



Today we are Carelon Behavioral Health. We are working on updating all documents, but some historic references to Beacon may remain.

Our name may be new, but our commitment to you remains the same.



Beacon Health Options eServices Provider Manual

eSERVICES | www.beaconhealthoptions.com



TABLE OF CONTENTS

- INTRODUCTION TO BEACON HEALTH OPTIONS 3**
- BEACON eSERVICES 3**
- ELECTRONIC DATA INTERCHANGE 3**
- EDI AND eSERVICES USER ACCESS TO PROTECTED HEALTH INFORMATION 4**
- REGISTER TO OPEN AN eSERVICES ACCOUNT 4**
 - Registration Step 1: Practice/Organization Identification 5
 - Registration Step 2: Terms and Conditions 5
 - Registration Step 3: User Name and Password..... 5
 - Registration Step 4: User and Provider Information..... 6
 - Registration Step 5: Submit and Complete Registration 6
- LOG ON TO BEACON eSERVICES 6**
- ACCOUNT ADMINISTRATOR 7**
 - How the Account Administrator is Assigned 7
 - Role of the Account Administrator 7
 - Provider Alert! Important Guidelines for the Account Administrator 7
 - Activate a New User 7
 - Set User Permission Levels 8
 - Reset User Permission Levels 9
 - Terminate or Deactivate a User 9
- FORGOT PASSWORD/RESET PASSWORD 9**
- VIEW AND EDIT ACCOUNT INFORMATION 10**
- FIND A MEMBER 10**
 - Quick Search 11
 - Standard Member Search 11
- ELIGIBILITY AND BENEFITS 11**
 - Check Member-Specific Eligibility and Benefits 11
 - View Benefits by Health Plan 13
- AUTHORIZATIONS 13**
 - Request an Authorization 13
 - Save an Authorization Request 16
 - Return to a Saved Authorization Request 16
 - Check Authorization Status 16
- CLAIMS 18**
 - Submit Claims 18
 - Check Claims Status 19
 - Check Claims Status by Member 19
 - Check Claims Status for Practice or Organization 20
 - Resubmit a Denied Claim 20
 - Submit a Claim Adjustment 20
 - Request Reconsideration of a Timely Filing Denial 20
 - Check Number of Visits (Initial Encounters) Used 20

- REPORTS.....21**
 - Explanation of Benefits21
 - Claim Approvals and Denial Report.....22
- PRACTICE DEMOGRAPHICS AND CAPABILITIES22**
 - Add and Update Practice Information22
 - Provider Alert! Required Information.....22
 - Edit Site.....23
 - Add Contacts24
 - Edit.....24
 - Delete.....24
 - Edit Schedule.....24
 - Edit Services24
 - Add Clinician24
 - Edit Clinician24
 - Clinician Details25
- PROVIDER MATERIALS26**
 - eServices Help.....26
- ELECTRONIC DATA INTERCHANGE (EDI).....26**
 - EDI Help.....26

INTRODUCTION TO BEACON HEALTH OPTIONS

Beacon Health Options (Beacon) is a behavioral health management organization specializing in the development and management of behavioral health services for health insurance plans. Beacon integrates managed care operations and information technology to improve the quality, effectiveness and efficiency of health and human services. Through deployment of the principles and techniques of total quality management at all levels of operations, Beacon has been able to successfully administer programs that yield both cost savings and improved satisfaction from members and providers.

Beacon provides customers with many comprehensive services, including managed behavioral health program design, development and implementation, provider network development and management, clinical protocol development, service authorization and utilization management, claims processing, provider contracting and credentialing, and managed care readiness/accreditation services.

BEACON eSERVICES

Beacon eServices is a Web-based suite of tools that allows Beacon-contracted providers to do business at their convenience. This free service is aimed at improving business processes for providers by allowing secure access to a host of clinical and administrative functions, as well as a multitude of helpful resources. eServices allows you to complete all of the following transactions online:

- Submit claims
- Check real-time claim status
- Print explanation of benefit (EOB) information
- Check member eligibility
- Check initial encounters used
- Request authorizations
- Check the status of authorizations, including units used
- Update practice and clinician information
- View or print provider documents such as manuals, forms, or bulletins
- Generate and print reports

eServices transactions take less time to complete than paper submissions, enabling providers to improve productivity. Fax transmission problems, mail delays, and most errors are eliminated, and as a result, rework by provider administrative staff is nearly eliminated.

ELECTRONIC DATA INTERCHANGE

Electronic Data Interchange (EDI) is a secure application, accessed through the internet. Health care providers, business associates, and vendors who have established trading partner relationships with Beacon can use EDI as an effective and efficient tool for large-volume claim submissions.

Authorized representatives of health care providers who render behavioral health treatment to members of the plans served by Beacon are eligible to use EDI. EDI functions are accessible through eServices. EDI enables users to:

- Upload EDI files
- Check the status submitted files
- Download responses and reports

EDI AND eSERVICES USER ACCESS TO PROTECTED HEALTH INFORMATION

EDI and eServices users may be allowed access to certain confidential or individually identifiable protected health information (PHI) of plan members. In exchange, users must agree to take certain precautions, comply with certain practices, and implement certain procedures required by applicable law and Beacon for the purposes of guarding data integrity and safeguarding the confidentiality of PHI.

REGISTER TO OPEN AN eSERVICES ACCOUNT

Before using eServices the first time, you must open an account by registering with Beacon. This mechanism is designed to protect the extensive member information that is accessible through eServices.

To begin, go to the Beacon website, www.beaconhealthoptions.com, and click the **eServices** quicklink on the home page. This step will take you to the main eServices page, where you will click **Register**.

The screenshot shows the Beacon eServices provider registration page. At the top right, there are buttons for "Register" and "Login". Below these is a welcome message: "Welcome to eServices, Beacon's web tool for providers." The main content area contains a paragraph explaining that eServices functions are provided free to Beacon contracted providers and are aimed at enabling easy and secure access to a host of clinical, administrative and patient information, as well as all provider business transactions with Beacon. It then lists several capabilities: Verify member eligibility quickly and easily; Request authorizations – eAuthorizations receive priority review!; Confirm the status of authorizations and print all authorization details, including the number of units utilized; Submit claims, including reconsiderations; Check the status of claims; View and print explanation of benefit (EOB) information; View and print claims performance information; View, update and print provider demographic and directory information; View, print and download provider documentations such as manuals, forms, bulletins, mailings etc. Below this list, it states: "If you are not registered for eServices, simply click the Register link on this page to start!" At the bottom, there is a link: "Read more about eServices and EDI: How network providers save time & money with electronic tools." At the very bottom of the page, there is a footer with links: "Provider Materials | Contact Us | Help | EDI Gateway".

Registration Step 1: Practice/Organization Identification

To ensure that only authorized individuals open accounts, you will need two very important pieces of information to register:

- National Provider Identifier (NPI) number for your practice or organization
- Tax Identification Number (TIN) for your practice or organization

Enter these two numbers, and click **Submit**.

Please do not enter a personal NPI or TIN at registration, unless you are a solo, unincorporated practitioner.



The screenshot shows a web registration interface. At the top right, there are two buttons: "Register" and "Login". Below these, a large "Register" button is centered. Underneath, the form is titled "Provider Information:" and contains two input fields: "Organization NPI:" and "Tax ID:". A "Submit" button is located below the input fields. At the bottom of the page, there is a navigation bar with links: "Provider Materials | Contact Us | Help | EDI Gateway".

Registration Step 2: Terms and Conditions

Review the eServices Terms and Conditions carefully, including:

- User's Responsibilities and Obligations
- Changes, Updates, Governing Law
- Termination
- Unauthorized Use/Misuse

Accept the terms and conditions. Click **Next** to continue.

Registration Step 3: User Name and Password

Create a unique user name and password that you will use to access the Beacon eServices website. The user name you choose is for your use only. Other staff members must create their own unique user names and passwords.

You will also be required to select a secret question and corresponding answer. Choose a question and answer that you will remember, as these will be needed to reset your password in the event that it is lost or forgotten.

Please keep your password written in a secure place as Beacon does not store user passwords in any form. Users can reset their own passwords at any time (See Forgot Password/Reset Password). **Note: User name, password, secret question and secret answer fields are all case-sensitive.**

Registration Step 4: User and Provider Information

Enter all user and provider information accurately. Review all entries carefully, and correct any typographical or other errors.

Registration Step 5: Submit and Complete Registration

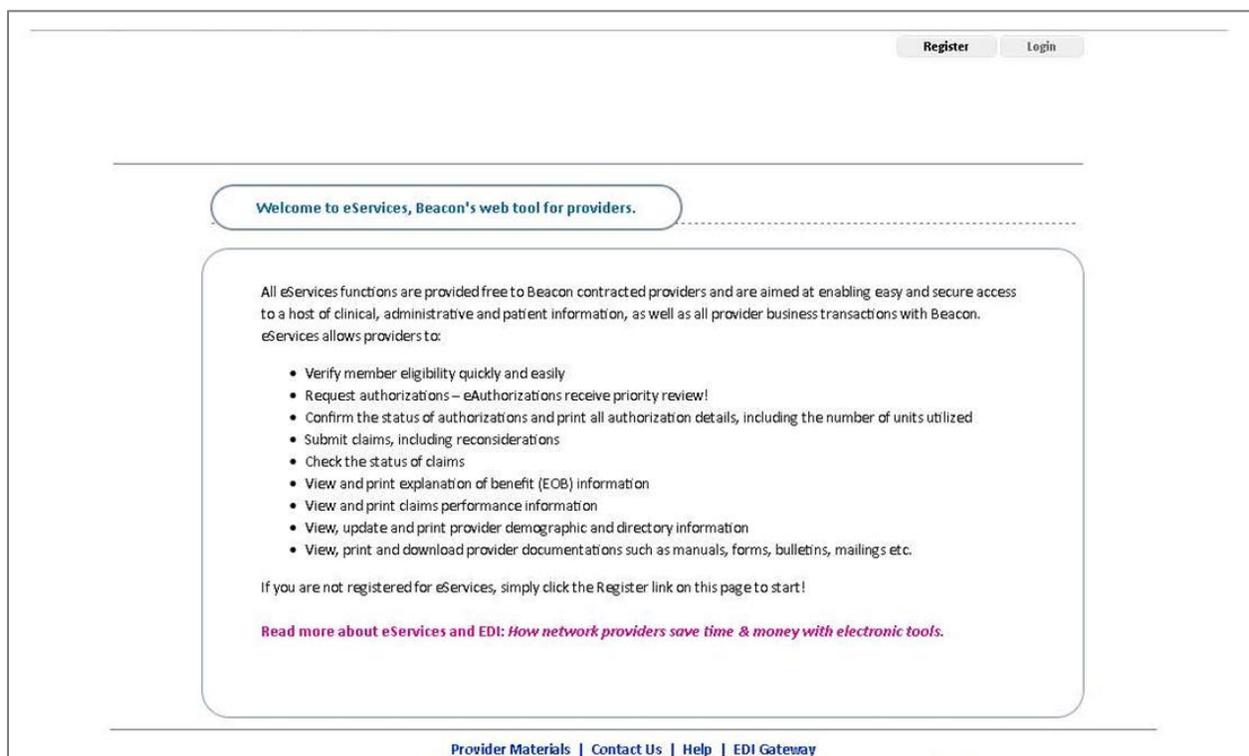
Click **Submit** to complete your online registration for eServices. If you are the first person in your practice to register for eServices, the confirmation email will designate you as the account administrator. You will be asked to print, sign and fax the eServices Terms of Use to Beacon. Upon receipt and verification, we will activate your account and send an email confirming your eServices registration. The account administrator is automatically registered with permission to use all eServices features.

If you are not the first user, the name of the account administrator for your organization will be included in the confirmation message and also visible at **My Account**. The account administrator will receive an email notification that you have registered, and can activate your account.

As soon as your account is activated – by Beacon for the first user or by the account administrator for subsequent users in your practice – you will be able to log on and begin using the many great features available through Beacon’s Provider eServices. Note that each user will see only the menu options for which he or she has been given permission.

LOG ON TO BEACON eSERVICES

Go to the Beacon homepage at www.beaconhealthoptions.com, and choose the eServices quicklink. This step will take you to the **Login** screen. Enter your user name and password, and click **Log In**. You will be directed to the eServices welcome page, from which you can select any option on the blue menu bar.



The screenshot shows the Beacon eServices welcome page for providers. At the top right, there are two buttons: "Register" and "Login". Below these is a horizontal line. Underneath the line is a rounded rectangular box containing the text: "Welcome to eServices, Beacon's web tool for providers." Below this is a larger rounded rectangular box containing the following text: "All eServices functions are provided free to Beacon contracted providers and are aimed at enabling easy and secure access to a host of clinical, administrative and patient information, as well as all provider business transactions with Beacon. eServices allows providers to:" followed by a bulleted list of features: "• Verify member eligibility quickly and easily", "• Request authorizations – eAuthorizations receive priority review!", "• Confirm the status of authorizations and print all authorization details, including the number of units utilized", "• Submit claims, including reconsiderations", "• Check the status of claims", "• View and print explanation of benefit (EOB) information", "• View and print claims performance information", "• View, update and print provider demographic and directory information", and "• View, print and download provider documentations such as manuals, forms, bulletins, mailings etc." Below the list is the text: "If you are not registered for eServices, simply click the Register link on this page to start!" At the bottom of the box is a link: "Read more about eServices and EDI: *How network providers save time & money with electronic tools.*" At the very bottom of the page, there is a footer with the text: "Provider Materials | Contact Us | Help | EDI Gateway".

Note: To prevent unauthorized employees from viewing confidential member information displayed on your screen, each working session on eServices will expire 30 minutes after you logged on. You will be prompted when five minutes are left, and directed to the Login screen. After entering your user name and password, you will automatically be returned to the screen you were using before your time expired.

ACCOUNT ADMINISTRATOR

How the Account Administrator is Assigned

The account administrator for each provider is automatically assigned by Beacon. At group practices and provider organizations that were using eServices prior to September 2008, the individual who appeared to be the highest level user or the only active user was designated as account administrator. For providers who are new to eServices during and after September 2008, the first user to register will be designated as the account administrator. Solo practitioners are the account administrators for their own accounts, but will have limited use for these functions.

Change the Account Administrator

To change the account administrator at your practice at any time, email provider.relations@beaconhealthoptions.com.

Role of the Account Administrator

The account administrator controls all user accounts within his/her practice or organization, and as such, plays a critically important role. The account administrator is responsible for activating new users within the group or facility, terminating accounts when staff leaves the practice, and determining which features are available to each user.

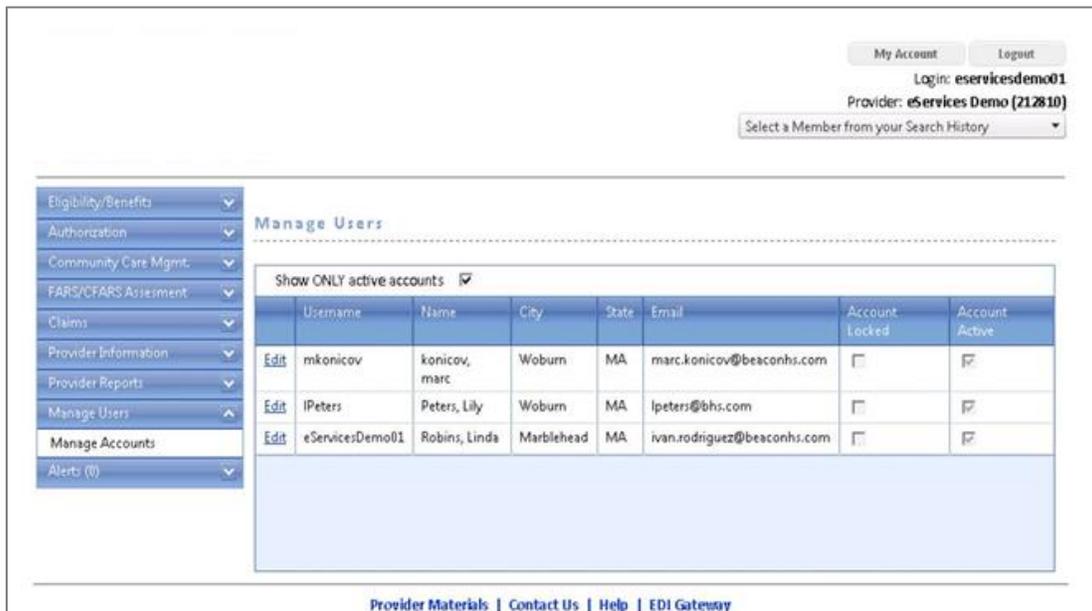
Provider Alert! Important Guidelines for the Account Administrator

- **To ensure protection of member confidentiality as required by HIPAA, set each user's permission level in accordance with their legitimate "need to know" for treatment, payment, and/or health care operations (TPO), and your organization's internal criteria.**
- **Each user, including you, should use only his/her own user name and password.**
- **Do not create new accounts for users who forget their passwords. Users can reset their own passwords at the login screen.**
- **There is no limit to the number of accounts that can be created at your organization.**
- **Remember to deactivate accounts when employees leave the practice, or no longer need to access eServices.**

Activate a New User

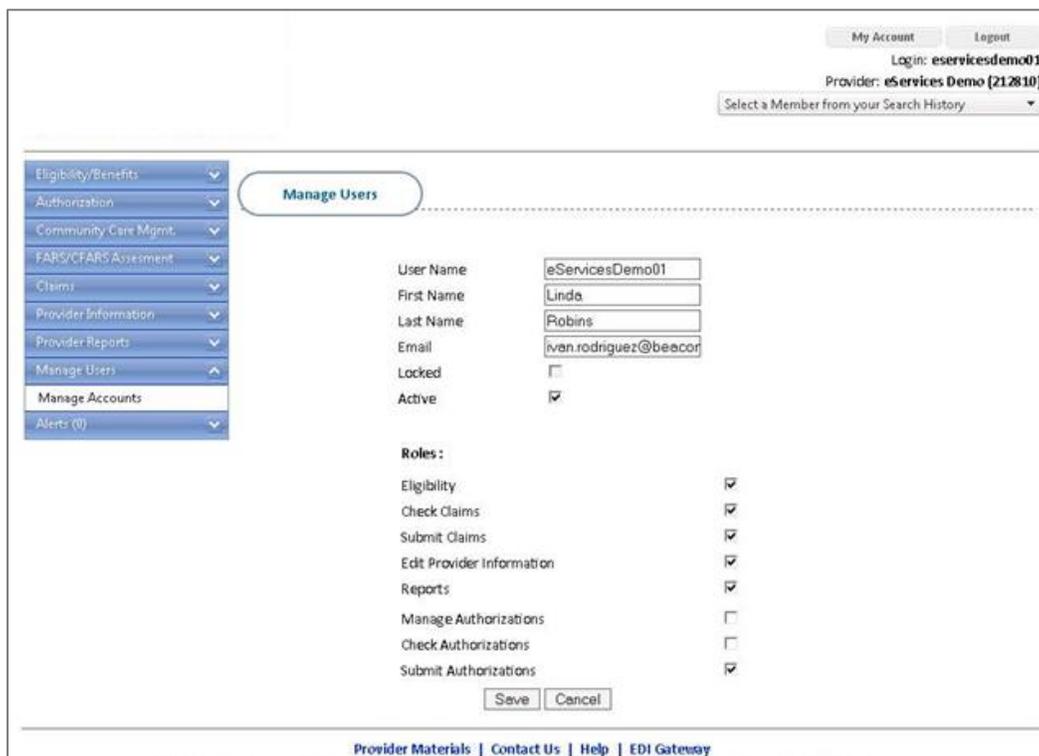
When a new user registers for eServices (see Registration below), the name of the designated account administrator at his/her practice is automatically emailed to the new user. At the same time, the account administrator receives an email indicating that the new user has registered, with a link to the eServices Login page. The account administrator selects **Manage Users/Manage Accounts**. The new registrant's

name will be visible, but “locked” to indicate that it is not activated. Click on **Edit** next to the person’s name. Uncheck the “locked” box, check the “active” box, and set the user’s permission levels.



Set User Permission Levels

When activating a new user, the account administrator will see a list of transactions that can be accomplished through eServices. Simply click the box next to each transaction that the user is authorized to perform, or click again to remove assigned permissions. In compliance with HIPAA confidentiality requirements, please grant access to individual users on a “need-to-know” basis only.



Reset User Permission Levels

The account administrator can modify permission levels for users within his or her organization, at any time. There are two ways to access this ability:

- **Option 1: Reset Permissions by User**
Select **Manage Users/Manage Accounts** from the blue menu bar. Click **Edit** next to the name of the user whose permission levels you wish to change. Check additional roles or uncheck roles no longer appropriate for the user.
- **Option 2: Reset Permissions by Role**
Select **Manage Users/Manage Roles** from the blue menu bar. Select a **Role** from the drop-down menu at the top of the screen. The left-hand box lists users who are not authorized for the selected role (“unassigned”), and the right-hand box shows users who are assigned, i.e., have permission to perform the selected role. Highlight a name in either box and click the >> or << arrows to move it to the other box.

Terminate or Deactivate a User

To protect member confidentiality, it is very important to “lock” the accounts of users who leave the practice. To do so, go to **Manage Users/Manage Roles** and click **Edit** next to the user’s name. Click to remove the checkmark in “active” and to place the checkmark in “locked.” It is also important to notify Beacon that the clinician has left the practice. (See **Edit Provider Information/Edit Site/Terminate Clinician** later in this manual for more information).

Note: To prevent unauthorized employees from viewing confidential member information displayed on your screen, each working session on eServices is set to expire 30 minutes after you logged on. You will be prompted when five minutes are left, and directed to the logon screen. After entering your user name and password, you will automatically be returned to the screen you were using before your time expired.

FORGOT PASSWORD/RESET PASSWORD

eServices allows an immediate password reset option should you lose or forget your password. Note that Beacon does not store user passwords in any form.

If you lose your password, create a new password according to the instructions below. DO NOT re-register as a new user. On the eServices Login page, simply scroll to the lower half of the page and click the **Forgot Password?** link. You will be asked to enter your user name, and then to answer the secret question you selected when you registered. Below your answer, fill in a new password.

Identity Confirmation

Answer the following question to change your password.

User Name: eServicesDemo01

Question: Place of work

Answer:

New Password:

A message will appear verifying that you have successfully reset your password, and a confirmation will automatically be sent to you by email.

You can also change your password at any time, by clicking on the **My Account** button at the top of the screen. See **View and Edit Account Information** in this manual for more details.

VIEW AND EDIT ACCOUNT INFORMATION

Account administrators and all other users can view their own account set-up, by clicking the **My Account** button at the top of most eServices screens. Here you can edit your user name and other information, change your secret question or password, and find the account administrator for your practice.

You are logged in as **eServicesDemo01** MY ACCOUNT LOGOUT

Edit eAccount Profile

You are logged in as **eServicesDemo01**
Your account is linked to Provider: **212810, Jewish Board of Family & Child Service**

User Information:

First Name:

Last Name:

E-mail:

Phone:

Title:

Department:

Change Password:

Old Password:

New Password:

Confirm Password:

Change Security Question/Answer:

Password:

Security Question:

Security Answer:

Note: Beacon eServices user names and passwords are unique to each user and are not to be shared. Beacon will disable any account that is not accessed for more than two months, or any account that is being used by a person other than the intended user.

FIND A MEMBER

Most transactions available in eServices are member-specific. There are two ways to search for members:

Quick Search

Click **Search History** on the menu bar to find all members for whom you have searched in the last 10 days. Select the member you need.

Standard Member Search

For all other members, click **Eligibility, Authorizations, or Claims** on the blue menu bar and choose any member-specific function, (e.g., submit authorization, submit claim, check eligibility, etc.) This will take you to the member look-up screen. You will need two identifying data elements unique to the member:

- Enter the member's Beacon identification number or date of birth
- Enter the member's first or last name.

Click **Search for Member**. Records for all members who match the search criteria will appear. Select the member you are treating.

The screenshot shows a web application interface for member search. At the top left, it says "You are logged in as eServicesDemo01". On the top right, there are two buttons: "MY ACCOUNT" and "LOGOUT". On the left side, there is a vertical menu with the following items: "Eligibility/Benefits" (expanded), "Check Eligibility" (highlighted), "Benefits", "Authorization", "Claims", "Search History", "Provider Information", "Provider Reports", "Manage Users", and "Provider Materials". The main content area is titled "Member Search" and contains two steps for searching:

Step 1: (At least one field is required)

Member ID:

(Or) Date Of Birth:

Step 2: (At least one field is required)

First Name:

(Or) Last Name:

At the bottom of the search area is a button labeled "Search for Member".

ELIGIBILITY AND BENEFITS

Eligibility and benefit information can be retrieved for a specific member or for each benefit category (Medicaid, Commercial, etc.) within a particular health plan.

Check Member-Specific Eligibility and Benefits

On the blue menu bar, choose **Eligibility/Benefits/Check Eligibility**, which will take you to the **Member Search** screen. Select the member whose eligibility and benefits information is needed, as described above. The member's record indicates whether the member is currently eligible for benefits, as a "Yes" or "No" under **Eligible**. (Note that you can also proceed to request or check an authorization, submit a claim, or view claims status from this screen.)

You are logged in as eServicesDemo01 [MY ACCOUNT](#) [LOGOUT](#)

Eligibility/Benefits

Check Eligibility

Benefits

Authorization

Claims

Search History

Provider Information

Provider Reports

Manage Users

Provider Materials

Alerts (0)

Contact Us

Help

EDI Gateway

Member Search

Step 1: (At least one field is required)

Member ID:

(Or) Date Of Birth:

Step 2: (At least one field is required)

First Name:

(Or) Last Name:

1 Member(s) Found in your Search

Name	DOB	Plan	Eligible?	Request Authorizations	Check Authorization	Submit eClaim	Check Claims
DEMO MEMBER	12/20/1955	BEST	Yes	Request Auth	Check Authorization	Submit eClaim	Claims Status

Click the **Yes** or **No** entry, and the member's basic demographic information will appear, including name, city and state of residence, and date of birth. Below that, you will find a history of the member's health plan eligibility, along with his or her health plan, benefit type (e.g., Medicaid, Commercial), PCP name, and PCP practice name.

You are logged in as eServicesDemo01 [MY ACCOUNT](#) [LOGOUT](#)

Eligibility/Benefits

Check Eligibility

Benefits

Authorization

Claims

Search History

Provider Information

Provider Reports

Manage Users

Provider Materials

Alerts (0)

Contact Us

Help

EDI Gateway

Eligibility and Benefits

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

Member Information:

Member: MEMBER, DEMO (BEST ID: MA1849952839)

City, State: Salem, MA, 12345

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

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

Click **More** next to the time period under **Eligible?** to see the following additional information about the selected member:

- Coverage for outpatient mental health and substance use disorder benefits
- Coverage inpatient mental health and substance use disorder benefits
- Copayment amount, if any

- Number of medically necessary initial visits not requiring authorization that have been paid to all behavioral health providers for the member in the current year or period. (Note that this number does not reflect initial visits attended by the member but not yet billed.)

You are logged in as eServicesDemo01 MY ACCOUNT LOGOUT

Eligibility/Benefits

Check Eligibility

Benefits

Authorization

Claims

Search History

Provider Information

Provider Reports

Manage Users

Provider Materials

Alerts (0)

Contact Us

Help

EDI Gateway

Eligibility and Benefits

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

Member Information:

Member: MEMBER, DEMO (BEST ID: MA1849952839)

City, State: Salem, MA, 12345

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

BenefitLevel : Medicaid

MentalHealth IP : Unlimited medically necessary services.

MentalHealth OP : Psych Testing covered in full.

SubstanceAbuseIP : Unlimited medically necessary services:

SubstanceAbuseOP : 1 Methadone dose/day and up to 4 methadone counseling sessions per week.

Other : This is the notes field for Medicaid 1 benefit.

Copay Type	Copay Value	Copay Range	Medically Necessary Initial Visits Billed During Current Calendar Year	Last Visit
SA OP	0 (Dollars)	Per Visit	3	09/01/2008

View Benefits by Health Plan

To view benefits levels within a particular health plan, click **Benefits/Eligibility** then **Benefits** from the blue menu bar. Choose the health plan and benefit type that you wish to view.

You are logged in as eServicesDemo01 MY ACCOUNT LOGOUT

Eligibility/Benefits

Check Eligibility

Benefits

Authorization

Claims

Benefits

Plans:

Benefits:

A summary of inpatient and outpatient mental health and substance abuse benefits will appear.

AUTHORIZATIONS

Request an Authorization

eServices users can request authorization for outpatient services only. Requests submitted through eServices get priority over requests submitted by fax or mail.

To create and submit an authorization request, choose **Authorizations/Submit Authorization** from the blue tool bar. This will take you to the member search function, to find the member you are treating. (See **Find a Member** for more information.)

Once you have selected a member, click the **Request Authorization** link in the member's record summary. Next, select the type of authorization. On the following page, choose the start and end dates for the authorization by clicking on the calendar or type the dates using MM/DD/YY format. Select the site where you will provide treatment, and enter the number of visits or units you are seeking.

To continue with the authorization request, click **Next** at the bottom of each screen, or **Save** to complete the request at a later date/time, or to pend it for supervisory review. (See **Save an Authorization Request** for more information).

The screenshot displays the 'Outpatient Authorization' form. At the top left, it says 'You are logged in as eServicesDemo01'. On the right, there are 'MY ACCOUNT' and 'LOGOUT' buttons. A navigation menu on the left lists various system functions. The main content area is titled 'Authorizations' and 'Outpatient Authorization'. It contains a 'Member Information' box with the following details: Member: MEMBER, DEMO (BEST ID: MA1849952839), City, State: Salem, MA 12345, and DOB: 12/20/1955. Below this is the 'Date of Service Requested' section with input fields for 'From Date' and 'To Date', a dropdown for 'Site of Service', and a text field for 'Total of Visits Requested'. At the bottom right, there are 'Save' and 'Next' buttons.

Pre-Load Information from Previous to New Authorization Request

After entering the number of visits requested, users have the opportunity to copy information from a previous request into a new request for the same member, eliminating re-entry of unchanged data. Click the down arrow in the box under **Existing Reviews** and select the previous request you wish to use. Click **Show** to see the request, then **Preload** to copy information into the new authorization. Diagnostic and other fields will auto-populate. Edit the pre-loaded data as needed and continue with the **Request an Authorization** process.

You are logged in as eServicesDemo01

[MY ACCOUNT](#)
[LOGOUT](#)

- Eligibility/Benefits ▾
- Authorization ▾
- Claims ▾
- Search History ▾
- Provider Information ▾
- Provider Reports ▾
- Manage Users ▾
- Provider Materials ▾
- Alerts (0) ▾
- Contact Us ▾
- Help ▾
- EDI Gateway ▾

Authorizations

Outpatient Authorization

Existing Reviews

eServicesDemo01 11/07/200 ▾ [Show](#)

CURRENT PSYCHOTROPIC MEDICATIONS

Are psychotropic medications being prescribed? No ▾

DSM-IV DIAGNOSIS:

Ax1: * ▾

▾

Enter all required clinical information as identified by asterisks on the subsequent screens. You may also wish to complete the non-required fields to help Beacon make a determination on your request.

Be sure to include accurate and complete information in all required fields. Note that the “Goals” and “Modality” fields require free text, while the “Progress Update” fields have drop-down menus. At least two goals are required. If you fail to input required information, the fields will be highlighted in yellow as an indication that you are missing information. When done, click Save if you or your supervisor wants to complete or review the request later, or click Submit. You will immediately receive a printable confirmation, reference number and copy of the electronic authorization request.

You are logged in as **eServicesDemo01** [MY ACCOUNT](#) [LOGOUT](#)

- Eligibility/Benefits
- Authorization
- Claims
- Search History
- Provider Information
- Provider Reports
- Manage Users

Authorizations

Your Outpatient Authorization has been successfully submitted.

The Reference Number for this transaction is : 83015

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

Print this page

- Provider Reports
- Manage Users
- Provider Materials
- Alerts (0)
- Contact Us
- Help
- EDI Gateway

eORF Submitted

Authorization Result:

eRecord

Reference Number	84241
Submitted By	BeaconDemo BeaconDemo (ABC Behavioral Health) Phone: 781-994-7559
Submission Date And Time	2008-11-07 11:58:06
Request	
Member	DEMO MEMBER MA1840952930
Site	Jewish Board of Family & Child Svc - Downtown Clinic- 1777
Date From	11/10/2008
Date To	11/17/2008
Requested Procedure	Outpatient Visits (OPVISITS)
Requested Visits	5
Diagnosis	
Axis I	292.09 - OTI DRUG-INDUCED MENTAL DISORDER
Current GAF	5
Highest GAF in last year	15
Have you communicated with member's PCP	Yes
and/or with prescriber	Yes
Risk Assessment (Suicidality)	
Not Present	Yes
Risk Assessment (Homicidality)	
Not Present	Yes
Risk of Psychiatric Hospitalization	
2 [medium-low]	Yes
Risk Factors	

Save an Authorization Request

You can save the authorization request at any point by clicking SAVE at the bottom of the screen. This action will save and close the request, enabling providers to complete the request later, and/or pend it for supervisory review before or after submission.

Return to a Saved Authorization Request

If you saved an authorization request, you can go back to review, edit and submit it at any time. If you are the account administrator, or if the account administrator activated your eServices account with permission to review authorization requests (e.g., because you are a supervisor), you can also look at pending authorizations. Choose **Authorization/Manage Pending Reviews** from the blue menu bar, and click **Manage** next to the authorization you wish to review, edit, and/or submit.

Check Authorization Status

When Beacon staff has made a determination on your authorization request, you will receive an email notification containing the reference number and the medical necessity decision. Consistent with HIPAA

requirements, no patient-identifying information is included in the email message. Instead, it contains a link to eServices where you can log on and use the reference number to search for detailed information.

You can also check authorization status at any time, regardless of whether your request was submitted through eServices or telephonic. Select **Authorization/Check Authorization Request** from the blue menu bar and enter the member information in the next screen. When the member's record appears, click **Check Authorization** and search for the request by reference number if you have it. You can also search by month or by year to view all previous authorization requests for the selected time period with date ranges, authorization reference numbers and status. For additional detail including denial reason(s), click **More** next to any request.

Authorizations

Member Information:

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

Select the month and year that the service was requested.

Month and Year Service Requested:

Search by Year Search by Month

	Status	Requested From	Requested To	Requested Procedure	Requested Units	Approved Units	PA	Decision
More	Accepted	09/03/2008	11/03/2008	OPVISITS	8	8	1365671	Approved
More	Accepted	10/10/2008	12/31/2008	OPVISITS	10	10	1365671	Approved

Authorizations

Member Information:

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

Authorization Information:

Provider Name: Jewish Board of Family & Child Service
Mail To Address: Jewish Board of Family & Child Svc - Downtown Clinic (125 Main Street, New York, NY)
Requested Procedure: OPVISITS - Outpatient Visits
Request Units: 5
Request From: 6/26/2007
Request To: 7/1/2007
Authorized Procedure: OPVISITS - Outpatient Visits
Authorized Units: 5
Authorized From: 6/26/2007
Authorized To: 7/1/2007
PA Number: 1306006
Decision: Approved
Used Units *:

Note: To prevent unauthorized employees from viewing confidential member information displayed on your screen, each working session on eServices will expire 30 minutes after you logged on. You will be prompted when five minutes are left, and directed to the Login screen. After entering your user name and password, you will automatically be returned to the screen you were using before your time expired.

CLAIMS

Submit Claims

Providers can submit outpatient and inpatient claims directly via Beacon’s website. The process is fast and easy, and saves time and resources for providers. The eClaim includes critical fields from the CMS 1500 form for outpatient services, and from the UB 04 for inpatient services. However, since much of the required provider and member information is already in Beacon’s database, you fill out fewer fields in eServices than on the paper forms.

To submit a claim, choose **Claims/Submit eClaim** from the blue menu bar. Search for the member, then click **Submit Claim** in the member record summary. The member’s name and health plan identification number, city, state and date of birth, will automatically populate on the eClaim. Complete all required fields (a primary diagnostic code is required; secondary and tertiary diagnostic codes are optional). For outpatient claims, only one service date (not a date range) will be accepted for each line. Additional dates of service (claim lines) can be added by clicking **Add Service Line** in the final box.

Eligibility/Benefits ▾
Authorization ▾
Claims ▾
 Check Claims By Member
 Check Claims By Provider
Submit eClaim
 Upload eClaims
 Search History ▾
 Provider Information ▾
 Provider Reports ▾
 Manage Users ▾
 Provider Materials ▾
 Alerts (0) ▾
 Contact Us ▾
 Help ▾
 EDI Gateway ▾

Claims

Submit eClaim (Outpatient/Professional - CMS 1500)

Member Information

Member: MEMBER, DEMO (BEET ID: MA1849952839)
 City, State: Salem, MA 12345
 DOB: 12/20/1955

Claim Information

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

Patient Acc. No: (Box 26) Dx Code 1:
 Dx Code 2: Dx Code 3:
 Service Site:
 Clinician:

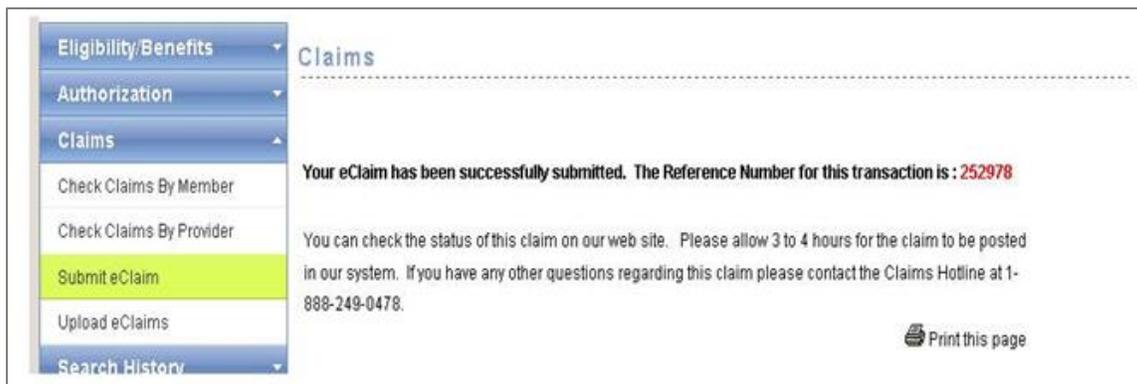
Service Line Information **Add Service Line**

Svc From	Svc To	POS	Procedure	Mod1	Mod2	Units	Charges	Clinician NPI	RecID
<input type="text"/>									

Total Charges:

Submit eClaim

When done, click **Submit eClaim**. A confirmation screen will immediately appear, with the claim reference number for future inquiries. All claims information remains available to you in eServices, and the confirmation screen can be printed for your records, as well.



Check Claims Status

Any user can view the status of claims that he or she has submitted. Additionally, users who have been authorized by their account administrator to review claims, can view the status of all claims submitted by the practice or organization. Claims status is available on eServices regardless of how the claim was submitted. In most cases, the status of a claim is posted on eServices within the following timeframes:

METHOD OF CLAIM SUBMISSION	STATUS POSTED WITHIN:
eServices	1 hour
EDI	1 hour
Emdeon	1 hour after receipt from Emdeon (usually 24 hours after provider sends to Emdeon)
Paper	21 days

Check Claims Status by Member

On the blue menu bar, choose **Claims/Check Claims by Member**. Enter required information to find the member and claims status on the member's summary record. At the next screen, choose whether you wish to search by year or by month. If searching by month, enter the month and year of your search. If searching for a full year, enter any month and the year you wish to search.

The member's identifying information will appear, along with a count of claims that have been submitted and paid on behalf of the member; this information helps providers to determine how many of the member's initial authorization-free visits have been used by all treating providers combined. Note that the number shown does not reflect visits that have not been billed and paid.

Scroll down to see a list of all claims submitted for the member in the selected time period. Each summary claim line includes the provider's invoice number, Beacon's record number, dates of service, procedure code, adjudication decision, and payment status. Note that you can sort the list by clicking on any column heading. To resubmit a claim that denied, click on **Resubmit** at the far right of that claim line. Click **More** at the beginning of any claim line to see additional detail, including the reason for denial.

Check the bottom of the screen to see if the list of claims continues onto other pages. Move from page to page by clicking the arrows.

Check Claims Status for Practice or Organization

Select **Claims/Check Claims by Provider** on the blue menu bar. Enter the month and year you wish to search, and a list of claims submitted within that time frame will appear below. Check the bottom of the screen to see whether the list of claims continues onto other pages. Move from page to page by clicking the arrows.

Resubmit a Denied Claim

If a claim is denied by Beacon because it contained invalid or incorrect information, you may resubmit the claim following timely filing guidelines. Follow the instructions for checking claim status, then click **Resubmit** at the end of that service line to be resubmitted. All information submitted on the original claim will display. Correct the data element(s) that caused the claim to deny, and click **Submit**. You then have an option to review the claim; if additional edits are needed click **Edit Claim**, but if no additional edits are needed, click **Submit Claim**.

Submit a Claim Adjustment

If you were overpaid or underpaid for a claim, you can submit a claims adjustment via eServices. Follow the instructions for submitting a claim. Under the **Claim Information** section, answer yes to “**Is this claim a resubmission/adjustment of an original Claim?**” By doing so, you will open the REC ID entry field under the **Service Line Information** section. Enter the REC ID of the claim you wish to adjust. It is important to remember that you can adjust only a claim that has paid.

Request Reconsideration of a Timely Filing Denial

When a claim falls outside of all timely filing for resubmission, a provider may submit a request for a reconsideration of the timely filing rules. To submit a request for reconsideration of timely filing denial, first find the member through **Search History** on the blue menu bar. Select your member and then under **Action**, select **Submit Reconsideration**. Select the type of claim and enter all required claims field. Please explain why you are requesting a waiver of timely filing in the explanation free text field.

Please note that filing such a request is not a guarantee of payment. The request will be reviewed, and a determination will be posted on a future EOB statement.

Check Number of Visits (Initial Encounters) Used

Each member has an allowance of outpatient visits that can be used without authorization, called Initial Encounters (IEs). The number of IEs varies by health plan and benefit type. For most health plans, the IE allowance is counted per calendar year, but for some health plans, it is a lifetime allowance. Please see your plan-specific benefit information for details. To check eligibility/benefits on eServices, follow the steps below:

- **Step 1:** Enter your user name and password at the eServices login page.
- **Step 2:** The user arrives on eAccount Login Page, where the user logs in to check eligibility.
- **Step 3:** To the left, click the **Eligibility/Benefits** tab and then click the tab **Check Eligibility**.

There are two ways to determine how many IEs have been billed by and paid to all treaters, on behalf of a member: Users can follow instructions to **Check Claim Status for a Member**, or to **Check Member-Specific Eligibility and Benefits**.

Note: Information provided by Beacon reflects only paid claims; the member may have used additional visits that have not been billed as of the day you check.

You are logged in as **eServicesDemo01** **MY ACCOUNT** **LOGOUT**

Eligibility/Benefits **Claims**

Member Information:
Member: MEMBER, DEMO (BEST RecID: MA1849952839)
City, State: Salem, MA, 12345
DOB: 12/20/1955 **Sex:** F

Medically Necessary Initial Visits Used During Current Calendar Year	Last Visit
3	09/01/2008

Select the month and year of the service.
Month of Service: October 2008
 Search by Year Search by Month

Decision	Invoice	Record ID	From	To	Procedure	Paid	Status	Resubmit
More	Process	C2972001242	7859911	10/20/08	10/20/08	90806-AJ	In Process	Resubmit
More	Process	C2972001242	7859912	10/21/08	10/21/08	90806-AJ	In Process	Resubmit
More	Process	C3012001099	7869783	10/27/08	10/27/08	90806-AJ	In Process	Resubmit

REPORTS

eServices enables users to view and print explanation of benefits (EOB) and claims approval/denial reports.

Explanation of Benefits

To print an EOB form, select **Provider Reports/Explanation of Benefits** from the blue menu bar. Select a month and year, and a list of claims submitted in that time period will appear. Click **Print** next to any claim, to display a screen view of the EOB. Click the printer icon at the top of the page to print a hardcopy.

You are logged in as eServicesDemo01 MY ACCOUNT LOGOUT

- Eligibility/Benefits
- Authorization
- Claims
- Search History
- Provider Information
- Provider Reports
- Explanation Of Benefits
- Approval Rate with Denial report
- Manage Users
- Provider Materials

Claims

Explanation Of Benefits Report

Select month and year of service:

Check Number	Check Date	Check Amount	Plan Name	Payee Name
Print 104	08/07/2007	\$30.00	BEST	Jewish Board of Family & Child Service

Claim Approvals and Denial Report

Authorized users can view aggregate claims information for their entire practice or organization, by month. Select **Provider Reports/Claims Approval with Denial Report** from the blue menu bar. The report displays a table chart and pie charts, showing the number and percent of claims approved, and of claims denied for various reasons. These calculations are provided both by member and by all claims, since any single member may have multiple claims. Move your mouse over denial codes in the table to see a full description. Similarly, move your mouse over any segment of the pie charts to see its title. If your practice is contracted with Beacon to serve more than one health plan, results for each health plan are displayed separately. Press **Control/P** or click the printer icon to print this report.

PRACTICE DEMOGRAPHICS AND CAPABILITIES

Add and Update Practice Information

Providers are contractually required to notify Beacon of material practice changes, including the addition or departure of outpatient clinicians. To make this as easy as possible, providers can now add and maintain their detailed practice information online, thus avoiding calls to Beacon and completion of detailed paper forms.

Provider Alert! Required Information

It is imperative that Beacon have current information about providers! Our “live” provider database is used constantly, as follows:

- **Published in health plan provider directories**
- **Reported to state agencies**
- **Available to the public online at www.beaconhealthoptions.com**
- **Shared with members to direct referrals appropriately**
- **Source of email and mail addresses for important notices to providers***

***Beacon is phasing out paper communication. All important notices are posted on our main website and in eServices and/or sent by electronic mail.**

Choose from the blue menu bar. To update provider demographic information, select **Provider Information/Edit Site Information** from the blue menu bar. All sites and locations previously provided to Beacon will appear in a drop-down menu. Select the site to review and edit.

Provider Information

Site Information

Site Information:

Jewish Board of Family & Child Svc - Downtown Clinic
 123 Main Street Suites 10 - 15
 New York, New York 10024
 (781) 631-4455

Site Contacts:

Contact	Address	Phone	Fax	
Managed Care Contract	123 Main Street	(781) 631-4455	(781) 631-4400	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Site Hours:

Day	Hours
Monday	By Appointment

Site Services:

Inpatient Services:

MH Adolescent MH Adults MH Children SA Adolescent
 SA Adults SA Children

Outpatient Services:

MH Adolescent MH Adults MH Children SA Adolescent
 SA Adults SA Children

Accessibility:

Handicap Accessible Public Transportation

Additional Services:

Ambulance

Clinicians

Theodore Abercrombie, Patricia Flanagan, Tania Povolitis, Test Test

A summary of information currently in Beacon’s database is displayed. Note that many additional data elements are available to edit. Choose the area(s) to be updated. Please recheck your entries for accuracy and capitalization (initial caps only), before clicking **Submit**.

Edit Site

Go to **Edit Site** to update site name, site address, site phone and fax numbers, and site email address.

Add Contacts

Go to **Add Contacts** to identify key personnel in your organization. Fill in the person's complete name, title, address(es), telephone, fax, and email. Beacon currently maintains contacts for the following categories in order to distribute information appropriately:

- Administrator/Practice Manager
- Claims/Billing Manager
- CMO/Medical Director
- Executive Director
- Intake
- Managed Care Contracting
- PA Fax/Mail/Email (person to receive authorization notices)

Edit

Go to **Edit** next to an existing contact to edit the person's name, title, address(es), telephone, fax, email. Email address will soon be a required field, as Beacon is transitioning to all electronic communication with providers. Click **Update Contact Information**.

Delete

Go to **Delete** next to an existing contact name, when the person changes positions or leaves the organization. Click **Update Contact Information**.

Edit Schedule

Go to **Edit Schedule** to enter/update the site's hours of operation, by day of the week. Recheck for accuracy. Click **Update Site Schedule**.

Edit Services

Go to **Edit Services** to specify whether you provide inpatient mental health, inpatient substance abuse, outpatient mental health, outpatient substance abuse, accessibility features, and additional services. Your current practice information will be displayed. Edit by checking or unchecking boxes below. Click each **Save** button as segments are completed.

Add Clinician

Go to **Add Clinician** to provide information about a new outpatient clinician joining your provider organization. Follow the instructions below, under **Edit Clinician**, to complete all fields. Note that the **Add Clinician** option will appear only for licensed hospitals, health centers, clinics and other facilities. Due to credentialing requirements, private practices should contact provider.relations@beaconhealthoptions.com to add clinicians.

Edit Clinician

Go to **Edit Clinician** to edit/update an array of important information about clinicians, and to notify Beacon when a clinician leaves the practice. Current information about the clinician is displayed at the top of the screen. Scroll down to edit the following fields.

Clinician Details

Clinician Details includes prefix (Mr., Ms., Dr.), name, gender, DOB, ethnicity, and whether s/he is accepting new referrals. Recheck for accuracy and initial caps only. Click **Update Clinician Information** or click **Terminate Clinician** if he or she leaves the practice.

The screen will refresh and you will see a message that your request for updates is pending. Beacon's provider relations staff may contact you with questions and/or you will be notified by email after they verify the new information.

Note: Clinicians who leave the practice must be terminated from eServices to prevent unauthorized access to PHI and to alert Beacon that the clinician's languages and specialties are no longer available.

Language Details

Go to **Language Details** to specify languages spoken by the clinician. The left box contains a list of all available languages, and the right box lists the languages spoken ("assigned") to this clinician. Add or remove assigned languages by clicking the arrows between the boxes. Hold the Shift key to highlight two or more adjacent listings, or hold the Control key to highlight multiple languages that are not adjacent within a box. Click on **Save** when done; the screen will refresh, and you will see a message that your request for updates is pending. Beacon's Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

Degree Details

Go to **Degree Details** to identify the clinician's professional training. Highlight a degree in the left-hand box, and assign it to the clinician by using the >> key, or highlight an incorrect degree from the right-hand box and use the << button to remove it. Hold the Shift key to highlight two or more adjacent listings, or hold the Control key to highlight multiple languages that are not adjacent within a box. Click on **Save** when done; the screen will refresh and you will see a message that your request for updates is pending. Beacon's Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

Specialty Details

Go to **Specialty Details** to specify up to 10 clinical specialties in which the clinician has appropriate experience and expertise. Hold the Shift key to highlight two or more adjacent listings, or hold the Control key to highlight multiple languages that are not adjacent within a box. Click on **Save** when done; the screen will refresh, and you will see a message that your request for updates is pending. Beacon's Provider Relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

ID Details

Go to **ID Details** to provide NPI and other state-specific and health plan-specific identification numbers. An individual NPI number is required for each clinician, and should be included for the "rendering provider" on all claims. The items that begin with "NYS" and the Medicare number need only be completed for clinicians serving New York members. The IDX number is only required for providers in Beacon's health plan network. Click on **Save** when done; the screen will refresh, and you will see a message that your request for updates is pending. Beacon's provider relations staff may contact you with questions, and/or you will be notified by email after they verify the new information.

PROVIDER MATERIALS

Beacon's provider manuals and level-of-care criteria are available to contracted providers. Select **Provider Materials** from the blue menu bar, then choose **Provider Manuals** or **Level of Care Criteria**. Additional options will be added in the future.

Similarly, current and archived news and bulletins can be found by clicking the **Alerts** button. We encourage users to check **Alerts** frequently.

Additional forms, bulletins, tools and links are available in the public area of Beacon's website, www.beaconhealthstrategies.com, under **Providers**, and **Providers/Tools**.

eServices Help

For questions or comments about eServices, please visit the Provider section on our website or email eServices@beaconhealthoptions.com.

If you are having trouble finding a member, submitting a claim, or submitting an authorization, please make sure that all of the required information fields have been filled in.

ELECTRONIC DATA INTERCHANGE (EDI)

Beacon accepts standard HIPAA 837 Professional and Institutional health care claims transactions as well as provides 835 transactions through EDI. Download Beacon's 837 and 835 companion guides from our website to access information regarding testing and setup for EDI transactions with Beacon.

EDI can be accessed at the Beacon eServices site. To access EDI, select **EDI Gateway** from the blue menu bar. The EDI Gateway will open, allowing you to upload EDI files, check the status of files, and download responses and reports.

EDI Help

Technical and business-related questions regarding EDI should be directed to edi.operations@beaconhealthoptions.com.