Trade Associations Training
IDD Connects

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

Account Request Form (ARF)

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!

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Provider Online Services Account Request Form
Complete this form to enroll in Electronic Data Interchange (EDI) or Direct Data Entry (DDE) Transactions with Beacon.

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

Name used when provider application was completed.

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

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

Just trying to Help, LLC

Provider, Practice or Facility Name*

Special setup, check all that apply:
☐ Additional User Account
☒ Super User Account

GAC000123

Beacon Health Options Assigned ID*

000-000-001

National Provider Identifier (NPI)

10-digit unique healthcare provider id. This is not a required filed, 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**

4047822836

Telephone Number

Fax Number

ARF (Pg.1)

Telephone Number   Fax Number

Online Services

Please check which Online Provider Services options you are requesting:

- ☐ Batch Claims Submission (837P)
- ☐ Batch Registration Submission
- ☐ Batch Authorization Submission
- ☐ Batch Discharge Submission

- ☒ Direct Claims Submission
- ☐ 277CA Acknowledgement File
- ☐ 999 Acknowledgement File
- ☐ IDD Portal User

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

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

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

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.

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

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

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

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)
Authorizing Signature*

6/01/2019
Date*

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.

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

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

For Super User Accounts Only – Managed User Information:	
Tanya Wilson	404 782 2836
First and Last Name of Initial Managed User* (Must differ from Contact Name on page 1)	Managed User's Phone*
Tanya.Wilson@beaconhealthoptions.com	

Complete this section for a managed user.
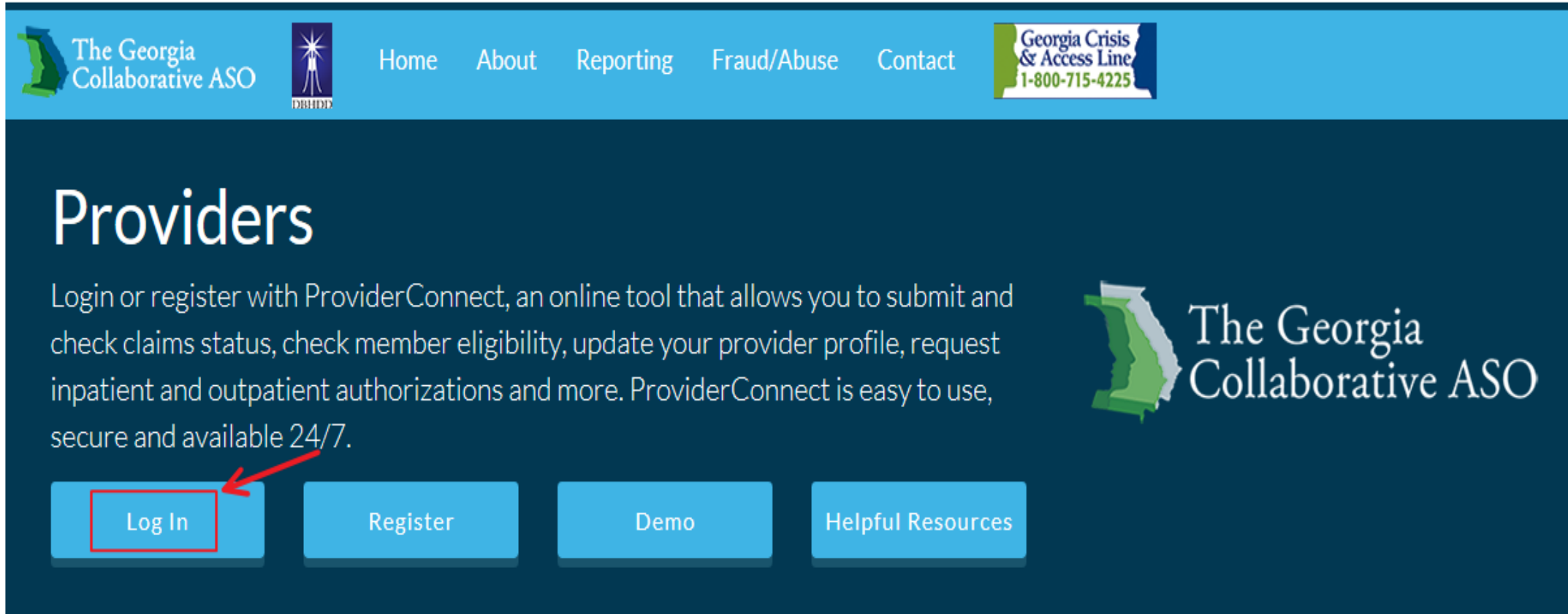
Chapter

02

Introduction to Provider Connect

Logging into ProviderConnect – SuperUser

www.georgiacollaborative.com

Logging into ProviderConnect - SuperUser

Logging into ProviderConnect – Manage Users

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

Logging into ProviderConnect – Manage Users

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 se

Contact Name ⋀	User ID	Manage User
BRIAN ERDOES	BERDOESTST	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	
BRIAN ERDOES	BERDOESTST	Manage th

Function Category	Allow/Disallow	
ADMINISTRATIVE	☑	
CLAIMS REVIEW	☑	
CLAIMS SUBMISSION	☑	
CLINICAL	☑	
CUSTOMER SERVICE	☑	
ELIGIBILITY	☑	
SUMMARY VOUCHERS	☑	

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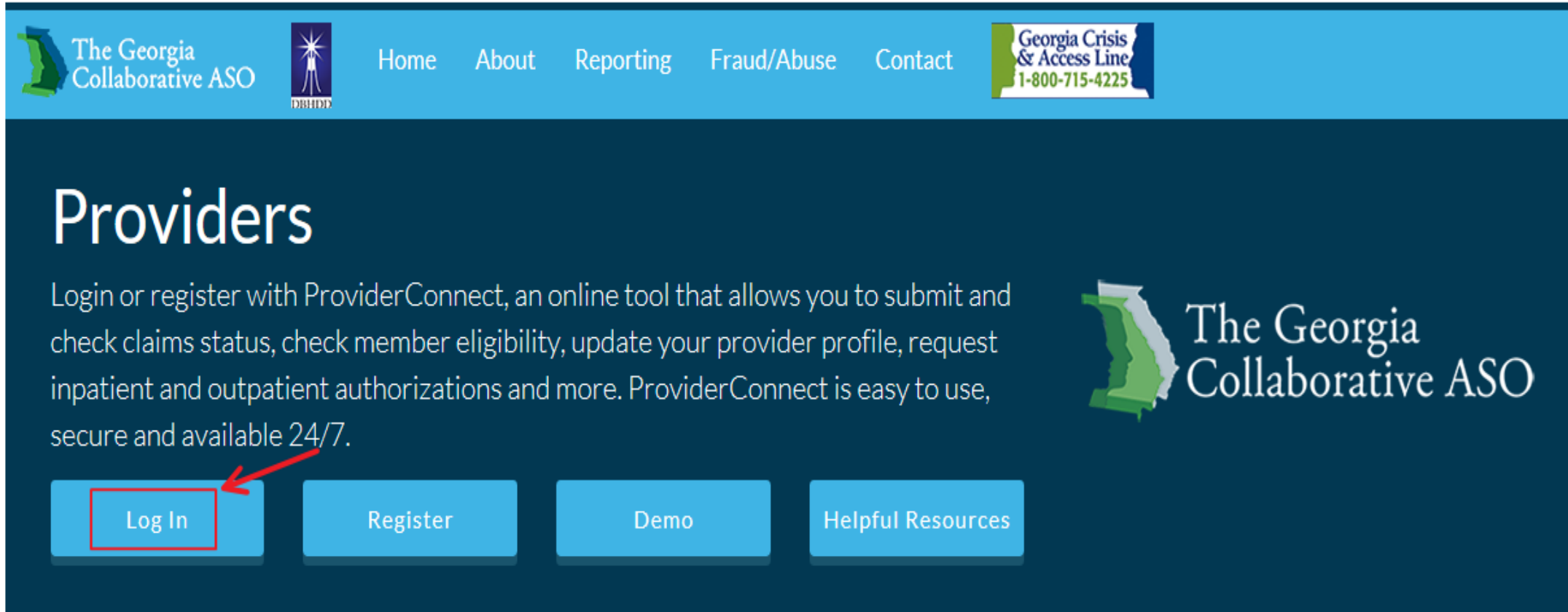
Chapter

03

Provider Connect Registration

Logging into ProviderConnect

www.georgiacollaborative.com

Logging into ProviderConnect

Checking Individual Registration

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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/Openings
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/Openings

▸ Update Demographic Information

▸ Update ABA Paraprofessional Roster Information

▸ View My Recent Authorization Letters

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Search for an Individual

View Individual Registrations

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.

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
06172019 1 1 1	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.
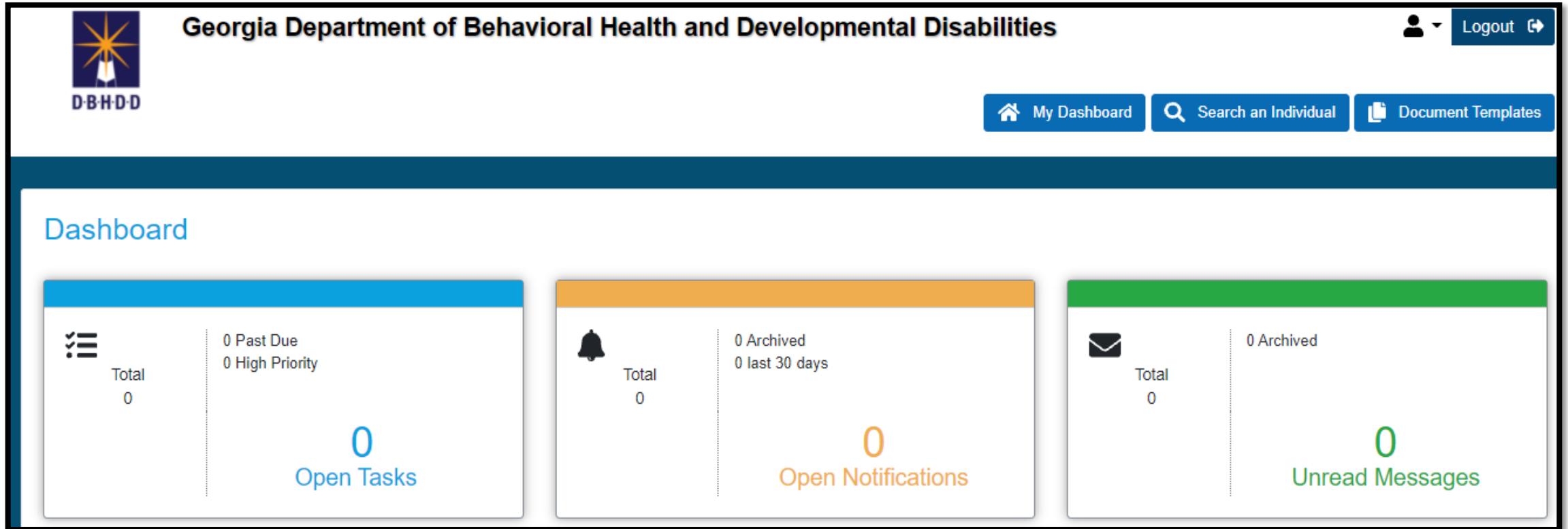
Individual Detail

Subscriber ID	Individual ID	Individual Name	Group #	Group Name	Account #	Fund	Benefit Package	Effective Date	Expiration Date	Date Changed
270090534	270090534	▮	GACO01	GEORGIA	GACO01	SFDD	GC24	04/01/2019	06/16/2020	06/17/2019
270090534	270090534	▮	GACO01	GEORGIA	GACO01	SFAD	GC10	04/01/2019	06/16/2020	06/17/2019
270090534	270090534	▮	GACO01	GEORGIA	GACO01	GREG	GC21	04/01/2019	06/16/2020	06/17/2019

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Chapter

04

IDD Connects
Dashboard

IDD Connects System: Landing Page

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

Notifications

| View My Tasks | View My Staff's Tasks | View My Caseload | Notifications 55 | Messages | Clinical Mailbox |

Select	Date	Description
☐	03/28/2019	State Fund Extension request submitted for MARK ANTHONY with CID# 400063642.
☐	03/27/2019	State Fund Extension request submitted for TSTWCSCGDO TSTLZPTJ with CID# 400064557.
☐	03/27/2019	State Fund Extension request submitted for TSTRIHSDRY TSTCXRCX with CID# 400064552.
☐	03/27/2019	State Fund Extension request submitted for TSTDMDSMDC TSTOXEOI with CID# 400064549.

Select
☑
☐
☐

Archiving Notifications

Archive+
View All Notifications
View All Archived Notifications

Messages

Send a New Message

Received Messages

Select	Message Date ⬍	Message Description	Received From ⬍
☐	09/14/2018	Shared Favourite Search: App	IE Manager
☐	09/10/2018	View Documents for aaa aaa	psych first
☐	09/10/2018	View Documents for aaa aaa sample	system admin
☐	06/23/2018	testing	App ReviewerOne

+ Archive   View All Messages   View All Archived Messages

Sent Messages

Select	Message Date ⬍	Message Description	Sent To ⬍
☐	12/18/2018	test	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.

IDD Connects – Evaluation Module

Evaluation Tab

Demographics	Eligibility	Evaluation

Pre-Eligibility Recommendations →

Discipline Specific Assessments

Diagnosis Summary

Clinical Recommendations

HRST/SIS
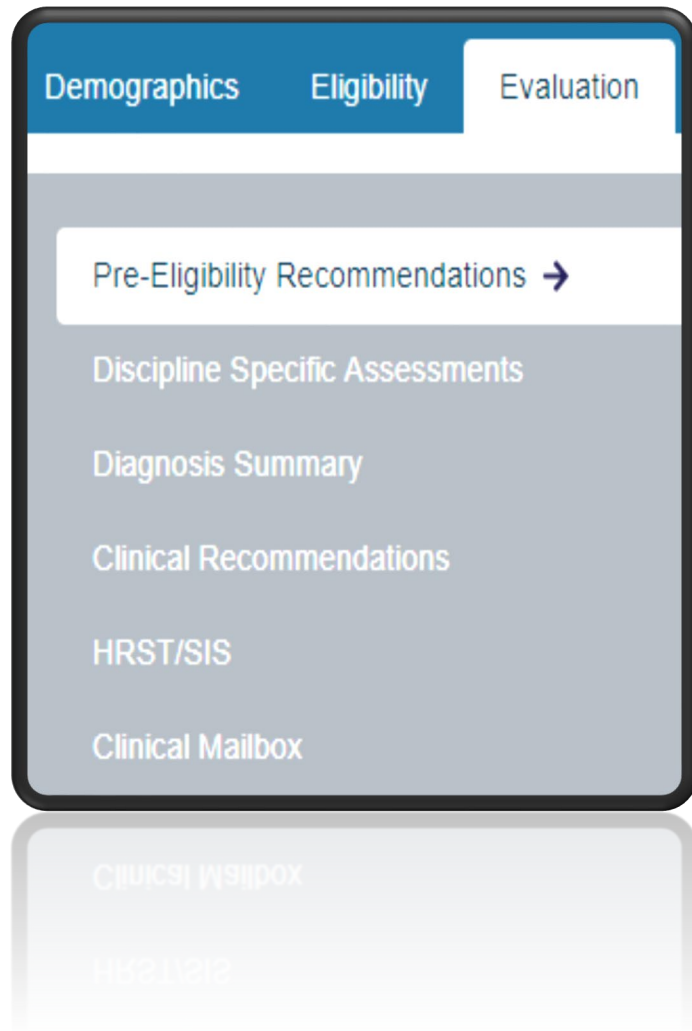
Clinical Mailbox

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

Discipline Specific Assessments
Clinical Assessment for Behavioral Support Needs

Diagnosis Summary

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)

IDD Connects – HRST Updates

Karen Cawthon

Office of Health and Wellness

November 2021

HRST Log In Information

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

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

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 .

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 if you have questions.

HRST Support Team: gasupport@replacingrisk.com

- HRST Support Team is available to assist in resolving Log In issues @ gasupport@replacingrisk.com

- Email HRST Support Team to register for HRST Online Rater Course @ 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)

Supports Intensity Scale (SIS) - PDF

aaidd 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:	SUPERMARKET
First:	PUBLIX
Middle:	
Language Spoken at Home:	
Gender:	M
Address:	55 Glenlake Pkwy
City:	Atlanta
State/Province:	GA
Zip Code:	30328
Phone:	
D.O.B. (mm/dd/yyyy):	09/13/1965
Age:	56
Tracking Number:	gdfgdf
Client Id:	400144841
Medicaid Number:	9999988888
SSN:	*******8888

Assessment Data:

Interview Date (mm/dd/yyyy):	09/21/2021
ISP Begin Date:	
SIS ID:	1482619
Reason for Assessment:	

Interviewer Data:

Interviewer:	William Richards
Position:	Developer
Agency/Affiliation:	AB EL
Interviewer Address:	4660 S. Hagadorn Rd.
	East Lansing, MI, 48823
Phone:	5175551212 Ext.:
Interviewer Email:	brichards@ajboggs.com

Case Manager Detail:

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

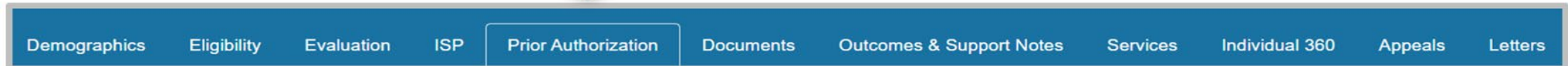| Name	Relationship	Phone	Ext.

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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.

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

Prior Authorization (View Only) Continued

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

Prior Authorization (View Only) Continued

PA Header Section

PA Information

IDD PA Number	**Funding Source**	**Effective Date**	**Expiration Date**	**IDD PA Status**
29⬛	NOW	07/10/2021	07/09/2022	Approved
PA Created By	**Last Changed By**	**Last Changed Date**		
⬛	⬛	09/16/2021		
# of Services	**# of Providers Identified**	**# of Providers Awaiting Identification**	**% of Providers Identified**	**Total Authorized Amount**
2	2	0	100	$ 26⬛

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
12	07/10/2021 📅	07/09/2022 📅	⬛	00⬛
8716	07/10/2021 📅	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
☐	💬	$ 21 ▮	Approved	✎
☐	💬	$ 24 ▮	Approved	✎

IDD Connects – Outcomes and Support Notes

Sections of the Outcomes & Support Notes Tab

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.

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.

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.

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.

IDD Connects – Documents Module

View Documents

Use the filtering Components to View Documents

Documents By Individual

Search Results

Select ☐	Document Type ⇕		Legacy ⇕	Document Category ⇕	Document Start Date ⇕	Document End Date ⇕	Comments
☐	Pre-Eligibility Letter	🗋					
☐	Pre-Eligibility Letter	🗋					
☐	School IEP Report	🗋					
☐	Birth Certificate	🗋					
☐	Assessment/Evaluation	🗋		Application and Ancillary Documents			
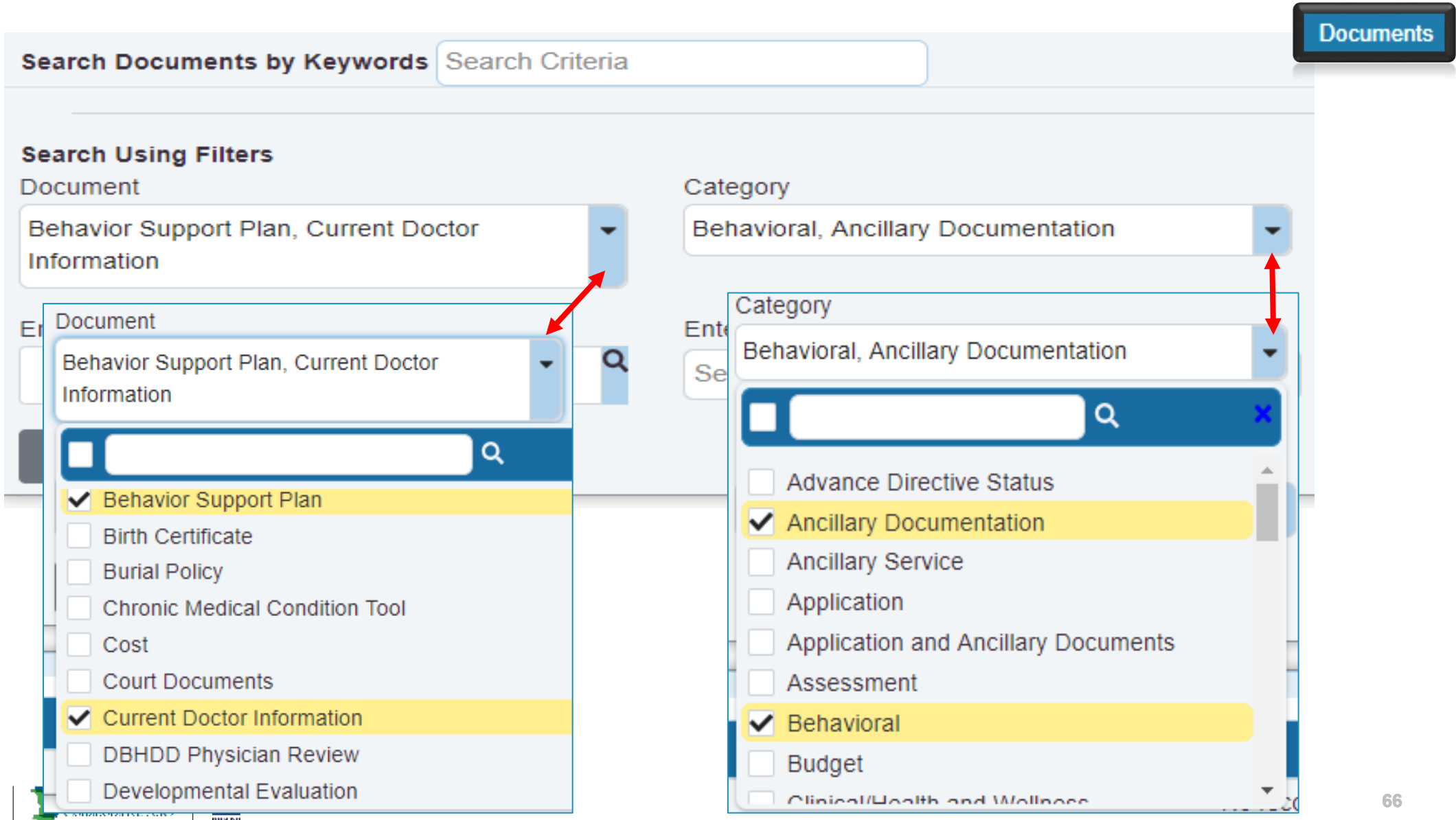
Legacy documents

|◄ ◄◄ [1] ►► ►| 50 ▼

Document columns

Comments	Entered Date ⇕	Entered By ⇕	Request For Removal	Reason For Removal
		IE Manager	☐	
		IE Manager	☐	
	03/04/2019	Nancy Tester	☐	
	03/04/2019	Nancy Tester	☐	
	03/04/2019	psych first	☐	

|◄ ◄◄ [1] ►► ►| 50 ▼

05

Provider Connect Claim Submission

DBHD 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 individua'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
06172019 1 1 1	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

Enter First Date of Service

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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	Select...
*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]

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Frequency Type

You will include client authorization number that begins with "9".

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

Select...
ORIGINAL
CORRECTED
REPLACEMENT
VOID

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.

Does a COB exist for this claim?

○ Yes ● No

For frequency type, you will select original.

Claim Line Entry

Claim Submission

Claim Detail: Ready to Submit

Click to	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount ($)	Diagnosis Code 1	COB Payer Paid			NDC Number
Remove	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	Submit	Previous
This will remove the service line selected above	This will submit the entire claim (including all service lines added)	This will return to the preceding data entry page

Summary Page

Review a Claim

Search Claims

Claim Search Results

Claim Summary

Service Line Detail

06

Provider Summary Vouchers

Viewing Provider Summary Vouchers

Search By Provider or Check

Search by Provider

Search by Check

Search Results

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					Member #: 2005999999			Patient #: 909999999111						Claim #: 01 061206 99999 00002		
Provider: JOHN A PROVIDER					Provider #: 15059999			Parent/Group: CCC CCC001						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	GF
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	BS
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	BS
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	BS
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	YA 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	YA 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					Member #: 2005888888			Patient #: 908888811						Claim #: 01 061206 88888 00001		
Provider: JOHN A PROVIDER					Provider #: 150576			Parent/Group: CCC CCC001						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	G6 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	BS
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	YA 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	YA 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	YA 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	YA 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

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PaySpan

Payspan Registration

First Navigate to www.payspanhealth.com and click Register.

Payspan Registration

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

Payspan Registration

Payspan Registration

Payspan Registration

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.

Payspan Registration

payspan.

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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beacon | The Georgia Collaborative ASO | DBHDD

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Payspan Registration

Payspan Registration

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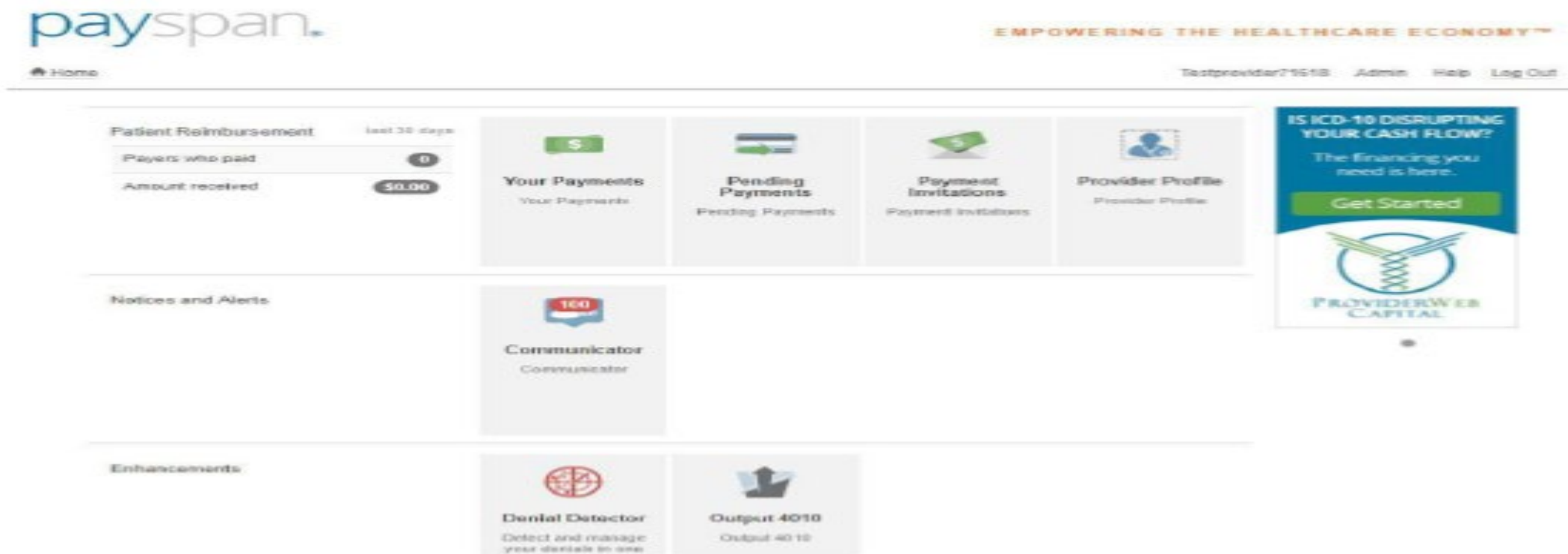
To enter the minimal test deposit (Penny Drop), the user will select Your Payments.

Payspan Registration

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".

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count 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:
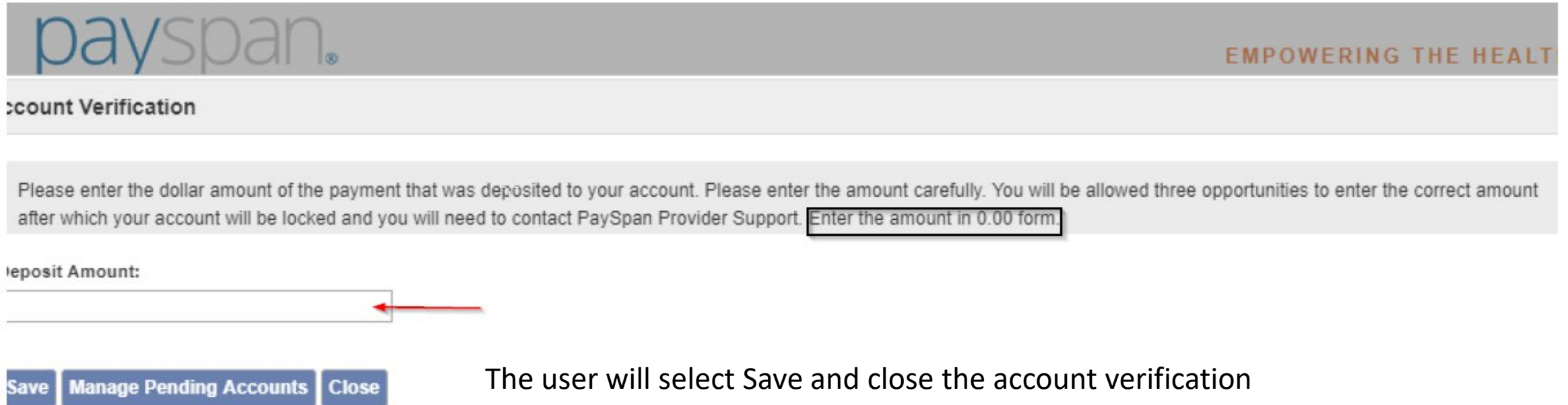
1. Locate the amount deposited by PaySpan in to your bank account.

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	Verify Account

Payspan Registration

The minimal test deposit is entered here:

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)	e-supportservices@beaconhealthoptions.com 888.247.9311
Quality Management: IDD	866.755.3506
Quality Management: BH	GAQuality@beaconhealthoptions.com
The Georgia Crisis and Access Line	bhlctcsupport@ihrcorp.com 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.

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.

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 **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