

ILLINOIS
MENTAL HEALTH COLLABORATIVE

FOR ACCESS AND CHOICE

**ProviderConnect
Overview and the
Registration Process**

Presenter: Amy Fricke

August 30, 2016

1:00 PM-3:30 PM CST

ProviderConnect Online Services

- **ProviderConnect**

- Free, online, secure application
- Portal into the DMH/Collaborative MIS System (CAS)
- Access via the Collaborative website

- **Today we will review:**

- How to access ProviderConnect
- How to register, re-register and close a consumer's case
- Available resources

What is available in ProviderConnect?

- Register a consumer
- View consumer registration status
- Close a registration
- View authorizations
- View and print authorization letters
- Access and print forms
- Submit inquiries to customer service

What are the benefits of ProviderConnect?

- Easily access routine information 24 hours a day, 7 days a week
- ProviderConnect is accessed through the Collaborative website: www.IllinoisMentalHealthCollaborative.com
- Complete multiple transactions in a single sitting
- View and print information
- Reduce calls for routine information

How to Access ProviderConnect

- Agencies must be enrolled with the Collaborative and HFS
- Contact National Networks at 800-397-1630 to obtain a Provider ID number. The Provider ID number is assigned by Beacon Health Options.
- Each Provider, with a Provider ID number, will be able to obtain one ProviderConnect logon ID
- To obtain additional logons for ProviderConnect – contact the Beacon Health Options® EDI Helpdesk
 - (888) 247-9311 and press option 3,
 - Monday through Friday, 7 a.m. – 5 p.m. CST
 - The Turn-around-time for additional logons is 48 hours

To Register for ProviderConnect

1. Click “Register” tab
2. Takes you to the Provider Online Services Registration page.
3. Note that red asterisks on this page are required fields.
4. Complete all required fields

Passwords –

8-20 characters in length

One number (0-9)

One upper case letter (A-Z)

One lower case letter (a-z)

One special character (!, #, \$, ~)

No spaces


Password is case sensitive

Expires every 90 days

Provider Online Services page

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

for providers



Provider Online Services

- Home
- Provider Home**
- Provider Manual
- Provider Forms
- Achieve Solutions®
- Provider Information
- MIS Conversion Information
- Contacts

About Services News Contact

Provider Online Services

Welcome to Provider Online Services!

ProviderConnect

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

[LOG IN](#)

[REGISTER](#)

[DEMO](#)

Here you will find a wealth of information developed specifically for you, which include ProviderConnect, the Provider Manual, and links to mental health resources.

[ProviderConnect Helpful Resources](#) links you to a ProviderConnect User guide, HIPAA information, software downloads, important forms and helpful phone numbers to assist with the use of this tool!

Review the Provider Manual to obtain information about our policies and procedures. The manual currently contains topics such as the Service Authorization Protocol with additional content to be added, such as claims administration and clinical criteria.

Purpose for Completing Registration

- Enrollment of individuals for DMH purchased services
- Information submitted during registration is used to determine the eligibility group for which the consumer is qualified
- The eligibility group then determines what services DHS/DMH will reimburse

Requirements for Initiating Registration

- Obtain a consumer RIN (Recipient Identification Number) and DHS SS (DHS Social Services) from HFS.
- **E-RIN system:**
(<http://www.dhs.state.il.us/page.aspx?item=32574>)
- Registration information will be updated within 5 business days:
- Beacon processes registration and assigns funds
- Beacon sends fund information to HFS within 1 business day
- HFS processes file (accepts or rejects) and sends results to Beacon by the 2nd business day

Consumer Registration, Re-Registration and Closing

Consumer registration screens are used for the following:

- Register a new consumer
- Register a new consumer and close at the same time
- Register a consumer who had been previously closed
- Re-registration of consumer every 6 months to maintain eligibility for submission of claims
- Closing registration of consumer

Path to registration screens:

- There are two paths available, however only one is recommended:
 - **Perform Specific Consumer Search (Highly Recommended)**

Registration Resource

ProviderConnect Registration Guide (June 2013) is available on the Collaborative website:

http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

Click on “For Providers” tab, then click on the “Provider Information” link to the left. The Guide can be found under the “Registration” header.

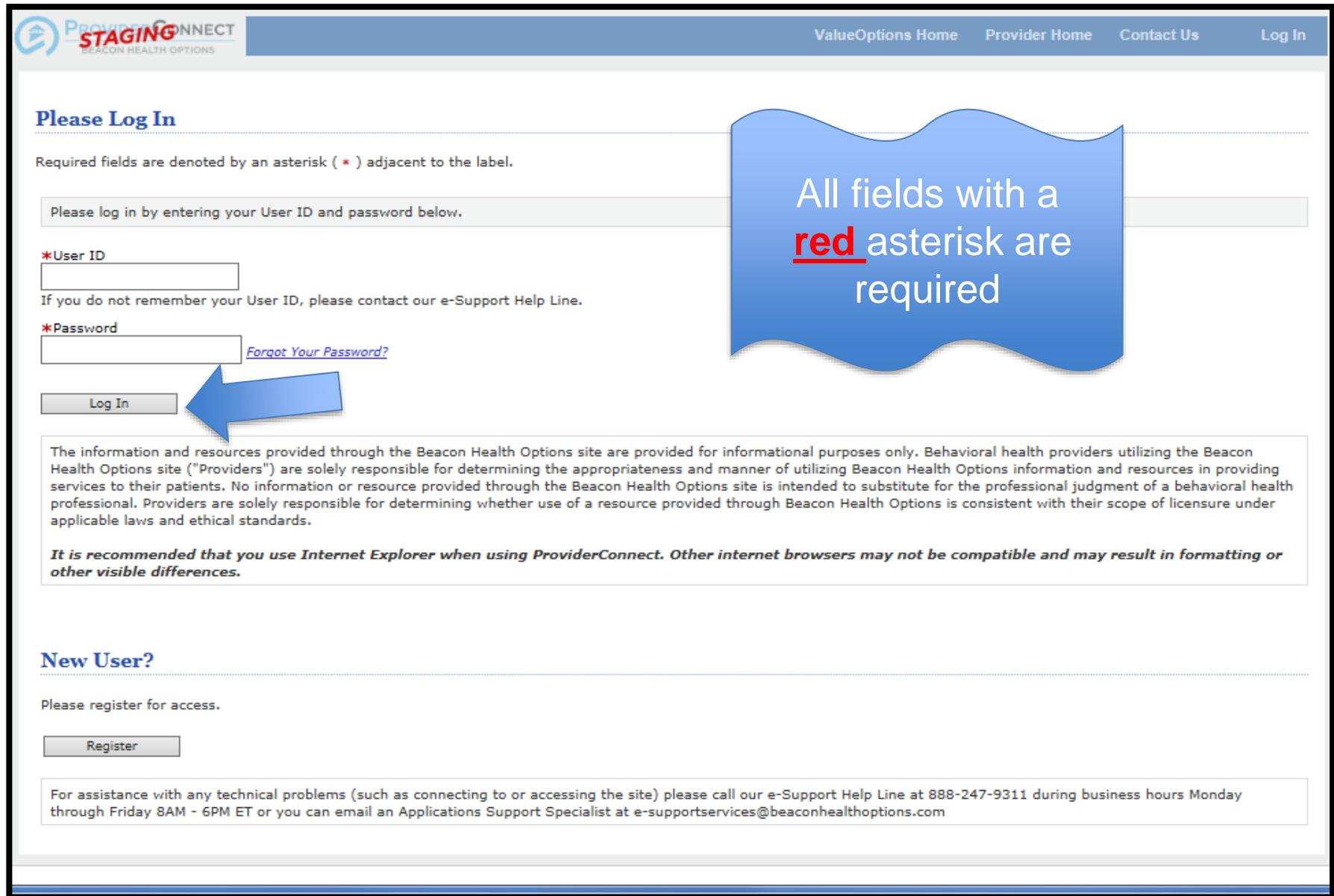
ProviderConnect Registration Guide

- The ProviderConnect Guide provides:
- An overview of the registration process and
- A detailed description of information required to complete the registration process

Live Demonstration of the Registration Process



ProviderConnect Log In screen



STAGING PROVIDERCONNECT
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log In

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources in providing services to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-supportservices@beaconhealthoptions.com

All fields with a red asterisk are required

User Agreement Page

ProviderConnect Use Agreement

Welcome to www.valueoptions.com, the website for Beacon Health Options, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

I Agree

I Disagree

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-supportservices@beaconhealthoptions.com

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[Return to ValueOptions Home](#) | [Return to Provider Home](#) | [Contact Us](#) | [Privacy Statement](#) | [Terms and Conditions](#)

Beginning the Registration Process: Search for a consumer:

Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
Enter a Special Program Application

EDI Homepage

On Track Outcomes

Reports

My Online Profile

My Practice Information

Provider Data Sheet

Compliance

Handbooks

Forms

Network Specific Information

Education Center

ValueSelect Designation

Contact Us

Welcome ILL TEST PROVIDER. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
 - Find a Specific Consumer
 - Register a Consumer
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Enter a Special Program Application
 - Review an Authorization
 - View Saved Clinical Request Drafts
- Enter or Review Claims
 - Enter a Claim
 - Review a Claim
 - View My Recent Provider Summary Vouchers
- View My Recent Authorization Letters

CLINICAL SUPPORT TOOLS

- View My Outcomes with On Track

YOUR NEWS & ALERTS

- IMPORTANT! VERIFY YOUR CONTACT INFORMATION!
- NEW TO DIRECT CLAIM SUBMISSION? DOWNLOAD THE GUIDE
- AUTHORIZATION SUBMISSION GUIDE

ValueOptions is continually striving to increase the ease in which you can interact with us by developing online communications solutions. Using ProviderConnect allows you to accomplish an array of daily transactions through a secure, password-protected portal. By using ProviderConnect, you agree to abide by all privacy, HIPAA, and other governing laws.

Enter the Consumer ID and Date of Birth Click Search

Provider CONNECT
STAGING
BEACON HEALTH OPTIONS

Switch Account 333939-Illinois Medicaid ValueOptions 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 a Special Program Application
Enter Case Management Referral
Complete Provider Forms
Enter a Comprehensive Service Plan
Enter Bed Tracking Information
Search Beds/Opening
Weekly ABA Measures
EDI Homepage
Enter Member Reminders
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information
Practitioner Credentialing Application
Provider Data Verification
Compliance
Handbooks

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.

*Consumer ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

08162016

Search

Demographics Page

Click on View Consumer Registration button

ProviderCONNECT
STAGING
BEACON HEALTH OPTIONS

Switch Account 333939-Illinois Medicaid ValueOptions Home Provider Home Contact Us Log Out

Demographics Enrollment History COB Benefits Additional Information

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

Consumer?		Eligibility	
Consumer ID	ILLTEST07	Effective Date	01/01/2013
Alternate ID		Expiration Date	
Consumer Name	MEMBER07, ILLTEST	COB Effective Date?	
Date of Birth	01/01/1936	View Funding Source Enrollment Details	
Address	123 FAKE STREET ALDEN, IL 60001		
Alternate Address			
Marital Status	-		
Home Phone			
Work Phone			
Relationship	1		
Gender	F - Female		

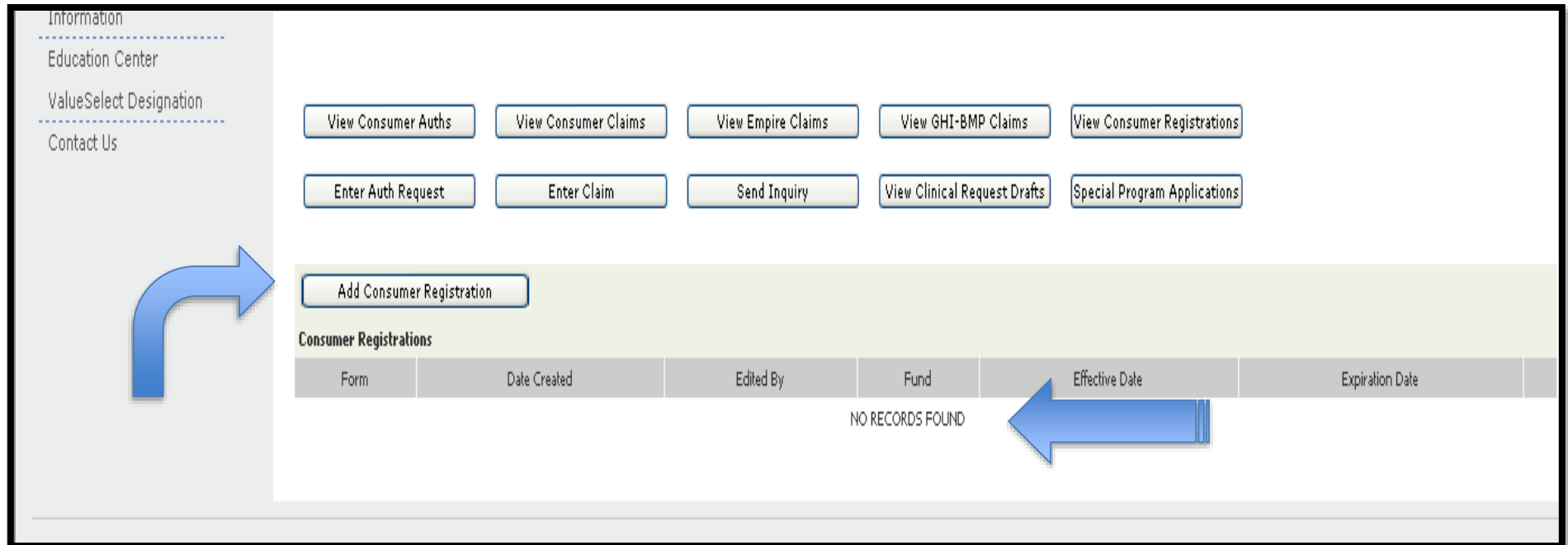
Subscriber

Subscriber ID	ILLTEST07
Subscriber Name	MEMBER07, ILLTEST

Consumer Participates in Message Center Communication with Providers? No

View Consumer Auths	View Consumer Claims	View Empire Claims	View GHI-BMP Claims
Enter Auth/Notification Request	Send Inquiry	View Clinical Drafts	Comprehensive Service Plan
Enter Consumer Reminders	View Consumer Registrations	Special Program Applications	Provider Forms
View Spectrum Record	Case Management Referral	Disable Consumer Communication	
Enter ABA Maladaptive Behavior	Enter ABA Skills	View ABA Clinical Data	

No Existing Registrations



The screenshot displays a web application interface. On the left is a navigation menu with the following items: Information, Education Center, ValueSelect Designation, and Contact Us. The main content area features a grid of buttons: View Consumer Auths, View Consumer Claims, View Empire Claims, View GHI-BMP Claims, View Consumer Registrations, Enter Auth Request, Enter Claim, Send Inquiry, View Clinical Request Drafts, and Special Program Applications. Below these buttons is a green bar containing the 'Add Consumer Registration' button, which is pointed to by a blue arrow. Underneath is a table titled 'Consumer Registrations' with columns: Form, Date Created, Edited By, Fund, Effective Date, and Expiration Date. The text 'NO RECORDS FOUND' is centered below the table, with a blue arrow pointing to it from the right.

Click on **Add Consumer Registration**, and complete all required fields.

Start of Consumer Registration process

Consumer Registration

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

*Registration Start Date (MMDDYYYY)	*Recipient ID(RIN)	Client ID	*Agency FEIN	Satellite Code	*Medicaid Site ID
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Demographics

*Last Name	*First Name	Middle Initial	Suffix	*Date of Birth (MMDDYYYY)	*Mother's Maiden Name	*Social Security Number	*Gender
CONSUMER	TEST			01011984		<input type="radio"/> Unknown <input type="radio"/> No SSN	<input type="radio"/> Male <input checked="" type="radio"/> Female

*Primary Address	Address Line 2	*City	*State	*ZIP	ZIP Suffix	<input type="radio"/> Address Unknown	Select City, State and Zip
123 FIRST ST		CHICAGO	IL	60290			

*County	*Township/Community Area	*Wills Class Consumer	IHD Home Code
SELECT...	SELECT...	<input type="radio"/> Yes <input type="radio"/> No	SELECT...

Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.

*Household Income	*Client Income	*Household Size	*Household Composition	Qualifying Exceptions
			SELECT...	SELECT...

*Education Level	*Military Status	*Marital Status
SELECT...	SELECT...	SELECT...

*Employment Status	*SSI-SSDI Eligibility	*DFI-CPL Enrollment
SELECT...	SELECT...	SELECT...

*Court/Forensic Treatment
SELECT...

Consumer Registration process, continued

*Race 1	10 - WHITE	*Race 2	98 - NOTHING TO REPORT		
*Race 3	98 - NOTHING TO REPORT	*Race 4	98 - NOTHING TO REPORT	*Citizenship	U - UNKNOWN
*Race 5	98 - NOTHING TO REPORT	*Hispanic Origin	11 - MEXICAN/MEXICAN AMERICAN	*Language	20 - SPANISH
*Interpreter Services Needed	9 - UNKNOWN	*MH Residential Arrangement	SELECT...	*Justice System Involvement	SELECT...
DMH Special Projects	SELECT...	Disaster Guest State	SELECT...	Disaster Guest County	SELECT...
*Consumer Third Party Payor	<input type="radio"/> Yes <input checked="" type="radio"/> No				
*MH Residential Indicator	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Select the appropriate Special Program Enrollment, as applicable

Special Program Enrollment

*Juvenile Justice Yes No *Path Grant Yes No *Community Hosp Inpatient Yes No *ICG Community Services Yes No *CHP Yes No

Begin Date Begin Date Begin Date Begin Date Begin Date

End Date End Date End Date End Date End Date

*Consumer in Residential program funded by DMH and operated by Registering Provider:

Begin Date End Date Residential Level of Care:

*Permanent Supported Housing Yes No

*Money Follows the Person Yes No

MH CLOSING

MH Closing Date

MH Closing Disposition:

Functional Scale Used at Closing:

GAF/CGAS Score at Closing:

MH Closing information is only gathered when closing a registration

Note: Required fields that have not been entered will result in an error message identifying which fields need to be populated.

Select Funds

Consumer Registration

Registration Start Date (MMDDYYYY) 07/23/2010	Consumer Name CONSUMER, TEST	Date of Birth (MMDDYYYY) 01/01/1984	Consumer ID ██████████
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Select Funds

Funding Source(s) Available

- 213 - ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT
- 350 - ILLINOIS-PSYCHIATRIC LEADERSHIP
- 572 - ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES
- 573 - ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES
- 574 - ILLINOIS-PSYCHIATRIC MEDICATION
- 860 - ILLINOIS-CRISIS RESIDENTIAL
- ABC - ILLINOIS MEDICAID NON-MEDICAID FFS

The **Funding Source(s) Available** section will display the selected pre-populated funding source(s) according to selected programs, contract status and consumer eligibility criteria.

Click **Next**

The selected Funding Sources will display.

Consumer Registration			
Registration Start Date (MMDDYYYY) 07/23/2010	Consumer Name CONSUMER, TEST	Date of Birth (MMDDYYYY) 01/01/1984	Consumer ID ██████████
Selected Funds			
<i>Please confirm your selection of funding source for each type of service</i>			
Funding Source(s)	Effective Date	Expiration Date	
213 ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	07/23/2010	01/23/2011	
350 ILLINOIS-PSYCHIATRIC LEADERSHIP	07/23/2010	01/23/2011	
572 ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	07/23/2010	01/23/2011	
573 ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	07/23/2010	01/23/2011	
574 ILLINOIS-PSYCHIATRIC MEDICATION	07/23/2010	01/23/2011	
860 ILLINOIS-CRISIS RESIDENTIAL	07/23/2010	01/23/2011	

Enter the Diagnosis Code

Consumer Registration

Registration Start Date (MMDDYYYY)
10/19/2015

Expiration Date (MMDDYYYY)
04/19/2016

Consumer Name
TEST47, ILL

Date of Birth (MMDDYYYY)
07/01/1990

Consumer ID
ILLTEST47

Diagnosis and First
Presentation Assessment

Functional Impairment
and Assessment Scores

History
of Illness

MH Cross
Disabilities

Guardian
Information

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

BIPOLAR AND RELATED DISORDERS

* [Diagnosis Code 1](#)

F06.33

* [Description](#)

Bipolar and Related Disorder Due to Another

Additional Behavioral Diagnosis

Diagnostic Category 2

SELECT...

[Diagnosis Code 2](#)

[Description](#)

Diagnostic Category 3

SELECT...

[Diagnosis Code 3](#)

[Description](#)

Diagnostic Category 4

SELECT...

[Diagnosis Code 4](#)

[Description](#)

Diagnostic Category 5

SELECT...

[Diagnosis Code 5](#)

[Description](#)

Primary Medical Diagnosis

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

Answer the First Presentation Assessment Conditions

First Presentation Assessment

Please answer 'Yes' or 'No' to the following conditions.

*The primary diagnosis is reported in the registration and was obtained by a psychiatrist Yes No

*The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma Yes No

*The consumer has not had more than 16 weeks of antipsychotic medication treatment Yes No

Cancel

Next

Enter the appropriate GAF/CGAS Score

LOCUS Results

Consumer Registration

Registration Start Date (MMDDYYYY) **07/23/2010** Expiration Date (MMDDYYYY) **01/23/2011** Consumer Name **CONSUMER, TEST** Date of Birth (MMDDYYYY) **01/01/1984** Consumer ID **[REDACTED]**

Diagnosis and First Presentation Assessment **Functional Impairment and Assessment Scores** History of Illness MH Cross Disabilities Guardian Information

GAF/CGAS Score Locus Results

*FUNCTIONAL SCALE USED G - GAF ▼

CGAS SCORE

Self Care ▼

Community ▼

Social Relations ▼

GAF

Social Group/School ▼

Employment ▼

Financial ▼

Community Living ▼

Family Relations ▼

School ▼

Supportive Social ▼

Daily Living Activity ▼

Inappropriate or Dangerous Behaviour ▼

Previous Functional Impairment ▼

LOCUS RESULTS

Functional Impairment and Assessment Scores

FUNCTIONAL IMPAIRMENT DOMAIN SCORES

Risk of harm	<input type="text" value="SELECT..."/>	Recovery - Environment Stressors	<input type="text" value="SELECT..."/>
Functional Status	<input type="text" value="SELECT..."/>	Recovery - Environment Support	<input type="text" value="SELECT..."/>
Co-morbidity	<input type="text" value="SELECT..."/>	Recovery and Treatment History	<input type="text" value="SELECT..."/>
		Acceptance and Engagement	<input type="text" value="SELECT..."/>

Composite score

LOCUS Recommended Level of Care

Assessor Recommended Level of Care

ASSESSMENTS

COLUMBIA IMPAIRMENT SCALE

Columbia Impairment Scale Score (0-52)

WORKER OHIO FUNCTIONING SCALE

Worker Ohio Problem Severity Scale Score (0-100)

Worker Ohio Functionality Scale (0-80)

DEVEREAUX SCALE

DECA Subscale (For children under the age of 3)

Protective Factor Scores %

DECA Subscale (For children over the age of 3, under the age of 5)

Protective Factor Scores %

Behavioral Concerns Scores %

History of Illness

Consumer Registration

Registration Start Date (MMDDYYYY) **07/23/2010** Expiration Date (MMDDYYYY) **01/23/2011** Consumer Name **CONSUMER, TEST** Date of Birth (MMDDYYYY) **01/01/1984** Consumer ID **[REDACTED]**

Diagnosis and First Presentation Assessment Functional Impairment and Assessment Scores **History of Illness** MH Cross Disabilities Guardian Information

History of Illness

*Continuous Treatment
 Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Continuous Residential
 Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Multiple Residential
 Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Outpatient
 Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Previous Treatment
 Consumer does not meet treatment history criteria Consumer does meet treatment history criteria

*Co- Occurring Disorder Evidence Based Practice IDDT
 Yes No Yes No

Evidence Based Practice - Supported Employment Evidence Based Practice Medication Algorithm
 Yes No Yes No


MH Cross Disabilities

Consumer Registration

Registration Start Date (MMDDYYYY) 07/23/2010	Expiration Date (MMDDYYYY) 01/23/2011	Consumer Name CONSUMER, TEST	Date of Birth (MMDDYYYY) 01/01/1984	Consumer ID ██████████
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Diagnosis and First Presentation Assessment Functional Impairment and Assessment Scores History of Illness **MH Cross Disabilities** Guardian Information

MH Cross Disabilities

*Form Completion Date	<input type="text"/> 	*Primary Care Giver Age	<input type="text"/>
*Type of Service Needed 1	<input type="text" value="SELECT..."/>	*Type of Services Sought 1	<input type="text" value="SELECT..."/>
Type of Service Needed 2	<input type="text" value="SELECT..."/>	Type of Services Sought 2	<input type="text" value="SELECT..."/>
Type of Service Needed 3	<input type="text" value="SELECT..."/>	Type of Services Sought 3	<input type="text" value="SELECT..."/>
Type of Service Needed Other	<input type="text"/>	Type of Services Sought Other	<input type="text"/>

Guardian Information

Consumer Registration

Registration Start Date (MMDDYYYY) **07/23/2010** Expiration Date (MMDDYYYY) **01/23/2011** Consumer Name **CONSUMER, TEST** Date of Birth (MMDDYYYY) **01/01/1984** Consumer ID **[REDACTED]**

Diagnosis and First Presentation Assessment Functional Impairment and Assessment Scores History of Illness MH Cross Disabilities **Guardian Information**



Guardian Information

Adoption Indicator Yes No

Guardian Type: Last Name: First Name: MI:

Address:



City: State: Zip Code: Zip Suffix:

Appointment Date:  Termination Date: 

Guardian Type: Last Name: First Name: MI:

Address:

City: State: Zip Code: Zip Suffix:

Appointment Date:  Termination Date: 

Consumer Registration Confirmation Screen

Consumer Registration Confirmation

Registration Status: ***** APPROVED *****

Provider ID 999999	Provider Last Name PROVIDER	Provider First Name ILL TEST	Provider Address , NORFOLK, VA 23502
Consumer ID [REDACTED]	Last Name CONSUMER	First Name TEST	Consumer Address 123 FIRST ST, CHICAGO, IL 60290

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
213	ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	07/23/2010	01/23/2011
350	ILLINOIS-PSYCHIATRIC LEADERSHIP	07/23/2010	01/23/2011
572	ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	07/23/2010	01/23/2011
573	ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	07/23/2010	01/23/2011
574	ILLINOIS-PSYCHIATRIC MEDICATION	07/23/2010	01/23/2011
660	ILLINOIS-CRISIS RESIDENTIAL	07/23/2010	01/23/2011
ABC	ILLINOIS-MEDICAID NON-MEDICAID PFS	07/23/2010	01/23/2011

MESSAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS. IF THE ELIGIBILITY STATUS IS APPROVED, THE CONSUMER HAS BEEN ENROLLED IN THE VALUEOPTIONS ELIGIBILITY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.

IF THE ELIGIBILITY STATUS IS PENDED, THE CONSUMER NEEDS TO BE VERIFIED BY THE VALUEOPTIONS ELIGIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN 48 HOURS. ONCE THE STATUS IS CHANGED TO APPROVED, THE CONSUMER WILL BE ASSIGNED A NEW, PERMANENT MEMBER ID.

[Return](#)

Re-Registration of Consumers

Consumer Re-Registration

- **Used for the following:**
 - Re-register a consumer and update key fields to extend coverage every 6 months
 - Re-register a consumer, update key fields and close at the same time
 - Re-register a consumer, update key fields and end date a special program

Select 'View Consumer Registration'

Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
Enter a Special Program Application

ED1 Homepage

On Track Outcomes

Reports

My Online Profile

My Practice Information

Provider Data Sheet

Compliance

Handbooks

Forms

Network Specific Information

Education Center

ValueSelect Designation

Contact Us

Demographics Enrollment History COB Benefits Additional Information

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

Consumer

Consumer ID ██████████
Alternate ID ██████████
Consumer Name CONSUMER, TEST
Date of Birth 01/01/1984
Address 123 CHANGE ADDRESS
CHICAGO, IL 60290
Alternate Address
Marital Status -
Home Phone
Work Phone
Relationship 1
Gender F - Female

Eligibility

Effective Date 07/01/2008
Expiration Date
COB Effective Date
[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID ██████████
Subscriber Name CONSUMER, TEST

View Consumer Auths View Consumer Claims View Empire Claims View GHI-BMP Claims View Consumer Registrations
Enter Auth Request Enter Claim Send Inquiry View Clinical Request Drafts Special Program Applications

'Previous Consumer Registrations' will appear

View Consumer Auths View Consumer Claims View Empire Claims View GHI-BMP Claims Enter Member Reminders View Consumer Registrations

Enter Auth Request Enter Claim Send Inquiry View Clinical Drafts Special Program Applications

Add Consumer Registration

Consumer Registrations

Form	Date Created	Edited By	Fund	Effective Date	Expiration Date	
ILAS	08/06/2010	999999	213	07/23/2010	01/23/2011	Re-Register Close Registration Address Change
ILAS	08/06/2010	999999	350	07/23/2010	01/23/2011	Re-Register Close Registration Address Change
ILAS	08/06/2010	999999	572	07/23/2010	01/23/2011	Re-Register Close Registration Address Change
ILAS	08/06/2010	999999	573	07/23/2010	01/23/2011	Re-Register Close Registration Address Change
ILAS	08/06/2010	999999	574	07/23/2010	01/23/2011	Re-Register Close Registration Address Change
ILAS	08/06/2010	999999	660	07/23/2010	01/23/2011	Re-Register Close Registration Address Change
ILAS	08/06/2010	999999	ABC	07/23/2010	01/23/2011	Re-Register Close Registration Address Change

The previous 'Consumer Registration' will appear

Consumer Registration

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

*Registration Start Date (MMDDYYYY)	*Recipient ID(RIN)	Client ID	*Agency FEIN	Satellite Code	*Medicaid Site ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="123456789"/>	<input type="text" value="0"/>	<input type="text" value="123"/>

Demographics

*Last Name	*First Name	Middle Initial	Suffix	*Date of Birth (MMDDYYYY)	*Mother's Maiden Name	*Social Security Number	*Gender
<input type="text" value="CONSUMER"/>	<input type="text" value="TEST"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="01011984"/>	<input type="text" value="CONSUMER"/>	<input type="text"/>	<input type="radio"/> Male <input checked="" type="radio"/> Female

*Primary Address	Address Line 2	*City	*State	*ZIP	ZIP Suffix	<input type="radio"/> Address Unknown	Select City, State and Zip
<input type="text" value="123 FIRST ST"/>	<input type="text"/>	<input type="text" value="CHICAGO"/>	<input type="text" value="IL"/>	<input type="text" value="60290"/>	<input type="text"/>	<input type="radio"/>	<input type="button" value="Select City, State and Zip"/>

*County	*Township/Community Area
<input type="text" value="001 - ADAMS"/>	<input type="text" value="001/01 - BEVERLY"/>

Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.

*Household Income	*Client Income	*Household Size	*Household Composition	Qualifying Exceptions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="SELECT..."/>	<input type="text" value="SELECT..."/>

*Education Level	*Military Status	*Marital Status
<input type="text" value="SELECT..."/>	<input type="text" value="SELECT..."/>	<input type="text" value="1 - NEVER MARRIED"/>

*Employment Status	*SSI-SSDI Eligibility	*DFI-CFI Enrollment
<input type="text" value="SELECT..."/>	<input type="text" value="0 - NOT APPLICABLE"/>	<input type="text" value="N - NOT APPLICABLE"/>

*Court/Forensic Treatment
<input type="text" value="SELECT..."/>

Close Consumer Registration



Close Consumer Registration

- **Is used for the following:**
 - Close the consumer's registration
 - End date a special program
 - End date a special program and close the registration

Click the View 'Consumer Registration' button

The screenshot displays a web application interface for consumer registration. On the left is a navigation menu with options like 'Home', 'Specific Consumer Search', 'Register Consumer', and 'View Clinical Request Drafts'. The main content area has tabs for 'Demographics', 'Enrollment History', 'COB', 'Benefits', and 'Additional Information'. A warning message states: 'Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.' Below this, there are two sections: 'Consumer' and 'Eligibility'. The 'Consumer' section lists details such as Consumer ID, Alternate ID, Consumer Name (CONSUMER, TEST), Date of Birth (01/01/1984), and Address (123 FIRST ST, CHICAGO, IL 60290). The 'Eligibility' section shows Effective Date (07/01/2008), Expiration Date, and COB Effective Date. A 'Subscriber' section shows Subscriber ID and Subscriber Name (CONSUMER, TEST). At the bottom, there are two rows of buttons: 'View Consumer Auths', 'View Consumer Claims', 'View Empire Claims', 'View GHI-BMP Claims', 'View Consumer Registrations', 'Enter Auth Request', 'Enter Claim', 'Send Inquiry', 'View Clinical Request Drafts', and 'Special Program Applications'. The footer contains copyright information for ValueOptions and ProviderConnect, and links to 'Return to ValueOptions Home', 'Return to Provider Home', 'Contact Us', 'Privacy Statement', and 'Terms and Conditions'.

Home
Specific Consumer Search
Register Consumer
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
Enter a Special Program Application
EDI Homepage
On Track Outcomes
Reports
My Online Profile
My Practice Information
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Demographics Enrollment History COB Benefits Additional Information

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

Consumer

Consumer ID
Alternate ID
Consumer Name **CONSUMER, TEST**
Date of Birth **01/01/1984**
Address **123 FIRST ST
CHICAGO, IL 60290**
Alternate Address
Marital Status
Home Phone
Work Phone
Relationship
Gender **F - Female**

Eligibility

Effective Date **07/01/2008**
Expiration Date
COB Effective Date
[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID
Subscriber Name **CONSUMER, TEST**

[View Consumer Auths](#) [View Consumer Claims](#) [View Empire Claims](#) [View GHI-BMP Claims](#) [View Consumer Registrations](#)
[Enter Auth Request](#) [Enter Claim](#) [Send Inquiry](#) [View Clinical Request Drafts](#) [Special Program Applications](#)

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Click the 'Close Registration' button


View Consumer Auths View Consumer Claims View Empire Claims View GHI-BMP Claims Enter Member Reminders View Consumer Registrations

Enter Auth Request Enter Claim Send Inquiry View Clinical Drafts Special Program Applications

Add Consumer Registration

Consumer Registrations

Form	Date Created	Edited By	Fund	Effective Date	Expiration Date			
ILAS	08/06/2010	999999	213	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change
ILAS	08/06/2010	999999	350	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change
ILAS	08/06/2010	999999	572	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change
ILAS	08/06/2010	999999	573	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change
ILAS	08/06/2010	999999	574	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change
ILAS	08/06/2010	999999	860	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change
ILAS	08/06/2010	999999	ABC	07/23/2010	01/23/2011	Re-Register	Close Registration	Address Change



Special Program Enrollment

Consumer Registration

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

Recipient ID(RIN) XXXXXXXXXX Registration Start Date (MMDDYYYY) **08/04/2010** Client ID

Demographics

Last Name **CONSUMER** First Name **TEST** Middle Name Suffix Date of Birth (MMDDYYYY) **01/01/1984**

Special Program Enrollment

Juvenile Justice Yes No Path Grant Yes No Community Hosp Inpatient Yes No *ICG Community Services Yes No *CHP Yes No

Begin Date Begin Date Begin Date Begin Date Begin Date

End Date End Date End Date End Date End Date

*Consumer in Residential program funded by DMH and operated by Registering Provider **0 - NOT IN RESIDENTIAL PROGRAM**

Begin Date End Date

*Permanent Supported Housing Yes No

*Money Follows the Person Yes No

MH CLOSING

MH Closing Date MH Closing Disposition **SELECT...**

Functional Scale Used at Closing **G - GAF** GAF/CGAS Score at Closing

Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits.

Household Income Client Income Education Level **SELECT...**

Close Registration Confirmation

Consumer Close Registration Confirmation

Registration Status: ***** CLOSED *****

Provider ID	Provider Last Name	Provider First Name	Provider Address
			**
Consumer ID	Last Name	First Name	Consumer Address
*****	CONSUMER	TEST	123 FIRST ST, CHICAGO, IL 60290

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
213	ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	08/04/2010	08/04/2010
350	ILLINOIS-PSYCHIATRIC LEADERSHIP	08/04/2010	08/04/2010
572	ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	08/04/2010	08/04/2010
573	ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	08/04/2010	08/04/2010
574	ILLINOIS-PSYCHIATRIC MEDICATION	08/04/2010	08/04/2010
860	ILLINOIS-CRISIS RESIDENTIAL	08/04/2010	08/04/2010
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	08/04/2010	08/04/2010

MESSAGE
THE REGISTRATION HAS BEEN CLOSED.

[Return](#)

Customer Support Telephone Numbers

- This guide is posted on the “In the Spotlight” section of the Collaborative website at <http://www.illinoismentalhealthcollaborative.com>

Reason For Call	Contact Number To Use
Claims/Billing Issues <u>before or after</u> 7/1/11 HFS Claims Transition	HFS Bureau of Comprehensive Health Services 877-782-5565, Press “0”; ask for a Community Mental Health Support Consultant HFS EDI Help Desk: 217-524-3814
Service Authorization - For a provider to pre-authorize care - Inquire about an existing authorization	The Collaborative (866) 359-7953, select the provider menu, then press 1.
Registration questions (technical or nontechnical in nature) Technical difficulty with the Collaborative system such as: - Account disabled - System “freezing” or crashing - System unavailable errors	EDI Help Desk (888) 247-9311
Utilization Management (Clinical)	The Collaborative (866) 359-7953, select the provider menu, then press 1.
IntelligenceConnect Reporting Issues	EDI Help Desk (888) 247-9311
No RIN or Social Service Package B Issues	DHS/Customer Support: Jay Hidalgo (800) 385-0872
Multiple RIN Issues	The Collaborative (866) 359-7953, select the provider menu, then press 1.
DMH Policy Issues	DMH Regional Staff

Multiple RIN Resolutions

- Call the Collaborative at (866) 359-7953, select the Provider Menu, then press 1
 - Collaborative eligibility specialist will then work with DMH
 - DMH directs the Collaborative to keep or merge each RIN

How to Handle Consumer Name and Date of Birth Changes

- The consumer's name and date of birth that the Collaborative has on file is the consumer's name and date of birth that the Collaborative received from HFS.
- If the consumer's name or date of birth is incorrect, the correction needs to be made with HFS.
- HFS will then notify the Collaborative, through the eligibility file we get from them daily.

▪ Batch Registration

- Presenter: Trish Gorda

Overview

- **Please Note:** This portion of the document will step through the basics of submitting a batch registration file using ProviderConnect. For detailed information regarding
- Submitter ID and Password
- File Specifications
- Batch Submission File Layout
- DSM-5 / ICD-10 Diagnostic Categories, Codes, and Descriptions
- Error Processing
- please refer to the Batch Registration Submission Guide found on the Illinois Mental Health Collaborative website.

Individual Consumer vs. Batch Registration

- **Individual Consumer** – registration is completed on-line in real time for an individual consumer.
- **Batch** – registration records are submitted on a specially formatted file using a batch process.

Where do I Find the Guide?

- On the Collaborative Website at:
 - http://www.illinoismentalhealthcollaborative.com/provider/prv_information.htm

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

About Services Feedback Contact

for providers

Provider Online Services

- Home
- Provider Home
- Provider Manual
- Provider Forms
- ReferralConnect
- **Provider Information**
- MIS Conversion Information
- ASO Roles & Responsibilities
- Contacts

Provider Information

[Provider Orientation Questions](#)

Training

- ProviderConnect and Batch Registration Training (10/21/15) (PDF)
- Provider Enrollment (10/21/15) (PDF)
- Utilization Management Request for Services Process (10/21/15) (PDF)
- Registration Enhancements Transition from DSM-IV/ICD-9 to DSM-5/ICD-10 (09/18/15) (PDF)
- DSM-5/ICD-10 Overview for Submission of Service Authorization Requests (09/18/15) (PDF)
- Technical Assistance for Clinical Documentation Training (08/03/15) (PDF)
- Provider Enrollment (04/20/15) (PDF)
- ProviderConnect and Batch Registration (04/20/15) (PDF)
- Utilization Management Request for Services Process (04/20/15) (PDF)
- Submission for Claims (04/20/15) (PDF)
- Williams Class PSH/ACT Presentation (09/29/14) (PPT)
- DMH Rule 132 Training Agenda Day 1 (08/13/14) (PDF)
- DHS Division of Mental Health Mission (08/13/14) (PDF)
- The Expectation is Recovery (08/13/14) (PDF)
- Child and Adolescent Services (08/13/14) (PDF)

Registration

- Batch Registration Submission Guide (March 2016) ←
- ProviderConnect Registration Guide (June 2013)

Let's Get Started!

STAGING PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account -Illinois Medicaid ValueOptions 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 a Special Program Application
Enter Case Management Referral
Complete Provider Forms
Enter a Comprehensive Service Plan
Enter Bed Tracking Information
Search Beds/Opening
Weekly ABA Measures
EDI Homepage
Enter Member Reminders
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information

Welcome [REDACTED]. Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (2 **NEW**) Message

Click on inbox to view your messages

Log into ProviderConnect and click the 'EDI Homepage' option on the left hand side of the page.

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 a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
 - [Weekly ABA Measures](#)
- ▶ [Enter or Review Claims](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)

EDI Homepage

EDI Transactions

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

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

Submit Batch File

Search Files

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

Click 'Submit Batch File'.

Previous Claims File Batch Submissions

Submission #	Result	Date Received	Form #
0087295867	Passed Validation	Tue Jul 29 13:43:46 EDT 2008	BATCHREG
0087295866	Passed Validation	Tue Jul 29 11:25:04 EDT 2008	BATCHREG
0087295865	Passed Validation	Tue Jul 29 11:03:38 EDT 2008	BATCHREG
0087295864	Passed Validation	Tue Jul 29 11:03:29 EDT 2008	BATCHREG
0087295863	Passed Validation	Tue Jul 29 11:03:18 EDT 2008	BATCHREG
0087265855	Passed Validation	Sat Jul 26 17:19:17 EDT 2008	BATCHREG

Incoming Files

File Name	Date Posted	File Size
-----------	-------------	-----------

Step 1 - Select the Form Type

Submit Batch File - Step 1 of 4

To submit a claims batch file, begin with step 1 below.

Required fields are denoted by an asterisk (*) adjacent to the label.

* Form Type

Select the 'BATCHREG'
Form Type and click 'Next'.

Step 2 - Click Next.....

Submit Batch Claim - Step 2 of 4

Next, enter information in the fields below. This information will be used to validate the actual file that is received in Step 3 of this process. Required fields are denoted by an asterisk (*) adjacent to the label.

No Form Based Questions are Associated with this Provider Since Form Types are not Present.BATCHREG

Click 'Next'.

ProviderConnect v5.04.00 | [Return to ValueOptions Home](#) | [Return to Provider Home](#) | [Contact Us](#) | [Privacy Statement](#) | [Terms and Conditions](#)

Step 3 – Attach the File and Submit

Submit Batch Claim - Step 3 of 4

Enter the batch file to upload or click Browse to search for a file to upload. This file should be formatted in the [pre-defined](#) format. [Begin batch file transfer.](#)

Required fields are denoted by an asterisk (*) adjacent to the label.

* Upload file [Browse...](#)

(Select a file from your local hard drive)

Note:

- only text and Zip files may be uploaded.
- All files must be at least 50 bytes in size.
- Compressed files may be uploaded and can contain uncompressed text files up to 1GB in size.
- Compressed files cannot be password protected.

For more information on compressing your files using ZIP, please visit the [WinZip](#) site if you are using a PC or the [MacZip](#) site if you are using an Apple computer.

All files will be scanned using McAfee VirusScan to ensure processing by our systems.

ProviderConnect v5.04.00 [Return to ValueOptions Home](#) | [Return to Provider Home](#) | [Contact Us](#) | [Privacy Statement](#) | [Terms and Conditions](#)

Step 4 - File Successfully Sent!

Submit Batch Claim - Step 4 of 4

Your file has been submitted successfully.
The Submission Number assigned for this submission will be sent to the registered internet e-mail address shortly.

***Note:** Passing the format verification process is not a guarantee of claim(s) payment.
Claim(s) payment is contingent upon the accuracy of the data submitted.
You may receive an explanation of benefits (EOB) denying payment if actual claim data is invalid or if the member is ineligible.

Edi Home

The above message displays indicating the file was submitted successfully and that the submission number will be emailed to you.

PLEASE NOTE: The submission number does not guarantee that your batch file was accepted. **YOU MUST** download the Summary response file coinciding with the submission number to verify your batch file was accepted. If it was rejected, you will need to correct your batch file and re-submit.

Batch File Rejection Errors

- Reasons for a batch file to be rejected:
 - Incorrect file format
 - No trailer record
 - Trailer record exists but is not formatted correctly

Please Note: Refer to the Batch Registration Submission Guide for detailed information regarding error messages and error file naming conventions.

Response Files

- There could be up to three response files generated for each batch registration file submitted:
 - **Summary File** – indicates if the registration file was accepted or rejected.
 - **Note:** If the batch file is rejected, this is the only response file generated. If the batch file is accepted, the summary response file will indicate the number of registration records accepted and the number in error.
 - **Accepted File** – contains all registration records that were accepted.
 - **Error File** – contains all registration records that were rejected.

Please Note: Refer to the Batch Registration Submission Guide for detailed information regarding response file content, naming conventions, and file layouts.

Retrieving Response Files

PROVIDERCONNECT
STAGING
BEACON HEALTH OPTIONS

Switch Account Illinois Medicaid ValueOptions 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 a Special Program Application
Enter Case Management Referral
Complete Provider Forms
Enter a Comprehensive Service Plan
Enter Bed Tracking Information
Search Beds/Opening
Weekly ABA Measures
EDI Homepage
Enter Member Reminders
Reports
Print Spectrum Release of Information Form
My Online Profile
My Practice Information

Welcome [REDACTED], Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (2 **NEW**) Message

Click on inbox to view your messages

INBOX SENT

WHAT DO YOU WANT TO DO TODAY?

Return to the 'EDI Homepage'.

- ▶ [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 a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
 - [Weekly ABA Measures](#)
- ▼ [Enter or Review Claims](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)

EDI Homepage

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

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

[Submit Batch File](#) [Search Files](#)

***Note:** In order to activate your Provider account, please complete
****Signature must be on file.**

Previous Claims File Batch Submissions

Submission #	Result	Date Received
0087305876	Passed Validation	Wed Jul 30 17:17:2
0087305875	Passed Validation	Wed Jul 30 17:16:2
0087305874	Passed Validation	Wed Jul 30 16:22:0
0087305873	Passed Validation	Wed Jul 30 16:18:38 EDT 2008
0087305872	Passed Validation	Wed Jul 30 16:15:58 EDT 2008
0087305871	Passed Validation	Wed Jul 30 16:13:37 EDT 2008

Incoming Files

File Name	Date Posted	File Size
#087305874R.txt	Wed Jul 30 18:30:21 EDT 2008	2541
#087305874E.txt	Wed Jul 30 18:30:18 EDT 2008	1900
#087305874A.txt	Wed Jul 30 18:30:15 EDT 2008	4830

Response Files - Click the hyperlink on one of the files for that submission number.

If there is only one response file for that submission number, then the entire file was rejected.

If the entire file was NOT rejected, then there will be up to 3 response files.

View Incoming Files

View Incoming Files

To download a file: Click on the file name, the download will automatically begin and you will be prompted as to whether you received your file or not. Each file will remain on our server and can be downloaded as many times as you wish.

To delete a file: Click the box next to the file name, and then click the "Delete" link found at the bottom of the page. To delete all files, click the top box and then click the "Delete" link found at the bottom of the page.

Select Files	File Name	Date Posted	Size
<input type="checkbox"/>	#087305874R.txt	07/30/2008 06:30:21 PM	2541
<input type="checkbox"/>	#087305874E.txt	07/30/2008 06:30:18 PM	
<input type="checkbox"/>	#087305874A.txt	07/30/2008 06:30:15 PM	



Click the hyperlink of the file you want to download.

File Downloaded Successfully?

Download File

Did you receive the file successfully?

- If your download completed successfully, and you received the file with no problems, then click **Yes**.
- Otherwise, if you had problems receiving the file, or if the download did not start, click **No**.

Yes

No

Confirm that your file was downloaded successfully!

If it was, click **'Yes'** and you'll return to the **'EDI Homepage'**.

If it was not, click **'No'** to try the download again.

Unsuccessful? Try Again!

You indicated that your download was unsuccessful. You have several options:

- Try to [download](#) the file again.
- [Download](#) the file directly. (Right Click on the link and select "Save As...")
- Return to the [Download](#) page.

Once you click one of the [Download](#) hyperlinks, you'll be returned to the EDI Homepage and have the option to:

- A. Try to download the file again using EDI - OR -
B. Download the file directly to your computer by doing a 'Save As...'

Need Help?

- If you need additional assistance submitting your batch registration file, contact the EDI Help Desk at (888) 247-9311.

