY GRACE PERIOD						
Is Grace Period in effect?	In effect as of	Date claims will pend				
No						
AVAILABLE OPTIONS						
<a href="#">Request Authorizations</a>						
<a href="#">Check Authorization</a>						
<a href="#">Submit eClaim</a>						
<a href="#">Reconsideration</a>						
<a href="#">Check Claims</a>						
<a href="#">FARS/CFARS Data</a>						
<a href="#">Neuro-Psychological Testing</a>						
<a href="#">Enter Member Maladaptive Behavior Data</a>						
<a href="#">Enter Member Skills Data</a>						

Claim reconsiderations may be done online, for claims that were submitted and denied and require an in depth review.

# eServices

Member	
Member	MEMBER, DEMO (BEST ID: MA1849952839 )
City, State	Any Town, KY 12345
DOB	12/20/1955

Claim			
Patient Control No: (Box 3A) ?	<input type="text"/>	*Federal Tax ID:	<input type="text"/>
Is this claim billed with:	<input type="text" value="Select ICD Code"/>		
*Diag Code 1	<input type="text"/>	Diag Code 7	<input type="text"/>
Diag Code 2	<input type="text"/>	Diag Code 8	<input type="text"/>
Diag Code 3	<input type="text"/>	Diag Code 9	<input type="text"/>
Diag Code 4	<input type="text"/>	Diag Code 10	<input type="text"/>
Diag Code 5	<input type="text"/>	Diag Code 11	<input type="text"/>
Diag Code 6	<input type="text"/>	Diag Code 12	<input type="text"/>
*Service Site:	<input type="text"/>		
Site Zip Code +4:	<input type="text"/>		
*Billing NPI:	<input type="text"/>	Billing Taxonomy:	<input type="text"/>
Referring NPI:	<input type="text"/>		
*Clinician:	<input type="text"/>		

Reconsideration	
Explanation	<input type="text"/>

Service Lines					Add			
*From	<input type="text"/>	*To	<input type="text"/>	*POS	<input type="text"/>	*Procedure	<input type="text"/>	
<b>Modifiers</b>								
1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	
5	<input type="text"/>	6	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	
*Units	<input type="text"/>	*Charges	<input type="text"/>	*Clinician NPI	<input type="text"/>	Other ID ?	<input type="text"/>	
NDC Qualifier	<input type="text"/>	NDC Code	<input type="text"/>	NDC Units	<input type="text"/>	Taxonomy	<input type="text"/>	
<b>Diag Pointers</b>								
* 1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>	4	<input type="text"/>	
7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>	10	<input type="text"/>	
							*Total Charges:	<input type="text"/>

Submit

Once you have entered your claim info and explanation you can submit.

- Eligibility/Benefits ▾
- Authorization ▾
- PsychTesting ▾
- NOA ▾
- Clinical Stabilization Services ▾
- SUD Resi Admissions ▾
- Detox RI ▾
- Beacon Select Program ▾
- FARS/CFARS Assesment ▾
- Claims ▾**
- Check Claims By Member
- Check Claims By Provider
- Check Claims By Authorization
- Submit eClaim
- Provider Information ▾
- Provider Reports ▾
- Managing Entity Data System
- Auth File Upload ▾
- Auth File Download ▾
- Care Coordination Program ▾
- Capitation ▾
- IOP Extension and Discharge ▾
- Discharge ▾
- Manage Users ▾
- Alerts (0) ▾

## Claims

### Member Information:

**Member:** MEMBER, DEMO (BEST RecID: MA1849952839)

**City, State:** Any Town, KY, 12345

**DOB:** 12/20/1955 **Sex:** F

Outpatient Initial Encounters (IE's) used in the benefit year	Last Visit
0	

Select the month and year of the service.

Month of Service:



Choose the month and year of the claim

Search by Year  Search by Month

Claim status is easily obtainable. You may check claims for an individual member, or all the claims you've submitted over a certain period of time.

# eServices

Select the month and year of the service.

Month of Service:

April  2019

Search by Year  Search by Month

SEARCH FOR CLAIMS

Decision	Invoice	Record ID	From	To	Procedure	Authorization #	Paid	Status	Resubmit
<a href="#">MORE</a>	Denied	N1002002350	156070870	04/02/19	04/02/19	90834-AJ		Adjudicated	<a href="#">Resubmit</a>



Click here

If a claim has denied you can click on the resubmit link, to correct it.

## Claims

### Member Information:

**Member:** MEMBER, DEMO (BEST RecID: MA1849952839)

**City, State:** Any Town, KY, 12345

**DOB:** 12/20/1955 **Sex:** F

### Claim Information:

Invoice N1002002350

Record ID 156070870

Dates of Services 04/02/19 - 04/02/19

Procedure 90834-AJ (Psychotherapy, 45 minutes with Patient and/or Family Member)

Date Received 04/10/19

Date Entered 04/10/19

Date Paid

Provider 212810 (Demo Site)

Network

Units Claimed 1

Amount Charged \$80.00

Units Allowed

Amount Allowed

Diagnosis F90.1 (Mental Health Services)

Status In Process (This claim has been received and entered in our system and is currently being processed)

PlanID 2

Claim approval/denial narrative

Type	Amount	Check Date	CheckNo	Payee Name	Void Date
No records to display.					

# Thank You

## Contact Us



	Beacon Health Strategies	Beacon Health Options (formerly ValueOptions)
Website and EDI	<b>EDI Helpdesk</b> Monday through Friday, 8 a.m.-6 p.m. ET Phone: 888-247-9311 <a href="mailto:e-supportservices@beaconhealthoptions.com">e-supportservices@beaconhealthoptions.com</a>	
PaySpan	<b>PaySpan Registration Provider Support</b> Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 <a href="mailto:providersupport@payspanhealth.com">providersupport@payspanhealth.com</a>	Unable to locate your registration code?  Email: <a href="mailto:corporatefinance@beaconhealthoptions.com">corporatefinance@beaconhealthoptions.com</a> Reply will be received within three business days
Provider Relations	<b>National Provider Services Line</b> Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 <a href="#">Regional Provider Relations Team</a>	