

# Thank You

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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

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# 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:



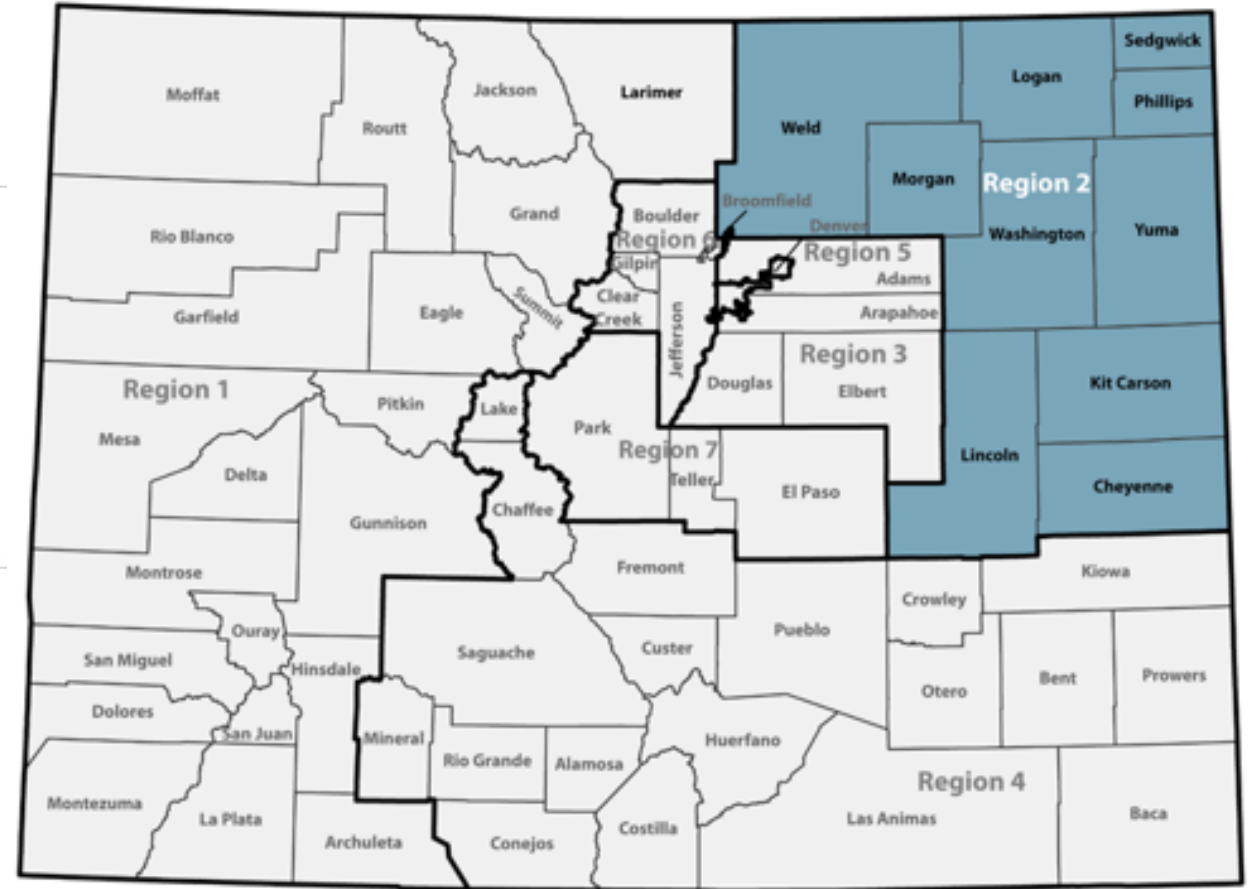
CMHCs:

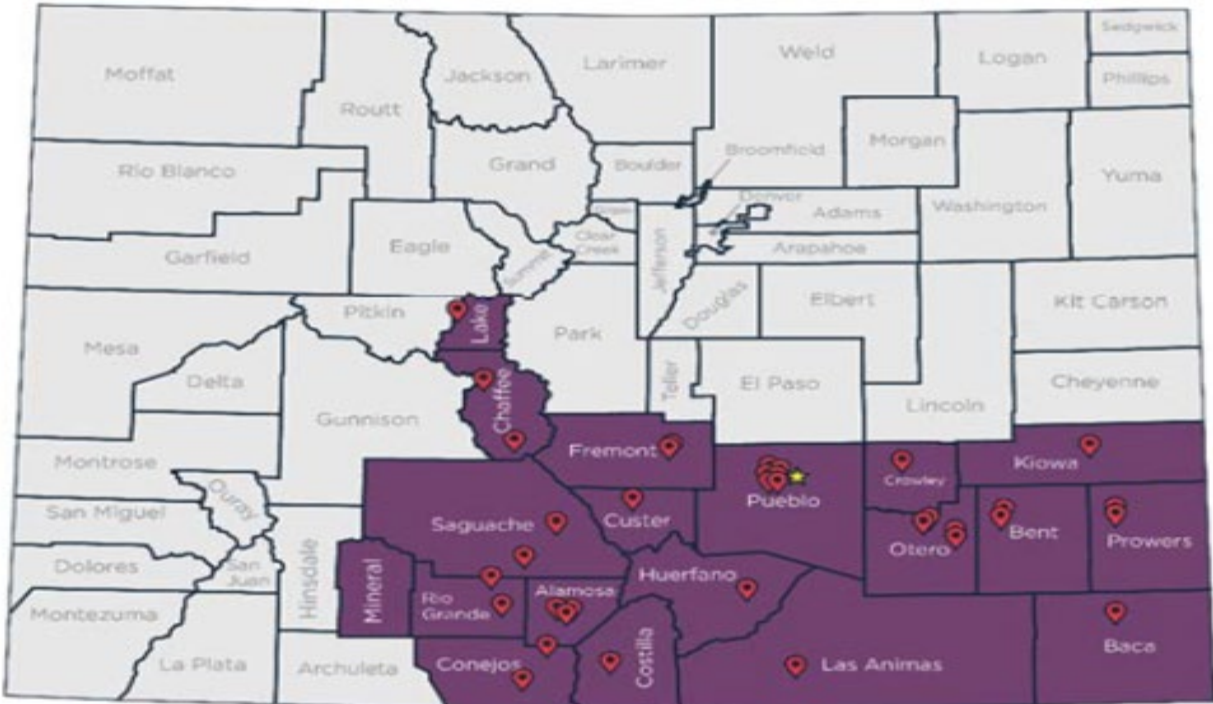


Administrative Service Organization:



## 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 ProviderConnect<sup>SM</sup>

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# 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

## Services and Benefits

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

Our Commitment





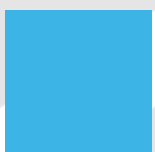
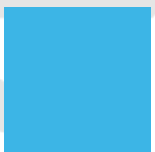
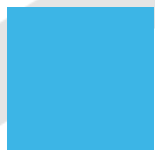

beacon  
health options

# Services

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

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

# 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](http://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](http://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](http://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  
Lafayette, 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](http://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](http://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

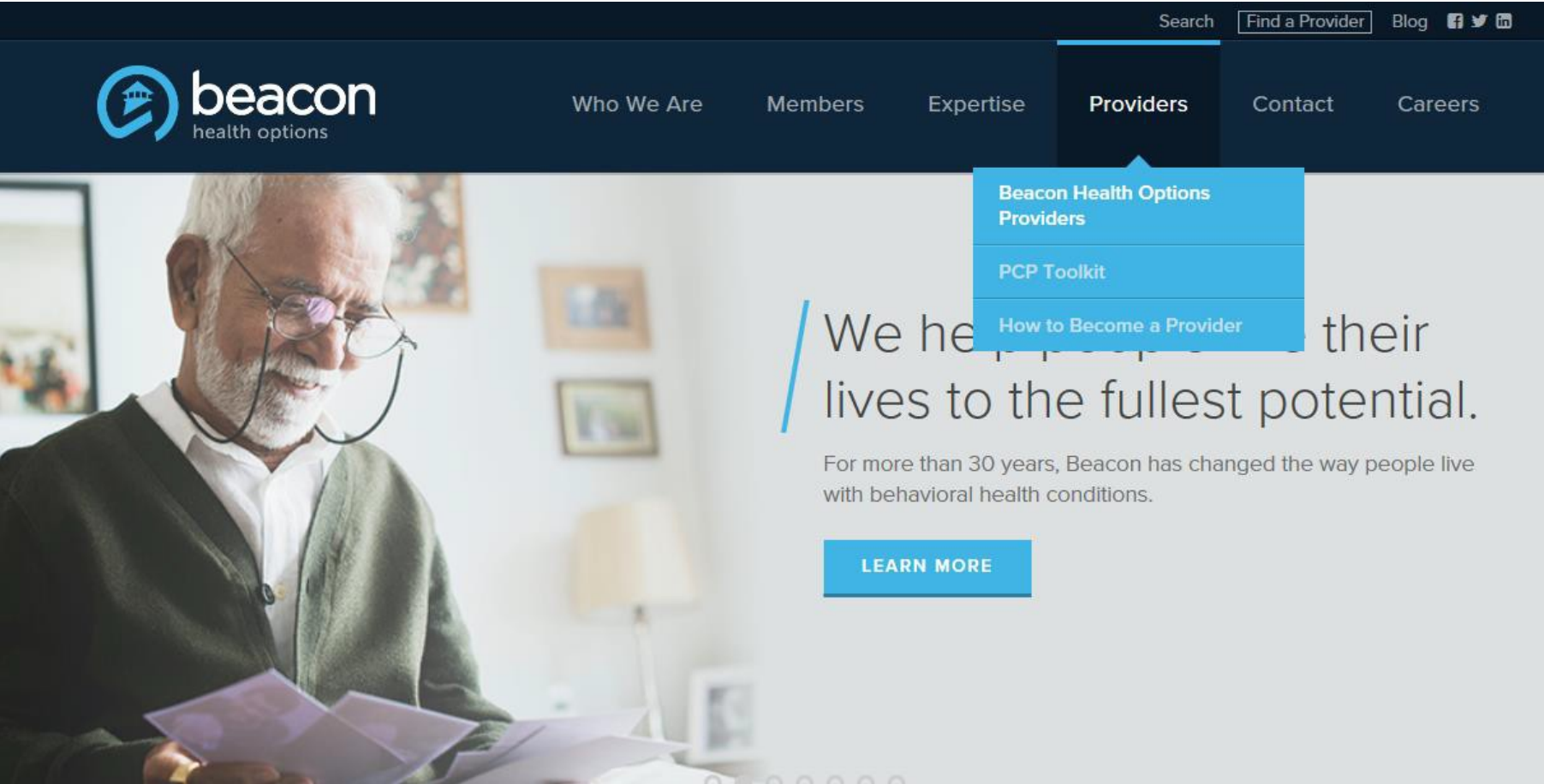
“We help people live  
their lives to the  
fullest potential.”

Our Commitment

## Accessing our Provider Portal

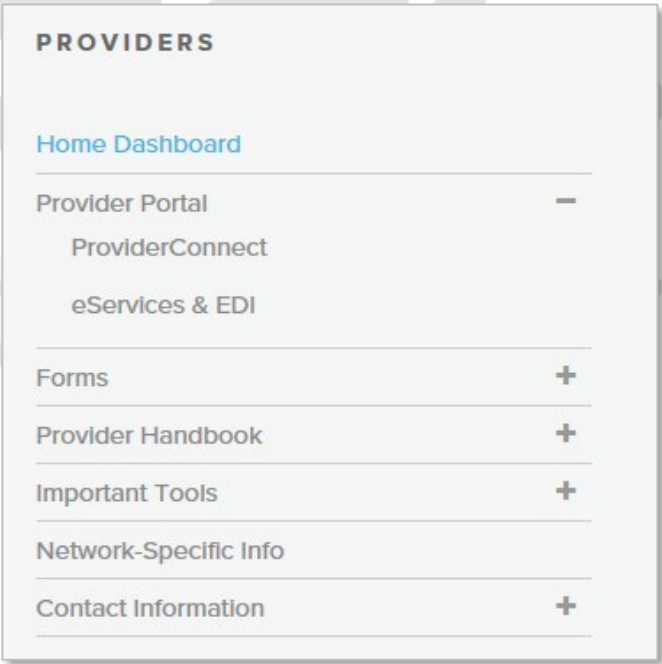
beacon  
health options

# How to Access our Provider Portal



# How to Access our Provider Portal

- Go to [www.BeaconHealthOptions.com](http://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

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 +


 beacon

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HEALTH PARTNERS, LLC

 **Health**  
COLORADO




20

# Logging into ProviderConnect



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

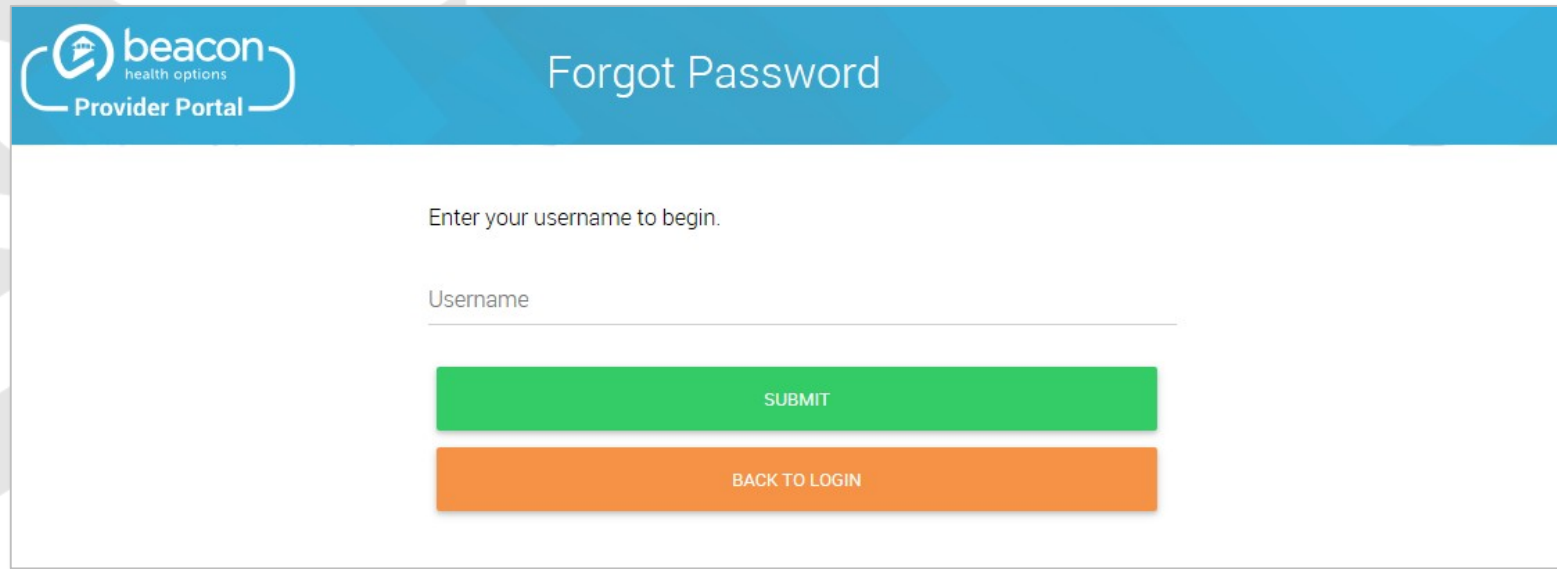
Username [Forgot Username](#)

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. The top header is blue with the Beacon Health Options logo on the left and the title 'Forgot Password' on the right. Below the header, the text 'Enter your username to begin.' is displayed. A text input field labeled 'Username' is provided. Below the input field are two buttons: a green 'SUBMIT' button and an orange 'BACK TO LOGIN' button.

beacon health options  
Provider Portal

Forgot Password

Enter your username to begin.

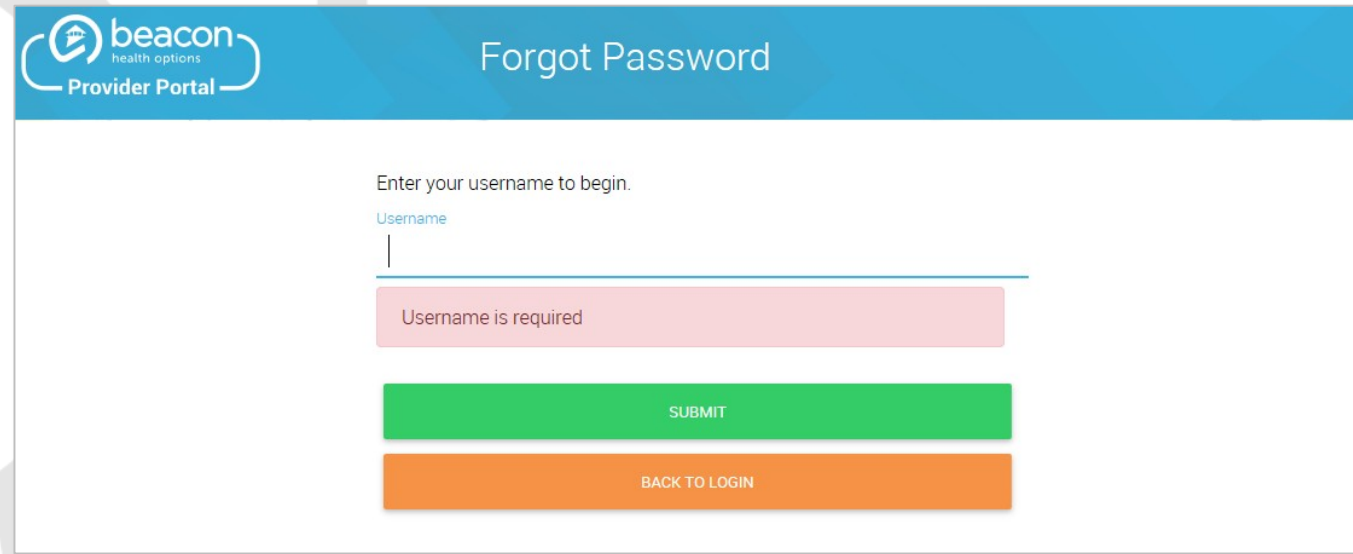
Username

SUBMIT

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\*

☐ 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



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

**Password Reset Successfully**

Continue below with your username and new password.

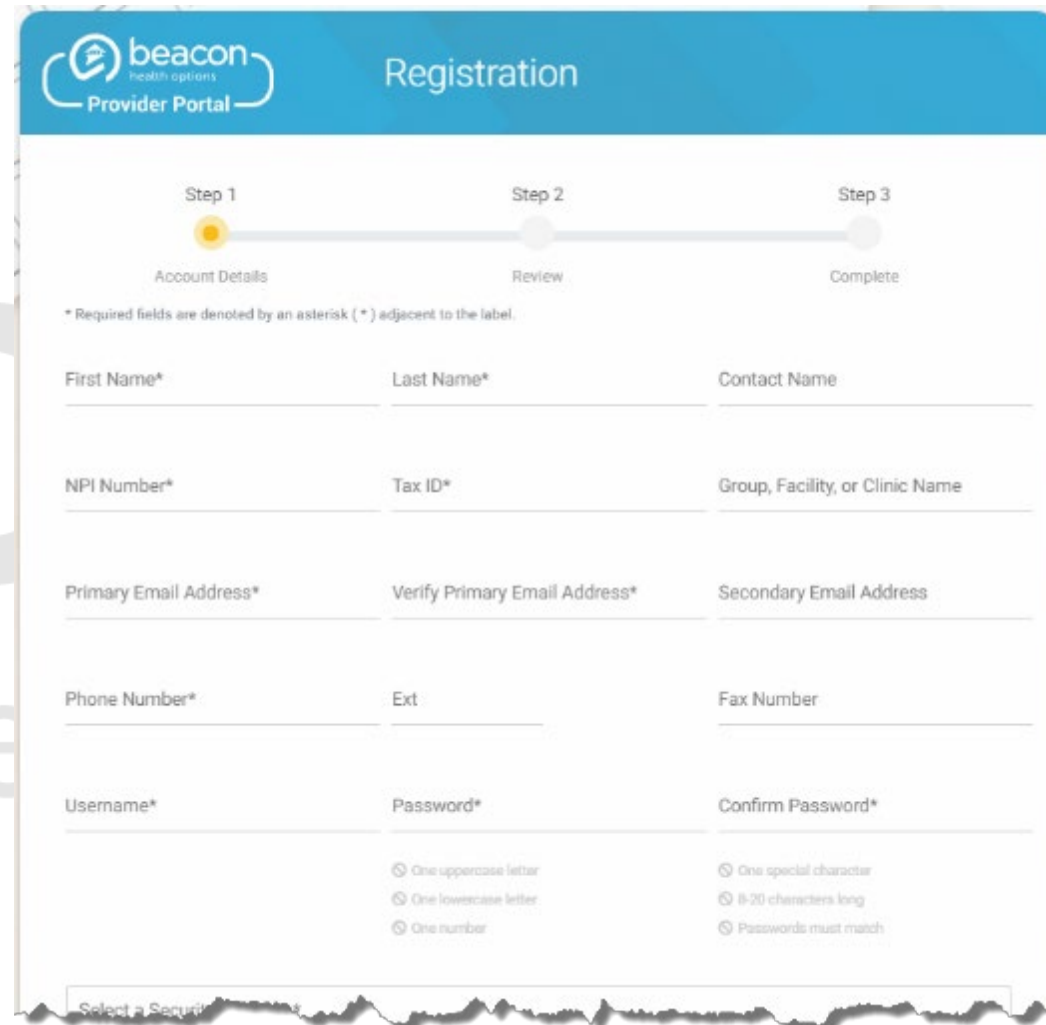
Username [Forgot Username](#)

Password [Forgot Password](#)

LOGIN

# New User?

- Register online



The screenshot shows the 'Registration' page of the 'beacon health options Provider Portal'. At the top, there's a blue header with the logo and the title 'Registration'. Below the header, a progress bar indicates three steps: Step 1 (Account Details, highlighted with a yellow dot), Step 2 (Review), and Step 3 (Complete). A note states: '\* Required fields are denoted by an asterisk ( \* ) adjacent to the label.' The form fields are organized into three columns:

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

Below the Password\* field, there are four requirements listed with icons: One uppercase letter, One lowercase letter, One number, and One special character. To the right of these, there are two more requirements: 8-20 characters long and Passwords must match. At the bottom, there is a dropdown menu labeled '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.

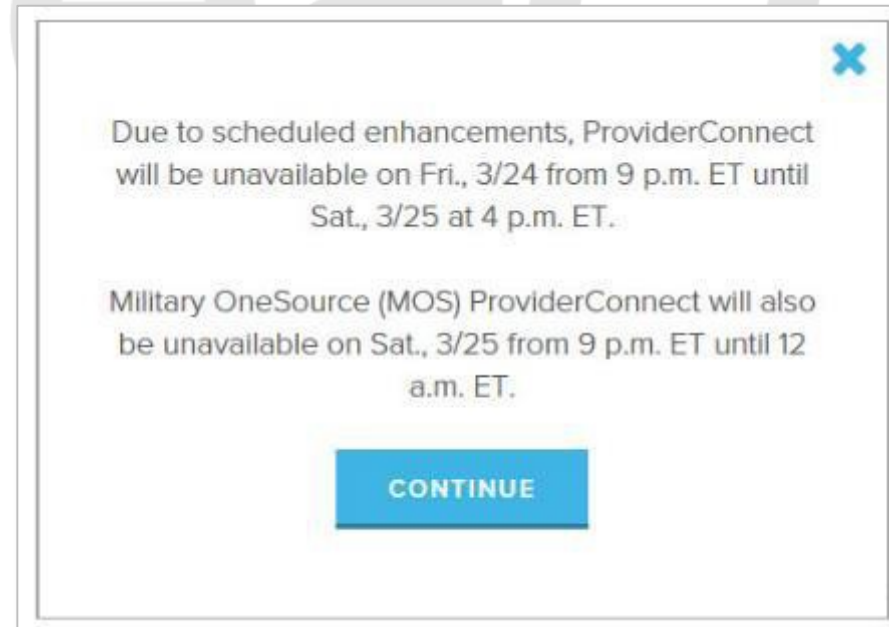
The [ProviderConnect User Guide](#)  outlines the steps to using the various functions within ProviderConnect. Providers are encouraged to carefully review the ProviderConnect User Guide to help answer any questions on how to use the ProviderConnect application.

### PROVIDERS

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

# 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

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)
<input type="button" value="Search"/>		



# Member Demographics



PROVIDERCONNECT  
BEACON HEALTH OPTIONS

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

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

# Member Enrollment History

**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 SAR CAS

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**

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

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

[Benefits](#)

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:

Enter benefit name.

☐ 23 Hour Observation Bed

☐ 72 Hour Observation Bed

☐ Ambulance

☐ Applied Behavioral Analysis (ABA)

Check all | Uncheck all | Invert select

Benefits as of: ?

09/30/2016

Search

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

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Health  
COLORADO

36

Chapter

# 05

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

Our Commitment

## Authorizations

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health options

# 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 Beacon Health Options ProviderConnect web application. The top navigation bar includes the logo, a 'Switch Account' dropdown menu showing '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. The left sidebar lists various functions, with 'Enter an Authorization Request' highlighted by a red box and a red arrow. The main content area features a welcome message for 'PETER TUMNUS', a message center notification for '(8 NEW) Message', and a section titled 'WHAT DO YOU WANT TO DO TODAY?'. This section contains several expandable categories: 'Link/Unlink Accounts' (NEW), 'Eligibility and Benefits' (with sub-links for 'Find a Specific Member' and 'Register a Member'), 'Enter or Review Authorization Requests' (with 'Enter an Authorization Request' highlighted by a red box and a red arrow), 'Enter or Review Claims' (with sub-links for 'Enter a Claim', 'Enter EAP CAF', 'Review a Claim', 'View My Recent Provider Summary Vouchers', and 'PaySpan'), and 'Enter or Review Referrals' (with sub-links for 'Enter a Referral' and 'Review Referrals'). Icons for 'INBOX' and 'SENT' messages are also visible.

# 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 pending 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

Member ID

987654321

Alternate ID

11111111

Member Name

ASLAN,SUSAN

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

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

**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	00003	XYZ ABC
	TAX00001	14 BEAVER TRAIL  NARNIA, VA 12345 -		14 BEAVER TRAIL  NARNIA, VA 12345 -

[712345](#)

Back

Next

# Requested Services Header

 **PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

ProviderConnect 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)  
10012015

\*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  
TUMNUS

Vendor ID  
A00003

Provider Alternate ID  
[712345](#)

Member

Member ID  
987654321

Last Name  
ASLAN

First Name  
SUSAN

Date of Birth (MMDDYYYY)  
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 ☐

\*Document Description  
SELECT...

UploadFile Click to attach a document

Delete Click to delete an attached document

Attached Document:

Back

Next

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# Review an Authorization

**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](#)

**INBOX** **SENT**

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

# Search Authorizations

**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](#)  
[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

**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](#)  
[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	
<a href="#">01-02232011-1-3</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		<a href="#">712345</a>		EAP
<a href="#">01-042210-1-10</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		<a href="#">712345</a>		Inpatient
<a href="#">01-123101-1-2</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		<a href="#">712345</a>		Outpatient
<a href="#">04-111108-1-4</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		<a href="#">712345</a>		CST
<a href="#">01-011410-48-43</a>	<a href="#">987654321</a>	12/02/1979	12345	A00001	MENTAL HEALTH
	ASLAN, SUSAN		<a href="#">712345</a>		Outpatient



Chapter

# 06

## Claims

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

Our Commitment

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

The screenshot displays the Beacon Health Options ProviderConnect interface. At the top, a navigation bar includes the logo, a 'Switch Account' dropdown set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand sidebar lists various user functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', and 'Claim Listing and Submission'. 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 presents several categorized links. A red arrow points to the 'Enter a Claim' link under the 'Enter or Review Claims' category.

**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
- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update Demographic Information
- 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

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

INBOX SENT

# Batch Claim Submission



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.

Submit Batch File

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

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 #
<a href="#">0058040348</a>	Failed Validation	01/04/2008 3:03:01 PM	ENC837i
<a href="#">0057190346</a>	Passed Validation	01/02/2008 4:52:54 PM	837p

### Incoming Files

File Name	Date Posted	File Size
<a href="#">004a120313</a>	06/01/2005 05:11:49 PM	553020

# Summary Page

 PROVIDERCONNECT  
BEACON HEALTH OPTIONS

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



# Provider Summary Vouchers



PROVIDERCONNECT  
BEACON HEALTH OPTIONS

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 Information Form

My Online Profile

Switch Account123456-General Account

ValueOptions Home

Provider Home

Contact Us

Log Out

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

Enter or Review Referrals

- Enter a Referral
- Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

Update Demographic Information


Update Roster Information


Update ABA Paraprofessional Roster Information


View My Recent Authorization Letters

INBOX

SENT

 beacon

 NORTHEAST  
HEALTH PARTNERS, LLC

 Health  
COLORADO

57

# 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 ?  
Check #  
Paid Date Range ?

COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM)

OR Vendor ID ?

(No spaces or alpha characters)


From 11152014 Through 12152014 (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
--------	-------------	---------------	-----------	--------------	--------------

 beacon

 NORTHEAST  
HEALTH PARTNERS, LLC

 Health  
COLORADO

58

# 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 #  
\*Check Amount  
\*Paid Date

(No spaces or alpha characters)

 (MMDDYYYY)

Search

# 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 ?

Check #

Paid Date Range ?

COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM)

OR 

Vendor ID ?

(No spaces or alpha characters)

From 11152014

Through 12152014

(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
<div><div>View</div></div>	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

beacon  
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

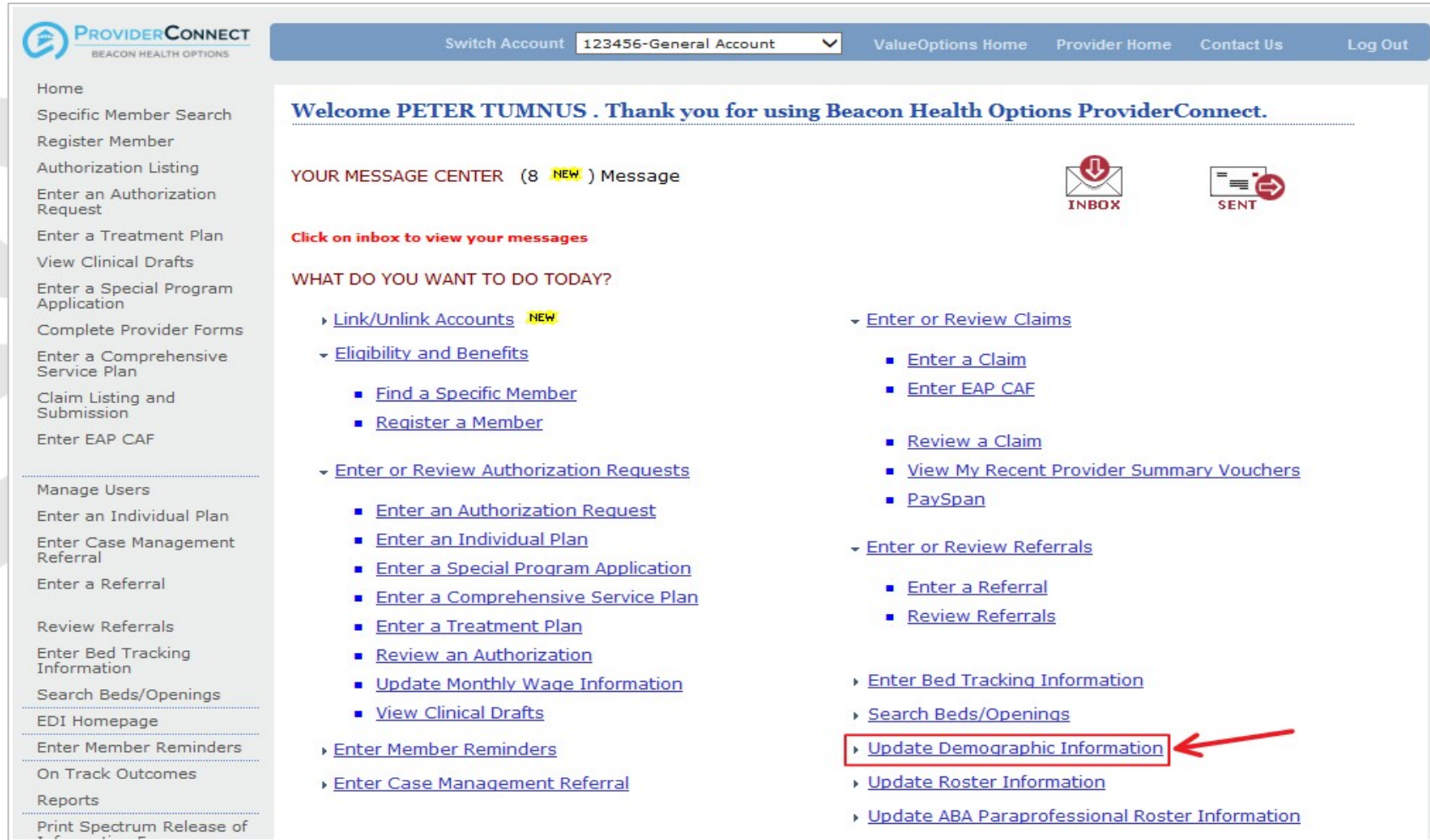
Phone numbers	Fax numbers	Email addresses	Website URLs
Billing addresses	Mailing address	Disability access	Office hours
Service addresses	Foreign languages	Accepting new patients	Update Tax ID with W9 upload*

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

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



# Demographic Update Features



**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  
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  - Search Beds/Opening
  - Update Demographic Information**
  - Update Roster Information
  - Update ABA Paraprofessional Roster Information



**PROVIDERCONNECT**  
 BEACON HEALTH OPTIONS






---

## Provider Demographics

Provider Last Name  
**TUMNUS**

Provider First Name  
**PETER**








Mailing Address: 


 <b>Edit</b>	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	

### 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 																																			
<div>  </div> <div> <table border="1"> <tr> <td>ID:</td> <td>A00003</td> </tr> <tr> <td>Provider Type:</td> <td>CLINIC</td> </tr> <tr> <td>Name:</td> <td>PETER TUMNUS</td> </tr> <tr> <td>Address:</td> <td>123 Main Street STE C ABC, VA 12345 Country: US</td> </tr> <tr> <td>Phone:</td> <td>(888) 888 - 8888</td> </tr> <tr> <td>Fax:</td> <td>(777) 777 - 7777</td> </tr> </table> </div> <div> <div>   </div> <div> <b>Edit</b> <b>Remove</b> </div> </div> <div>       Office Hours:        Accepting New patients        Email, Website,        Disability Access     </div> <div>       Hide Details     </div> <div> <table border="1"> <tr> <td>Monday</td> <td>Tuesday</td> </tr> <tr> <td>From 8:30am</td> <td>8:30am</td> </tr> <tr> <td>To 5:30pm</td> <td>5:30pm</td> </tr> <tr> <td>Wednesday</td> <td>Thursday</td> </tr> <tr> <td>From 8:30am</td> <td>8:30am</td> </tr> <tr> <td>To 5:30pm</td> <td>5:30pm</td> </tr> <tr> <td>Friday</td> <td>Saturday</td> </tr> <tr> <td>From 8:30am</td> <td></td> </tr> <tr> <td>To 5:30pm</td> <td></td> </tr> <tr> <td>Sunday</td> <td></td> </tr> <tr> <td>From</td> <td></td> </tr> <tr> <td>To</td> <td></td> </tr> </table> </div>	ID:	A00003	Provider Type:	CLINIC	Name:	PETER TUMNUS	Address:	123 Main Street STE C ABC, VA 12345 Country: US	Phone:	(888) 888 - 8888	Fax:	(777) 777 - 7777	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		<div>  <b>SHOW</b> </div> <div>  <b>BILLING LOCATION</b> </div>
ID:	A00003																																				
Provider Type:	CLINIC																																				
Name:	PETER TUMNUS																																				
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Phone:	(888) 888 - 8888																																				
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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

# 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 <a href="mailto:e-supportservices@beaconhealthoptions.com">e-supportservices@beaconhealthoptions.com</a>	
PaySpan	PaySpan Registration Provider Support 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	National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 <a href="#">Regional Provider Relations Team</a>	

# 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.

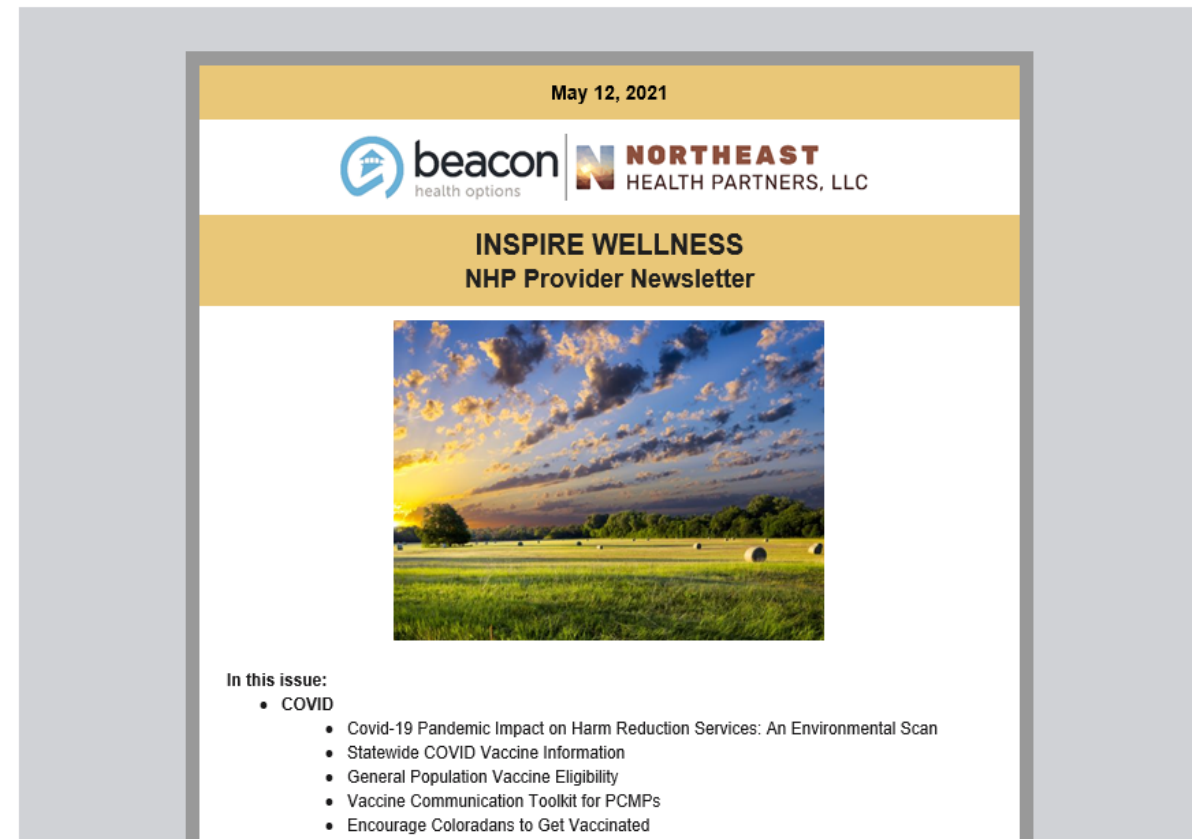


Message and data rates may apply.

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 2<sup>nd</sup> Friday of the  
month**


**7/9/2021 @ 11am**

# Thank You

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## Contact Us




 888-502-4189

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