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.
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 ProviderConnect℠
<table>
<thead>
<tr>
<th></th>
<th>Agenda</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Services and Benefits</td>
</tr>
<tr>
<td>2</td>
<td>Projects and Initiatives</td>
</tr>
<tr>
<td>3</td>
<td>Accessing Our Provider Portal</td>
</tr>
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<td>4</td>
<td>Member Eligibility and Benefits</td>
</tr>
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<td>5</td>
<td>Authorizations</td>
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<td>6</td>
<td>Claims</td>
</tr>
<tr>
<td>7</td>
<td>Provider Summary Vouchers</td>
</tr>
<tr>
<td>8</td>
<td>Demographic Updates</td>
</tr>
<tr>
<td>9</td>
<td>Additional Resources and Information</td>
</tr>
</tbody>
</table>
Chapter 01

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

Our Commitment

Services and Benefits
## Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify member benefits and eligibility</td>
<td>View and print forms</td>
</tr>
<tr>
<td>Request and view authorizations</td>
<td>Download and print authorization letters</td>
</tr>
<tr>
<td>Submit claims and view status</td>
<td>Access Provider Summary Vouchers (PSV)</td>
</tr>
<tr>
<td>Submit updates to provider demographic information</td>
<td>Submit credentialing applications</td>
</tr>
<tr>
<td>Submit customer service inquiries</td>
<td>Access ProviderConnect message center</td>
</tr>
</tbody>
</table>

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

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

**INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES**
“We help people live their lives to the fullest potential.”

Our Commitment

Projects and Initiatives
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:
  
  o Submission of claims
  o Submission of authorization requests
  o Verification of eligibility inquiries
  o Submission of credentialing applications
  o Updating of provider information
  o Electronic fund transfer through Payspan®
Payspan Required for EFT

• Providers must use Payspan EFT for electronic fund transfer

• Benefits:
  o Receive payments automatically to bank account of choice
  o Email notifications immediately upon payment
  o View remittance advices online and download an 835 file to use for auto-posting purposes.
Registering

• Two registration options:
  o Click the Payspan link in ProviderConnect
  o Visit PayspanHealth.com or call 877-331-7154
• Have registration code and PIN from the payment stub of a paper check handy
  o 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
Chapter 03

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

Our Commitment

Accessing our Provider Portal
How to Access our Provider Portal
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.
How to Access our Provider Portal

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
Logging into ProviderConnect

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?

Forgot Password

Enter your username to begin.

Username

SUBMIT

BACK TO LOGIN
User ID

• User ID is required
Option 1: Answer Secret Question

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*
- One uppercase letter
- One lowercase letter
- One number

Confirm New Password*
- One special character
- 8-20 characters long
- Passwords must match

SUBMIT

BACK TO LOGIN
Password Changed

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
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
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.
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
Find a Specific Member
Member Eligibility
Member Demographics
Member Enrollment History
Member Benefits

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.

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

- View Member Auths
- View Member Claims
- View Empire Claims
- View GHI-BMP Claims
- Enter Auth/Notification Request
- Send Inquiry
## Member Benefits

**Search Benefits**

**Benefit Name:**
- 23 Hour Observation Bed
- 72 Hour Observation Bed
- Ambulance
- Applied Behavioral Analysis (ABA)

**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.

**Benefit Details**

Show All | Hide All

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>Covered</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA)</td>
<td>Covered</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>Covered</td>
</tr>
<tr>
<td>Consultation on Medical Floor</td>
<td>Covered</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>Covered</td>
</tr>
<tr>
<td>Crisis Psychotherapy</td>
<td>Covered</td>
</tr>
<tr>
<td>Detoxification</td>
<td>Covered</td>
</tr>
</tbody>
</table>
Chapter 05

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

Our Commitment

Authorizations
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.healthcoloradorae.com/providers/provider-resources/
Enter an Authorization Request

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

Your Message Center (E-Mail) Message

Click on inbox to view your messages

What do you want to do today?

- Link/Unlink Accounts
- 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
- Enter or Review Claims
  - Enter a Claim
  - Enter EAP CAP
  - Review a Claim
  - View My Recent Provider Summary Vouchers
  - Pay/Stop
- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals

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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 pending or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.
Search a Member
Member Information

Member ID: 987854321
Alternate ID: 11111111
Member Name: ASLAN, SUSAN
Date of Birth: 12/02/1979
Address: 5 WARDROBE WAY
NARHIA, VA 12345
Alternate Address: 
Marital Status: 
Home Phone: 
Work Phone: 
Relationship: I - Self
Gender: M - Male

Eligibility
Effective Date: 03/01/2004
Expiration Date: 
COB Effective Date: 

Subscriber
Subscriber ID: 1111111111
Subscriber Name: JAMES ROBERTS

Next
Notify of Admission
## Service Address

### Provider Connect

![Screen Shot of Provider Connect](image)

#### Provider Information
- **Provider ID**: TUMNUS - 123456
- **Provider Last Name**: TUMNUS
- **Provider First Name**: PETER

#### Select Service Address

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Vendor ID</th>
<th>Vendor Last Name</th>
<th>Vendor First Name</th>
<th>Service Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>PETER</td>
<td>TUMNUS</td>
<td>00003</td>
<td>XYZ</td>
<td>ABC</td>
<td>14 BEAVER TRAIL</td>
</tr>
<tr>
<td>TAX00001</td>
<td>NARHIA</td>
<td>VA 12345</td>
<td></td>
<td></td>
<td></td>
<td>NARHIA, VA 12345</td>
</tr>
<tr>
<td>71245</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Next]
Requested Services Header

At fields marked with an asterisk (*) are required.
Note: Disable popup blocker functionality to view all appropriate links.

Requested Start Date (MM/DD/YYYY): 10/01/2013

Level of Service: OUTPATIENT

Type of Service: MENTAL HEALTH

Level of Care: OUTPATIENT

Type of Care: BEHAVIORAL

Provider:
- Tax ID: 0000001
- Provider ID: 123456
- Provider Last Name: TUMANS
- Vendor ID: A00003
- Provider Alternate ID: 713256

Member:
- Member ID: 987654321
- Last Name: ASLAN
- First Name: SUSAN
- Date of Birth (MM/DD/YYYY): 12/02/1991

Attach a Document:
Complete the form below to attach a document with this Request.

Document Types:
- [ ] Does this Document contain clinical information about the Member?

Document Description:
- Select...

Attached Documents:
- [ ] Upload File
- [ ] Delete

© 2016 Beacon Health Options® ProviderConnect v5.02.00
Review an Authorization

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

WHAT DO YOU WANT TO DO TODAY?
- Link/Unlink Accounts
- 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
- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- Update Demographic Information
- Update Roster Information
- Update ABA Paraprofessional Roster Information
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.

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider ID</td>
<td>123456</td>
</tr>
<tr>
<td>Vendor ID</td>
<td></td>
</tr>
<tr>
<td>Member ID</td>
<td></td>
</tr>
<tr>
<td>Authorization #</td>
<td></td>
</tr>
<tr>
<td>Client Authorization #</td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>09162009</td>
</tr>
<tr>
<td>Expiration Date</td>
<td>09162009</td>
</tr>
</tbody>
</table>

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       | 09162009 |
Activity Date To         | 09162009 |
Delimiter Type (*)        | Comma ',' |
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.

<table>
<thead>
<tr>
<th>Auth # Y</th>
<th>Member ID</th>
<th>Member Name</th>
<th>Member DOB</th>
<th>Provider ID</th>
<th>Provider Alt. ID</th>
<th>Alternate Provider</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
<td>1131245</td>
<td>12245</td>
<td>A00001</td>
</tr>
<tr>
<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
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<td>11245</td>
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<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
<td>1131245</td>
<td>12245</td>
<td>A00001</td>
</tr>
<tr>
<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
<td>1131245</td>
<td>12245</td>
<td>A00001</td>
</tr>
<tr>
<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
<td>1131245</td>
<td>12245</td>
<td>A00001</td>
</tr>
<tr>
<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
<td>1131245</td>
<td>12245</td>
<td>A00001</td>
</tr>
<tr>
<td>01-02232011-1-3</td>
<td>967654321</td>
<td>ASLAN, SUSAN</td>
<td>12/00/1979</td>
<td>11245</td>
<td>1131245</td>
<td>12245</td>
<td>A00001</td>
</tr>
</tbody>
</table>

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

Our Commitment

Claims
Tips for Claim Submission Success

• When submitting any claim, be sure to complete all required fields
  o Providers: Tips for completing the CMS-1500 or UB04 located under Administrative Forms
  o Direct claim submission: Required fields designated with an asterisk (*)
  o 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

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

WHAT DO YOU WANT TO DO TODAY?
- Link/Unlink Accounts
- 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 or Review Claims
  - Enter a Claim
  - Enter EAP CAF
  - Review a Claim
- Review 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
- Update ABA Paraprofessional Roster Information

Enter ProviderConnect

Click an inbox to view your messages

INBOX

DIRECT CLAIM SUBMISSION
Batch Claim Submission

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

EDI Transactions

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

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

*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

<table>
<thead>
<tr>
<th>Submission #</th>
<th>Result</th>
<th>Date Received</th>
<th>Form #</th>
</tr>
</thead>
<tbody>
<tr>
<td>005800020016</td>
<td>Failed Validation</td>
<td>04/04/2008 3:03:04 PM</td>
<td>EN0157</td>
</tr>
<tr>
<td>007120019016</td>
<td>Passed Validation</td>
<td>04/02/2008 6:12:04 PM</td>
<td>837p</td>
</tr>
</tbody>
</table>

Incoming Files

<table>
<thead>
<tr>
<th>File Name</th>
<th>Date Posted</th>
<th>File Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0042002013</td>
<td>06/01/2005 05:11:49 PM</td>
<td>553620</td>
</tr>
</tbody>
</table>
**Case Activity & Billing Form Submitted Successfully**

**Member Information**
- **Name:** SUSAN ASLAN
- **Member ID:** 087854221
- **DOB:** 11/02/1978
- **Subscriber Name:** SUSAN ASLAN
- **Subscriber ID:** 087854221

**Authorization Information**
- **Authorization #:** 01-011410-48-43
- **Client Authorization #:** 0003341209
- **Claim #:** 01-033810-4603-1

**Services**
- **Start Date:** 05/18/2010
- **End Date:** 05/18/2010

**Level of Service**
- **EAP**

**Provider Information**
- **Name:** PETER EDHUS
- **ID:** 123492
- **Provider Alternate ID:** 713248
- **NPI Number:** 890003

**Claim Details**

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Service Code</th>
<th>Modifying Code</th>
<th>Modifying Code 2</th>
<th>Charge Amount ($)</th>
<th>Diagnosis Code</th>
<th>Modifier Code</th>
<th>Payment Amount ($)</th>
<th>Total Payment Amount ($)</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/18/2010</td>
<td>55</td>
<td>010</td>
<td>02</td>
<td>50.00</td>
<td>200</td>
<td>00</td>
<td>50.00</td>
<td>50.00</td>
<td></td>
</tr>
</tbody>
</table>

**Submission Printing Options**

- **Print Submission Result**
- **Print Submission**
- **Download Submission**
- **Return to Provider Connect Homepage**
“We help people live their lives to the fullest potential.”

Our Commitment
Provider Summary Vouchers
Search by Provider

Search Provider Summary Voucher by Provider

Please disable the popup blocker to view the Summary Voucher.

Provider ID

Tax ID

Check #

Paid Date Range

From 11152014 Through 12152014

Search

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.
Search by Check
Provider Summary Voucher Results

Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

<table>
<thead>
<tr>
<th>Select</th>
<th>Vendor Name</th>
<th>Vendor Number</th>
<th>Paid Date</th>
<th>Check Number</th>
<th>Check Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PETER TUMNUS</td>
<td>00003</td>
<td>01/23/09</td>
<td>0000011111</td>
<td>120.00</td>
</tr>
</tbody>
</table>
Chapter 08

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

Our Commitment

Demographic Updates
Demographic Updates

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

<table>
<thead>
<tr>
<th>Phone numbers</th>
<th>Fax numbers</th>
<th>Email addresses</th>
<th>Website URLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing addresses</td>
<td>Mailing address</td>
<td>Disability access</td>
<td>Office hours</td>
</tr>
<tr>
<td>Service addresses</td>
<td>Foreign languages</td>
<td>Accepting new patients</td>
<td>Update Tax ID with W9 upload*</td>
</tr>
</tbody>
</table>

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

- If unable to update demographic information online, contact Beacon for assistance
Demographic Update Features
Demographic Update Features
"We help people live their lives to the fullest potential."

Our Commitment
Helpful Resources

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.
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
| Website and EDI | EDI Helpdesk  
Wednesday 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 |
| Provider Relations | National Provider Services Line  
Monday through Friday, 8 a.m.-8 p.m. ET  
Phone: 800-397-1630  
Regional Provider Relations Team |
|                | Unable to locate your registration code?  
Email: corporatefinance@beaconhealthoptions.com  
Reply will be received within three business days |
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.
Upcoming Trainings

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