



**ProviderConnect Online Services Account Request Form**

Special Setup:

Additional User Account

Super User Account

Military OneSource

Horizon Behavioral Health

\_\_\_\_\_  
Provider, Practice or Facility Name

\_\_\_\_\_  
Beacon Health Options Assigned ID

\_\_\_\_\_  
National Provider Identifier (NPI)

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_)\_\_\_\_\_  
Telephone Number

(\_\_\_\_)\_\_\_\_\_  
Fax Number

Please check which Online Provider Services options you are requesting:

- Electronic Batch Claims (837)       277CA Acknowledgement File
- Direct Claims Submission       999 Acknowledgement File

**Automatically included:**

✓ Eligibility Inquiry

✓ Claim Status

✓ Authorization Inquiry

✓ Provider Summary Vouchers

Provider has retained a 3<sup>rd</sup> party Billing Agent or Clearinghouse to submit claims on their behalf.  Yes  No  
(Other than office staff) (If yes, please complete the Billing Intermediary Authorization Form)

Depending on the state in which you are practicing, you may need multiple logins created to ensure the claims are processed accurately (i.e. Medicaid vs. Commercial). If you intend to submit **batch** transactions for one of the states below please mark the appropriate box:

- |  |                              |                             |                               |
|--|------------------------------|-----------------------------|-------------------------------|
| Colorado, batch claims for Colorado Medicaid clients?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Kansas, batch claims for Kansas Medicaid or AAPS Block Grant clients?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Maryland, batch claims Maryland BHA clients?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Massachusetts, batch claims for Massachusetts Behavioral Health Partnership (MBHP)?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Pennsylvania, batch claims for SWPA Medicaid clients?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Pennsylvania, batch claims for Non-HealthChoices Mental Health Program?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Texas, batch claims for Texas NorthSTAR clients?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Both |
| Illinois, batch registration for Illinois Mental Health Collaborative or ICG clients?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |
| Georgia, batch registration, authorization, discharge or claims for Georgia Collaborative ASO? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                               |

\_\_\_\_\_  
Contact Name (ProviderConnect Account User)

\_\_\_\_\_  
Contact's e-mail address

\_\_\_\_\_  
E-mail address where you would like to receive your batch submission file feedback





## Instructions for Account Request Form

The Account Request Form is only for activating online access on Beacon Health Options ProviderConnect website. If you need to update your address, tax ID or NPI information, you will need to contact our Provider Relations area at 800.397.1630. Please do not make additional notations on the Account Request Form unless advised to do so by these instructions or by the EDI Helpdesk.

For guides on Direct Claim Submission and Authorization Submission, visit the Compliance page at: <http://www.valueoptions.com/providers/ProCompliance.htm>.

### **Additional User Account:**

If a ProviderConnect account already exists for the provider or facility, and an office staff member needs their own unique ID/password, you can check this box. If this secondary account needs to be disabled or deleted for any reason, it will be the provider's responsibility to contact the EDI Helpdesk immediately.

### **Super User Account:**

Only check this box if you are registering to access ProviderConnect as an administrator to manage other users of your account.

### **Provider ID number:**

You can retrieve your Beacon Health Options assigned provider number by reviewing any Provider Summary Vouchers/EOBs you have previously received; the Provider # will be present at the beginning of each claim. Or, depending on what state and type of claims you will be submitting, the following service centers will be able to best assist you:

For all commercial accounts or states not listed below: 800.397.1630

Colorado Medicaid: 800.397.1630

Illinois Mental Health Collaborative or ICG: 800.397.1630

Kansas Medicaid or AAPS Block Grant: 800.397.1630

Maryland DHA: 800.888.1965

Massachusetts MBHP: 800.495.0086 (If submitting for both Commercial and MBHP clients, please provide both provider numbers)

Pennsylvania SWPA Medicaid or Non-HealthChoices Mental Health Program: 800.397.1630

Texas NorthSTAR: 800.397.1630

Georgia Collaborative: 800.397.1630

### **Batch vs. Direct Claim Submission:**

**Direct Claim Submission:** If you are a smaller practice, or happen to have a low volume of Professional claims (normally submitted on a HCFA-1500 or CMS-1500), Single Claim Submission may be best and easiest. With this option, you can submit each claim directly on the website, the member and provider information are verified, and you receive a claim number right away.

**Batch Claim Submission:** If you have to submit Institutional claims (submitted on a UB-92 or UB-04 form), and/or if you have a larger volume of Professional Claims, you can select Batch Claim submission. With this feature, you will create your claims using either our EDI Claims Link Software, or any practice management software that can create an 837 HIPAA file. You will then upload a batch file via our website for processing. Claim numbers are usually available in about 1 business day. All new accounts are set up in test mode. A successful test batch must be submitted, and the EDI Helpdesk contacted to switch to production mode.

**Claim Adjustment:** The ProviderConnect Online Adjustment Module allows users to electronically submit changes (adjustments) to previously processed claims. This feature allows users to correct claims where the original result of the claim's processing is not the correct outcome for the services rendered or where information was submitted incorrectly on the original claim.

### **Commercial and Medicaid Claims:**

We may need to create more than one online account for you if you need to submit both commercial and Medicaid claims.

If you only select commercial or Medicaid for now, and you need to add the other in the future, please contact the EDI Helpdesk and we can make the appropriate updates for you. **If no option is checked, the default will be Commercial Only.**