

beacon
health options

Provider Connect Overview

Beth Bernasek Provider Relations Manager
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Review

- How to Find a Member
 - What to do if I don't
- How to make sure it's the correct Benefit/ID
- Do I need an authorization?
 - How to Submit the authorization?
 - Where can I check for approval?

How to Find a Member

- Click Specific Member Search on PC home screen

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification 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
Weekly Behavior Analysis Measures
Enter Member Assessment
Enter Member Reminders

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](#)
 - [Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge](#)
 - [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](#)
- ▾ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View 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](#)

How to find a member... cont

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"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text"/>	(MMDDYYYY)
As of Date	<input type="text"/>	(MMDDYYYY)
<input type="button" value="Search"/>		

- Enter KDOC or KBI in the Member ID box and DOB (KSSC)
- “As of Date” will pre-populate to today’s date. This helps ensure your’e getting current benefit information.

Not able to pull up a member

■ Member Not Found

- For KSSC: Email ISO to confirm client is entered correctly into TOADS.
 - If yes: email KSSC and copy Beacon
 - sb123payments@ks.gov
 - kansasclinical@beaconhealthoptions.com
 - PLEASE NOTE: Beacon can only adjust funding at direction of KSSC directly.

■ Multiple Members Found (for ANY funding)

- Email kansasclinical@beaconhealthoptions.com to request active ID.
 - Please make sure you indicate the funding you are requesting for.

Your client DOES pull up:

- This brings you to the Demographic screen (which is where you start for almost every need)

Demographics

Enrollment History

COB

Benefits

Additional Information

Primary Care Provider

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

Member?

Member ID

KSS000079

Alternate ID

Member Name

MEMBER POST, TEST

Date of Birth

01/01/1965

Address

100 SE 9TH ST
TOPEKA, KS 66612

Alternate Address

Marital Status

-

Home Phone

785 -342 -4150

Work Phone

Relationship

1

Gender

M - Male

Member Participates in Message Center Communication with Providers?

No

Eligibility

Effective Date

07/01/2018

Expiration Date

07/01/2018

COB Effective Date?

Subscriber

Subscriber ID

KSS000079

Subscriber Name

MEMBER POST, TEST

How to double check funding

The screenshot shows a member profile page with several tabs: Demographics, Enrollment History, COB, Benefits, Additional Information, and Primary Care Provider. The 'Benefits' tab is circled in red. Below the tabs is a disclaimer: 'Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.' The main content area is divided into three sections: 'Member' (circled in black), 'Eligibility', and 'Subscriber'. The 'Member' section contains fields for Member ID, Alternate ID, Member Name, Date of Birth, Address, Alternate Address, Marital Status, Home Phone, Work Phone, Relationship, Gender, and a checkbox for message center communication. The 'Eligibility' section contains fields for Effective Date, Expiration Date, and COB Effective Date. The 'Subscriber' section contains fields for Subscriber ID and Subscriber Name.

Demographics		Enrollment History	COB	Benefits	Additional Information	Primary Care Provider
Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.						
Member						
Member ID	KSS000079					
Alternate ID						
Member Name	MEMBER POST, TEST					
Date of Birth	01/01/1965					
Address	100 SE 9TH ST TOPEKA, KS 66612					
Alternate Address						
Marital Status	-					
Home Phone	785 -342 -4150					
Work Phone						
Relationship	1					
Gender	M - Male					
Member Participates in Message Center Communication with Providers? No						
Eligibility						
Effective Date	07/01/2018					
Expiration Date	07/01/2018					
COB Effective Date						
Subscriber						
Subscriber ID	KSS000079					
Subscriber Name	MEMBER POST, TEST					

Benefit Tab

Demographics

Enrollment History

COB

Benefits

Additional Information

Primary Care Provider

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

Member Detail

Client ID:

GHI

Client Name:

GHI/BMP

Benefit Package(s):

G045

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

[Benefits](#)

View Member Auths

View Member Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth/Notification Request

Send Inquiry

- Benefits:
 - KSS3= SB123

Do I need an authorization?

- Member is KSSC (SB123):
 - YES- for ALL levels of care and ALL services you will be providing.
 - MUST include signed CPA for correct dates.

Adding Peer Services

- If you are planning on Adding Peer Support to your SB123 treatment services.
 - You MUST be approved with KDOC first.
- Once we have KDOC approval, updated CPA's must be obtained and attached to authorization requests in Provider Connect for claims to pay out.
 - If you have an existing authorization in place, submit an new authorization – Concurrent Review –attaching new CPA and requesting Peer Support code to be added to your OP auth.

Client Placement Agreement

- I have highlighted the part that Beacon MUST have to process. The form should be filled out completely with every grey area having something in it

Kansas Sentencing Commission - Senate Bill 123 Program

Client Placement Agreement

Sentencing Date: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <small>mm/dd/yyyy</small>	Scheduled Treatment Start Date: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <small>mm/dd/yyyy</small>	KSSC Eligibility Expiration Date: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <small>mm/dd/yyyy</small> (18 months from first treatment start date)
KBI number: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	Court Case number: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>	Kansas Department of Corrections number: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>

This agreement entered into on day of by and between the

("COMMUNITY CORRECTIONS") and

("PROVIDER") located at

(Provider Street Address) (City) (State) (Zip)

for and in consideration of the treatment/modalities and responsibilities listed below and placement of:

, born on

(Current Legal First Name/MI/Last Name) (mm/dd/yyyy)

convicted in the county of

supervised by with the provider for the following treatment:

Community Corrections Agency

CPA...cont

Identify ALL modalities as reflected by ASAM criteria that apply for the continuum of care:

<input type="checkbox"/>	Assessment	
<input type="checkbox"/>	Social Detox	Estimated length of stay: <input type="text"/> (Maximum: 5 days)
<input type="checkbox"/>	Therapeutic Community (Jo Co only)	Estimated length of stay: <input type="text"/> (Maximum: 180 days)
<input type="checkbox"/>	Intermediate Residential	Estimated length of stay: <input type="text"/> (Maximum: 21 days)
<input type="checkbox"/>	Intensive Outpatient	Estimated program length: <input type="text"/> (Maximum: 100 hour units)
<input type="checkbox"/>	Outpatient Group	Estimated program length: <input type="text"/> (4 (minimum)- 8 (maximum) hours per week)
<input type="checkbox"/>	Outpatient Family	Estimated program length: <input type="text"/> (Maximum: 1 hour per week)
<input type="checkbox"/>	Outpatient Individual	Estimated program length: <input type="text"/> (Maximum: 3 hours per week)
<input type="checkbox"/>	Reintegration	Estimated length of stay: <input type="text"/> (Maximum: 60 days)
<input type="checkbox"/>	Peer Mentorship (Individual)	Estimated length of stay: <input type="text"/> (Maximum: 3 hours per week)
<input type="checkbox"/>	Relapse Prevention/Continuing Care	Estimated program length: <input type="text"/>

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July 1, 2020

CPA... cont

This agreement may be modified, amended or supplemented by written agreement signed by Community Corrections and the Provider. Modifications must be submitted to the KSSC.

Authorized Treatment Provider Signature: [Redacted]	Date: [Redacted] <small>mm/dd/yyyy</small>	Phone # [Redacted]
Printed Name: [Redacted]		
Email: [Redacted]		
Community Corrections Agency: [Redacted]	Date: [Redacted] <small>mm/dd/yyyy</small>	Phone # [Redacted]
ISO Signature: [Redacted]		Email: [Redacted]

Safeguarding of Client Information: The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the court's assignment of sentence or the case management responsibilities assigned by law to community corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

*** A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.**

How to Submit an authorization request

- Click Enter Auth/Notification Request

The screenshot displays the STAGINGCONNECT member portal interface. On the left is a navigation menu with various options. The main content area shows member details for Maggie Rogers, including her ID, name, date of birth, and address. Below this, there are several buttons for actions like 'View Member Audit', 'View Member Claims', and 'Enter Claim'. The 'Enter Auth/Notification Request' button is highlighted with a red rectangle. At the top right, there's a header with the account name and a 'ValueOptions Home' link.

Navigation Menu:

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization/Notification Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- Weekly Behavior Analysis Measures
- EDI Homepage
- Enter Member Reminders Reports
- Print Spectrum Release of Information Form
- ABA Availability Survey
- My Online Profile
- My Practice Information
- Provider Credentialing Application
- Compliance
- Handbooks

Member Information:

Member ID	KSS000042
Alternate ID	
Member Name	ROGERS, MAGGIE
Date of Birth	01/01/1965
Address	100 SE 9TH ST TOPEKA, KS 66612
Alternate Address	
Marital Status	-
Home Phone	785 -342 -4150
Work Phone	
Relationship	1
Gender	M - Male

Eligibility:

Effective Date	08/07/2017
Expiration Date	
COB Effective Date	

Subscriber:

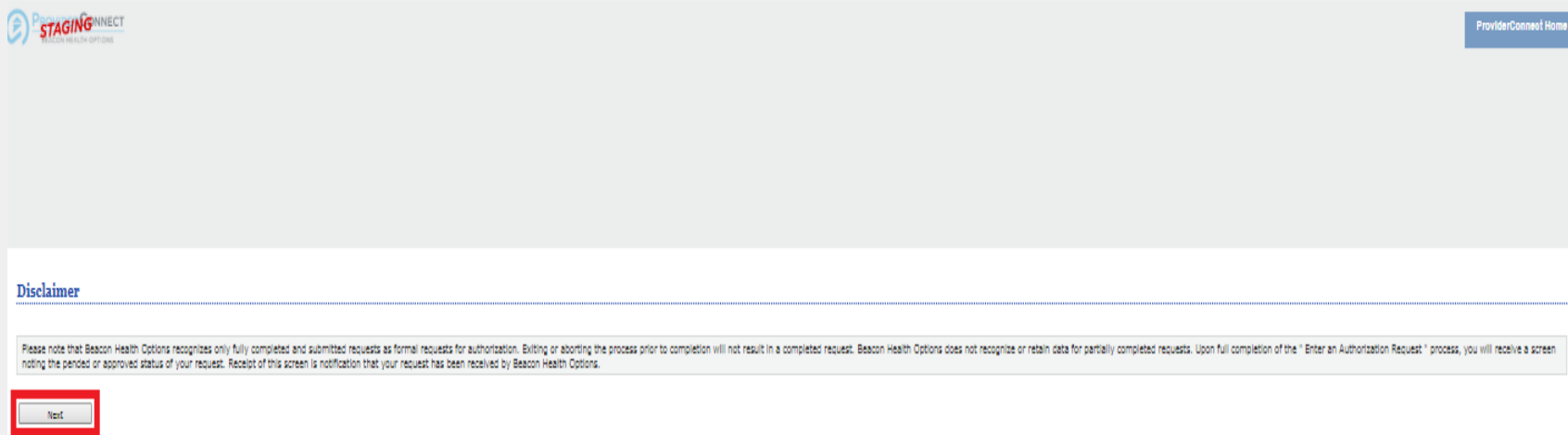
Subscriber ID	KSS000042
Subscriber Name	ROGERS, MAGGIE

Buttons:

- View Member Audit
- View Member Claims
- View Empire Claims
- View QH&BP Claims
- Enter Auth/Notification Request** (highlighted)
- Enter Claim
- Send Inquiry
- View Clinical Drafts
- Enter Member Reminders
- View Spectrum Record
- Disable Member Communication

Submitting an auth

- Acknowledge the Disclaimer
- Click Next to acknowledge the disclaimer.
 - Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.



STAGINGCONNECT
BEACON HEALTH OPTIONS

Provider/Connect Home

Disclaimer

Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the " Enter an Authorization Request " process, you will receive a screen noting the pended or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.

Next

Submitting an auth... cont

- If applicable, Select the service location where the requested service will be delivered.
 - Some providers will have only one location, others will

Select Service Address

Provider		Vendor	
Capture	Provider ID	Vendor ID	Vendor Last Name
Tax ID	First Name	Paid To Vendor ID	Vendor First Name
Alternate ID	Service Address	Pay To Address	
<div>Back Next</div>			

Submitting an auth....cont

- Complete the Service Header

Requested Services Header

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

*Requested Start Date (MM/DD/YYYY) 08/30/2018

*Level of Service SELECT...

Provider				
Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
237433368	132162	THE MIRROR INC	D802354	100106710

Member			
Member ID	Last Name	First Name	Date of Birth (MM/DD/YYYY)
TEMP000863153	MEMBER	TEMP	01/01/1965

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...

Upload File Click to attach a document Delete Click to delete an attached document

Attached Document:


Back Next

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Submitting an auth.... cont

- Select the start date of the service.
 - Note that for a SASSI or DAAP request this will be the date this service was completed.
- Select the Level of Service from the drop down
 - Select Level of Service Inpatient for Detox, IP, Reintegration, IOP and TC (Johnson County Corrections ONLY)
 - Select Level of Service Out Patient for Assessment (DAAP), OP and all axillary services
- Attach all applicable documents.
 - Note that all requests should have an attachment. If the request is for a SASSI, attach the SASSI.
 - If the request is for outpatient or an initial admit to RTC attach documentation showing that there is coordination with the ISO, this could be as simple as an email indicating a referral was made or an intake form documenting a conversation with the ISO.
 - If the request is for continued stay in RTC, attach current clinical and/or complete and attach the Beacon request form.
 - DAAP (SB123) must include: Fully completed SB123 assessment, SASSI, and Clinical Narrative
- Click Next

Submitting an auth.... cont



PROVIDERCONNECT
BEACON HEALTH OPTIONS

NOTIFICATIONREQUESTED SERVICESRESULTS

ProviderConnect Home

PAGE 1 of 3

Requested Services Header

Requested Start Date 10/01/2018	Member Name MEMBER POST, TEST	Provider Name TEST, ABCXYZ	Vendor ID E322101	Save Request as Draft
Type of Request INITIAL	Member ID KSS000079	Provider ID 994747	NPI # for Authorization SELECT...	
Level of Service OUTPATIENT	Type of Service SUBSTANCE USE	Level of Care OUTPATIENT	Type of Care BEHAVIORAL	Authorized User <input type="text"/>

* At least one contact name and phone number is required.

Admitting Physician	Phone #	Ext	Attending Physician	Phone #	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer	Phone #	Ext	Utilization Review Contact	Phone #	Ext
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Fax	
				<input type="text"/>	<input type="text"/>

Primary Care Coordination

PCP Contacted Status
SELECT...

PCP Contacted Name

Date Contacted

Diagnosis

Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1 SELECT...	* Diagnostic Code 1 <input type="text"/>	* Description <input type="text"/>
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Additional Behavioral Diagnosis

Diagnostic Category 2 SELECT...	Diagnostic Code 2 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 3 SELECT...	Diagnostic Code 3 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 4 SELECT...	Diagnostic Code 4 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 5 SELECT...	Diagnostic Code 5 <input type="text"/>	Description <input type="text"/>

Submitting an auth...cont

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1 NONE	Diagnostic Code 1	Description
Diagnostic Category 2 SELECT...	Diagnostic Code 2	Description
Diagnostic Category 3 SELECT...	Diagnostic Code 3	Description

Social Elements Impacting Diagnosis

* Check all that apply

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (Not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Unknown	<input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment
<input type="checkbox"/> Other psychosocial and environmental problems			

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure SELECT...	Assessment Score	Secondary Assessment Measure SELECT...	Assessment Score
---------------------------------	------------------	---	------------------

Please provide any additional information that would be beneficial in processing your request.

→ Narrative Entry (12 of 2000)

ABC123 notes

Back Save Request as Draft Next

Adding Service codes

- Click button that indicates “click here to add or modify service code”.

ProviderCONNECT
SEACON HEALTH OPTIONS

ProviderConnect Home

NOTIFICATION REQUESTED SERVICES RESULTS

PAGE 2 of 3

Requested Services Header

Requested Start Date 10/01/2018	Member Name MEMBER POST, TEST	Provider Name TEST, ABCXYZ	Vendor ID E322101	Save Request as Draft
Type of Request CONCURRENT	Member ID KSS000079	Provider ID 994747	NPI # for Authorization SELECT...	
Level of Service OUTPATIENT	Type of Service SUBSTANCE USE	Level of Care OUTPATIENT	Type of Care BEHAVIORAL	Authorized User

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.
For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.
Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.

[Click Here to Add or Modify Service Codes](#)

Requested Services

* Place of Service	* CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	* Visits/ Units
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						
SELECT...						

Select Applicable Services

- Mark the applicable service codes
 - Please Reference the *Authorization and Claims Submission Reference Document*
- Click Save

The screenshot shows a web application window titled "Select Applicable Services". It contains a table with columns: Code, Mod 1, Mod 2, Mod 3, Mod 4, and Description. The table lists several service codes, with the first five checked in the "Code" column. A red box highlights the "Save" button at the bottom of the window.

Code	Mod 1	Mod 2	Mod 3	Mod 4	Description
<input checked="" type="checkbox"/> H0004					BEHAVIOR HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
<input checked="" type="checkbox"/> H0004	HR				BEHAVIOR HEALTH COUNSELING AND THERAPY, PER 15 MINUTES - FAMILY THERAPY WITH CLIENT
<input checked="" type="checkbox"/> H0005	U5				ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN MEDICAID LEVEL OF CARE 5, AS DEFINED BY EACH STATE
<input checked="" type="checkbox"/> H0024					ALCOHOL AND/OR DRUG PREVENTI
<input checked="" type="checkbox"/> H0001					ALCOHOL AND/OR DRUG ASSESSMENT

Submit Service Request

- Enter Place of service and units
- Click Submit

* Requested Services	** CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	* Visits / Units
OFFICE ▼	H0004					936
OFFICE ▼	H0004	HR				312
OFFICE ▼	H0005	US				999
OFFICE ▼	H0024					999
OFFICE ▼	H0001					:
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
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SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
SELECT... ▼						
TOTAL VISITS/ UNITS						3247

Instructions

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier , place of service, and number of visits/units requested for each procedure.

Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 5977

Back Save Request as Draft Submit

Check an Auth



Switch Account 994747-General Account ▼

[Beacon Health Options Home](#)

[Provider Home](#)

[Contact Us](#)

[Log Out](#)

[Home](#)

[Specific Member Search](#)

[Register Member](#)

[Authorization Listing](#)

[Enter an Authorization/Notification Request](#)

[View Clinical Drafts](#)

[Claim Listing and Submission](#)

[Enter Case Management Referral](#)

[Enter Bed Tracking Information](#)

[Search Beds/Openings](#)

[Weekly Behavior Analysis Measures](#)

[EDI Homepage](#)

[Enter Member Reminders](#)

[Reports](#)

[Print Spectrum Release of Information Form](#)

[APA Availability Survey](#)

Demographics

[Enrollment History](#)

[COB](#)

[Benefits](#)

[Additional Information](#)

[Primary Care Provider](#)

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

Member?

Member ID **KSS000079**

Alternate ID

Member Name **MEMBER POST, TEST**

Date of Birth **01/01/1965**

Address **100 SE 9TH ST
TOPEKA, KS 66612**

Alternate Address

Marital Status **-**

Home Phone **785 -342 -4150**

Work Phone

Relationship **1**

Gender **M - Male**

Eligibility

Effective Date **07/01/2018**

Expiration Date **07/01/2018**

COB Effective Date?

Subscriber

Subscriber ID **KSS000079**

Subscriber Name **MEMBER POST, TEST**

Member Participates in Message Center Communication with Providers? **No**

[View Member Auths](#)

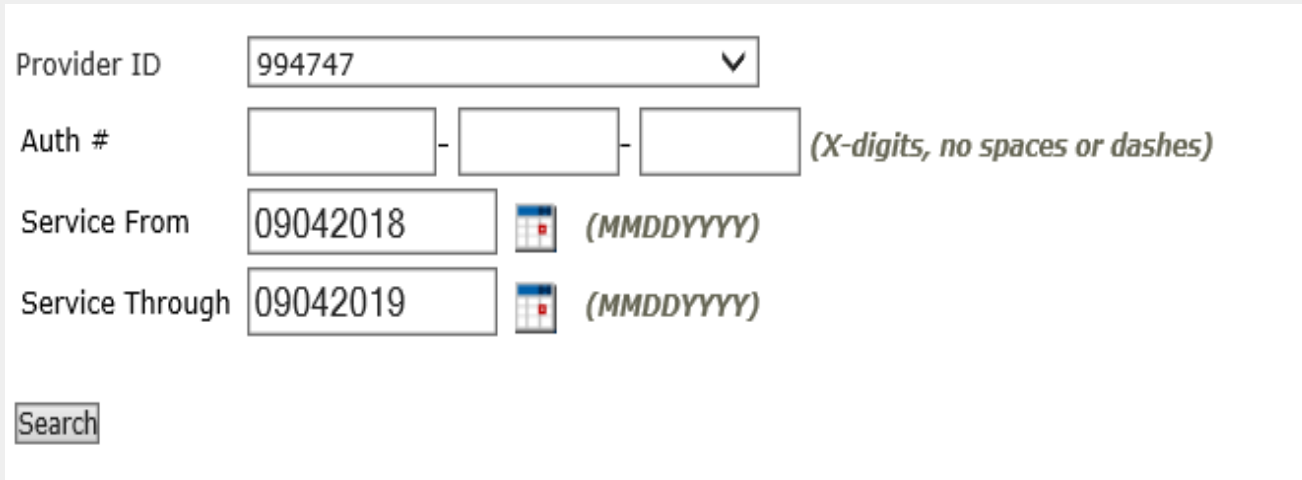
[View Member Claims](#)

[View Empire Claims](#)

[View GHI-BMP Claims](#)

Check an Auth cont....

- Then scroll down to:



The screenshot shows a web form with the following fields and controls:

- Provider ID:** A dropdown menu with the value "994747" and a checkmark icon.
- Auth #:** Three input boxes separated by hyphens, followed by the text "(X-digits, no spaces or dashes)".
- Service From:** An input box containing "09042018" and a calendar icon, followed by the text "(MMDDYYYY)".
- Service Through:** An input box containing "09042019" and a calendar icon, followed by the text "(MMDDYYYY)".
- Search:** A button located below the date fields.

- Choose your date range and click “search”

Check an Auth cont....

- Auth results screen pops up.... Click the blue hyperlink on the left of the screen that matches the LOC you want

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	DOB	Provider Alt. ID	Alternate Provider	
01-02232011-1-3	007654884	12/02/1979	12345	A00001	EAP
	[REDACTED]		712345		EAP
01-042210-1-10	[REDACTED]	12/02/1979	12345	A00001	Behavioral
	[REDACTED]		712345		Inpatient

This Auth will take to Process Concurrent and

Check an Auth cont....

- Clicking the hyperlink takes you here:
- Note: You want **AUTH DETAILS**

Auth Summary **Auth Details** Associated Claims

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.

Authorization Header

Member ID	[REDACTED]	Return to search results
Member Name	[REDACTED]	Send Inquiry
Authorization #	01-02232011-1-3	Complete Discharge Review
Client Auth # [?]	N/A	Enter EAP CAF
Authorization Status	O - Open	
From Provider	PETER TURNER	
Admit Date	01/14/2010	

Check an Auth cont....

Authorization Header

Member ID

[REDACTED]

Member Name

[REDACTED]

Authorization #

[REDACTED]

Client Auth #?

0003541789

NPI # for Authorization?

N/A

Authorization Status

O - Open

Authorization Letter(s)

 (click to view)

[Return to search results](#)

[Complete Discharge Review](#)

[Enter EAP CAF](#)

Service Lines

Line #	Submission Date	Service Code	Modifier Code	Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
1	01/14/2010	12345678		EAP SERVICES	01/07/2010- 07/07/2010	5/ 5	3	O - Open	N/A

Contact

- PLEASE do not hesitate to call or email if you have questions or would like a walkthrough of the system while in your office.

Beth Bernasek, Provider Relations Manager

- 785-213-3562 or 785-338-9018
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Authorization and Claims Submission Reference Document

Authorization and Claims Submission Reference Document												
Treatment Modality	Level of Service	Service Class	Type of Service	Level of care	Type of Care	Service Code	Modifier	Place of Service	Charge Amount	Max Per Request	Utilization Guidance	Unit Definition
Social Detox	INPATIENT/ HLOC/ SPECIALTY	SDX	SUBSTANCE USE	RESIDENTIAL TREATMENT CENTER	DETOX	H0014		55	\$150.00	5 days	5 day max length of stay	Day
Therapeutic Community	INPATIENT/ HLOC/ SPECIALTY	RES	SUBSTANCE USE	ASSERTIVE COMMUNITY TREATMENT	BEHAVIORAL	H0025		55	\$150.00	180 days	180 day Cap	Day
Intermediate Residential	INPATIENT/ HLOC/ SPECIALTY	RTC	SUBSTANCE USE	RESIDENTIAL TREATMENT CENTER	BEHAVIORAL	H0018		55	\$180.00	21 days initial 7 day concurrent	90 day Cap	Day
Re-integration	INPATIENT/ HLOC/ SPECIALTY	RRE	SUBSTANCE USE	HALFWAY HOUSE	BEHAVIORAL	H0019		55	\$70.00	60 days	60 day Cap	Day
Intensive Outpatient	INPATIENT/ HLOC/ SPECIALTY	IOP	SUBSTANCE USE	IOP/SOP	BEHAVIORAL	H2035		11	\$40.00	100 hours	100 hour Cap, 10 hr per week min	Hour
Outpatient Individual	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0004		11	\$21.25	936 units	Max of 12 units per week, Case Max 936 units	15 min Unit
Outpatient Group	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0005	U5	11	\$7.50	2496 units	32 unit max per week, Case Max 2496 units, 4 unit/week min	15 min Unit
Outpatient Family	OUTPATIENT	FAM	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0004	HR	11	\$20.00	312 unit	4 units per week, Case Max 312 units	15 min Unit
Relapse Prevention/ Continuing Care	OUTPATIENT	TIN	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0024		11	\$8.75	624 units	8 units per week, Case Max 2232 units	15 min Unit
Peer Support	OUTPATIENT	PEE	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0038	HF	11	\$12.00	936 units	12unit max per week, Case max 936 units	15 min Unit
SASSI only	OUTPATIENT	EV2	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0002		11	\$5	1 unit	1 per case only, available under presentencing benefit package only	1 unit
DAAP	OUTPATIENT	EVL	SUBSTANCE USE	OUTPATIENT	BEHAVIORAL	H0001		11	\$175	1 unit	1 per case, includes the SASSI	1 unit

Quick Claim notes

- Claims came in with box 32 marked as NO on the HCFA claim form for AOB. Default to MEMBER payment.

Beacon has a fail safe in place to prevent actual member payment – however Providers will not receive the \$ if this error occurs.

- If the Authorization is NOT present in Provider Connect when you submit a claim- it will not pay out.
 - If you receive a denial for authorization and have obtained an authorization- as long as it's within 45 days – you can send a corrected claim through Provider Connect.
 - PR must be notified if you need timely waiver so as to outreach to KSSC for approval or denial.

New IOP Code

■ H2035

- Billed in 1 hour increments.
- *What if we provider 10 hours in that week but not full hours each day?*
 - Direct claim submissions through Provider Connect are now allowing for Date range charges for the H2035 charges.
- Can I bill in ½ hour increments?
 - No, 1 unit = 1 hour

Trainings

- Please be aware we are happy set up zoom trainings with new staff or refreshers with existing staff if there are consistent issues or questions within your facility.
 - Clinical and Provider Relations team up to run these trainings to cover the range of question when appropriate.
 - Power Point “walk through” also available
 - NOTE: Policy concerns/questions are directed to KSSC.

THANK YOU!!!

