

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 enter your name, email address, and organization into the Chat in the chat box.



June

RAE Roundtable

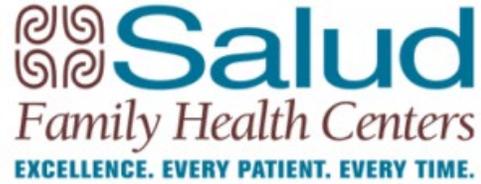
What is the RAE?

The RAEs are responsible for the health and cost outcomes for members in their region, as well as:

- Developing a network of Primary Care Medical Providers (PCMPs) to serve as medical home providers for their members,
- Developing a contracted statewide network of behavioral health providers,
- Administering the Department's capitated behavioral health benefit,
- Onboarding and activating members,
- Promoting the enrolled population's health and functioning, and
- Coordinating care across disparate providers, social, educational, justice, and other community agencies to address complex member needs that span multiple agencies and jurisdictions.

NORTHEAST HEALTH PARTNERS, LLC

FQHCs:



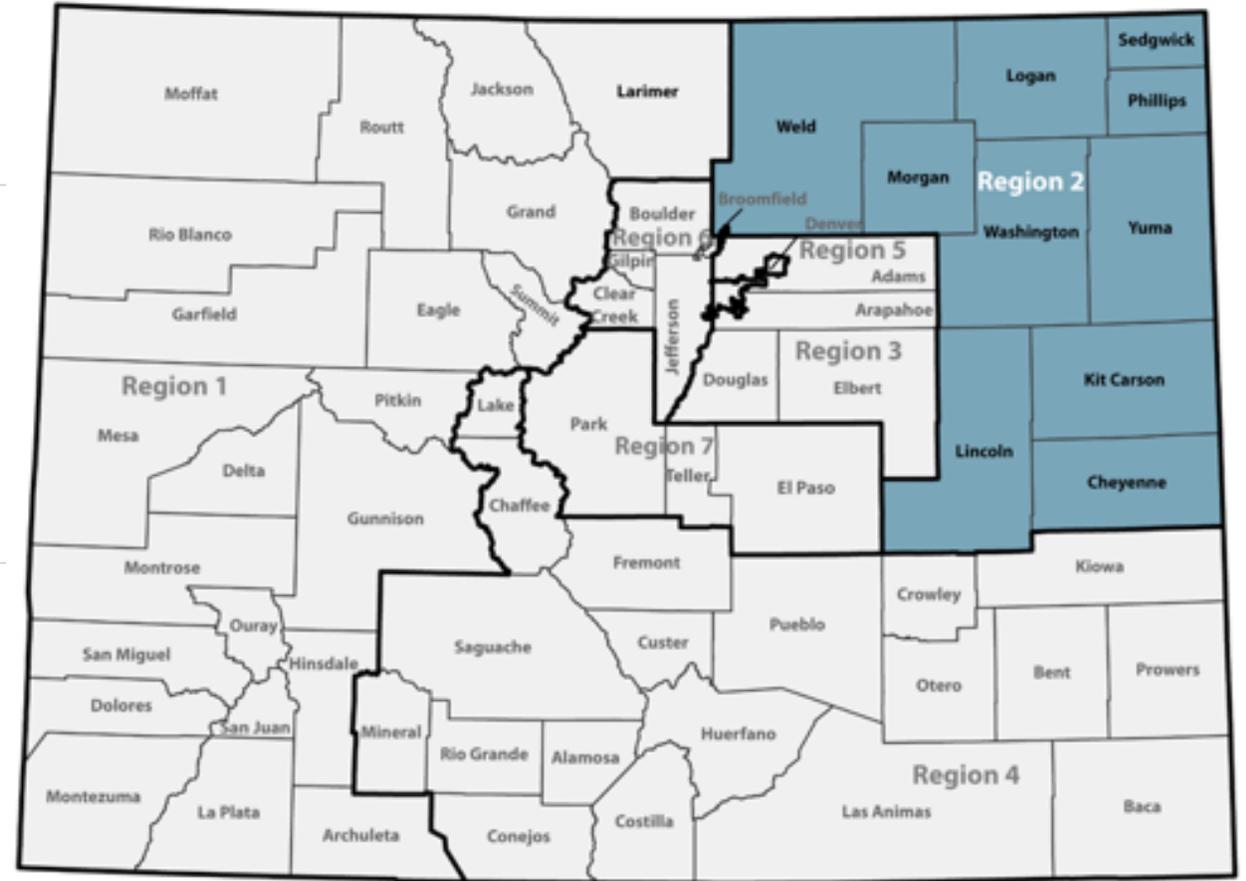
CMHCs:

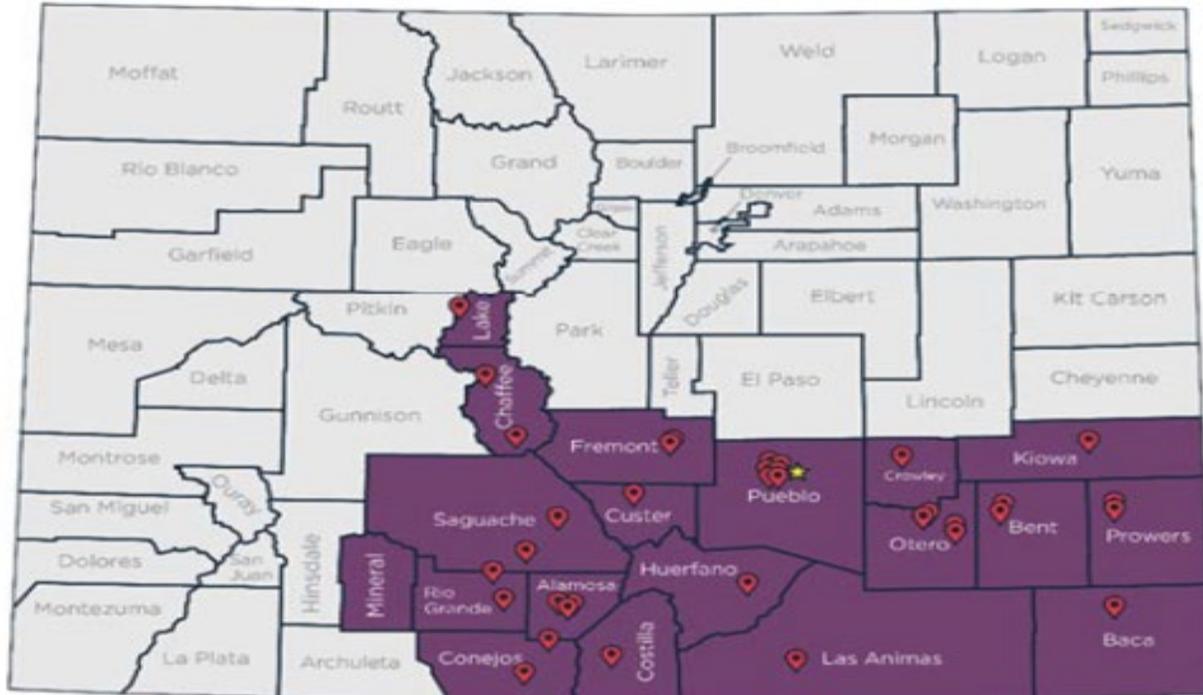


Administrative Service Organization:



Northeast Health Partners





What is a RAE Roundtable?

This is a monthly meeting where we share updates, provide information, training, and welcome your questions and discussion.

Feel free to share this invitation with colleagues who may also have an interest in attending.



An Overview of ProviderConnectSM

Agenda

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

Chapter

01

“We help people live their lives to the fullest potential.”

Our Commitment

Services and Benefits

beacon
health options

Services

<ul style="list-style-type: none">• Verify member benefits and eligibility	<ul style="list-style-type: none">• View and print forms
<ul style="list-style-type: none">• Request and view authorizations	<ul style="list-style-type: none">• Download and print authorization letters
<ul style="list-style-type: none">• Submit claims and view status	<ul style="list-style-type: none">• Access Provider Summary Vouchers (PSV)
<ul style="list-style-type: none">• Submit updates to provider demographic information	<ul style="list-style-type: none">• Submit credentialing applications
<ul style="list-style-type: none">• Submit customer service inquiries	<ul style="list-style-type: none">• Access ProviderConnect message center

Disclaimer: Please note that ProviderConnect may look different and have different functionalities based on individual contract needs, therefore some functions may not be available or may look different for your specific contract.

Benefits

Free and secure online application, available 24/7	Decreases labor expenses, paper files, and postage
Reduces the need to call for routine information	Efficient processing allows for quicker payment
Integrates with practice management software	Less risk of human error or mishandling
Mobile device friendly	Mac and Windows compatible

INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES

Chapter

02

Projects and Initiatives

“We help people live their lives to the fullest potential.”

Our Commitment

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Telehealth Information and Resources

- For Telehealth services, ensure to bill regular rate codes, procedure codes and modifiers in addition to adding a Telehealth modifier.
- When billing CMS1500 (or electronic equivalent of 837P) use POS – 02 for telehealth services. Please be sure this is always a 2-digit code.

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®

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.
PO Box 1347
Latham, NY 12110
(800) 343-8114

1 of 3

Date: mm/dd/yyyy
Reference #: 0012345678
Check Amount: \$xx.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 PaySpan account setup.

Registration Code: **A1234567Z**
PIN: **B7654321**

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.

Beacon Health Options, Inc.
240 Corporate Blvd.
Norfolk, VA 23502

Profile: A13

CHECK NO.: 0012345678
ISSUE DATE: mm/dd/yyyy

Pay**xx And 00/100 Dollars**

AMOUNT
\$xx.00

Registering

- Two registration options:
 - Click the Payspan link in [ProviderConnect](#)
 - Visit [PayspanHealth.com](#) 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



Beacon Health Options, Inc.
PO Box 1347
Latham, NY 12110
(800) 543-8114

1 of 3

Date: mm/dd/yyyy
Reference #: 0012345678
Check Amount: \$xx.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 [PaySpan](#) account setup.

Registration Code: **A1234567Z**
PIN: **B7654321**

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.

Beacon Health Options, Inc.
240 Corporate Blvd
Norfolk, VA 23502

Profile: A13

CHECK NO.: 0012345678
ISSUE DATE: mm/dd/yyyy

Pay***xx And 00/100 Dollars**

AMOUNT
\$xx.00

Chapter

03

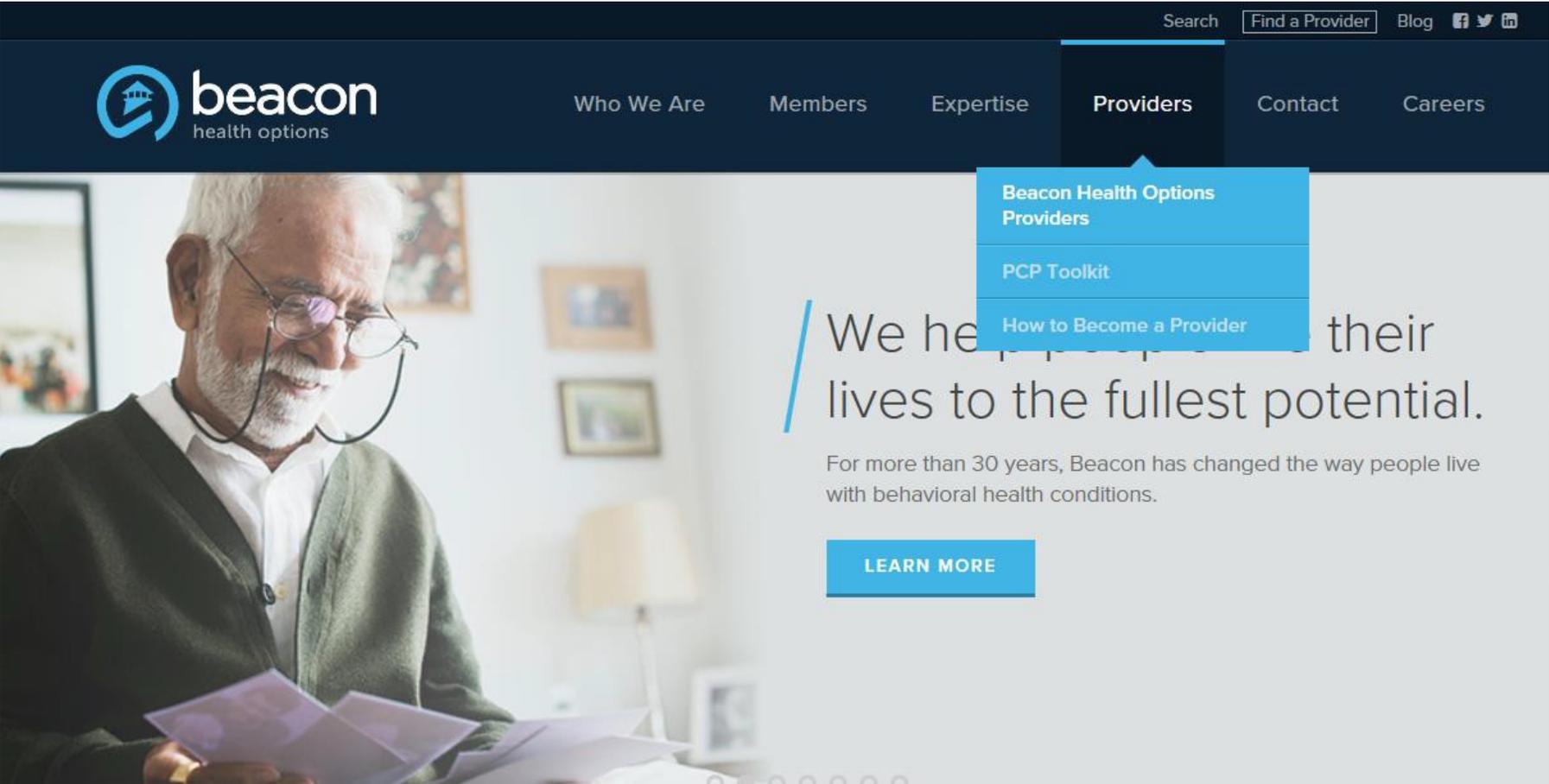
“We help people live their lives to the fullest potential.”

Our Commitment

Accessing our Provider Portal

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health options

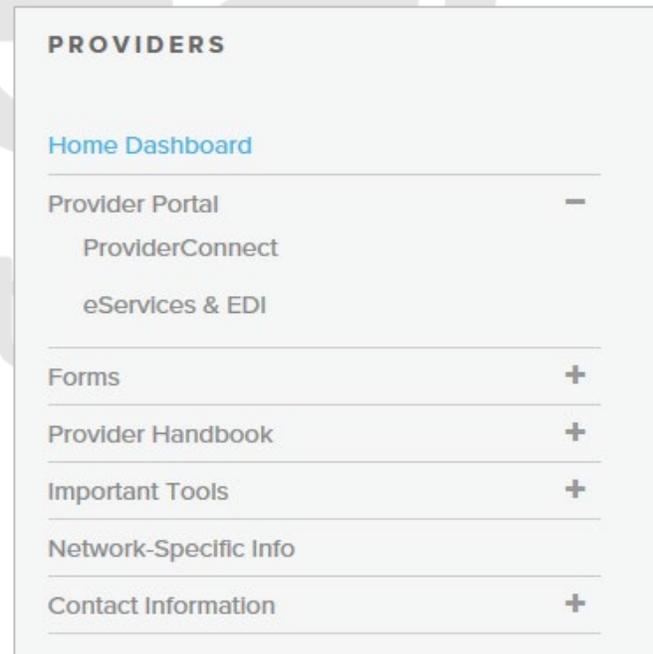
How to Access our Provider Portal



The screenshot shows the Beacon Health Options website. The top navigation bar is dark blue with the Beacon logo on the left and navigation links: Who We Are, Members, Expertise, Providers, Contact, and Careers. A search bar with the text 'Find a Provider' is on the right. A dropdown menu is open under the 'Providers' link, containing three items: 'Beacon Health Options Providers', 'PCP Toolkit', and 'How to Become a Provider'. The main content area features a large image of an elderly man with glasses reading papers. To the right of the image, the text reads: 'We help people live their lives to the fullest potential. For more than 30 years, Beacon has changed the way people live with behavioral health conditions.' Below this text is a blue button labeled 'LEARN MORE'.

How to Access our Provider Portal

- Go to www.BeaconHealthOptions.com, choose “Providers” and “Beacon Health Options Providers”
- Click on “Provider Portal” on the right side of the screen and choose the appropriate portal.



A screenshot of a web application menu titled "PROVIDERS". The menu is displayed in a light gray box with a thin border. It contains several items, each with a horizontal line to its right. The items are: "Home Dashboard" (in blue text), "Provider Portal" (with a minus sign), "ProviderConnect", "eServices & EDI", "Forms" (with a plus sign), "Provider Handbook" (with a plus sign), "Important Tools" (with a plus sign), "Network-Specific Info", and "Contact Information" (with a plus sign).

PROVIDERS	
Home Dashboard	
Provider Portal	-
ProviderConnect	
eServices & EDI	
Forms	+
Provider Handbook	+
Important Tools	+
Network-Specific Info	
Contact Information	+

How to Access our Provider Portal

HOME / PROVIDERS / BEACON HEALTH OPTIONS

Provider Dashboard

Select from the options below:



Health plan, contract, and program information

NETWORK-SPECIFIC INFO



Appendices, clinical criteria, and treatment guidelines

PROVIDER HANDBOOK



Login to the Provider Portal

PROVIDER PORTAL



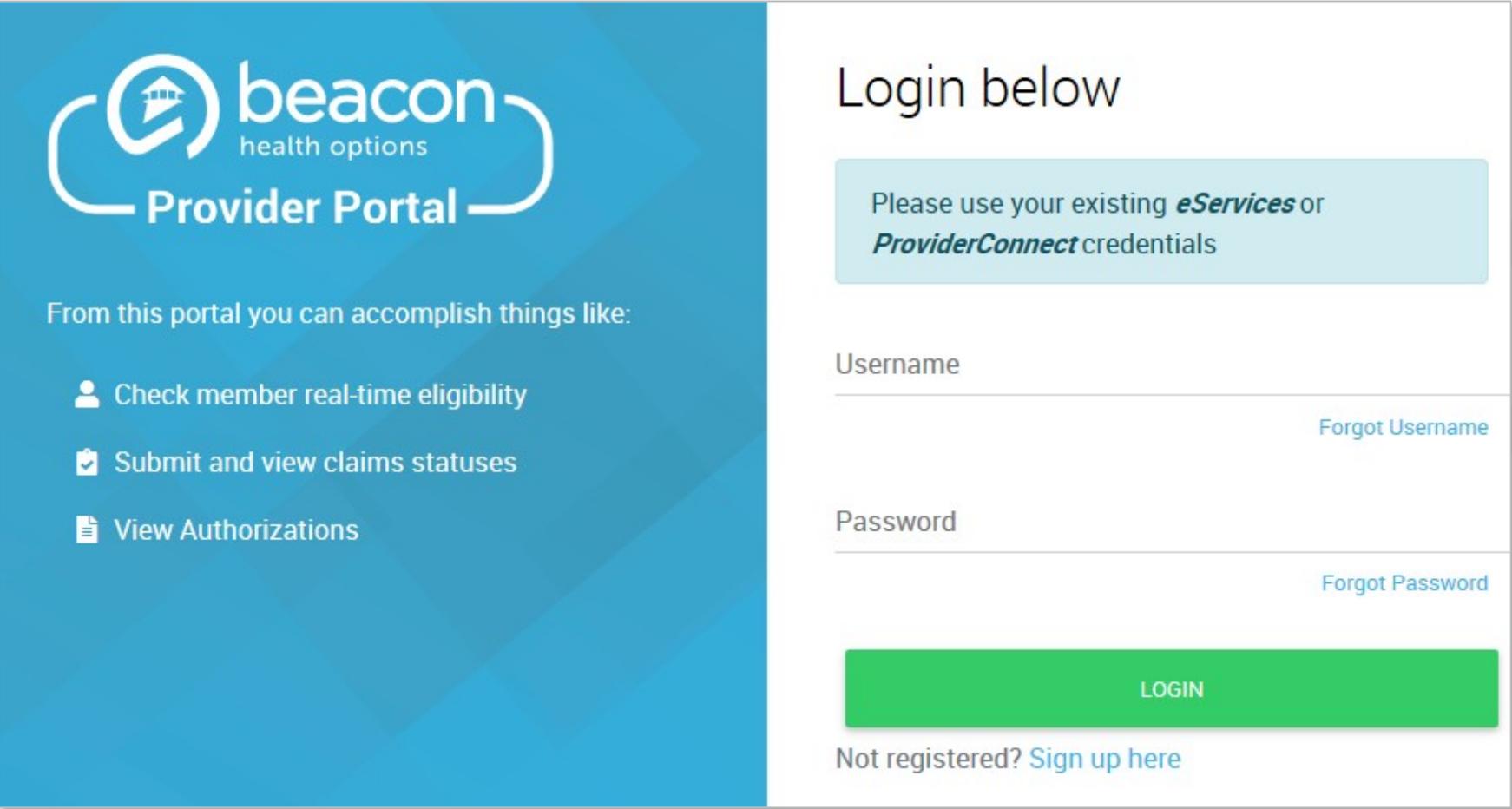
Clinical, administrative, and EAP forms

LEARN MORE

PROVIDERS

- [Home Dashboard](#)
- [Provider Portal](#) +
- [Forms](#) +
- [Provider Handbook](#) +
- [Important Tools](#) +
- [Network-Specific Info](#)
- [Contact Information](#) +

Logging into ProviderConnect



The screenshot shows the login interface for the Beacon Health Options Provider Portal. On the left, a blue sidebar contains the logo and a list of services. On the right, a white box contains the login form with fields for Username and Password, and a LOGIN button.

beacon
health options
Provider Portal

From this portal you can accomplish things like:

- Check member real-time eligibility
- Submit and view claims statuses
- View Authorizations

Login below

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

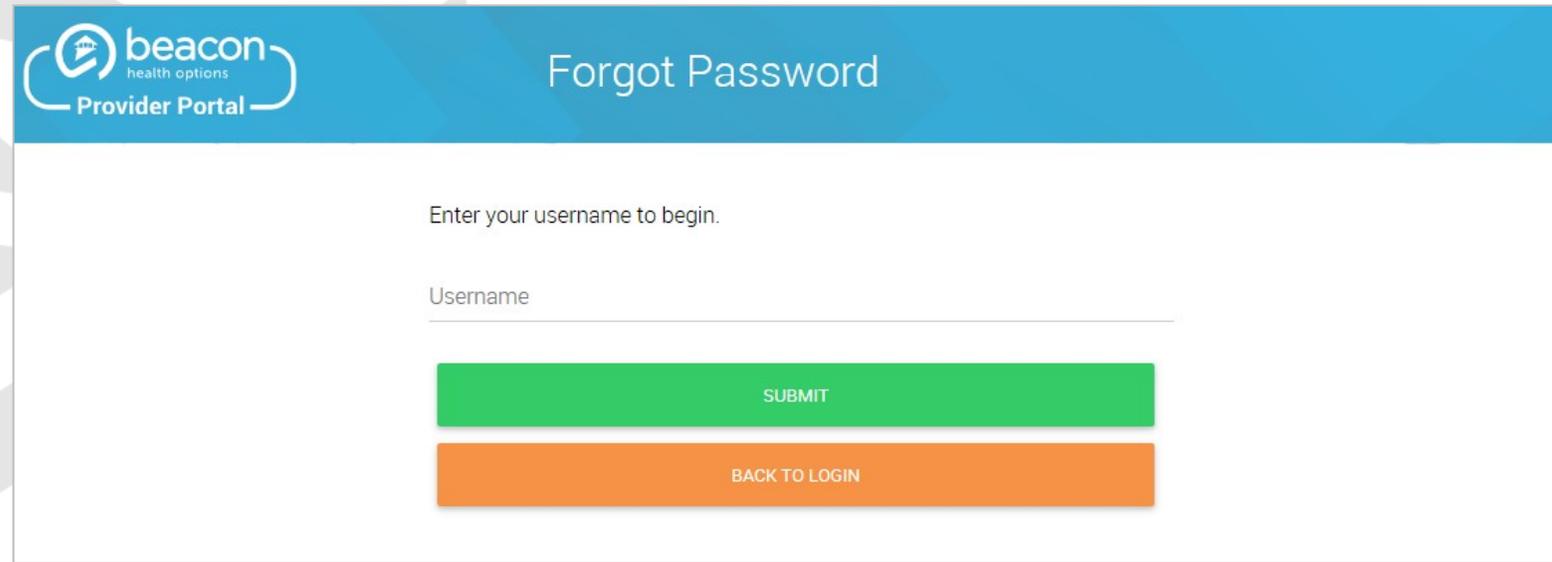
Username [Forgot Username](#)

Password [Forgot Password](#)

LOGIN

Not registered? [Sign up here](#)

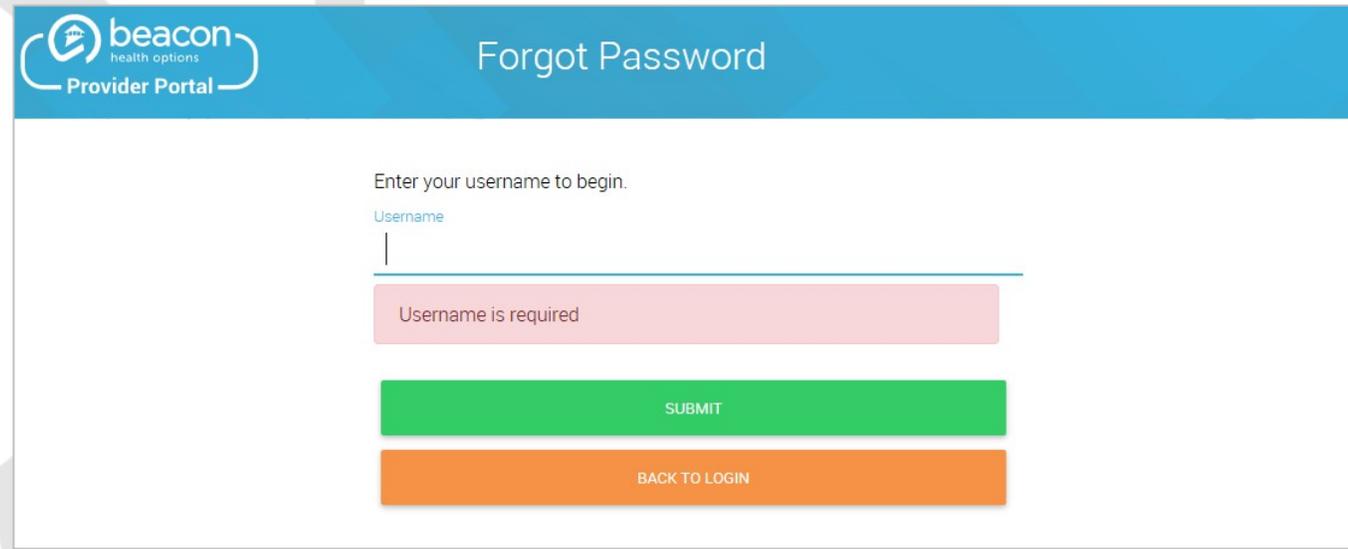
Forgot Your Password?



The screenshot shows a web interface for the Beacon Health Options Provider Portal. At the top left is the logo for Beacon Health Options, which includes a stylized house icon and the text 'beacon health options' and 'Provider Portal'. To the right of the logo, the page title 'Forgot Password' is displayed in a large, white font against a blue background. Below the header, the main content area is white and contains the following elements: a prompt 'Enter your username to begin.', a text input field labeled 'Username', a green rectangular button with the text 'SUBMIT', and an orange rectangular button with the text 'BACK TO LOGIN'.

User ID

- User ID is required



beacon health options
Provider Portal

Forgot Password

Enter your username to begin.

Username

Username is required

SUBMIT

BACK TO LOGIN

Option 1: Answer Secret Question



Forgot Password

Here is the secret question that you submitted when you registered.
name of your first animal

Please enter the answer to this question and your new password in the fields below.

Answer*

New Password* Confirm New Password*

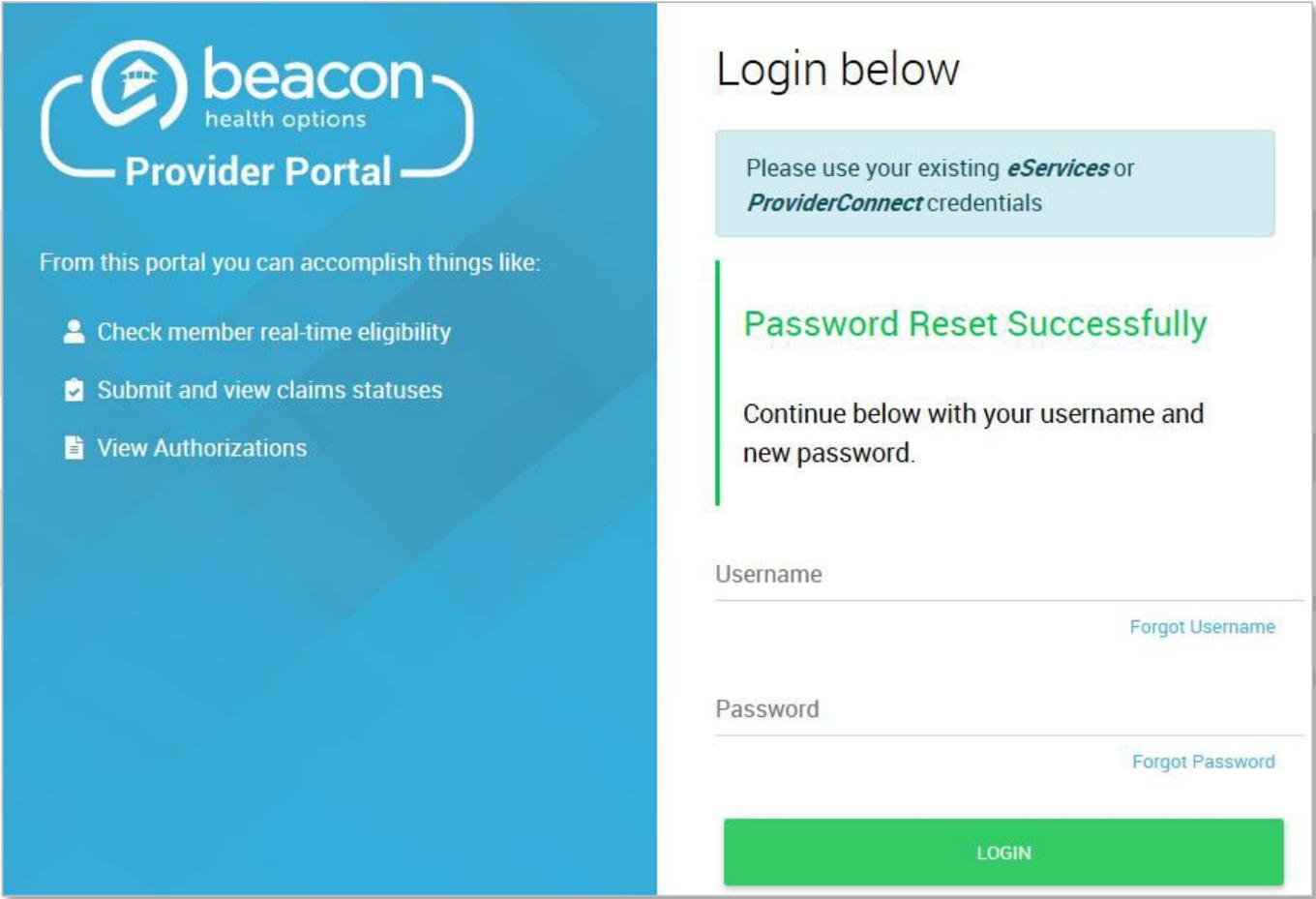
- One uppercase letter
- One lowercase letter
- One number
- One special character
- 8-20 characters long
- Passwords must match

SUBMIT

BACK TO LOGIN

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options

Password Changed



The screenshot shows the Beacon Provider Portal login interface. On the left, a blue sidebar contains the Beacon Health Options logo and the text "Provider Portal". Below this, it lists three actions: "Check member real-time eligibility", "Submit and view claims statuses", and "View Authorizations". The main content area is white and features a "Login below" heading. A light blue box contains the instruction: "Please use your existing eServices or ProviderConnect credentials". A green vertical bar highlights a "Password Reset Successfully" message. Below this, it says "Continue below with your username and new password." There are two input fields: "Username" with a "Forgot Username" link and "Password" with a "Forgot Password" link. A green "LOGIN" button is at the bottom.

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health options
Provider Portal

From this portal you can accomplish things like:

- Check member real-time eligibility
- Submit and view claims statuses
- View Authorizations

Login below

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

Password Reset Successfully

Continue below with your username and new password.

Username [Forgot Username](#)

Password [Forgot Password](#)

LOGIN

New User?

- Register online



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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*	Last Name*	Contact Name
NPI Number*	Tax ID*	Group, Facility, or Clinic Name
Primary Email Address*	Verify Primary Email Address*	Secondary Email Address
Phone Number*	Ext	Fax Number
Username*	Password*	Confirm Password*

One uppercase letter
One lowercase letter
One number
One special character
8-20 characters long
Passwords must match

Select a Security Question

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.

Resources

HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDERCONNECT

ProviderConnect

Log on or register for our provider portal to take advantage of our online services:

- > [Provider Portal](#)
- > [Military OneSource ProviderConnect](#)
- > [Horizon BCBSNJ ProviderConnect](#)

ProviderConnect makes routine tasks such as processing claims, obtaining claims information, and verifying eligibility status easy and convenient.

Access the [ProviderConnect Demo](#).

Guides

Please click on the links below to access the specific guides. Note: you will need [Adobe® Flash Player](#) and [Adobe® Reader](#). If you do not have access to this software, you may download and install these applications on your computer.

The [ProviderConnect User Guide](#)  outlines the steps to using the various functions within ProviderConnect. Providers are encouraged to carefully review the ProviderConnect User Guide to help answer any questions on how to use the ProviderConnect application.

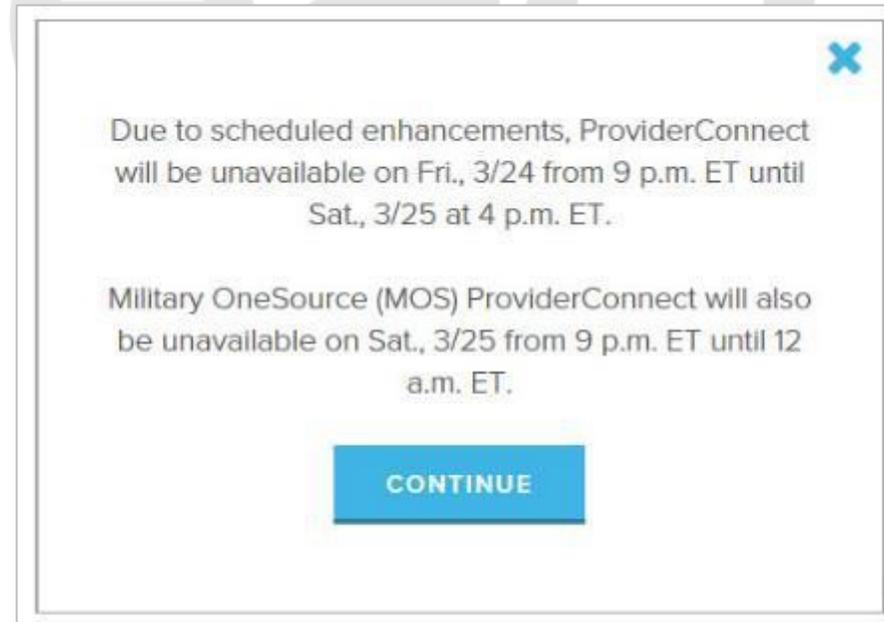
PROVIDERS

- Home Dashboard
- Provider Portal
 - ProviderConnect**
 - eServices & EDI
- Forms +
- Provider Handbook +
- Important Tools +
- Network-Specific Info
- Contact Information +

con
ions

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



Chapter

04

“We help people live their lives to the fullest potential.”

Our Commitment

Member Eligibility and Benefits

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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 or Review Referrals](#)
 - [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	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="08112005"/>	(MMDDYYYY)

health options

Member Demographics



ValueOptions Home Provider Home Contact Us Log Out

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member	
Member ID	987654321
Alternate ID	
Member Name	ASLAN, SUSAN
Date of Birth	12/02/1979
Address	5 WARDROBE WAY NARNIA, VA 12345
Alternate Address	
Marital Status	-
Home Phone	703 123-4567 X 12345678
Work Phone	
Relationship	1 - Self
Gender	F - Female

Eligibility	
Effective Date	12/31/2003
Expiration Date	01/15/2009
COB Effective Date?	

[View Funding Source Enrollment Details](#)

Subscriber	
Subscriber ID	111111111
Subscriber Name	ROBERTS, JAMES

Additional Information	
CSP Type	AD04 - GMH/ARIZONA ONLY
Primary Agency	123456 - DEMO SERVICES
Effective Date	03/01/2007
Expiration Date	
Clinical Liaison	123456 - JANE DOE BHT

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Enter an Individual Plan
- Enter Case Management Referral
- Enter a Referral
- Review Referrals
- EDI Homepage

Member Enrollment History

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BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log Out

Demographics **Enrollment History** COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member Detail

Subscriber ID	Member ID	Member Name	Group #	Group Name	Account #	Fund	Effective Date	Expiration Date	Date Changed
111111111	123456	ASLAN, SUSAN	00001	Braided Funding Group	GRP1	80BB	11/05/2007	11/05/2008	11/20/2007
222222222	123456	ASLAN, SUSAN	00002	Braided Funding Group	GRP2	80CC	12/06/2007	12/25/2008	12/19/2007

View Member Auths View Member Claims View Empire Claims View GHI-BMP Claims

Enter Auth Request Enter Claim **Send Inquiry** Enter POMS Data

Member Benefits

Demographics Enrollment History COB **Benefits** Additional Information

Member eligibility does not guarantee payment. Benefits are as of today's date.
This is a summary of the member's benefits. For additional information, please submit an inquiry to Customer Service by selecting the inquiry button at the bottom of this page.

Member Detail

Client ID:	GHI
Client Name:	GHI/BMP
Benefit Package(s):	G045

Please click the Benefits link below to launch the Self-Service Portal (SSP) where Member benefits can be viewed.

[Benefits](#)

Member Benefits

Search Benefits

Benefit Name: Benefits as of:

- 23 Hour Observation Bed
- 72 Hour Observation Bed
- Ambulance
- Applied Behavioral Analysis (ABA)

Check all | Uncheck all | Invert select

Benefit Details

Note: Only members enrolled in CarePlus may be eligible for ABA. If eligible, your benefit is administered by CarePlus/UHC. Please call (877) 261-3340 for ABA benefit, eligibility and claims questions.

Show All | Hide All

+ Ambulance	Covered
+ Applied Behavioral Analysis (ABA)	Covered
+ Biofeedback	Covered
+ Consultation on Medical Floor	Covered
+ Crisis Intervention	Covered
+ Crisis Psychotherapy	Covered
+ Detoxification	Covered

Chapter

05

“We help people live their lives to the fullest potential.”

Our Commitment

Authorizations

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Authorizations

If you need to call, contact the following for authorizations:

- Northeast Health Partners: 888-502-4189
- Health Colorado: 888-502-4185

You can also view the authorization requirements on the websites:

- Northeast Health Partners:

<https://www.northeasthealthpartners.org/providers/provider-resources/>

- Health Colorado:

<https://www.healthcoloradora.com/providers/provider-resources/>

Enter an Authorization Request

The screenshot displays the ProviderConnect web application interface. At the top, there is a navigation bar with the logo on the left and user account information on the right, including a 'Switch Account' dropdown menu showing '123456-General Account' and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand sidebar contains a list of navigation options: Home, Specific Member Search, Register Member, Authorization Listing, Enter an Authorization Request (highlighted with a red box and a red arrow), Enter a Treatment Plan, View Clinical Drafts, Enter a Special Program Application, Complete Provider Forms, Enter a Comprehensive Service Plan, Claim Listing and Submission, Enter EAP CAF, Manage Users, Enter an Individual Plan, Enter Case Management Referral, Enter a Referral, Review Referrals, and Enter Bed Tracking. The main content area features a welcome message for 'PETER TUMNUS', a message center notification for '(8 NEW) Message' with an 'INBOX' icon, and a section titled 'WHAT DO YOU WANT TO DO TODAY?' containing several expandable menu items. The 'Enter or Review Authorization Requests' menu item is expanded, and its sub-item 'Enter an Authorization Request' is highlighted with a red box and a red arrow. Other menu items include 'Link/Unlink Accounts NEW', 'Eligibility and Benefits' (with sub-items 'Find a Specific Member' and 'Register a Member'), 'Enter or Review Claims' (with sub-items 'Enter a Claim', 'Enter EAP CAF', 'Review a Claim', 'View My Recent Provider Summary Vouchers', and 'PaySpan'), and 'Enter or Review Referrals' (with sub-items 'Enter a Referral' and 'Review Referrals').

Disclaimer



PROVIDERCONNECT
BEACON HEALTH OPTIONS

[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.

[Next](#)

Search a Member

PROVIDERCONNECT
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
▶ Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF
Manage Users

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 (No spaces or dashes)
Last Name
First Name
*Date of Birth (MMDDYYYY)
As of Date (MMDDYYYY)

Member Information

PROVIDERCONNECT
BEACON HEALTH OPTIONS

[ProviderConnect Home](#)

Demographics | Enrollment History | COB | Benefits | Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member		Eligibility	
Member ID	987654321	Effective Date	03/01/2004
Alternate ID	11111111	Expiration Date	
Member Name	ASLAN,SUSAN	COB Effective Date [?]	
Date of Birth	12/02/1979		
Address	5 WARDROBE WAY NARNIA, VA 12345		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1 - Self		
Gender	M - Male		

Subscriber	
Subscriber ID	1111111111
Subscriber Name	JAMES ROBERTS

Service Address

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

[ProviderConnect Home](#)

Provider

Provider ID: TUMNUS - 123456
Provider Last Name: TUMNUS
Provider First Name: PETER

Select Service Address

Provider		Vendor		
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
		First Name		Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input checked="" type="radio"/>	123456	PETER TUMNUS	0003	XYZ ABC
	TAX00001	14 BEAVER TRAIL NARNIA, VA 12345 -		14 BEAVER TRAIL NARNIA, VA 12345 -

[712345](#)

Requested Services Header

BEACON HEALTH OPTIONSProviderConnect Home

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)

*Level of Service

*Type of Service

*Level of Care

* Type of Care

Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456	TUMNUS	A00003	712345

Member

Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
987654321	ASLAN	SUSAN	120219791

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type:

Does this Document contain clinical information about the Member? Yes No

Click to attach a document Click to delete an attached document

Attached Document:

© 2016 Beacon Health Options® ProviderConnect v5.03.00

Review an Authorization

The screenshot displays the Beacon Health Options ProviderConnect interface. At the top, there is a navigation bar with the logo, a 'Switch Account' dropdown menu set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. The main content area features a welcome message for 'PETER TUMNUS' and a 'YOUR MESSAGE CENTER' section with 8 new messages. Below this, a 'WHAT DO YOU WANT TO DO TODAY?' section lists various actions. In the left sidebar, 'Authorization Listing' is highlighted with a red box and an arrow. In the main content area, 'Review an Authorization' is also highlighted with a red box and an arrow.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage
Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of

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 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](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)

- ▶ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
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 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)

INBOX SENT

Search Authorizations

ValueOptions Home Provider Home Contact Us Log Out

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Enter an Individual Plan
- Enter a Referral
- Review Referrals
- Enter Bed Tracking Information
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

Vendor ID

Member ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'

Authorization Search Results



[ValueOptions Home](#)
[Provider Home](#)
[Contact Us](#)
[Log Out](#)

- Home
- Specific Member Search
- Register Member
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- Enter an Authorization Request
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- Complete Provider Forms
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- Enter EAP CAF

- Manage Users
- Enter an Individual Plan
- Enter Case Management Referral
- Enter a Referral
- Review Referrals
- Enter Bed Tracking

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
01-123101-1-2	987654321	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		712345		Outpatient
04-111108-1-4	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		CST
01-011410-48-43	987654321	12/02/1979	12345	A00001	MENTAL HEALTH
	ASLAN, SUSAN		712345		Outpatient

Chapter

06

“We help people live their lives to the fullest potential.”

Our Commitment

Claims

beacon
health options

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 [ProviderConnect resource page](#)

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

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

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

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- ▶ [Enter Case Management Referral](#)

INBOX SENT

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 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
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- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)

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

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account **123456-General Account** ValueOptions Home Provider Home Contact Us Log Out

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INBOX **SENT**

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- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)

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ions

Batch Claim Submission

The screenshot displays the PROVIDERCONNECT BEACON HEALTH OPTIONS web interface. On the left is a navigation menu with links for Home, Submit Batch File, Search Files, and Exit. The main content area is titled "EDI Transactions" and contains two sections: "Batch Submission" and "Search Files". The "Batch Submission" section includes a red-bordered button labeled "Submit Batch File" with a red arrow pointing to it. The "Search Files" section includes a button labeled "Search Files". Below these sections is a note: "*Note: In order to activate your Provider account, please complete the [Account Request Form](#) and return it to Beacon Health Options. **Signature must be on file." Below the note is a section titled "Previous Claims File Batch Submissions" which contains a table with columns for Submission #, Result, Date Received, and Form #. The table lists two submissions: 0058040348 (Failed Validation) and 0057190346 (Passed Validation). Below this table is a section titled "Incoming Files" which contains a table with columns for File Name, Date Posted, and File Size. The table lists one file: 004a120313.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Home
Submit Batch File
Search Files
Exit

EDI Transactions

Batch Submission. To submit files, select the "Submit Batch File" button below.

Search Files. To find and review the status of submitted files, select the "Search Files" button below.

Submit Batch File Search Files

***Note:** In order to activate your Provider account, please complete the [Account Request Form](#) and return it to Beacon Health Options.
****Signature must be on file.**

Previous Claims File Batch Submissions

Submission #	Result	Date Received	Form #
0058040348	Failed Validation	01/04/2008 3:03:01 PM	ENC837i
0057190346	Passed Validation	01/02/2008 4:52:54 PM	837p

Incoming Files

File Name	Date Posted	File Size
004a120313	06/01/2005 05:11:49 PM	553020

Summary Page


ProviderConnect Home

Submission Status : ***** CASE ACTIVITY & BILLING FORM SUBMITTED SUCCESSFULLY *****

Your Case Activity & Billing Form has been successfully submitted.

Member Name SUSAN ASLAN	Member ID 987654321	Member DOB 12/02/1979	Subscriber Name SUSAN ASLAN	Subscriber ID 987654321
Authorization # 01-011410-48-43	Client Authorization # 0003541789	Claim # 01- 051810- 4065- 1		
Date of Admission/ Start of Services 05/18/2010	Requested From 05/18/2010	Submission Date 05/18/2010		
Level of Service EAP				
Provider Name & Address PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345	Provider ID 123456	Provider Alternate ID 712345	NPI Number	Vendor ID A00003

Claim Details

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	To-Pay	Status	Dollar Amount (\$)					Fund
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4					Allowed	Deductible	Pre-Paid	COIN	CoPay	
1	12/12/2008	12/12/2008	AEA 11	60		60.00	300.00	60.00	O	60.00	0.00	0.00	0.00	0.00	

Submission Printing Options
(For the best print results, please print in 'Landscape' format)

Print Submission Result
Print the Results page (this page)

Print Submission
Print the entire Submission

Download Submission
Download the Submission in a PDF file

Return to Provider Home
Return to the ProviderConnect homepage

acon
options

Chapter

07

“We help people live their lives to the fullest potential.”

Our Commitment

Provider Summary Vouchers

beacon
health options

Provider Summary Vouchers

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account **123456-General Account** ValueOptions Home Provider Home Contact Us Log Out

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On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile

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

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- ▶ [Enter Case Management Referral](#)

INBOX **SENT**

- ▶ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
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- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

Search by Provider

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Search By Provider Search By Check

Search Provider Summary Voucher by Provider Please disable the popup blocker to view the Summary Voucher.

Provider ID [?]

Tax ID [?] OR Vendor ID [?]

Check # (No spaces or alpha characters)

Paid Date Range [?] From Through (MMDDYYYY)

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------

communications
relations

Search by Check

Search By Provider **Search By Check** ←

Search Provider Summary Voucher by Check Please disable the popup blocker to view the Summary Voucher.

*Check # (No spaces or alpha characters) ←

*Check Amount

*Paid Date  (MMDDYYYY)

Search ←

health options

Provider Summary Voucher Results

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Search By Provider Search By Check

Search Provider Summary Voucher by Provider Please disable the popup blocker to view the Summary Voucher.

Provider ID ?

Tax ID ? OR Vendor ID ?

Check # (No spaces or alpha characters)

Paid Date Range ? From Through ? (MMDDYYYY)

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
View	PETER TUMNUS	00003	01/23/09	0000011111	120.00

Chapter

08

“We help people live their lives to the fullest potential.”

Our Commitment

Demographic Updates

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health options

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

The screenshot displays the ProviderConnect web application interface. At the top, the logo for PROVIDERCONNECT BEACON HEALTH OPTIONS is visible on the left, and navigation links for Switch Account, ValueOptions Home, Provider Home, Contact Us, and Log Out are on the right. The user is identified as PETER TUMNUS. A message center notification shows 8 new messages. The main content area is titled 'WHAT DO YOU WANT TO DO TODAY?' and lists various actions. A red box highlights the 'Update Demographic Information' link, with a red arrow pointing to it from the right.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

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

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- ▶ [Update ABA Paraprofessional Roster Information](#)

Demographic Update Features

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Provider Demographics

Provider Last Name: **TUMNUS** Provider First Name: **PETER**

Mailing Address: ?

ID:	123456	Identify any foreign language(s) or sign language that you use fluently in treating patients ?
Address:	123 Main st STE C ABC, VA 12345 Country: US	
Phone:	888 - 888 - 8888	
Fax:	888 - 888 - 8888	
Website address: ?		
ProviderConnect Email: ?	TESTEMAIL@BEACONHEALTHOPTIONS.COM	
Correspondence Email: ?	TESTEMAIL@GMAIL.COM	

Edit ?

Service Location Information ?

The list below shows the current Service Locations for the Provider shown above. If you would like to view the Service Address corresponding Billing Location, click the green "Show" tab to expand the selection.

Sort By: [ID](#) [Name](#) [City](#) [State](#) **Service Address** ? [Corresponding Billing Address](#) ?

1 ?	ID:	A0003	SHOW
	Provider Type:	CLINIC	
	Name:	PETER TUMNUS	BILLING LOCATION
Edit ? Remove ?	Address:	123 Main Street STE C ABC, VA 12345 Country: US	
	Phone:	(888) 888 - 8888	
	Fax:	(777) 777 - 7777	

Office Hours: **Hide Details**

Accepting New patients
Email, Website,
Disability Access

Monday	Tuesday
From 8:30am	8:30am
To 5:30pm	5:30pm
Wednesday	Thursday
From 8:30am	8:30am
To 5:30pm	5:30pm
Friday	Saturday
From 8:30am	
To 5:30pm	
Sunday	
From	
To	

Attestation

Chapter

09

“We help people live their lives to the fullest potential.”

Our Commitment

Additional Resources and Information

beacon
health options

Helpful Resources

HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDER PORTAL

Provider Portal

Provider Portal

There is now a single point of entry for our provider portals.

ADDITIONAL RESOURCES

ProviderConnect

Makes routine tasks such as updating demographic information, processing claims, obtaining claims information, and verifying eligibility status easy and convenient.

> For more information, visit the [ProviderConnect resource page](#)

eServices

Available for specific Beacon health plan contracts, the eServices Portal provides easy and secure access to a host of clinical, administrative, and patient information.

> For more information, visit the [eServices page](#)

PROVIDERS

- Home Dashboard
- Provider Portal** -
- ProviderConnect
- eServices & EDI
- Forms +
- Provider Handbook +
- Important Tools +
- Network-Specific Info
- Contact 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	EDI Helpdesk Monday through Friday, 8 a.m.-6 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	National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team	

Utilization Management Service Count UPDATE!

Utilization Management Policy -

Services up to session 25 do not require an authorization. Sessions 26+ require an authorization.

Update! Sessions are counted fiscal year (July 1 – June 30)

Any authorizations you currently have for members will expire 6/30/2021 & the new count will begin July 1, 2021.

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!!

It's easy to join our mailing list!

Just send your email address by text message:

Text
BEACONHEALTH
to **22828** to get started.

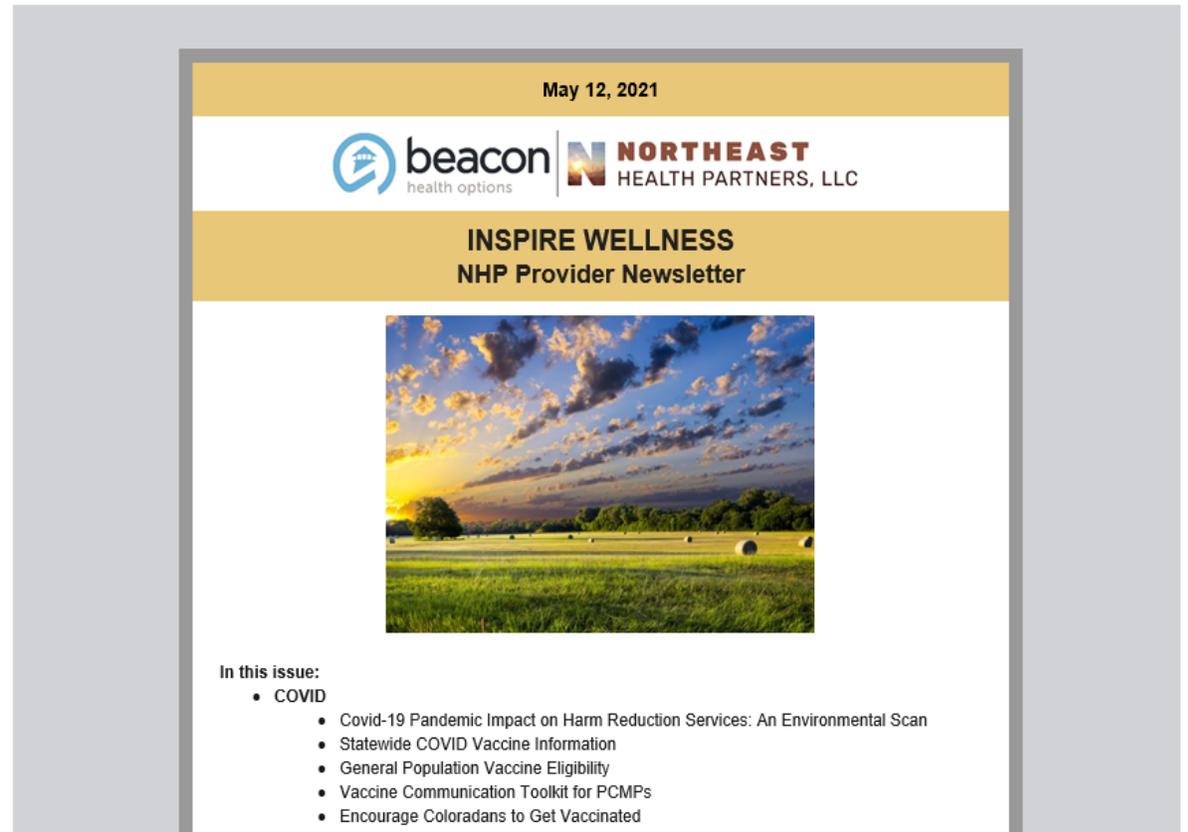


Message and data rates may apply.

Wed 5/12/2021 7:02 AM

Beacon Health Options Provider Relations <coproviderrelations@beaconhealthoptions.com>

NHP Provider Newsletter 5.12.2021



Upcoming Trainings

**The Next RAE Roundtable – The 2nd Friday of the
month
7/9/2021 @ 11am**

Thank You

Contact Us



 888-502-4189

 www.northeasthealthpartners.org

 northeasthealthpartners@beaconhealthoptions.com

 <https://www.facebook.com/northeasthealthpartners.org/>

 888-502-4185

 www.healthcoloradae.com

 healthcolorado@beaconhealthoptions.com

 <https://www.facebook.com/healthcoloradae/>