

# Trade Associations Training IDD Connects

Chapter

# 01

## Provider Connect Access Account Request Form

# An online tool where provider can:

- Link to I/DD Connects Portal
- Submit Claims and view status
- Submit Customer Service Inquiries
- Access Provider Summary Vouchers (PSVs)
- Access ProviderConnect Message Center

## **INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES**

Disclaimer: Please note that screens used in this presentation are for demonstration purposes only and actual content may vary.

# GeorgiaCollaborative.com

The screenshot shows the GeorgiaCollaborative.com website. The browser's address bar displays the URL. The top navigation bar includes links for Home, Who We Are, Individuals & Families, Providers, Reports, and Contact Us. A search bar is located on the right. A dropdown menu is open, listing various resources: Batch Provider Resources, Bulletins & Memos, Clinical, Find a Provider, Forms (highlighted with a red circle and a mouse cursor), Frequently Asked Questions, Georgia Crisis and Access Line (GCAL), IDDConnects, Policies & Procedures, Provider Enrollment, ProviderConnect, Quality Management, and Training & Education. Below the dropdown, the 'News & Events' section is partially visible. The main content area features a large image of a tree-lined path and the text 'Georgia Collaborative ASC' followed by a welcome message.

www.georgiacollaborative.com/

Beacon Health Options Home georgiacollaborative.com

Shared Documents People and Groups Home - Georgia Collabor... Western Union - Login - e... StaffConnect Home Administrative Services Or... ValueOptions® Provider ... Page Safety To

English Find a Provider Careers Search...

The Georgia Collaborative ASO

Home Who We Are Individuals & Families Providers Reports Contact Us

Georgia Crisis & Access Line 1-800-715-4225

Batch Provider Resources

Bulletins & Memos

Clinical

Find a Provider

Forms

Frequently Asked Questions

Georgia Crisis and Access Line (GCAL)

IDDConnects

Policies & Procedures

Provider Enrollment

ProviderConnect

Quality Management

Training & Education

News & Events

Georgia Crisis and Access Line (GCAL) Mobile App

Georgia Collaborative ASC

Welcome to the Georgia Collaborative Administrative Services Organization (DBHDD) network of more than 60 whole-health, person-centered and culturally sensitive supports and services throughout the state.

# Account Request Form (ARF)

The screenshot displays the website of The Georgia Collaborative ASO. The top navigation bar includes links for Home, Who We Are, Individuals & Families, Providers, Reports, and Contact Us. A search bar is located on the right. The main content area is divided into sections: GA Medicaid Termination Request Form, GA Medicaid Reactivation Request Form, ProviderConnect Forms, Quality Management Forms, and GCAL Forms. The ProviderConnect Forms section is highlighted with a red oval, and the link 'Online Services Account Request Form for Georgia Providers' is circled in red. The footer contains a Nondiscrimination Notice and a Select Language link.

English Find a Provider Careers Search...

The Georgia Collaborative ASO Home Who We Are Individuals & Families Providers Reports Contact Us Georgia Crisis Access Line 1-800-715-4225

- GA Medicaid Termination Request Form
- GA Medicaid Reactivation Request Form

### ProviderConnect Forms

- Online Services Account Request Form for Georgia Providers
- ProviderConnect Account Request Form for Access to Multiple Providers
- Online Services Intermediary Authorization

### Quality Management Forms

- Complaint Form

### GCAL Forms

- Provider Account Creation - BHLweb

Nondiscrimination Notice  
Select Language

# Review ARF (Pg. 1)

Please check with administration in your agency. It is very likely that Provider Connect credentials are assigned. The Super User of your agency can give you access!

Items with asterisk are required!



## Provider Online Services Account Request Form

Complete this form to enroll in Electronic Data Interchange (EDI) or Direct Data Entry (DDE) Transactions with Beacon.

Choose Super User account, it will give your agency functional flexibility.

Provider ID assigned by Beacon, if you do not know your agency

Name used when provider application was completed.

### Provider Information

Required fields throughout this form are noted with an asterisk (\*).

Just trying to Help, LLC

Provider, Practice or Facility Name\*

GAC000123

000-000-001

Beacon Health Options Assigned ID\*

National Provider Identifier (NPI)

Special setup, check all that apply:

- ☐ Additional User Account
- ☒ Super User Account

10-digit unique healthcare provider id. This is not a required field, however please list if available.

Federal EIN number assigned to agencies by IRS. Your agency may have more than one.

00-000123

Provider, Practice, or Facility Tax IDs to be associated to this online account. If more than one, please list all.\*

229 Peachtree Street, N.E. International Tower, Suite 1800

Address\*

Atlanta

GA

30303

City

State

Zip Code

4047822806

Telephone Number

Fax Number

# ARF (Pg.1)

Telephone Number

Fax Number

## Online Services

Please check which Online Provider Services options you are requesting:

- |   |  |
|---|--|
| <input type="checkbox"/> Batch Claims Submission (837P) | <input checked="" type="checkbox"/> Direct Claims Submission |
| <input type="checkbox"/> Batch Registration Submission  | <input type="checkbox"/> 277CA Acknowledgement File          |
| <input type="checkbox"/> Batch Authorization Submission | <input type="checkbox"/> 999 Acknowledgement File            |
| <input type="checkbox"/> Batch Discharge Submission     | <input type="checkbox"/> IDD Portal User                     |

Items automatically included are sufficient, however for this service; you will be required to submit claims directly in Provider Connect portal. Please ensure this box is marked.

### Automatically included:

- ✓ Eligibility Inquiry
- ✓ Authorization Inquiry and Submission
- ✓ Provider Summary Vouchers/EOBs
- ✓ Claim Status Inquiry

Using a clearinghouse or intermediary? Complete Clearinghouse/intermediary information on page 2.

Jenny DeLoach

Contact Name (ProviderConnect Account User)\*

Jenny.DeLoach@BeaconHealthOptions.com

Contact email address—please print\*

Email address where you would like to receive your batch submission file feedback—please print

SuperUser account information goes here! Identify an administrator for your agency.

# ARF (Pg. 2)



## Provider Online Services Account Request Form

Complete this form to enroll in *Electronic Data Interchange (EDI)*  
or *Direct Data Entry (DDE)* Transactions with Beacon.

### Clearinghouse/Intermediary Information

To be completed only if you use a clearinghouse or intermediary. Not required for providers who submit directly to Beacon.

Clearinghouse/Intermediary Name

Address

City, State Zip

### Reason for Submission:

☒ New enrollment ☐ Change enrollment ☐ Cancel enrollment

This is to certify that the following is true:

☒ I am a provider OR ☐ I am office staff of a Provider, and authorized to sign on their behalf

### Signature:

Just Trying To Help, LLC

Legal name of Organization

CEO

Title of individual signing for organization

Jenny DeLoach

Name of Individual Signing for Organization\*

Authorizing Signature\*

6/01/2019

Date\*

For this service, claims may not be batched. Please omit this section.

Please check and ensure agency does not have credentials, completing a new application could cause problems.



# ARF (Pg. 2)

Your signature certifies that (I) you have the legal authority to bind the Provider named above to these Terms and Conditions; (II) the Provider named above is bound by the Terms and Conditions; and (III) the information concerning the Provider on this Form is true, accurate, and complete, to the best of your knowledge and belief.

For more information or to request the status of your enrollment, contact [e-support.Services@beaconhealthoptions.com](mailto:e-support.Services@beaconhealthoptions.com).

Please return this form including the Terms and Conditions via fax to 866-698-6032  
or via email to [e-support.Services@beaconhealthoptions.com](mailto:e-support.Services@beaconhealthoptions.com).

Incomplete, incorrect, or illegible forms may delay or prevent proper processing.

Complete  
this section  
for a  
managed  
user.

## For Super User Accounts Only – Managed User Information:

Tanya Wilson

404 782 2836

First and Last Name of Initial Managed User\*

Managed User's Phone\*

(Must differ from Contact Name on page 1)

[Tanya.Wilson@beaconhealthoptions.com](mailto:Tanya.Wilson@beaconhealthoptions.com)

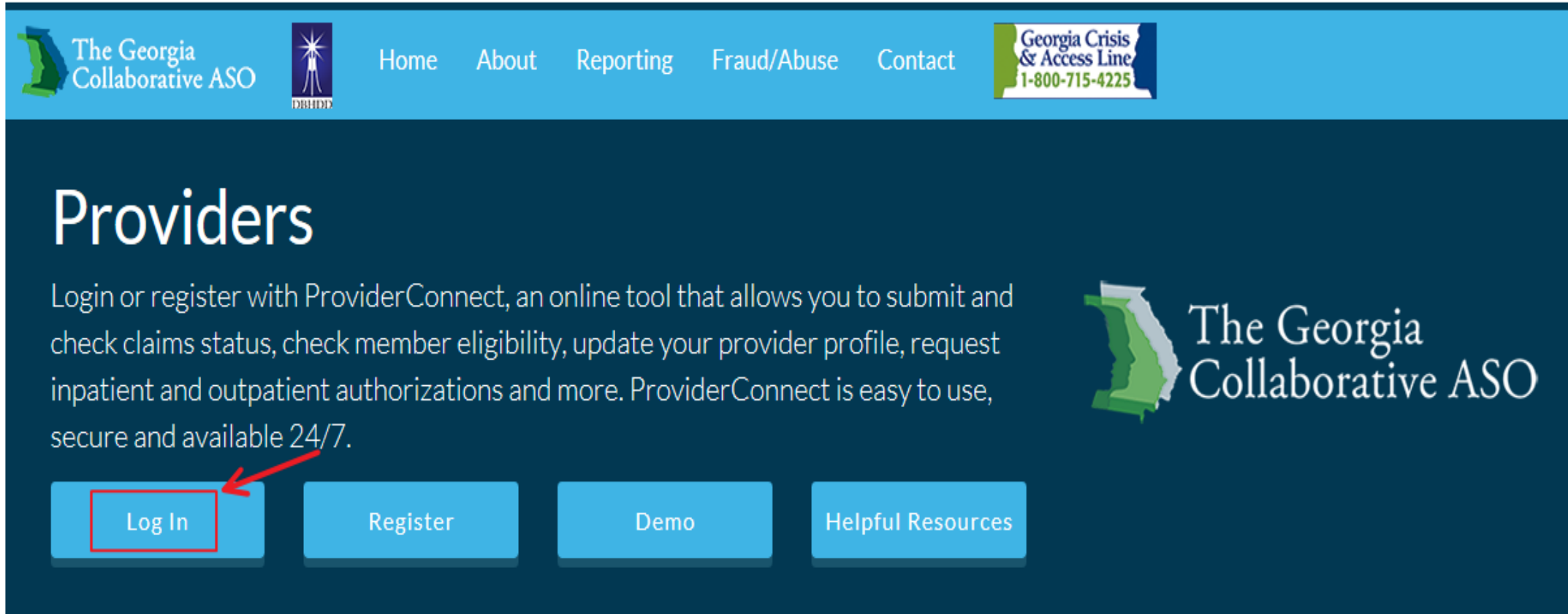
Chapter

# 02

## Introduction to Provider Connect

# Logging into ProviderConnect – SuperUser

[www.georgiacollaborative.com](http://www.georgiacollaborative.com)




The screenshot shows the top navigation bar of the website. On the left is the logo for 'The Georgia Collaborative ASO' with a green map of Georgia. In the center are navigation links: 'Home', 'About', 'Reporting', 'Fraud/Abuse', and 'Contact'. On the right is a box for the 'Georgia Crisis & Access Line' with the phone number '1-800-715-4225'.

## Providers

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 inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

Below the text are four buttons: 'Log In', 'Register', 'Demo', and 'Helpful Resources'. A red rectangle highlights the 'Log In' button, and a red arrow points to it from the left.



# Logging into ProviderConnect - SuperUser

[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.

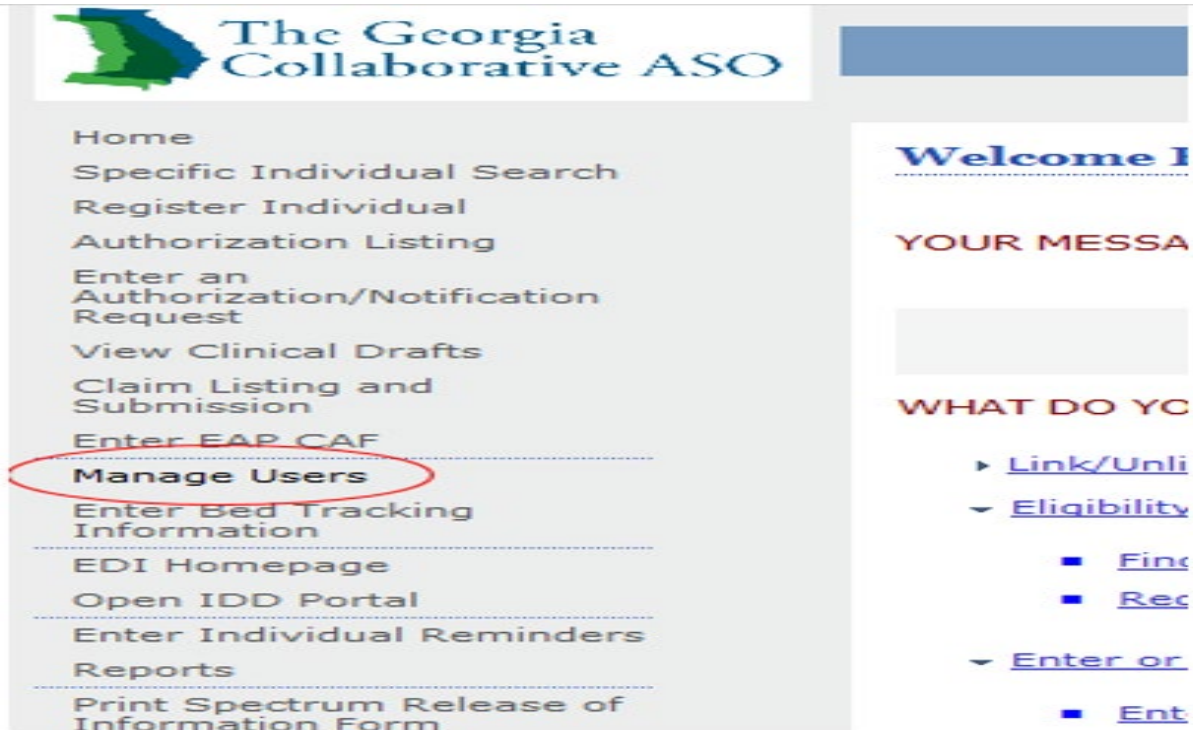
\*Password

[Forgot Your Password?](#)

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions 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 ValueOptions 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.***

# Logging into ProviderConnect – Manage Users

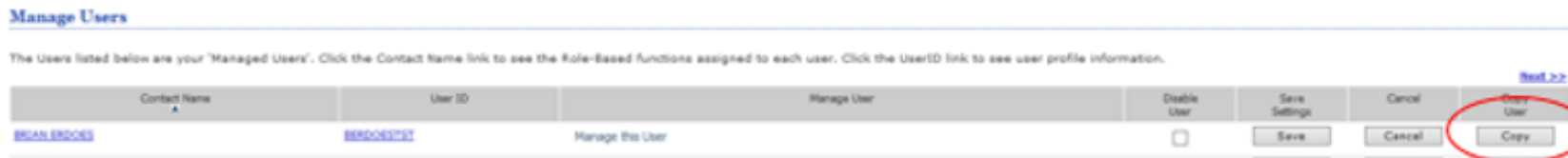


The Georgia Collaborative ASO

Home  
Specific Individual Search  
Register Individual  
Authorization Listing  
Enter an Authorization/Notification Request  
View Clinical Drafts  
Claim Listing and Submission  
**Enter EAP CAF**  
**Manage Users**  
Enter Bed Tracking Information  
EDI Homepage  
Open IDD Portal  
Enter Individual Reminders Reports  
Print Spectrum Release of Information Form

Welcome [Name]  
YOUR MESSAGE  
WHAT DO YOU WANT TO DO?  
▶ [Link/Unlink](#)  
▼ [Eligibility](#)  
■ [Find](#)  
■ [Rec](#)  
▼ [Enter or](#)  
■ [Ent](#)

On this page, you will pick one of your managed users and copy this account:



Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the Role-Based Functions assigned to each user. Click the UserID link to see user profile information.

Contact Name	User ID	Manage User	Disable User	Save Settings	Cancel	Copy User
<a href="#">BRIAN BRIDGES</a>	<a href="#">BRIDGESB</a>	Manage this User	<input type="checkbox"/>	Save	Cancel	Copy

# Logging into ProviderConnect – Manage Users

**Copy User**

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

<input type="checkbox"/> User Login ID	<input type="text" value=""/>	Provider ID	<input type="text" value=""/>
<input type="checkbox"/> First Name	<input type="text" value="BRIAN"/>	Tax ID	<input type="text" value=""/>
<input type="checkbox"/> Last Name	<input type="text" value="ERDOES"/>	<input type="checkbox"/> Notify E-mail	<input type="text" value="brian.erdos@beaconhealthoptions.com"/>
<input type="checkbox"/> Contact Name	<input type="text" value="Brian Erdoes"/>	<input type="checkbox"/> Voice Phone	<input type="text" value="4048361713"/>
Address	<input type="text" value="229 Peachtree St NE"/>	<input type="checkbox"/> Fax Phone	<input type="text" value=""/>
Address2	<input type="text" value="Suite 1000"/>	<input type="checkbox"/> Password	<input type="text" value=""/>
City/State	<input type="text" value="Atlanta"/> <input type="text" value="GA"/>	<input type="checkbox"/> Secret Question	<input type="text" value=""/>
Zip	<input type="text" value="30303"/> <input type="text" value="x"/>	<input type="checkbox"/> Secret Answer	<input type="text" value=""/>

Click to clear all the data entered above Click to cancel the 'Copy User' request Click to submit it

You will need to build the new managed user's account:

Yellow highlighted fields you would want to enter the information

Blue highlighted fields you would want to adjust for the new user

Green highlighted fields you can leave since it will represent info that would not change

Then click on submit and you will see the new user in your managed list

# Logging into ProviderConnect – Manage Users

For the user ID, the format we use, and would like you to emulate it:

- GAC, the first and last initial of the user being created, then the last four digits of your provider ID
- For the above user, with a provider ID of GAC001234, the user name would be: GACBE1234
- For the password, secret question, and secret answer, we use the default of: Beacon#123
- The first time the user logs in, it will request that this be updated.

# Logging into ProviderConnect – Manage Users

In order for a user to have access to the IDD Portal, you need to make sure that you copy a user that already has access to the portal, and you also need to make sure that the user has the appropriate clinical rights.

To update the clinical rights section, click on the Manage This User link for the user you want to update:

## Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the Role-Based functions assigned to each user. Click the UserID link to see

Contact Name	User ID	Manage User
<a href="#">BRIAN ERDOES</a>	<a href="#">BERDOESTST</a>	Manage this User



# Logging into ProviderConnect – Manage Users

## Manage Users

The Users listed below are your 'Managed Users'. Click the Contact Name link to see the Role-Based

Contact Name	User ID	
<a href="#">BRIAN ERDOES</a>	<a href="#">BERDOESTST</a>	Manage th
Function Category	Allow/Disallow	
<a href="#">ADMINISTRATIVE</a>	<input checked="" type="checkbox"/>	
<a href="#">CLAIMS REVIEW</a>	<input checked="" type="checkbox"/>	
<a href="#">CLAIMS SUBMISSION</a>	<input checked="" type="checkbox"/>	
<a href="#">CLINICAL</a>	<input checked="" type="checkbox"/>	
<a href="#">CUSTOMER SERVICE</a>	<input checked="" type="checkbox"/>	
<a href="#">ELIGIBILITY</a>	<input checked="" type="checkbox"/>	
<a href="#">SUMMARY VOUCHERS</a>	<input checked="" type="checkbox"/>	

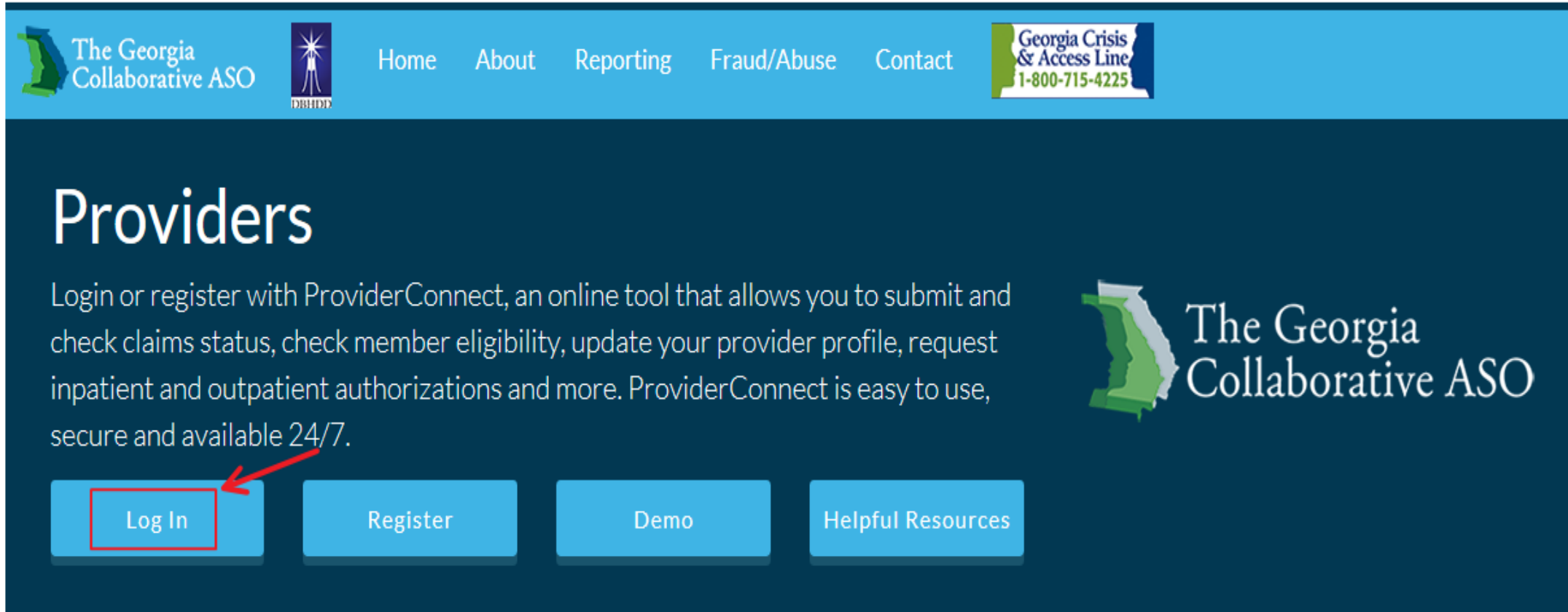
Chapter

# 03

## Provider Connect Registration

# Logging into ProviderConnect

[www.georgiacollaborative.com](http://www.georgiacollaborative.com)



The screenshot shows the top navigation bar of the website. On the left is the logo for 'The Georgia Collaborative ASO' with a green map of Georgia. In the center are navigation links: 'Home', 'About', 'Reporting', 'Fraud/Abuse', and 'Contact'. On the right is a box for the 'Georgia Crisis & Access Line' with the phone number '1-800-715-4225'.

## Providers

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 inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

On the right side of the page is a large logo for 'The Georgia Collaborative ASO' featuring a green map of Georgia.

At the bottom, there are four blue buttons: 'Log In', 'Register', 'Demo', and 'Helpful Resources'. A red rectangle is drawn around the 'Log In' button, and a red arrow points to it from the left.

# Logging into ProviderConnect

[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 ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions 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 ValueOptions 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.***

# Checking Individual Registration

The Georgia Collaborative ASO

Switch Account GAC002344-Georgia ASO ValueOptions Home Provider Home Contact Us Log Out

Home  
Specific Individual Search  
Register Individual  
Authorization Listing  
Enter an Authorization Request  
View Clinical Drafts  
Claim Listing and Submission  
Enter EAP CAF  
Manage Users  
Review Referrals  
Enter Bed Tracking Information  
Search Beds/Opening  
EDI Homepage  
Enter Individual Reminders  
On Track Outcomes  
Reports  
Print Spectrum Release of Information Form  
My Online Profile  
My Practice Information  
Provider Data Sheet  
Compliance  
Handbooks  
Forms  
Network Specific Information  
Education Center

Welcome GEORGIA TEST . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT


Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- Link/Unlink Accounts **NEW**
- Eligibility and Benefits
  - Find a Specific Individual
  - Register a Individual
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Review an Authorization
  - View Clinical Drafts
- Enter Individual Reminders

- Enter or Review Claims
  - Enter a Claim
  - Enter EAP CAF
  - Review a Claim
  - View My Recent Provider Summary Vouchers
  - PaySpan
- Enter or Review Referrals
  - Enter a Referral
  - Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- Update Demographic Information
- Update ABA Paraprofessional Roster Information
- View My Recent Authorization Letters

# Search for an Individual



Switch Account **GAC002344-Georgia ASO** ValueOptions Home Provider Home Contact Us Log Out

Home

Specific Individual Search

Register Individual

Authorization Listing

Enter an Authorization Request

View Clinical Drafts

Claim Listing and Submission

Enter EAP CAF

Review Referrals

Enter Bed Tracking Information

Search Beds/Openings

EDI Homepage

Enter Individual Reminders

On Track Outcomes

## Eligibility & Benefits Search

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

Verify an individual's eligibility and benefits information by entering search criteria below.

*Individual ID	<input type="text" value="400001466"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="09101980"/>	(MMDDYYYY)
As of Date	<input type="text" value="09152015"/>	(MMDDYYYY)

CID, Medicaid ID, Medicare ID, or Social Security Number

# View Individual Registrations



- Home
- Specific Individual Search
- Register Individual
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- EDI Homepage
- Enter Individual Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form
- 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

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

Individual?	
Individual ID	400001466
Alternate ID	
Individual Name	INDIVIDUAL, TEST
Date of Birth	09/01/1980
Address	UNKNOWN UNKNOWN, GA 99999
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	M -

Eligibility	
Effective Date	09/14/2015
Expiration Date	09/13/2016
COB Effective Date?	
<a href="#">View Funding Source Enrollment Details</a>	

Subscriber	
Subscriber ID	400001466
Subscriber Name	INDIVIDUAL, TEST

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

**If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.**

View Individual Auths

View Individual Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth Request

Enter Claim

Send Inquiry

View Clinical Drafts

Enter Individual Reminders

View Individual Registrations

View Spectrum Record




# Individual Registrations

If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.

<a href="#">View Individual Auths</a>	<a href="#">View Individual Claims</a>	<a href="#">View Empire Claims</a>	<a href="#">View GHI-BMP Claims</a>
<a href="#">Enter Auth/Notification Request</a>	<a href="#">Enter Claim</a>	<a href="#">Send Inquiry</a>	<a href="#">View Clinical Drafts</a>
<a href="#">Enter Individual Reminders</a>	<a href="#">View Individual Registrations</a>		
<a href="#">View Spectrum Record</a>			

## Individual Registrations

[Re-Register](#) [Update Demographics](#)

Registration Number	Date Created	Type	Demographic Change
 <a href="#">06172019 1 1 1</a>	06/17/2019	External	No
Fund	Registration Start Date Registration End Date		
GACO-DD FAMILY SUPPORTS	06/17/2019		06/16/2020
GACO-REGISTRATION FUND	06/17/2019		06/16/2020
SFDD	06/17/2019		06/16/2020

Fund	Fund Abbreviation	Population
State Funded Developmental Disability	SFDD	IDD Adults and C&A
General Registration Fund	GREG	Adults and C&A



# Individual Registration

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

## Individual Detail

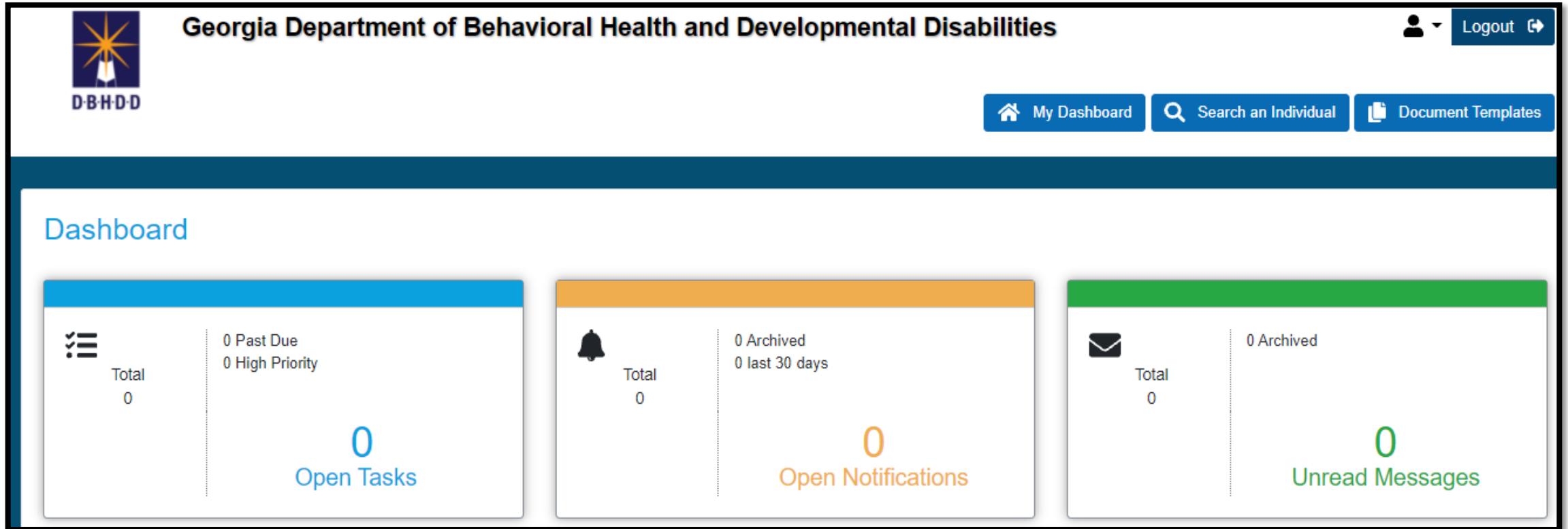
Subscriber ID	Individual ID	Individual Name	Group #	Group Name	Account #	Fund	Benefit Package	Effective Date	Expiration Date	Date Changed
270090534	270090534		GAC001	GEORGIA	GAC001	SFDD	GC24	04/01/2019	06/16/2020	06/17/2019
270090534	270090534		GAC001	GEORGIA	GAC001	SFAD	GC10	04/01/2019	06/16/2020	06/17/2019
270090534	270090534		GAC001	GEORGIA	GAC001	GREG	GC21	04/01/2019	06/16/2020	06/17/2019

Chapter

# 04

## IDD Connects Dashboard

# IDD Connects System: Landing Page



The screenshot displays the landing page of the IDD Connects System. At the top, the header includes the Georgia Department of Behavioral Health and Developmental Disabilities logo and name on the left, a user profile icon and 'Logout' button on the right, and three navigation buttons: 'My Dashboard', 'Search an Individual', and 'Document Templates'. Below the header, the main content area is titled 'Dashboard' and features three large, colorful tiles. The first tile (blue header) shows '0 Past Due', '0 High Priority', and '0 Open Tasks'. The second tile (orange header) shows '0 Archived', '0 last 30 days', and '0 Open Notifications'. The third tile (green header) shows '0 Archived' and '0 Unread Messages'. Each tile also displays a 'Total' count of 0.

Georgia Department of Behavioral Health and Developmental Disabilities

Logout

My Dashboard Search an Individual Document Templates

## Dashboard

Tasks	Notifications	Messages
0 Past Due 0 High Priority Total: 0 0 Open Tasks	0 Archived 0 last 30 days Total: 0 0 Open Notifications	0 Archived Total: 0 0 Unread Messages

Each tile is connected to a designated part of the IDD Case Management System for quick access.

# Notifications

Select	Date	Description
<input type="checkbox"/>	03/28/2019	State Fund Extension request submitted for MARK ANTHONY with CID# 400063642.
<input type="checkbox"/>	03/27/2019	State Fund Extension request submitted for TSTWCSCGDO TSTLZPTJ with CID# 400064557.
<input type="checkbox"/>	03/27/2019	State Fund Extension request submitted for TSTRIHSDRY TSTCXRCX with CID# 400064552.
<input type="checkbox"/>	03/27/2019	State Fund Extension request submitted for TSTDMSMDC TSTOXEOI with CID# 400064549.



## Archiving Notifications

Archive+

View All Notifications

View All Archived Notifications

# Messages

[Send a New Message](#)

## Received Messages

Select	Message Date ↕	Message Description	Received From ↕
<input type="checkbox"/>	09/14/2018	<a href="#">Shared Favourite Search: App</a>	IE Manager
<input type="checkbox"/>	09/10/2018	<a href="#">View Documents for aaa aaa</a>	psych first
<input type="checkbox"/>	09/10/2018	<a href="#">View Documents for aaa aaa sample</a>	system admin
<input type="checkbox"/>	06/23/2018	<a href="#">testing</a>	App ReviewerOne

[+ Archive](#)[View All Messages](#)[View All Archived Messages](#)

## Sent Messages


Select	Message Date ↕	Message Description	Sent To ↕
<input type="checkbox"/>	12/18/2018	<a href="#">test</a>	SystemAdmin Three

[+ Archive](#)[View All Messages](#)[View All Archived Messages](#)

# Send A Message



**Send a Message**

To



Message Box

1000 of 1000 characters left

 Send Message  Cancel

# IDD Connects – Grant Access

# Grant Access in IDDC

- Providers are given access/permission to individual files in IDDC to review records by Field Office Staff/Support Coordination.
- Temporary access is for 14 days, then access is revoked.
- Users need to make sure that their IDDC account is unlocked and their password is current or the FO/SC will not be able to find the provider.
- In the event the FO/SC is unable to locate the user, the Provider should contact the Beacon Customer Service @855-606-2725. They will be able to unlock their account, and an email will be sent to the user to reset their password.



# IDD Connects – Eligibility Module

# Eligibility Module

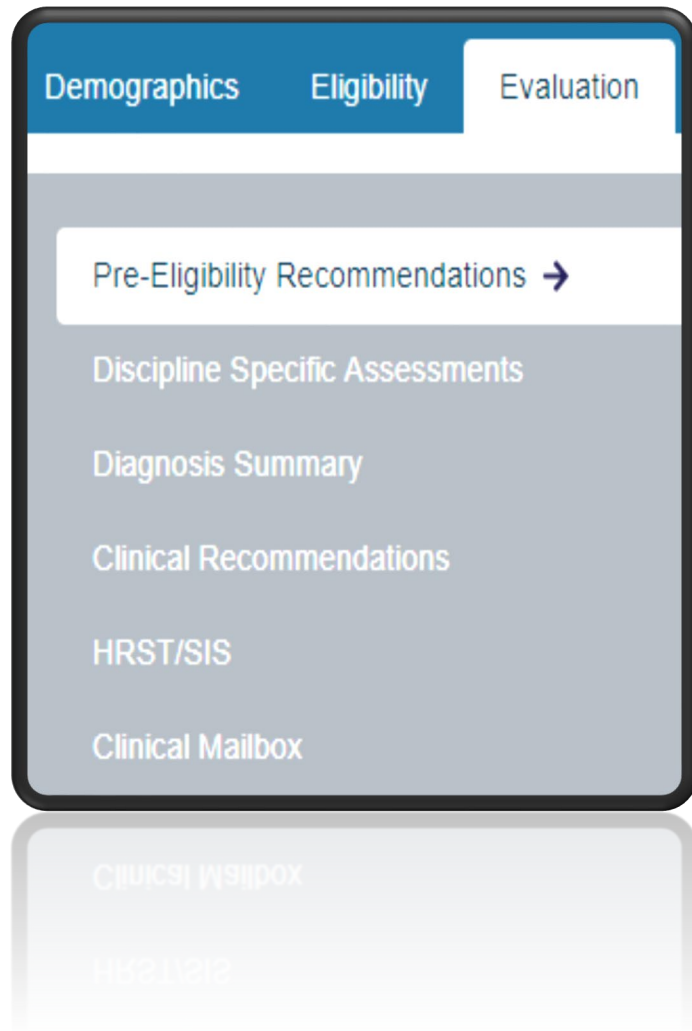
- Users are able to view the Support Coordinator assigned to an individual under the Eligibility tab, and click on the funding tab on the left side of the navigational bar.

The screenshot displays the 'Eligibility Module' interface. At the top, a horizontal navigation bar contains tabs: Demographics, Eligibility (highlighted with a red box), Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes, Services, Individual 360, Appeals, and Letters. On the left, a vertical sidebar lists various sections: Eligibility Status, Application Details, Pre-Eligibility, Financial and Needs Assessment, Medicaid Information, Planning List (highlighted with a red box), Funding (highlighted with a red box and an arrow), and LOC. The main content area is titled 'Funding and Resource Assignment' and includes a 'Legacy View' link. It shows 'Approved Funding Source: COMP' and a 'Waiver Information' section. This section contains a radio button for 'Waiver Funding Available' (set to 'Yes'), and three dropdown menus: 'Assigned Waiver' (COMP), 'Assigned PLA' (Felicia PlanListTwo), and 'Assigned SC Agency' (CREATIVE CONSULTING SERVICES). Below these, the 'Assigned SC' dropdown menu is highlighted with a red box and shows 'Wanda Cross'. The 'Assigned State Service Coordinator' dropdown is set to 'Select'. At the bottom right of the form are 'Reset' and 'Save' buttons.

# IDD Connects – Evaluation Module

# Evaluation Tab

Evaluation









User views the following sections under the evaluation tab:

- Pre-Eligibility
- Discipline Specific Assessments
- Diagnosis Summary
- Clinical Recommendations
- HRST/SIS
- Clinical Mailbox: Summary of the Clinical Requests and Clinical Assignments

# Discipline Specific Assessments

Evaluation

**Georgia D · B · H · D · D**



**CID:** 400041340**First Name:** herbert**Last Name:** joshua**DOB:** 08/04/1995**Age:** 23**Gender:** Male**Race:** Asian**Region:** Region5**Funding Source:** NOW**Medicaid ID:** N/A**ADA Status:** N/A**Priority:** N/A**Address:** 163 E Tollison St, Atlanta, Georgia, Appling, ...**Last Updated On:** Sep 18, 2018, 10:01:07 AM**Last Updated By:** clinic1

Demogr.

Pre-Eligibility Recommendations

**Discipline Specific Assessments →**

Diagnosis Summary

Clinical Recommendations

HRST/SIS

Clinical Mailbox

**Discipline Specific Assessments**

Evaluation Type ▾	Date Assigned ▾	Date Completed ▾	Reason for Update ▾	Evaluation Update Date ▾	Completed By ▾
<a href="#">Behavioral Support</a>	08/02/2018	08/02/2018		08/02/2018	clinic clinicOne
<a href="#">Social Work</a>	08/02/2018	08/02/2018	ISP Clinical Reviewer	08/02/2018	System AdministratorOne

Select Discipline Specific Evaluation Form:

Home

Site Map

Accessibility

Privacy / Security

Non-Discrimination Notice ▲

Need Help? ▲

# Discipline Specific Assessments

## Clinical Assessment for Behavioral Support Needs

Evaluation

The screenshot displays the 'Clinical Assessment of Behaviour Support Needs' form from the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). The form is titled 'Clinical Assessment of Behaviour Support Needs' and includes a sidebar with navigation options: Demographics, Pre-Assessment, Disciplinary, Diagnostic, Clinical, HR Services, and Clinical. The main form area is divided into two sections: 'Type of Assessment' and 'Demographic information'. The 'Type of Assessment' section has two radio buttons: 'Initial' (selected) and 'Update'. The 'Date of Assessment' is set to '08/02/2018'. The 'Demographic information' section includes fields for 'First Name' (herbert), 'Last Name' (CHOCOLATE), 'Date Of Birth' (05/05/1990), 'Gender' (Female), 'Last Four Digits of SSN#' (XXX-XX-3574), and 'Age' (29). A note at the bottom states: 'Demographic information, allergies and diagnosis (medical/behavioral health/IDD diagnosis), as well as last four digits of SSN#, will auto populate.'

Georgia D · B · H · D · D

**Clinical Assessment of Behaviour Support Needs**

Type of Assessment \*  
☒ Initial ☐ Update

Date of Assessment \*  
08/02/2018

Demographic information

**Demographics**

First Name \*  
herbert

Gender \*  
Female

Type of Assessment \*  
☒ Initial ☐ Update

Date of Assessment \*  
05/29/2019

Demographic Information

First Name \*  
CHOCOLATE

Last Name \*  
DUVILAIRE

Date Of Birth \*  
05/05/1990

Gender \*  
Female

Last Four Digits of SSN# \*  
XXX-XX-3574

Age \*  
29

Address Line 1 \*  
Address Line 2 \*

© 2018 A

# Diagnosis Summary

Evaluation

[Demographics](#) [Eligibility](#) [Evaluation](#) [ISP](#) [Prior Authorization](#) [Documents](#) [Outcomes & Support Notes](#) [Services](#) [Individual 360](#) [Appeals](#) [Letters](#)

[Pre-Eligibility Recommendations](#)  
[Discipline Specific Assessments](#)  
[Diagnosis Summary →](#)  
[Clinical Recommendations](#)  
[HRST/SIS](#)  
[Clinical Mailbox](#)

View legacy I&E Screening information

Diagnosis Summary

Diagnosis (Supported in Records or by Evaluation)	Diagnosis Category	Entry Date	Diagnosis Type
F71 Moderate intellectual disabilities	Intellectual Disability	08/18/2017	IDD

1

10

# Health Risk Screening Tool (HRST)

Evaluation

Pre-Eligibility Recommendations

Discipline Specific Assessments

Diagnosis Summary

Clinical Recommendations

**HRST/SIS →**

Clinical Mailbox

View legacy I&E Screening information

HRST [Refresh](#)

Filter

HRST Date	Review Type	Completed By	HRST Score	HRST Level	Status
<a href="#">06/03/2019</a>	NA	Jane Okeh	62	6	Completed
<a href="#">10/30/2019</a>	NA	JANE OKEH	63	6	Completed
<a href="#">05/11/2020</a>	NA	JANE OKEH	63	6	Completed
<a href="#">12/03/2020</a>	NA	JANE OKEH	56	6	Completed
<a href="#">06/01/2021</a>	NA	JANE OKEH	59	6	Completed

1 10

Create New HRST



# IDD Connects – HRST Updates

**Karen Cawthon**

Office of Health and Wellness

November 2021

# HRST Log In Information

The screenshot shows a web browser window with the address bar displaying `https://gadd.hrstapp.com`. The browser's address bar includes navigation buttons (back, forward, refresh, home) and a search bar. The page title is "GADD HRST". The browser's tab bar shows "GADD HRST" and "PolicyStat :: PolicyStat". The page content is a login form for the "HRST HEALTH RISK SCREENING TOOL" and "Georgia DBHDD". The form includes a "Log In" button and a "Forgot Username or Password?" link. The footer contains links for "Home", "Contact Support", "Knowledgebase", and "HRST Corporate Site". The Windows taskbar at the bottom shows the search bar, task view button, and several application icons (Notepad, Word, Excel, PowerPoint, Outlook, Edge, Chrome, Firefox, and the HRST application). The system tray shows the time as 1:09 PM on 11/4/2020.

GADD HRST

https://gadd.hrstapp.com

Getting Started | IDD Connect Live | GADD HRST | PolicyStat :: PolicyStat

HRST HEALTH RISK SCREENING TOOL

Georgia DBHDD

Not logged in

Home

Log In

Username

Password

Log In

Forgot Username or Password?

Home

Contact Support  
Knowledgebase  
HRST Corporate Site

Log Out

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Rev 2434

Type here to search

Desktop

1:09 PM  
11/4/2020

# HRST Log In Information



You cannot log into HRST because your IDD Connect User Account is locked. Your account will need to be unlocked and then your password reset in IDD Connect.

Please contact Beacon Customer Service at 1-855-606-2725 to have account unlocked. You will receive an automated email to reset password from NoReply-DBHDD once the account is unlocked.

If you do not receive the automated password reset email, please check your junk or spam mail folder. You must reset your password within 48 hours or your account will lock.

**Please contact Beacon Customer Service at 1-855-606-2725**

# HRST Log In Information

The screenshot shows a web browser window with the address bar displaying `https://gadd.hrstapp.com`. The browser's address bar includes navigation buttons (back, forward, refresh, home), a security lock icon, and a zoom level of 80%. The browser's tab bar shows the active tab as "GADD HRST". The browser's bookmark bar contains links for "Getting Started", "IDD Connect Live", "GADD HRST", and "PolicyStat :: PolicyStat".

The main content area of the browser displays the HRST (Health Risk Screening Tool) login page. The page has a dark blue header with the HRST logo (Health Risk Screening Tool) and the Georgia DBHDD logo. The text "Georgia DBHDD" is displayed next to the logo. The text "Not logged in" is displayed in the top right corner. Below the header, the page has a dark blue navigation bar with the text "Home" in green. The main content area is white and contains the "Log In" section. The "Log In" section has two input fields: "Username" and "Password". Below the input fields is a red "Log In" button. Below the "Log In" button is a link that says "Forgot Username or Password?".

The footer of the page is dark blue and contains the following text: "Home", "Contact Support", "Knowledgebase", "HRST Corporate Site", and "Log Out". Below this text is the copyright notice: "© 2020 Health Risk Screening, Inc. All Rights Reserved. Rev 2434".

The Windows taskbar is visible at the bottom of the screen, showing the search bar with the text "Type here to search", several application icons (including the Start button, File Explorer, Microsoft Edge, and various office applications), and the system clock showing "1:09 PM 11/4/2020".


# Troubleshooting HRST Log In Issues

- Use a web browser that supports HRST and IDD Connects
- Clear saved passwords from web browser for HRST after resetting password.
- Reset IDD Connect Password using the following link:  
<https://idd.georgiacollaborative.com/IDDPortal/provider>
- Emails for resetting password often are found in Junk Mail. If you do not receive an email, ask HRST or Beacon Helpdesk what email address was used when you registered for IDD Connect.
- Locked IDD Connect Accounts may occur when resetting passwords. User may need to reach back out to Beacon Customer Service at 1-855-606-2725 to have account unlocked.

# New HRST Support Team Provider Assignment

About MeMy ContactsDiagnosesMedicationsVaccinationsRatingsSupport Team

Health TrackerNursingHealth Passport

 My Support Team

My ProvidersMy Caseworkers

## Provider Agencies

Show: AllCurrentPast

Show 10 entries

Provider Name	Service	Start Date	End Date
---------------	---------	------------	----------

# New HRST Support Team Provider Assignment

The Provider highest in the HRST Hierarchy on the Prior Authorization will continue to be assigned from IDD Connects.

A second provider can now be assigned within the HRST based on Prior Authorization End Date. This was built to primarily address the need to allow the Nursing Service Provider access along with the CRA or CLS Provider to the Individual's Support Team.

If you are a Nursing Service Provider and need access in HRST to a person you serve, send the list to [gasupport@replacingrisk.com](mailto:gasupport@replacingrisk.com).

HRST will verify you are an approved provider on the Prior Authorization and send review to DBHDD before granting access.

Please email [karen.cawthon@dbhdd.ga.gov](mailto:karen.cawthon@dbhdd.ga.gov) if you have questions.

# HRST Support Team: [gasupport@replacingrisk.com](mailto:gasupport@replacingrisk.com)


- HRST Support Team is available to assist in resolving Log In issues @ [gasupport@replacingrisk.com](mailto:gasupport@replacingrisk.com)
- Email HRST Support Team to register for HRST Online Rater Course @ [gasupport@replacingrisk.com](mailto:gasupport@replacingrisk.com) after you have created the IDD Connect User Account. Include IDD Connect Username and User's First/Last Name in email.





# Screen Intensity Scale (SIS)

Evaluation






**SIS** [Refresh](#)






**Filter** 

SIS Date From:  
 

SIS Date To:  
 


[Reset](#) [Filter](#)

	SIS Date 	Review Type 	Completed By 	Status 
	09/21/2021	RCR	Felicia Mann	Completed

  1   50 

☐ SIS-A ☐ SIS-C [Create New SIS](#)

# Supports Intensity Scale (SIS) - PDF



American Association  
on Intellectual and  
Developmental Disabilities

**Family-Friendly Report (SIS-A)**  
Confidential Interview and Profile Results for the Supports Intensity Scale Adult Version™ : SIS-A™

Person Being Assessed:

Last:

First:

Middle:

Language Spoken at Home:

Gender:

Address:

City:

State/Province:

Zip Code:

Phone:

D.O.B. (mm/dd/yyyy):

Age:

Tracking Number:

Client Id:

Medicaid Number:

SSN:

SUPERMARKET

PUBLIX

M

55 Glenlake Pkwy

Atlanta

GA

30328

09/13/1965

56

gdfgdf

400144841

9999988888

\*\*\*\*\*8888

Assessment Data:

Interview Date (mm/dd/yyyy):

ISP Begin Date:

SIS ID:

Reason for Assessment:

09/21/2021

1482619

Interviewer Data:

Interviewer:

Position:

Agency/Affiliation:

Interviewer Address:

Phone:

Interviewer Email:

William Richards

Developer

AB EL

4660 S. Hagadorn Rd.  
East Lansing, MI, 48823

5175551212

Ext.:  
brichards@ajboggs.com

Case Manager Detail:

Support Providers - Essential supports for this individual are being provided by the following

Name	Relationship	Phone	Ext.
------	--------------	-------	------

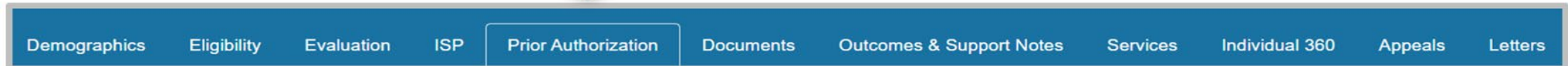
# IDD Connects – Prior Authorization Module

# Prior Authorization (View Only)

**Step 1:** Log in IDD Connects portal.

**Step 2:** Search for an Individual and click on the **CID#** to navigate to the Demographic tab of the Individual.

**Step 3:** Click on the **Prior Authorization** Tab to view the Prior Authorizations.



# Prior Authorization (View Only) Continued

**Step 4:** Click on the IDD PA Number hyperlink to view the details of the PA.

**Prior Authorizations Summary**

**Filter**

IDD PA Number:

PA Status:

Funding Source:

Effective Date Range From:

Effective Date Range To:

Expiration Date Range From:

Expiration Date Range To:

Authorized Amount From:

Authorized Amount To:

Reset Filter

**Internal IDD System Number**

Print

IDD PA Number	PA Status	Funding Source	Effective Date	Expiration Date	% of Providers Id	
<a href="#">29</a>	Approved	NOW	07/10/2021	07/09/2022	100	\$ 2
<a href="#">14</a>	Approved	NOW	07/10/2020	07/09/2021	50	\$ 4

1 10

# Prior Authorization (View Only) Continued

## PA Header Section

PA Information

IDD PA Number

29[REDACTED]

PA Created By

[REDACTED]

# of Services

2

Funding Source

NOW

Last Changed By

[REDACTED]

# of Providers Identified

2

Effective Date

07/10/2021

Last Changed Date

09/16/2021

# of Providers Awaiting Identification

0

Expiration Date

07/09/2022

% of Providers Identified

100

IDD PA Status

[Approved](#)

Total Authorized Amount


\$ 26[REDACTED]

[View Field Office Information](#)





# Prior Authorization (View Only) Continued

## PA Service Line

PA Billing  
Number



Section 1

Copy	Client Auth #	Line #	Service Code ↕	Detailed Service Description ↕	Procedure Code
	9000 	1	SUP	Support Coordination	T2022
	9000 	2	CL1	Community Living Supports	T2025-U4,T2025-U5,T2025-U4-UN,T2025-U5-UN,T2025-U4-UP,T2025-U5-UP,T2025-U5-CG

# Prior Authorization (View Only) Continued

## PA Service Line

Section 2







Units ↕	Start Date	End Date	Provider ↕	Provider Medicaid ID
<input type="text" value="12"/>	<input type="text" value="07/10/2021"/>	<input type="text" value="07/09/2022"/>		00
<input type="text" value="8716"/>	<input type="text" value="07/10/2021"/>	<input type="text" value="07/09/2022"/>		00



# Prior Authorization (View Only) Continued

## PA Service Line

### Section 3

Provider in Search	Provider Identification Comments	Authorized Amount ↕	Line Status ↕	Status Reason
<input type="checkbox"/>		\$ 21 	<a href="#">Approved</a>	
<input type="checkbox"/>		\$ 24 	<a href="#">Approved</a>	

# IDD Connects – Outcomes and Support Notes

# Sections of the Outcomes & Support Notes Tab

Outcomes & Support Notes

Individual Quality Outcome Measures Review

Referral and Coaching

Clinical Recommendations

Request for Clinical Review

Support Notes

---

## Individual Quality Outcome Measures Review

---

## Referral and Coaching

---

## Clinical Recommendations

---

## Request for Clinical Review

---

## Support Notes

---

# Quality Outcome Measures Review

- Under the Outcomes and Support Notes, users are able to view the Individual Quality Outcome Measures Review. To view the details of the OMR click the hyperlink Date of Visit.

Demographics Eligibility Evaluation ISP Prior Authorization Documents **Outcomes & Support Notes** Services Individual 360 Appeals Letters

Individual Quality Outcome Measures Review →

Referral and Coaching

**Clinical Recommendations**

Request for Clinical Review

Support Notes

### Individual Quality Outcome Reviews

Filter

<input type="checkbox"/>	Date of Visit	CompletedBy	Acceptable Areas	Areas Requiring Coaching	Areas Requiring Referral
<input type="checkbox"/>	<a href="#">01/19/2021</a>		0	0	0
<input type="checkbox"/>	<a href="#">11/21/2019</a>		1	0	0

# Clinical Recommendations

- Under the Outcomes and Support Notes, users are able to view the Clinical Recommendations generated from the Assessment completed. To view the details for the Recommendations, click on the green + sign.

The screenshot displays the Beacon system interface. The top navigation bar includes tabs for Demographics, Eligibility, Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes (highlighted with a red box), Services, Individual 360, Appeals, and Letters. The left sidebar contains links for Individual Quality Outcome Measures Review, Referral and Coaching, Clinical Recommendations (highlighted with a red box and a right arrow), Request for Clinical Review, and Support Notes. The main content area, titled 'Clinical Recommendations', features a table with the following data:

	ID	Evaluation Type	Recommendation	Status	Target Close Date	Last Follow-Up Date	Follow Up
+	9534	Social Work	CLS	Ongoing	02/19/2022		🚩

# Request for Clinical Review

- Under the Outcomes and Support Notes, users are able to view the Request for Clinical Review. To view the details for the Request for Clinical Review, click on the green + sign.

The screenshot displays the Beacon Health System interface. The top navigation bar includes tabs for Demographics, Eligibility, Evaluation, ISP, Prior Authorization, Documents, Outcomes & Support Notes (highlighted with a red box), Services, Individual 360, Appeals, and Letters. The left sidebar lists navigation options: Individual Quality Outcome Measures Review, Referral and Coaching, Clinical Recommendations, Request for Clinical Review (highlighted with a red box and a right arrow), and Support Notes. The main content area is titled 'Request for Clinical Review' and features a 'Filter' dropdown, a 'Legacy View' link, and a table of requests. A link 'View All Clinical Requests' is also present. The table has columns for ID, Request Type, Date Requested, Requested By, and Assigned Clinician. Two rows are visible, both for 'Social Work' requests by 'Alana Brown' assigned to 'Tanita Teagle'. The first row is dated 12/04/2019 (ID 5724) and the second is dated 12/04/2020 (ID 26880). Both rows have a green + icon in the first column. A pagination bar at the bottom shows page 1 of 10.

	ID	Request Type	Date Requested	Requested By	Assigned Clinician
+	5724	Social Work	12/04/2019	Alana Brown	Tanita Teagle
+	26880	Social Work	12/04/2020	Alana Brown	Tanita Teagle

# Support Notes

- Under the Outcomes and Support Notes, users are able to view the Support Notes. To view the details of the support note, click on the green + sign.

Demographics Eligibility Evaluation ISP Prior Authorization Documents **Outcomes & Support Notes** Services Individual 360 Appeals Letters

Individual Quality Outcome Measures Review  
Referral and Coaching  
Clinical Recommendations  
Request for Clinical Review  
**Support Notes →**

Legacy View

### Support Notes

Filter

### Support Notes

<input type="checkbox"/>		Attestation Date/Time	Attested By	Note Category	Note Subcategory	Contact Type
<input type="checkbox"/>	+	06/10/2021 04:00 PM	Yamiley James	Support Coordination	Outcome Review	Successful Face to Face
<input type="checkbox"/>	-	06/02/2021 08:42 AM	Yamiley James	Support Coordination	Corrective Notes	Unsuccessful

Support Note: This is a corrective note for Support note dated 5/17/2021 at 4:30 pm. Support note had incorrect coding of successful ancillary when it should have been successful face to face.

# IDD Connects – Documents Module



# View Documents

Documents

[Demographics](#) [Eligibility](#) [Evaluation](#) [ISP](#) [Prior Authorization](#) **Documents** [Outcomes & Support Notes](#) [Services](#) [Individual 360](#) [Appeals](#) [Letters](#)

**View Documents**

### Search Documents for VICTRA MYRICK

[View Saved Favorite Searches](#)

**Search Documents by Keywords**

Search Criteria

---

**Search Using Filters**

Document  Category  Document Start Date  Document End Date

Entered By  Entered Date From  Entered Date To

Assessment Date From  Assessment Date To

---

**Search Results**

Select <input type="checkbox"/>	Document Type	Legacy	Document Category	Document Description
<input type="checkbox"/>	HRST	<input type="checkbox"/>	Eligibility	-
<input type="checkbox"/>	ISP Signature Page	<input type="checkbox"/>	ISP	-

# Use the filtering Components to View Documents

Documents

Search Documents by Keywords

Search Using Filters

Document

Category

Document

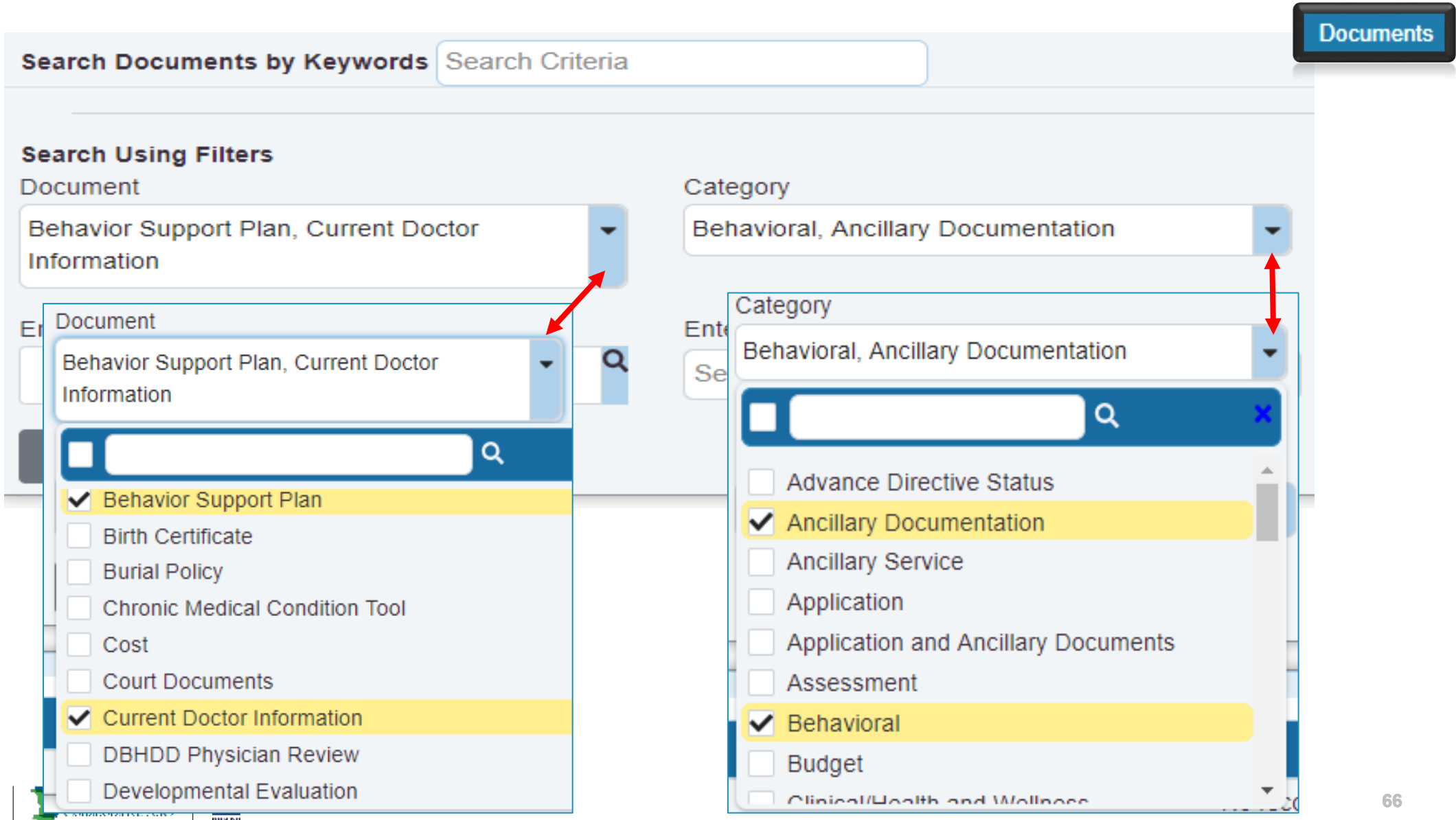
☐

- ☒ Behavior Support Plan
- ☐ Birth Certificate
- ☐ Burial Policy
- ☐ Chronic Medical Condition Tool
- ☐ Cost
- ☐ Court Documents
- ☒ Current Doctor Information
- ☐ DBHDD Physician Review
- ☐ Developmental Evaluation

Category






☐

- ☐ Advance Directive Status
- ☒ Ancillary Documentation
- ☐ Ancillary Service
- ☐ Application
- ☐ Application and Ancillary Documents
- ☐ Assessment
- ☒ Behavioral
- ☐ Budget
- ☐ Clinical/Health and Wellness



# Documents By Individual

Documents

Search Results						
Select <input type="checkbox"/>	Document Type ▾	Legacy ▾	Document Category ▾	Document Start Date ▾	Document End Date ▾	Comments
<input type="checkbox"/>	Pre-Eligibility Letter 					
<input type="checkbox"/>	Pre-Eligibility Letter 					
<input type="checkbox"/>	School IEP Report 					
<input type="checkbox"/>	Birth Certificate 					
<input type="checkbox"/>	Assessment/Evaluation 		Application and Ancillary Documents			

1 50

Legacy documents

Document columns

Comments	Entered Date ▾	Entered By ▾	Request For Removal	Reason For Removal
		IE Manager	<input type="checkbox"/>	
		IE Manager	<input type="checkbox"/>	
	03/04/2019	Nancy Tester	<input type="checkbox"/>	
	03/04/2019	Nancy Tester	<input type="checkbox"/>	
	03/04/2019	psych first	<input type="checkbox"/>	

1 50

Chapter

# 05

## Provider Connect Claim Submission

# DBHDD Transition of Claim Submission into Beacon ProviderConnect

- DBHDD in partnership with Beacon Health Options move state-funded billing into Provider Connects effective July 1, 2021
- Each individual will have an active ISP and PA for state-funded billing
- Each individual is assigned a DBHDD State Services Coordinator
- Addition of state-funded competitive integrated- employment into IDD-C System
- Providers will be able to see an individual's record in IDD-C
- Improved tracking of state-funded billing for easy access for providers
- Data analysis for DBHDD of use of state-funds as payor of last resort
- More seamless transition between moving from state-funds to waiver when it is time
- Short-term and long-term state-fund authorization built into IDD-C

# Submit a Claim

If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.

View Individual Auths

View Individual Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth/Notification Request

Enter Claim


Send Inquiry

View Clinical Drafts

Enter Individual Reminders

View Individual Registrations

View Spectrum Record

Individual Registrations				Re-Register	Update Demographics
Registration Number	Date Created	Type	Demographic Change		
 <a href="#">06172019 1 1 1</a>	06/17/2019	External	No		
Fund	Registration Start Date		Registration End Date		
GACO-DD FAMILY SUPPORTS	06/17/2019		06/16/2020		
GACO-REGISTRATION FUND	06/17/2019		06/16/2020		
GACO-BH - STATE FUNDED - ADULT	06/17/2019		06/16/2020		

Fund	Fund Abbreviation	Population
State Funded Developmental Disability	SFDD	IDD Adults and C&A
General Registration Fund	GREG	Adults and C&A

# Select Service Address

[ProviderConnect Home](#)

## Provider

Provider ID

TEST, GEORGIA (GAC002344) ▼

Provider Last Name

TEST

Provider First Name

GEORGIA

## Select Service Address

Capture	Provider		Vendor	
	Provider ID	Last Name First Name	Vendor ID	Vendor Last Name Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
	GAC002344	TEST GEORGIA	GA000012	TEST GEORGIA
	604540444	1 PEACHTREE AVE NE		1 PEACHTREE AVE NE
	12345678	ATLANTA, GA 30305-3001-		ATLANTA, GA 30305-3001-

[Back](#)[Next](#)

# Enter First Date of Service

## Submit A Claim - Step 1 of 3

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

To submit a single claim, begin with step 1 below.

Provider Name

TEST GEORGIA

Service Address

1 PEACHTREE AVE NE, ATLANTA, GA, 30305-3001

Pay To Address

1 PEACHTREE AVE NE, ATLANTA, GA, 30305-3001

Vendor ID

GA000012

NPI Number

Taxonomy Code

Licensure Level

\*Individual ID

400001466 (X-digits, no spaces or dashes)

Individual Name

(First Last)

Individual Account #

(X-digits, no spaces or dashes)

Program/Fund/Group ID

\*Individual DOB

09011980 (MMDDYYYY)

\*First Date of Service

09082015 (MMDDYYYY - Enter Earliest Date of Service for this claim)

\*Is this claim being billed under EAP Services?

☐ Yes ☒ No

Previous

Next



# Frequency Type

## Submit A Claim - Step 2 of 3

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

Individual ID	Individual Name	Birth Date	NPI Number	Service Address	Pay To Address
400000010	TATER TOTS	02/11/1911	1801883780	523 DIXIE ST,CARROLLTON,GA,30117	PO BOX 277368,ATLANTA,GA,30384-7368
Frequency Type		Original Reference Number		Prior Authorization Number	
<div>Select... ORIGINAL CORRECTED REPLACEMENT VOID</div>		<div><div></div><div></div><div></div><div></div></div>		<div></div>	

Only populate **Other Payer Information** fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other payer er previously applied to this claim.

You will include client authorization number that begins with “9”.

Does a COB exist for this claim?

☐ Yes ☒ No

For frequency type, you will select original.

# Claim Line Entry



ProviderConnect Home

## Submit A Claim - Step 3 of 3

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
Note: Disable pop-up blocker functionality to view all appropriate links.

Individual ID	Individual Name	Birth Date	NPI Number	Service Address	Pay To Address
400001466	TEST INDIVIDUAL	09/01/1980		1 PEACHTREE AVE NE, ATLANTA, GA, 30305-3001	1 PEACHTREE AVE NE, ATLANTA, GA, 30305-3001

To enter detail service lines for the claim, please follow these steps:

1. Enter your first (or only) service line entry.
2. Click the "Add Service Line" button to add that information into the claim.
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.
4. The Service Through date will default to the Service From date if not keyed.


## Service Line Entry

*Service From 09142015 (MMDDYYYY)	*Service Through 09142015 (MMDDYYYY)	*Service Code H0004 (ex: 86753)	Modifier Code 1 HQ (no spaces or dashes)	Modifier Code 2 U2 (no spaces or dashes)	Modifier Code 3 U6 (no spaces or dashes)	Modifier Code 4  (no spaces or dashes)	NDC Number  (no spaces or dashes)	
*Charge Amount (\$) 50.00 (ex: 123.45)	*Place of Service 11 (00 - 99)	*Units 4 (3-digits)					NDC Units  (ex: 765.4 OR 765.0)	Type of Units Select...
*Diagnosis Code 1 F11.23 (ex: 765.4)	Diagnosis Code 2  (ex: 765.4)	Diagnosis Code 3  (ex: 765.4)	Diagnosis Code 4  (ex: 765.4)	Diagnosis Code 5  (ex: 765.4)	Diagnosis Code 6  (ex: 765.4)	Diagnosis Code 7  (ex: 765.4)	Diagnosis Code 8  (ex: 765.4)	
Primary Payer		Secondary Payer		Tertiary Payer				
COB Payer Paid 1  (ex: 99999.99)	COB Units Paid 1  (ex: 999)	COB Payer Paid 2  (ex: 99999.99)	COB Units Paid 2  (ex: 999)	COB Payer Paid 3  (ex: 99999.99)	COB Units Paid 3  (ex: 999)			
<input type="button" value="Add Service Line"/> This will add this service line information to the claim								

All letters must be capitalized.

# Claim Submission

## Claim Detail: Ready to Submit

Click to Remove	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			NDC Number
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	NDC Units/Type of Units
	09142015	09142015	H0004 11	HQ U6	U2	50.00	F11.23				
Total								0.00	0.00	0.00	

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

## Attach an EOB

Click Upload File to attach a COB EOB with this claim.

Upload File

This will attach an EOB document to the claim.

Attached Documents:

Remove

This will remove the service line selected above

Submit

This will submit the entire claim (including all service lines added)

Previous

This will return to the preceding data entry page

# Summary Page

[ProviderConnect Home](#)

## Submit A Claim

**Submission Results :** \*\*\*\*\* CLAIM ENTERED \*\*\*\*\*

**Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.**

Provider Name/ ID

Vendor ID

**GA000012**

Patient ID

**400001466**

TEST GEORGIA

Patient Name

**INDIVIDUAL, TEST**

Program/Fund/Group ID

Patient Date of Birth

**09/01/1980**

NPI Number

Taxonomy Code


Licensure Level

Claim #

**091415- 04065- 00001**

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)					Fund	NDC Number
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary			Allowed	Deductible	Pre-Paid	COIN	CoPay		NDC Units/Type of Units
1	09/14/2015	09/14/2015	H0004 11	HQ U6	U2	50.00	F11.23	0.00	0.00	0.00	50.00	O	50.00	0.00	0.00	0.00	0.00	SFDD	
Total								0.00	0.00	0.00									

# Review a Claim



Home

Specific Individual Search

Register Individual

Authorization Listing

Enter an Authorization Request

View Clinical Drafts

Claim Listing and Submission

Enter EAP CAF

Manage Users

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

EDI Homepage

Enter Individual Reminders

On Track Outcomes

Reports

Print Spectrum Release of Information Form

My Online Profile

My Practice Information

Provider Data Sheet

Compliance

Handbooks

Forms


Network Specific Information


Education Center

Switch Account **GAC002344-Georgia ASO** ValueOptions Home Provider Home Contact Us Log Out

**Welcome GEORGIA TEST . Thank you for using ValueOptions ProviderConnect.**

YOUR MESSAGE CENTER

**INBOX**

**SENT**

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

▸ [Link/Unlink Accounts](#) **NEW**

▾ [Eligibility and Benefits](#)

- ▀ [Find a Specific Individual](#)
- ▀ [Register a Individual](#)

▾ [Enter or Review Authorization Requests](#)

- ▀ [Enter an Authorization Request](#)
- ▀ [Review an Authorization](#)
- ▀ [View Clinical Drafts](#)

▸ [Enter Individual Reminders](#)

▾ [Enter or Review Claims](#)

- ▀ [Enter a Claim](#)
- ▀ [Enter EAP CAF](#)
- ▀ [Review a Claim](#)
- ▀ [View My Recent Provider Summary Vouchers](#)
- ▀ [PaySpan](#)

[Enter or Review Referrals](#)

- ▀ [Enter a Referral](#)
- ▀ [Review Referrals](#)

▸ [Enter Bed Tracking Information](#)


▸ [Search Beds/Opening](#)

▸ [Update Demographic Information](#)

▸ [Update ABA Paraprofessional Roster Information](#)

▸ [View My Recent Authorization Letters](#)

# Search Claims



Switch Account **GAC002344-Georgia ASO** ValueOptions Home Provider Home Contact Us Log Out

Home

Specific Individual Search

Register Individual

Authorization Listing

Enter an Authorization Request

View Clinical Drafts

Claim Listing and Submission

Enter EAP CAF

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

EDI Homepage

Enter Individual Reminders

On Track Outcomes

Reports

Print Spectrum Release of Information Form

My Online Profile

My Practice Information

Provider Data Sheet

Compliance

## New Claims

To enter a claim for immediate adjudication, use the option below.

Enter Claim

To submit a claims file, use the option below.

EDI Claims File

**\*Note:** In order to activate your provider account, please complete [Account Request Form](#) and return it to ValueOptions. **\*\*Signature must be on file.**

To research a specific member's claims, please select 'Specific Individual Search' (eligibility,benefits,claims,authorizations) from the menu on the left

## Search Claims

Provider ID

AND BE W TEST, GEORGIA (GAC002344)

View All

EDI Submission Number

(X-digits, no spaces or dashes)

Claim #

(X-digits, no spaces or dashes)

Service From

09142014

(MMDDYYYY)

Service Through

09142015

(MMDDYYYY)

Search Claims

# Claim Search Results



Switch Account **GAC002344-Georgia ASO** ValueOptions Home Provider Home Contact Us Log Out

- Home
- Specific Individual Search
- Register Individual
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- EDI Homepage
- Enter Individual Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form

## Claims Search Results


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 ValueOptions.

Click a Claim Number for more detail on that claim.

[Next](#)

Claim #	Individual Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
<a href="#">01- 110215- 999- 5</a>	LAURANEVNA, LAURA 400001462	GAC002344	TEST, GEORGIA GA000012	09/18/2015- 09/18/2015	Processed	100.00
<a href="#">01- 110215- 999- 4</a>	LAURANEVNA, LAURA 400001462	GAC002344	TEST, GEORGIA GA000012	09/17/2015- 09/17/2015	Processed	5.00
<a href="#">01- 103115- 999- 67</a>	LAURANEVNA, LAURA 400001462	GAC002344	TEST, GEORGIA GA000012	09/17/2015- 09/17/2015	Processed	100.00
<a href="#">01- 103115- 999- 66</a>	LAURANEVNA, LAURA 400001462	GAC002344	TEST, GEORGIA GA000012	09/16/2015- 09/16/2015	Processed	5.00
<a href="#">01- 103115- 999- 33</a>	MANAGEMENT, CASE M 400000584	GAC002344	TEST, GEORGIA GA000012	09/02/2015- 09/02/2015	Processed	100.00

# Claim Summary



- Home
- Specific Individual Search
- Register Individual
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- EDI Homepage
- Enter Individual Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form

Switch Account GAC002344-Georgia ASO ValueOptions Home Provider Home Contact Us Log Out

Claim Summary

Service Line Detail

Claim Detail

[Return to search results](#)

Claim #

01- 103115- 999- 1

Claim Status?

Processed

Patient Account #

10101SAOVER18

Individual ID

[400000686](#)

Individual Name

TESTING , PENNY

Provider Name

TEST , GEORGIA

Group Name

GEORGIA

Statement Dates

Charge Amount (\$)

100.00

[Change / Reprocess Claim](#)

Service Lines

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	09/02/2015 - 09/02/2015		H0031	100.00

[Send Inquiry](#)



# Service Line Detail



- Home
- Specific Individual Search
- Register Individual
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- EDI Homepage
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- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Compliance
- Handbooks

Switch Account **GAC002344-Georgia ASO** ValueOptions Home Provider Home Contact Us Log Out

Claim Summary **Service Line Detail**

## Claim Detail

[Return to search results](#)

Claim # **01- 100115-999-1**  
Claim Status **In Process**  
Individual ID [300559460](#)  
Individual Name **[REDACTED]**  
Amount Paid (\$) **150.00**  
Paid To **PROVIDER**

[Change / Reprocess Claim](#)

## Service Line Detail

Line #	Status		Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt		COIN	Check#	Fund	EOP	NDC Number
	Start Date	End Date		1	2	3	4			Deductible	CoPay					
1	In Process		H0031 /1	U2	U6			150.00	311	150.00	0.00			SFDD		
	09/01/2015	09/01/2015						150.00		0.00	0.00					

## Explanation of Payment

EOP Code	Code Description
----------	------------------

*Claim is pending review.*



Chapter

# 06

## Provider Summary Vouchers

# Viewing Provider Summary Vouchers



- Home
- Specific Individual Search
- Register Individual
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- EDI Homepage
- Enter Individual Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form
- My Online Profile
- My Practice Information
- Provider Data Sheet
- Compliance
- Handbooks
- Forms
- Network Specific Information
- Education Center

Switch Account **GAC002344-Georgia ASO** ValueOptions Home Provider Home Contact Us Log Out

Welcome **GEORGIA TEST** . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER



Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
  - [Find a Specific Individual](#)
  - [Register a Individual](#)
- ▼ [Enter or Review Authorization Requests](#)
  - [Enter an Authorization Request](#)
  - [Review an Authorization](#)
  - [View Clinical Drafts](#)
- ▶ [Enter Individual Reminders](#)
- ▼ [Enter or Review Claims](#)
  - [Enter a Claim](#)
  - [Enter EAP CAF](#)
  - [Review a Claim](#)
  - [View My Recent Provider Summary Vouchers](#)
  - [PaySpan](#)
- [Enter or Review Referrals](#)
  - [Enter a Referral](#)
  - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)



# Search By Provider or Check

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

**Search By Provider** Search By Check

**Search Provider Summary Voucher by Provider** Please disable the popup blocker to view the Summary Voucher.

Provider ID ? COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM) ?  
Tax ID ? OR Vendor ID ?  
Check # (No spaces or alpha characters)  
Paid Date Range ? From 11152014 Through 12152014 (MMDDYYYY)

**Search**

**Provider Summary Voucher Search Results**

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
--------	-------------	---------------	-----------	--------------	--------------

Search by  
Provider

Search By Provider **Search By Check**

**Search Provider Summary Voucher by Check** Please disable the popup blocker to view the Summary Voucher.

\*Check # (No spaces or alpha characters)  
\*Check Amount  
\*Paid Date (MMDDYYYY)

**Search**

Search by  
Check

# Search Results

Switch Account **PRCOMM-General Claims Account** ValueOptions Home Provider Home Contact Us Log Out

Search By Provider Search By Check

## Search Provider Summary Voucher by Provider

Please disable the popup blocker to view the Summary Voucher.

Provider ID ? COMMUNICATIONS, PROVIDER RELATIONS (PRCOMM) ?

Tax ID ? OR Vendor ID ?

Check # (No spaces or alpha characters)

Paid Date Range ? From 11152014 Through 12152014 (MMDDYYYY)

Search

## Provider Summary Voucher Search Results

Click on View to see the Provider Summary Voucher.

Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
<a href="#">View</a>	PETER TUMNUS	00003	01/23/09	0000011111	120.00

# Provider Summary Voucher Sample

## PROVIDER SUMMARY VOUCHER

Memorial Hospital  
PO Box 1290  
  
Latham, NY 12210  
800-888-7777

JOHN A PROVIDER  
230 ELM STREET  
STE 200  
ANY TOWN, USA 99999

Date: 08/17/06  
Profile: LLL  
Vendor #: A998877  
Check #: 0000999999  
Check Amount: 170.00

Date of Service	Proc Code	Mod Cod	Units	Charged Amount	Allowed Amount	Provider Withhold	Discount Amount	COB Amount	Prepaid Amount	Non-covered Amount	Deductible Amount	Co-Pay Amount	Co-Ins Amount	Paid Amount	Other Ins	EOP Codes
Patient: ELIZABETH L. PATIENT Provider: JOHN A PROVIDER				Member #: 2005999999 Provider #: 15059999				Patient #: 909999999111 Parent/Group: CCC CCC001				Claim #: 01 061206 99999 00002 GL Code: RCCC				
0403-040306	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00GF
0411-041106	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00BS
0425-042506	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00BS
0505-050506	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	32.50	0.00	0.00BS
0509-050906	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00YA IQ
0516-051606	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00YA IQ
Claim Totals:				540.00	195.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97.50	97.50	0.00	
Precert Penalty: 0.00																
Patient: ANGELA M. JACKSON Provider: JOHN A PROVIDER				Member #: 2005888888 Provider #: 150576				Patient #: 908888811 Parent/Group: CCC CCC001				Claim #: 01 061206 88888 00001 GL Code: RCCC				
0418-041806	90801			90.00	90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	0.00	0.00G6 GS
0504-050406	90806		1	90.00	65.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	22.50	0.00	0.00BS
0509-050906	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00YA IQ GS
0516-051606	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00YA IQ GS
0524-052406	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00YA IQ GS
0530-053006	90806			90.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00YA IQ GS
Claim Totals:				540.00	155.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.50	72.50	0.00	
Precert Penalty: 50.00																
Statement Totals:				1080.00	350.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	170.00	0.00	
Precert Penalty: 50.00																
Provider Summary JOHN A PROVIDER				1080.00	350.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	130.00	170.00	0.00	
Precert Penalty: 50.00																

EOP Code	Description
BS	BILLED AMOUNT EXCEEDS FEE SCHEDULE RATE
G6	DAILY THERAPY LIMITS EXCEEDED
GF	DUPLICATE CLAIM
GS	MAXIMUM NUMBER OF DAYS/VSTS PAID FOR THIS PERIOD
IQ	SERVICE INVALID FOR VENDOR
YA	RESUBMIT WITH CORRECT PAY TO LOCATION

200608171606

PAGE 1  
2 OF 3 P

Chapter

# 07

## PaySpan

# Payspan Registration

First Navigate to [www.payspanhealth.com](http://www.payspanhealth.com) and click Register.

payspan.

empowering the healthcare economy®

Thank you for being a loyal payspan customer.

With an evolving healthcare economy comes new changes and concerns for provider organizations. Payspan is ready with innovative provider solutions for the challenges your practice is facing.

Username

Password

LOGIN

REGISTER

[Forgot your password?](#)

\*This registration process on our site is secure, free and fast!



# Payspan Registration



## New Enrollment

Get Started

Personal Info

Account Setup

Verify Your Info

### Get Started

Welcome to PaySpan, where we are empowering the healthcare economy. PaySpan offers a solution that delivers electronic payments (ACH), electronic remittance advices (ERAs), analytics, and much more. improve cash flow.

Choose one of the following options to begin your registration:

[Already Registered?](#)

National Provider Identifier (NPI)

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Billing Zip Code (5 digits)

Submit

OR

Reg Code

[What is a Reg Code?](#)

Submit

Registration code will be available on the first check you receive via mail or on page 1 of the PSV.

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# Payspan Registration



## New Enrollment

Get Started

Personal Info

Account Setup

Verify Your Info

### Get Started

Welcome to PaySpan, where we are empowering the healthcare economy. PaySpan offers a solution that delivers electronic payments (ACH), electronic remittance advices (ERAs), analytics, and much more. improve cash flow.

Reg Code

9JTH97EC

Provider Identification Number (PIN)

54321

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

987654321

National Provider Identifier (NPI)

☒ Atypical Service Provider

Start Registration

- Enter your Tax Identification Number (TIN) and National Provider Identifier.
- An Atypical Service Provider is one that does not furnish healthcare services. Examples are taxi drivers, auto mechanics and carpenters.
- [Support](#)
- [How to Register](#)
- [Step by step video](#)
- [Already Registered?](#)
- [Need a registration code? Click here to request one.](#)

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# Payspan Registration



## New Enrollment

✔ Get Started

Personal Info

Account Setup

Verify Your Info

### Tell Us About Yourself

Please provide us with your basic contact information to enable us to create a user account for you on the PaySpan Health system.

Provider Name: ABC Company

Provider Tax Identification Number: 987654321

National Provider Identifier:

Provider Contact Name

Chuck Williams

Administrators full name

Email Address

Chuck@ABCCompany.com

Notifications will be sent to this address.

Confirm Email Address

Chuck@ABCCompany.com

Telephone Number

000-000-0000

Please use the 000-000-0000 format.

Title

Office Manager

Username

Chuck@ABCCompany.com

Minimum 8 characters and may include:  
letters (a-z), numbers (0-9), dashes (-),  
underscores (\_), ampersats (@), periods (.)

Password

.....

Confirm Password

.....

Challenge Question

What is your pet's name?

Challenge Answer

Mr. Cuddles

Next

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# Payspan Registration

payspan®

New Enrollment

Get Started

Personal Info

Account Setup

Verify Your Info

Set Up Your Account

Provider Name: ABC Company

Provider Tax Identification Number: 987654321

National Provider Identifier:

Account Name

ABC Company

This is the name that will be used to identify this receiving account throughout the PaySpan system.

Financial Institution Routing Number

263079373

SPACE COAST CREDIT UNION

☒ The name shown above is correct.

Provider's Account Number with Financial Institution

123456789

Confirm Provider's Account Number with Financial Institution

123456789

Type of Account at Financial Institution

Business Checking

☒ Enable Electronic Payment

☐ Request Paper Remittance

☒ Assign new or additional Payers to this receiving account

Back

Next

Payer:

ValueOptions, Inc.

PaySpan Health organizes your incoming payments into Receiving Accounts. The account that you enter will remain in a pending status until you obtain the small deposit made by PaySpan, Inc from your financial institution and enter the amount on your Home Screen.

Some payers allow providers to request paper remittances. If you would like paper remittances and your Payer supports this option, select the paper remittance check box. This check box will not appear if the Payer does not allow this option or appear grayed out if this option is not allowed upon EFT registration.

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# Payspan Registration



## New Enrollment

✔ Get Started   ✔ Personal Info   ✔ Account Setup

Verify Your Info

### Verify Your Info

Provider Name: ABC Company  
Provider Tax Identification Number: 987654321  
National Provider Identifier:

#### Individual Information

Provider Contact Name:  
Chuck Williams

Telephone Number:  
000-000-0000

Email Address:  
Chuck@ABCCompany.com

Username:  
Chuck@ABCCompany.com

#### Your Bank Account Information

Account Name:  
ABC Company

Financial Institution Name:  
SPACE COAST CREDIT UNION

Financial Institution Routing Number:  
263079373

Provider's Account Number with Financial Institution:  
123456789

EFT Enabled:  
Yes

- Please verify the information you have entered is correct. Select Confirm to complete registration or Back to edit your information.
- By confirming your registration, you are agreeing to the terms and conditions detailed in the Service Agreement.
- Access to view remittance details online is available the day after you complete registration and your account is activated (no longer in Pending status.)
- Payments from all current and future payers will be assigned to this receiving account unless you designate a separate account.

Electronic Signature of Person Submitting Enrollment:

☒ I agree to the [Services Agreement](#).

☒ I accept the [Business Associate Agreement](#)

Back

Confirm

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# Payspan Registration

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Empowering the healthcare economy®

We need to confirm your email address



Is this the email address you would like to use for account verification?


Sakia.Robertson@Payspan.com

CONFIRM

EDIT

# Payspan Registration



Email Sent Successfully 

We've sent a verification code to your email at


[Sakia.Robertson@Payspan.com](mailto:Sakia.Robertson@Payspan.com)

When you receive the code please enter it below and click verify

[need more help?](#)

[VERIFY](#)



Email Sent Successfully 

We've sent a verification code to your email at

[Sakia.Robertson@Payspan.com](mailto:Sakia.Robertson@Payspan.com)

When you receive the code please enter it below and click verify

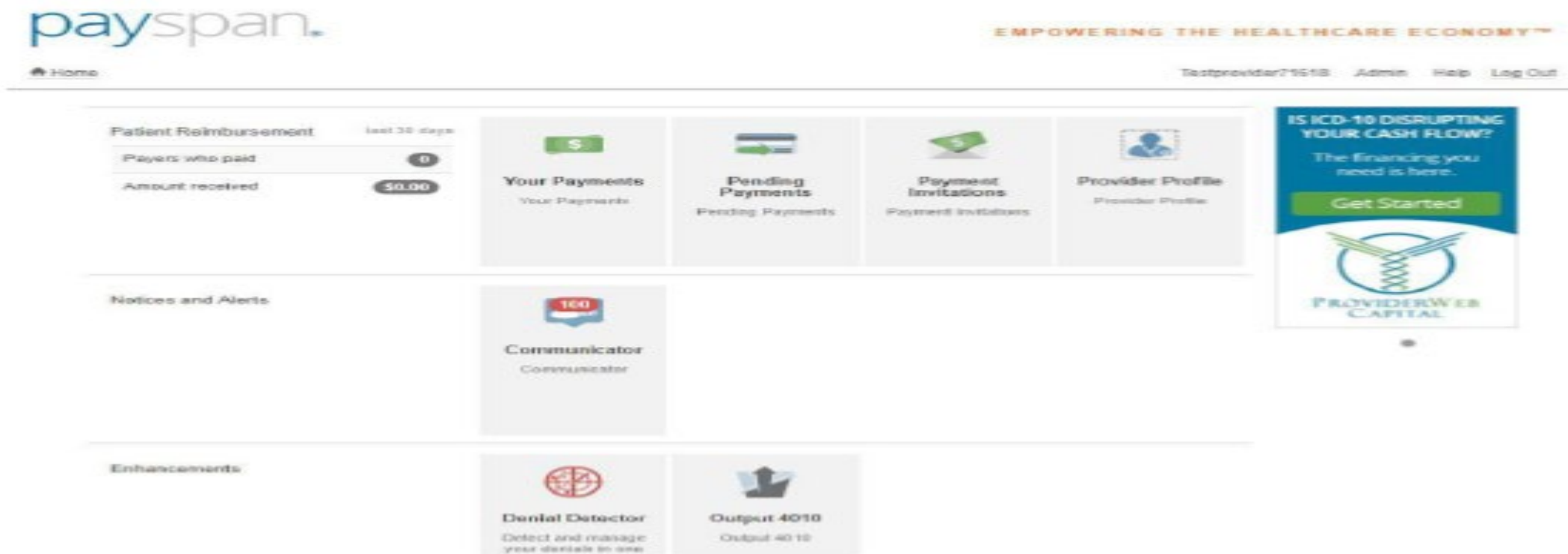
[need more help?](#)

[VERIFY](#)

The user will receive the code via e-mail. The user will enter the code and select verify.

If the code is correct, the user is granted access to the Payspan provider portal – home landing page:

# Payspan Registration



To enter the minimal test deposit (Penny Drop), the user will select Your Payments.



# Payspan Registration



EMPOWERING THE HEALTHCARE ECONOMY

Home > Your Payments

Testprovider71618 Admin Help Log Out

## Research

Claims  
Payments  
Capitation  
Reports

## Manage

Accounts  
Reg Codes  
Manage 835

## Alerts

1 Account Verification

Enter Claim or Payment Number...

## Your Latest Payments

Select the payment count or posting report link to view a listing of new payments by receiving account.


add new reg

Receiving Account	Payments	Amount	Actions
All of the payments in your accounts have been confirmed. When new payments arrive, they will be shown here.			
Total	0	\$0.00	

The user will see an Alerts section at the bottom left of the screen. The user will click Account Verification tab below:

# Payspan Registration

The user will select “Verify Account”.


EMPOWERING THE HEALTH

Account Verification

To verify your bank account information a deposit is made to the account. This deposit is made within one to two days from when the account was entered. To activate the account follow the steps below:

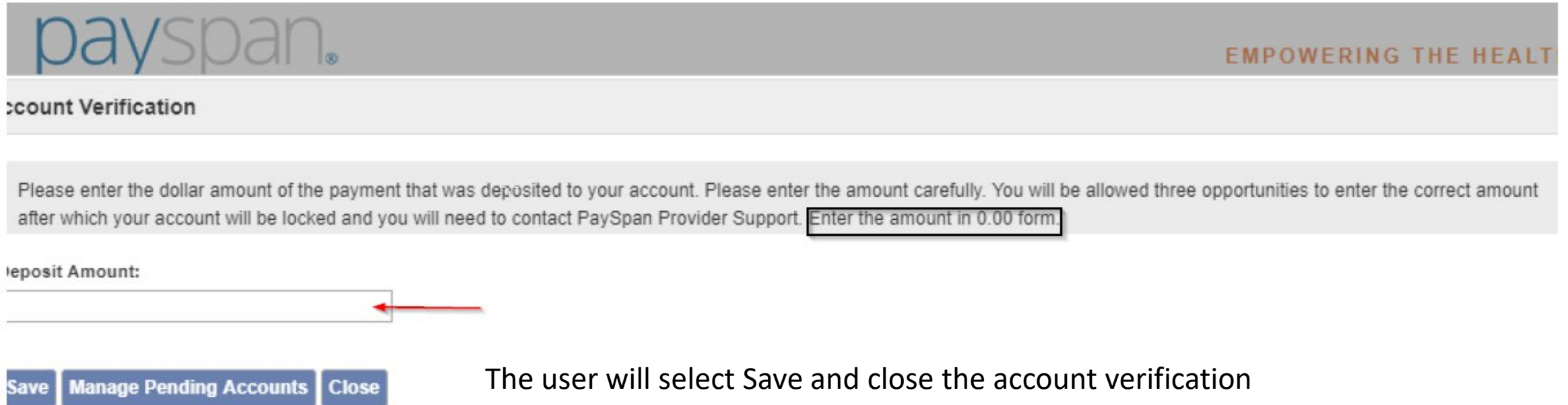
1. Locate the amount deposited by PaySpan in to your bank account.
2. Then select the Verify Account link below for the account you would like to activate.
3. On the next screen, enter the amount in the Deposit Amount field using the 0.00 format.
4. Select Save.

Once you have completed these steps you will begin to receive payments electronically and have the ability to view your remittance details online within 24 hours.

Account Name	Account Type	Account Status	
July Test Account	Business Checking	Pending	 <a href="#">Verify Account</a>

# Payspan Registration

The minimal test deposit is entered here:



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Account Verification

Please enter the dollar amount of the payment that was deposited to your account. Please enter the amount carefully. You will be allowed three opportunities to enter the correct amount after which your account will be locked and you will need to contact PaySpan Provider Support. Enter the amount in 0.00 form.

Deposit Amount:

Save Manage Pending Accounts Close

The user will select Save and close the account verification screen.

Chapter

# 08

## Resources

# I have questions, who do I contact?

Questions/Concerns	Contact
Customer Service (General questions/concerns about registrations/eligibility, authorizations, claims, IDD Portal Access)	P: 855.606.2725
EDI Helpdesk (Questions regarding Provider Connect login credentials, password resets)	<a href="mailto:e-supportservices@beaconhealthoptions.com">e-supportservices@beaconhealthoptions.com</a> 888.247.9311
Quality Management: IDD	866.755.3506
Quality Management: BH	<a href="mailto:GAQuality@beaconhealthoptions.com">GAQuality@beaconhealthoptions.com</a>
The Georgia Crisis and Access Line	<a href="mailto:bhlctcsupport@ihrcorp.com">bhlctcsupport@ihrcorp.com</a> 800.715.4225

# Frequently Asked Questions

1. To submit claims in Provider Connect will I need to complete the account Request form? **Yes, if you are new to Provider Connect, you will need to complete an Account Request Form (ARF). If you need assistance, please email [Gacollaborativepr@beaconhealthoptions.com](mailto:Gacollaborativepr@beaconhealthoptions.com).**
2. I access to Provider Connect, but my account is locked, what should I do? **You are able to unlock your account by using the instructions available by clicking forgot password. However, if you continue to experience issue, please email [Gacollaborativepr@beaconhealthoptions.com](mailto:Gacollaborativepr@beaconhealthoptions.com).**
3. Am I able to submit SFDD claims via Batch? **Yes, if you are a current Batch Provider, you may submit claims via the Batch process. However, before you begin, you will need to send an email to [Gacollaborativepr@beaconhealthoptions.com](mailto:Gacollaborativepr@beaconhealthoptions.com) to ensure your agency is set up to submit batch file for SFDD claims.**
4. How often are SFDD claims paid? **SFDD claims are paid weekly. We strongly encourage each provider to set up direct deposit through PaySpan.**
5. Is an authorization number needed to process SFDD claims? **Yes, the client authorization number beginning with “9” should be included in both Provider Connect and Batch claim submissions.**
6. Can I submit claims in the IDD Portal? **No. You will only view ISP’s, authorizations, and other supporting documentation in the IDD portal. All SFDD claims must be submitted in the Provider Connect Portal.**

Chapter

# 09

## Q&A Session

# Thank You

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