



**Beacon Health Strategies
NYCCP
Western Region Behavioral Health Organization
eServices User Manual**

Process of Registration for accessing eServices


Step 1:

Go to

<https://provider.beaconhs.com/>

Step 2:

Choose Register



BEACON eServices

[LOGIN](#) [REGISTER](#)

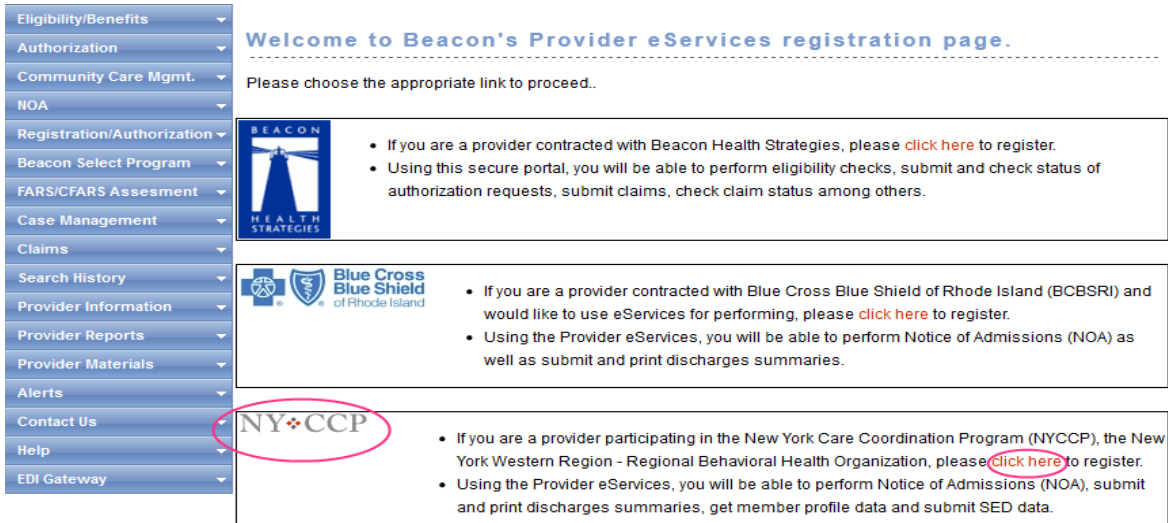
- Eligibility/Benefits
- Authorization
- Community Care Mgmt.
- NOA
- Registration/Authorization
- Beacon Select Program
- FARS/CFARS Assessment
- Case Management

Welcome to eServices, Beacon's web tool for providers. All eServices functions are provided free to Beacon contracted providers and are aimed at enabling easy and secure access to a host of clinical, administrative and patient information, as well as all provider business transactions with Beacon. eServices allows providers to:

- Verify member eligibility quickly and easily
- Request authorizations – eAuthorizations receive priority review!
- Confirm the status of authorizations and print all authorization details, including the number of units utilized
- Submit claims, including reconsiderations
- Check the status of claims

Step 3:

Since the providers have been contracted to NYCCP, please choose the option to register for the same.



Welcome to Beacon's Provider eServices registration page.

Please choose the appropriate link to proceed..

- BEACON HEALTH STRATEGIES**
 - If you are a provider contracted with Beacon Health Strategies, please [click here](#) to register.
 - Using this secure portal, you will be able to perform eligibility checks, submit and check status of authorization requests, submit claims, check claim status among others.
- Blue Cross Blue Shield of Rhode Island**
 - If you are a provider contracted with Blue Cross Blue Shield of Rhode Island (BCBSRI) and would like to use eServices for performing, please [click here](#) to register.
 - Using the Provider eServices, you will be able to perform Notice of Admissions (NOA) as well as submit and print discharges summaries.
- NYCCP**
 - If you are a provider participating in the New York Care Coordination Program (NYCCP), the New York Western Region - Regional Behavioral Health Organization, please [click here](#) to register.
 - Using the Provider eServices, you will be able to perform Notice of Admissions (NOA), submit and print discharges summaries, get member profile data and submit SED data.

Step 4:

Please go through all the terms and conditions mentioned in the next page. If you do accept them, choose “I accept Beacon Health Strategies’ Terms and Conditions for use of eServices”. Click on “Next”:

Beacon may terminate these terms of use, any rights granted to you hereunder and your access to the eServices on www.beaconhealthstrategies.com at any time, with or without cause, without notice and without penalty. It is the contracted provider's responsibility to inform Beacon of any changes in employee status of staff members who have eServices usernames and passwords.

Unauthorized Use/Misuse

Unauthorized entry (commonly referred to as hacking) into any portion of www.beaconhealthstrategies.com, or misuse (for fraudulent, malicious and/or deceptive purposes) may constitute crimes under state and/or federal law. Any such violations will be pursued and prosecuted to the fullest extent permitted by law. Use of eServices usernames and passwords belonging to other staff members will result in termination of the eServices account. In order to protect Personal Health Information of members and maintain the integrity of eServices, under no circumstances is sharing of usernames and passwords permitted to access Beacon's eServices.

☐ I accept Beacon Health Strategies' Terms and Conditions for use of eServices.

Next

Step 5:

You must see the screen shown below:

Register NOA Account

User Account:

User Name:

Password:

Confirm Password:

Security Question:

Security Answer:

User Information:

First Name:

Last Name:

E-mail:

Phone:

Fax:

Title:

Department:

Provider Information:

Provider:

Provider/Site Name:

Tax ID:

Address 1:

Address 2:

City, State, Zip:

Rules of Registration:

- 1) Please use an username that consists of both characters/ numbers
- 2) Please use a password that is at least 8 characters in length and is a combination of special characters (!@#\$%^&*()_) , regular characters (upper/lower case combination when possible) and also numbers.
- 3) Please choose a security question whose answer is easy to remember. You need it to reset lost passwords or verifications for other forms.
- 4) Fill in all the fields.
- 5) When filling in the provider information, choose the Provider name under which you are registering. For example, if you are a provider for "BRY-LIN" hospital, choose the same from the drop down list. Choosing **another provider will result in a revoke of the login account.**

Provider Information:

Provider: [dropdown menu]

Provider/Site Name: ALCOHOL & DRUG DEPENDENCY

Tax ID: ARNOT OGDEN MEDICAL CENTER

Address 1: BROOKS MEMORIAL HOSPITAL

Address 2: BRY-LIN HOSPITAL

City, State, Zip: BUFFALO GENERAL HOSP

Submit

BUFFALO PSYCHIATRIC CENTER ACT TEAM

BUFFALO PSYCHIATRIC CTR

CAYUGA MEDICAL CTR/ITHACA

- 6) The Tax ID when not available should instead be populated with your NPI value from any of your sites.

Step 6:

Once done with the form, please verify all the details provided once more and hit "Submit". On a successful submission, you will see the screen shown below:

[LOGIN](#)[REGISTER](#)

- Eligibility/Benefits ▾
- Authorization ▾
- Community Care Mgmt. ▾
- NOA ▾
- Registry ▾
- Registration/Authorization ▾
- Beacon Select Program ▾
- FARS/CFARS Assessment ▾
- Case Management ▾
- Claims ▾

Register NOA Account

Thank you for registering for Beacon Health Strategies' eServices. Please contact your Account Administrator for activation. If you are the designated Account Administrator, you will receive instructions via email on completing your account registration.

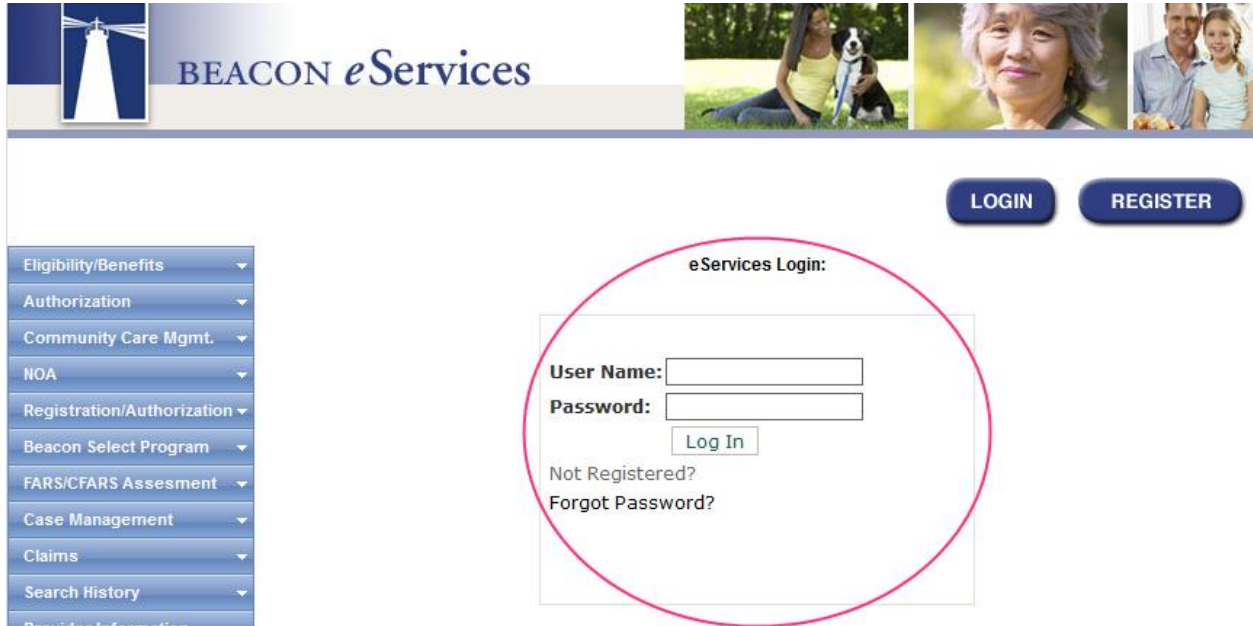
Step 7:

Your account has now been created but is still awaiting activation. This activation will be completed by Beacon within two hours of an account registration.

Process of Creating a Notice of Admission

Step 1:

Once your account has been activated, you should be able to login to the eServices portal for creating Notices of Admission for your members. Go to <https://provider.beaconhs.com/login.aspx> to login to your account.



BEACON eServices

LOGIN REGISTER

eServices Login:

User Name:

Password:

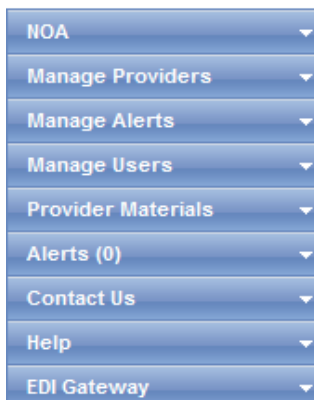
Log In

Not Registered?

Forgot Password?

Step 2:

Once logged in, you should see the following menu items available to the left of the screen for navigating through the portal:



NOA

Manage Providers

Manage Alerts

Manage Users

Provider Materials

Alerts (0)

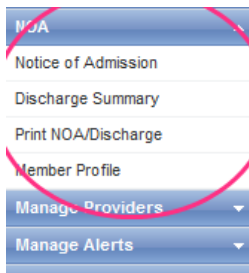
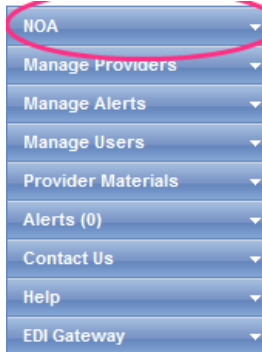
Contact Us

Help

EDI Gateway

Step 3:

You should choose NOA to access the option available to you. Clicking on NOA will show you further options:



NYCCP Notice of Admission

Welcome to the New York Care Coordination Program (NYCCP) Notice of Admission (NOA) Portal.
On the left hand side please select the task you would like to perform.
If you have any question please feel free to contact us at 1-855-209-1142

Step 4:


Click on Notice of Admission to submit one. You will see a screen asking for the member's information to pull up the details from the Database. You must enter at least one value in each of the steps (for example, you can fill in Member ID and First Name or you can choose Member ID and Last Name ,etc). Once filled, hit on "Search for Member". If the member is available, you will see the screen showing the number of members found with similar criteria along with an option to Choose to do a NOA (Notice of Admission).

NOA
Notice of Admission
Discharge Summary
Print NOA/Discharge
Member Profile
Manage Providers
Manage Alerts
Manage Users
Provider Materials
Alerts (0)
Contact Us
Help
EDI Gateway

Notice Of Admission

Step 1: (At least one field is required)

Member ID:

(OR) DOB: 

Step 2: (At least one field is required)

First Name:

(OR) Last Name:

1 Member(s) Found in your Search

First Name	Last Name	DOB	AGE	Plan	Contract	
			49	NYCCP	NYCCP FFS	Choose

Step 5:

You should see the screen shown below. Choosing it will now begin the process of submitting the Notice of Admission.

NOA
Notice of Admission
Discharge Summary
Print NOA/Discharge
Member Profile
Manage Providers
Manage Alerts
Manage Users
Provider Materials
Alerts (0)
Contact Us
Help
EDI Gateway

Notice of Admission-Step 1

Member Information

Member:

City, State:


DOB:

Member Pregnant:

Service Requested

Services:

Site of Service:

From Date: 

Please make sure that you are choosing the type of service and the site of Service for servicing the member. On completion of this step, hit “Next”.

You will see the following screen. Once done with submission of the form, hit Submit shown at the bottom of the form:

NOA	Notice of Admission-Step 2
Notice of Admission	
Discharge Summary	
Print NOA/Discharge	
Member Profile	
Manage Providers	
Manage Alerts	
Manage Users	
Provider Materials	
Alerts (0)	
Contact Us	
Help	
EDI Gateway	

Member Information
Member:
City, State:
DOB:

Reporter Information
Reporter FirstName: (Required)
Reporter LastName: (Required)
Phone Number: (Required)
Ext:
Reporter Email:

Diagnosis (Refer to DSM IV)
Axis I: * 799.99- Diagnosis Deferred on Axis I
 Select a Value
 Select a Value
Axis II: 799.90- Diagnosis Deferred on Axis II
Axis III: None-V7109
Axis IV: Select a Value
 Select a Value
 Select a Value
Axis V: HGAF: LGAF: CGAF*:

Action Plan:
PCP Contacted:
Outpatient Provider:
Treatment Plan:
Discharge Plan:
Location prior to Admission: ☐ Institution ☐ Community
Is there a Care Coordination? ☐ Yes ☐ No ☐ Unknown
Is person in Health Home? ☐ Yes ☐ No ☐ Unknown

For submission, you need to fill in all the “required fields”. Any “required field” not filled in will show as:

Diagnosis (Refer to DSM IV)

Axis I: *

Axis II:
Axis III:

Axis IV:

Axis V: HGAF:
LGAF:
CGAF*:


Action Plan:

PCP Contacted:
Outpatient Provider:
Treatment Plan:
Discharge Plan:
Location prior to Admission: ☐ Institution ☐ Community

On a successful submission, you should see the result page as shown:

NOA	▲
Notice of Admission	
Discharge Summary	
Print NOA/Discharge	
Member Profile	
Manage Providers	▼
Manage Alerts	▼
Manage Users	▼
Provider Materials	▼
Alerts (0)	▼
Contact Us	▼
Help	▼
EDI Gateway	▼

[Click Here to go back to member search](#)

 [Print this page](#)

Thank you for completing Beacon Health Strategies' Notice of Admission.

The reference number for your request can be found below.

Please keep this number for yur records and to access this record in the future.

Please check the Comprehensive Member Utilization Profile (CMUP) tab on the left to view the patients past Medicaid service history.

Date: **1/10/2012**

Dear

Thank you for completing this Notice of Admission (NOA) for the following member:

Member Name:
 Member ID:
 Member Product Type:
 Member DOB:
 Reference #: **559331**
 Service Admitted to:
 Date of Admission:
 NOAFrom Date:

We'll be contacting you within the next 72 hours to discuss this patient, their treatment plan and any discharge planning that has begun. If you discharge this patient before we have our first clinical conversation please notice us of that discharge through the discharge tab on the left.

If you have any questions concerning this Notice of Admission please contact BHS at **855-209-1142**. Please note this Notice of Admission is not a guarantee of payment.

Thank you.

Sincerely,

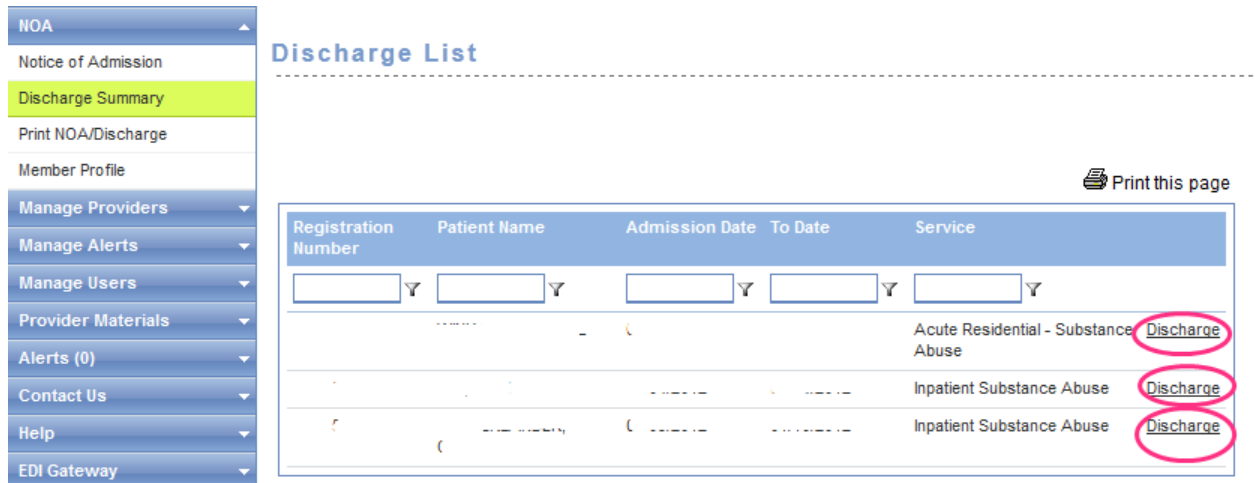
Clinical Management Department
 Beacon Health Strategies, LLC behalf of NYCCP

Process of submitting a Discharge request for a member:

Step 1:

After login, please click on NOA and choose Discharge Summary. The screen which comes up should have all the members that are eligible to be discharged by you.

Choose the member you would like to Discharge and click “Discharge”:



The screenshot shows a web application interface. On the left is a sidebar menu with the following items: NOA (expanded), Notice of Admission, Discharge Summary (highlighted in green), Print NOA/Discharge, Member Profile, Manage Providers, Manage Alerts, Manage Users, Provider Materials, Alerts (0), Contact Us, Help, and EDI Gateway. The main content area is titled "Discharge List" and contains a table with the following columns: Registration Number, Patient Name, Admission Date, To Date, and Service. Below the columns are five input fields with dropdown arrows. The table lists three members, each with a "Discharge" button circled in red. A "Print this page" link is located in the top right corner of the table area.

Registration Number	Patient Name	Admission Date	To Date	Service	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
				Acute Residential - Substance Abuse	Discharge
				Inpatient Substance Abuse	Discharge
				Inpatient Substance Abuse	Discharge

You should see this screen :

- NOA
- Notice of Admission
- Discharge Summary
- Print NOA/Discharge
- Member Profile
- Manage Providers
- Manage Alerts
- Manage Users
- Provider Materials
- Alerts (0)
- Contact Us
- Help
- EDI Gateway

Notice of Discharge

Member Information

Member:	
City, State:	
DOB:	

Reporter Information


Reporter FirstName:		(Required)
Reporter LastName:		(Required)
Phone Number:		(Required)
Ext:		
Reporter Email:		

Discharge Information

Discharge Date:		(Required)
Discharge To:		(Required)
Discharge Reason:		(Required)
Was the Care Coordinator Contacted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Is the current Mental Health Provider Contacted?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

Please fill in all the information. Once done, click "SUBMIT REQUEST".

On a successful submission, you should see this screen:

NOA	Your discharge has been successfully submitted.	
Notice of Admission		
Discharge Summary	The Reference Number for this transaction is : F50011	
Print NOA/Discharge		
Member Profile	Click Here to go back to the discharge list	
Manage Providers	 Print this page	
Manage Alerts		
Manage Users	Thank you for completing the discharge summary.	
Provider Materials		
Alerts (0)	Discharge Result:	
Contact Us	eRecord	
Help	Reference Number	
EDI Gateway	Submitted By	
	Submission Date And Time	
	Reporter Information	
	First Name	
	Last Name	
	Phone	
	Email (Optional)	
	Service Information	
	Member	
	Authorization Record ID	
	Discharge Date	
	Discharged To	
	Discharged To	
	Discharge Reason	
	Planned	
	Diagnosis Information	
	Axis I	
	Axis II	
	Axis III	

Once you print this Discharge Summary confirmation letter your transaction is complete.

-----END OF MANUAL-----