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

Step 3:

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

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: _____ [▼] _____

[Submit] [Reset]

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**.

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:

BEACON *e*Services

LOGIN   REGISTER

| Eligibility/Benefits ▾ |
| Authorization ▾ |
| Community Care Mgmt. ▾ |
| NOA ▾ |
| Registry ▾ |
| Registration/Authorization ▾ |
| Beacon Select Program ▾ |
| FARS/CFARS Assesment ▾ |
| 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.
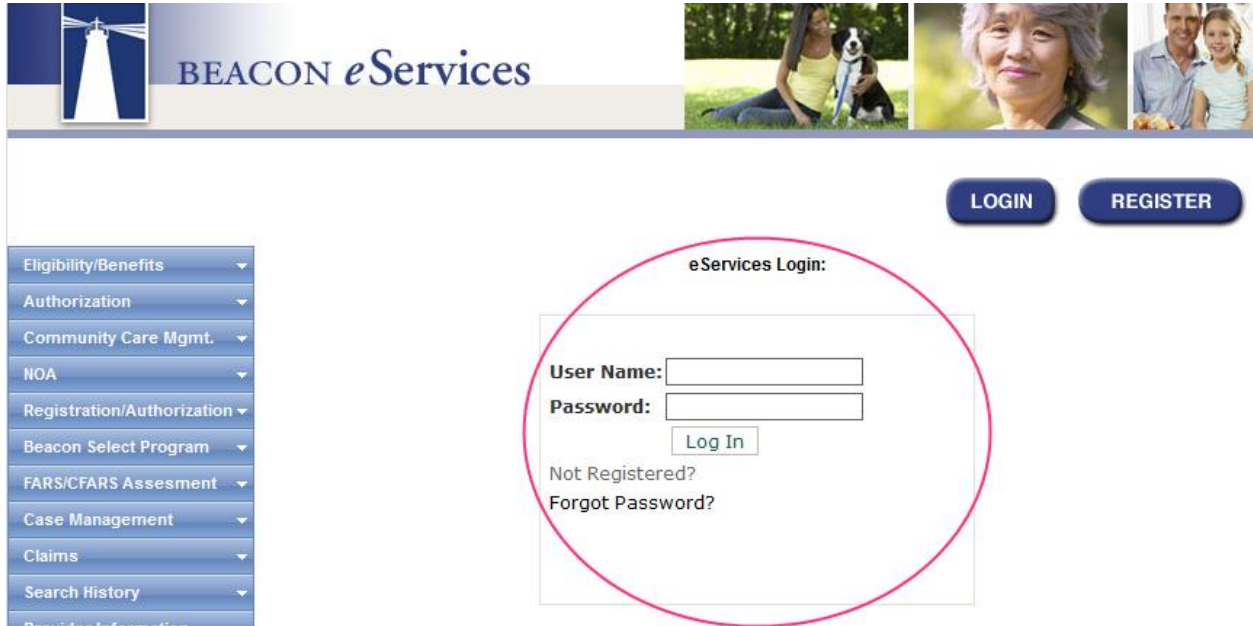
Step 7:

You account has now been created but still is 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.
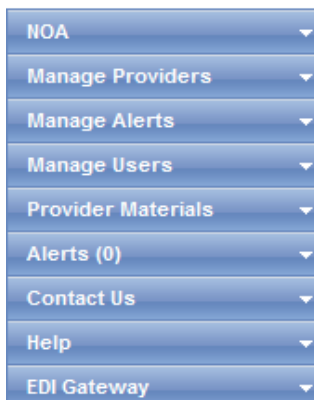

Step 2:

Once logged in, you should see the following menu items available to the left of the screen for navigating through the portal:
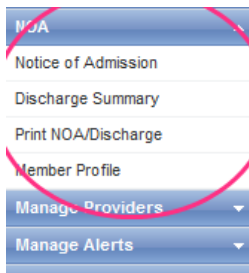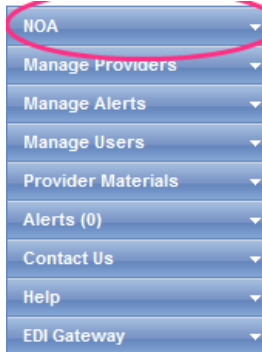
Step 3:

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

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).

Step 5:

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

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:

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: *	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

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

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:
NOA From 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.
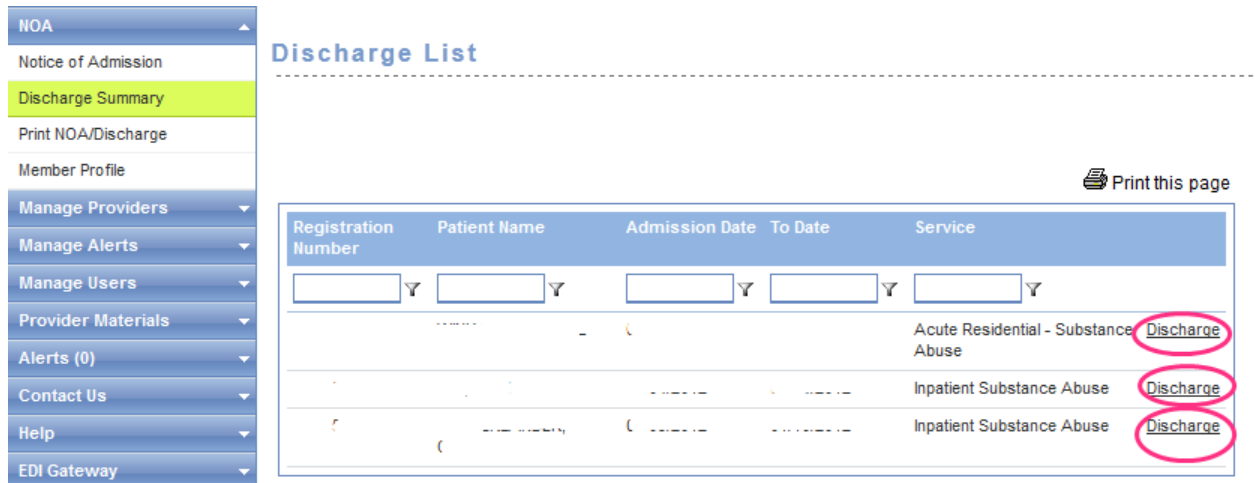
Thank you.

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":

You should see this screen :

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?	○ Yes ○ No ○ Unknown	
Is the current Mental Health Provider Contacted?	○ Yes ○ No ○ Unknown	

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

On a successful submission, 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 ▼

Your discharge has been successfully submitted.

The Reference Number for this transaction is : ⁵⁵⁰³⁴⁵

Click Here to go back to the discharge list

🖨 Print this page

Thank you for completing the discharge summary.

Discharge Result:

eRecord

Reference Number	
Submitted By	⁹ ᶦ⁰) Phone:
Submission Date And Time	
Reporter Information	
First Name	Christie
Last Name	
Phone	
Email (Optional)	
Service Information	
Member	
Authorization Record ID	
Discharge Date	
Discharged To	
Discharged To	
Discharge Reason	
Planned	Yes
Diagnosis Information	
Axis I	799.99 - Diagnosis Deferred on Axis I
Axis II	799.90 - Diagnosis Deferred on Axis II
Axis III	V7109 - None

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