# Quick Reference Guide:
# Bridge Funding Service Claims Submission

This guide provides a basic overview of the process for submitting claims for bridge services in the ProviderConnect system.

## Questions

Please contact the following for questions:

If you have programmatic questions about the Bridge Services policies please contact the GHVP Helpdesk at GH.VP@dbhdd.ga.gov.

If you have questions related to which location to submit claims from or direct claims entry, please contact the Georgia Collaborative ASO Provider Relations at georgiacollaborativepr@beaconhealthoptions.com.

If you have questions related to claims payment contact to John Quesenberry at John.Quesenberry@dbhdd.ga.gov.

## Claims Guidelines

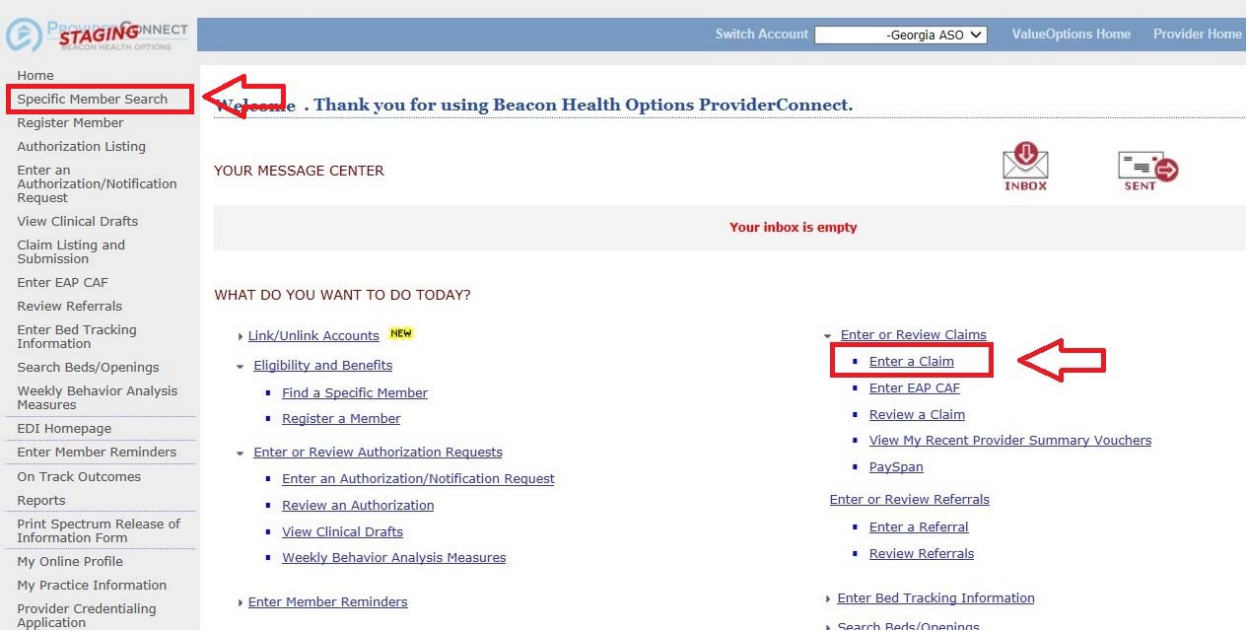
1. Claims submitted must be in accordance with an approved GHVP-3 form for audit and reconciliation purposes.
2. Newly placed individuals on a housing voucher have available up to $2500 based on specific need. The provider is allowed an initial fee of $500. This totals to a maximum of $3000. Any amount exceeding $3000 will require special DBHDD approval.
3. Claims will be submitted through the ASO's ProviderConnect direct claims entry process and cannot be submitted via batch because of the receipt requirement.
4. Instead of monthly payments, claims will now be paid weekly. All claims submitted and adjudicated by Beacon's claims staff will be paid with each week's Tuesday check run.
5. Beacon's claims staff will be reviewing submitted receipts. Receipts must be from a valid store, vendor, or business and must have the business name, date of payment, and amount paid. If the receipt is for fees paid to the provider (e.g. Initiation, Renewal, etc.), then an invoice style receipt will be sufficient on agency letterhead or other form with agency name.
6. If items on the receipt are not an approved reimbursable item, draw a line through that items. Ensure the amount on the claim matches the amount to be reimbursed from the receipt.
7. Any claims that have been paid and later it was identified that the expense was outside of the guidelines will require the claim to be reversed and payment recouped.

# ProviderConnect

To access the ProviderConnect Portal use the link below. You must have a User ID and password created by your agency's Super User.

https://www.valueoptions.com/pc/eProvider/providerLogin.do?client=GACO

There are two paths to get to the claims entry screen a) by searching for a specific member or b) by selecting the claims link on the landing page. Steps for both are covered below.




If you use Option 2, you will not access the member search functionality and will need to know the member's CID number and date of birth for the claims entry screen.

A list of services and billing codes can be found in Appendix A.

## Option 1: Specific Member Search

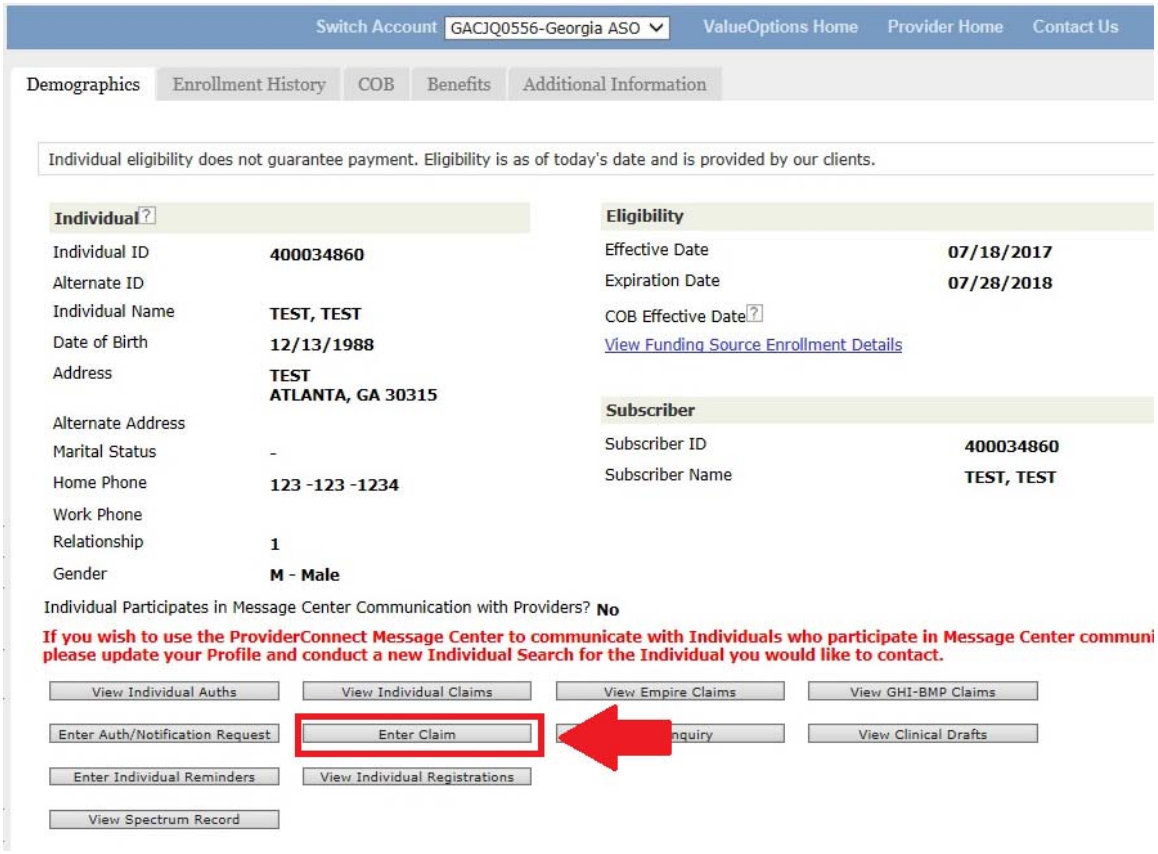
1. Once logged into Provider Connect, select the "**Specific Member Search**" link on the left menu bar.


2. At the Eligibility & Benefits Search screen, enter the member specific criteria to search for the individual for which the claim is being submitted and press the "**Search**" button.

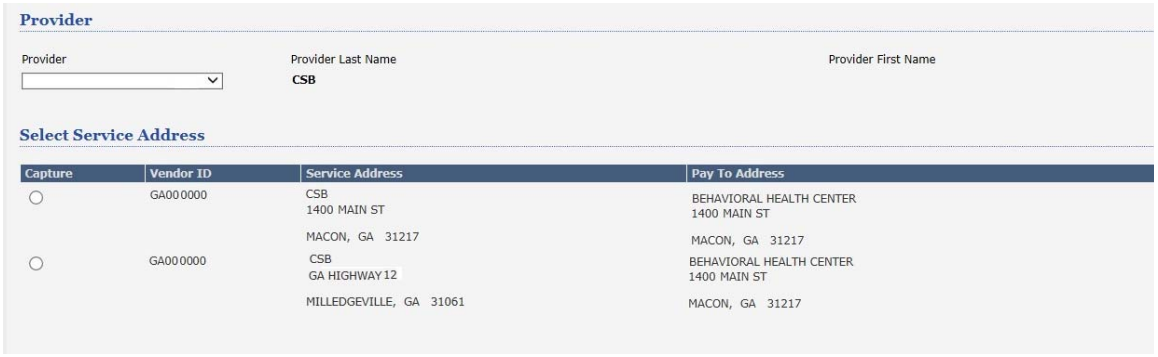
*Note: Two of the three items below will be required:*

- *An ID Number (CID, SSN, Medicaid, Medicare)*
- *Date of Birth*
- *Last Name (spelling counts as the search will look for an exact match)*

3. At the Member Demographics tab, select the “Enter a Claim” button at the bottom of the page.

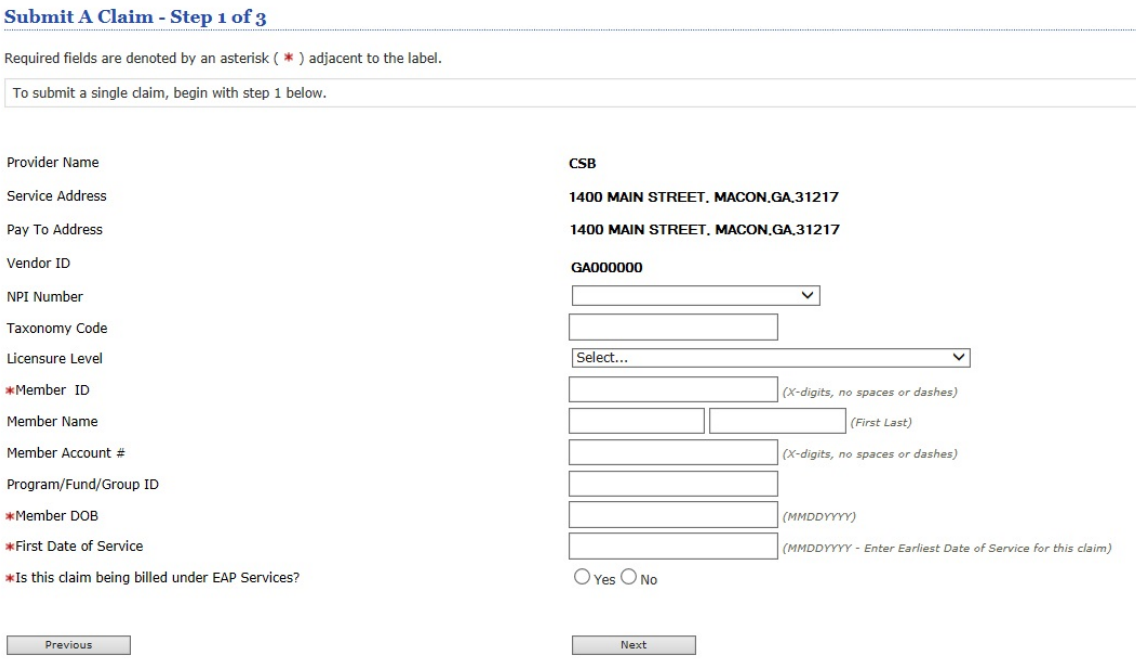



4. At the Service Address screen, select the appropriate location for Bridge Services to be billed from. Typically, this is the primary address from the Provider’s contract, administrative offices, or other main office location. Please contact the ASO’s Provider Relations Office at gacollaborativepr@beaconhealthoptions.com if you have any questions about which location is currently configured for Bridge Services.

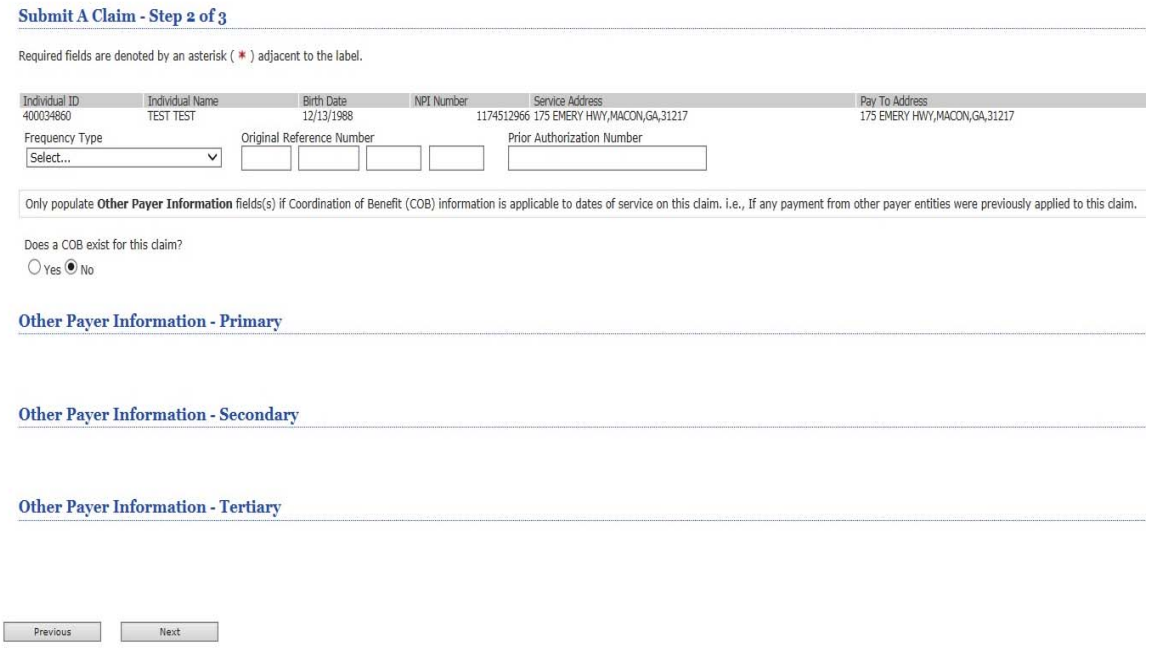


5. On the Submit a Claim – Step 1 of 3 screen, the Member ID and Date of Birth will pre-populate. Enter the **First Date of Service** and select "**No**" for the EAP question then press the "**Next**" button.

*Note: The first date of service should reflect the date from the receipt.*

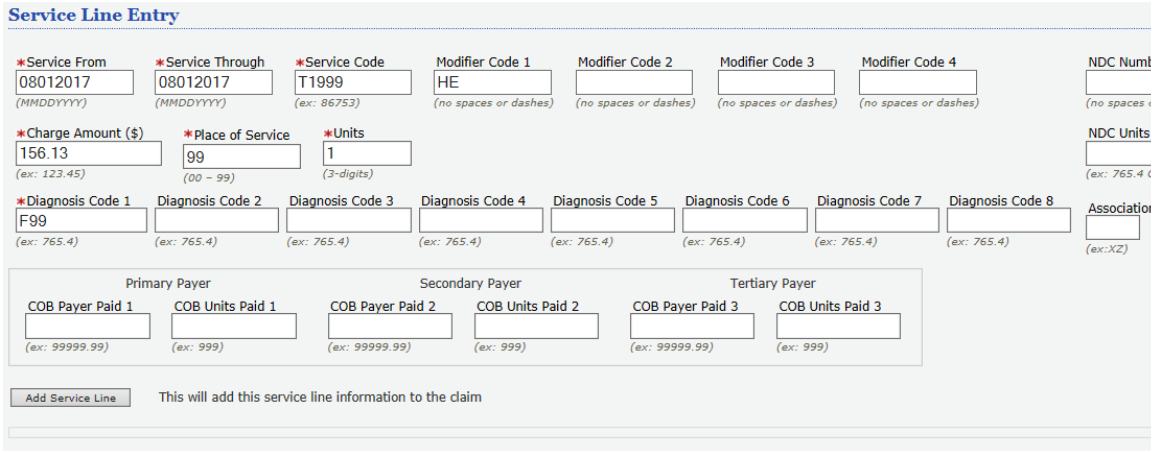


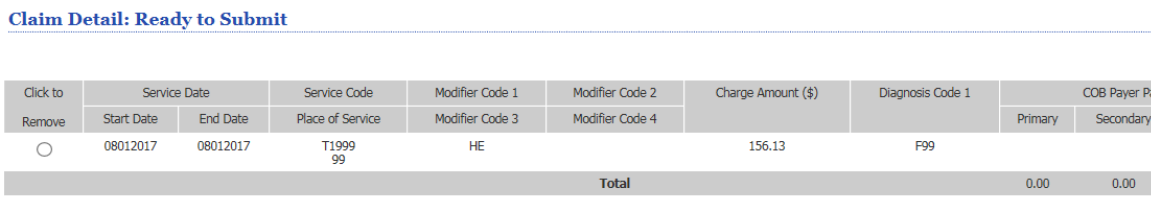

6. On the Submit a Claim – Step 2 of 3 screen, select the **Frequency Type** ("Original" will be selected for the first time the claim is being submitted). No Prior Authorization number is required for Bridge Service claims. Press the "**Next**" button.



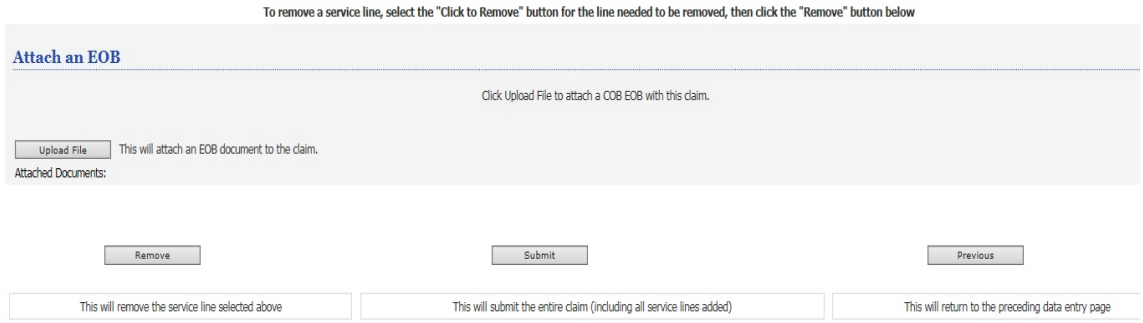
7. On the Submit a Claim – Step 3 of 3 screen, complete the following items:
   - ***Service Through*** *(this will be the same as the Service From date)*
   - ***Service Code / Modifiers*** *(enter the specific code being billed including modifiers)*
   - ***Charge Amount*** *(this is the dollar amount of the reimbursement for the specific service)*
   - ***Place of Service*** *(use code '99')*
   - ***Units*** *(use 1 unit of service)*
   - ***Diagnosis*** *(use the individual's mental health diagnosis or F99).*

   Once you have entered all of the above service information, press the "**Add Service Line**" button. This will add the detail line information below in the Ready to Submit section. If you need to add additional service lines to the same claim, fill in the service line entry information for the new claim line and then press the "**Add Service Line**" button. Add additional lines as needed.

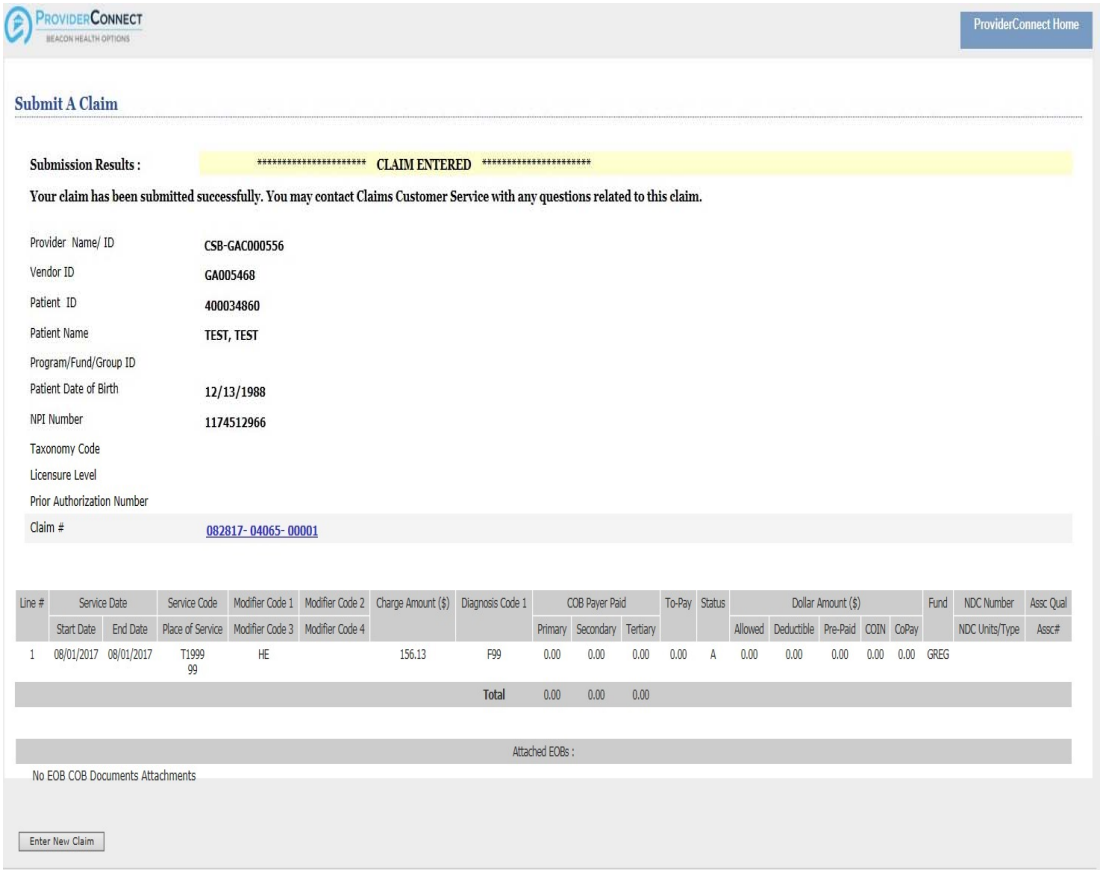



8. To attach the associated receipt(s), click the "**Upload File**" button in the Attached an EOB section. (Note: This section is typically used for submitting EOBs on claims but that is not necessary for Bridge Service claims.) When ready to submit claim, press the "**Submit**" button.



9. After you have pressed the "**Submit**" button, the Submission Results will appear.



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## 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 | **CSB-GAC000556** |
| Vendor ID | **GA005468** |
| Patient ID | **400034860** |
| Patient Name | **TEST, TEST** |
| Program/Fund/Group ID | |
| Patient Date of Birth | **12/13/1988** |
| NPI Number | **1174512966** |
| Taxonomy Code | |
| Licensure Level | |
| Prior Authorization Number | |
| Claim # | 082817- 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 | Assc Qual |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | Assc# |
| 1 | 08/01/2017 | 08/01/2017 | T1999 99 | HE | | 156.13 | F99 | 0.00 | 0.00 | 0.00 | 0.00 | A | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | GREG | | |
| | | | | | | | **Total** | 0.00 | 0.00 | 0.00 | | | | | | | | | | |

Attached EOBs :

No EOB COB Documents Attachments

Enter New Claim

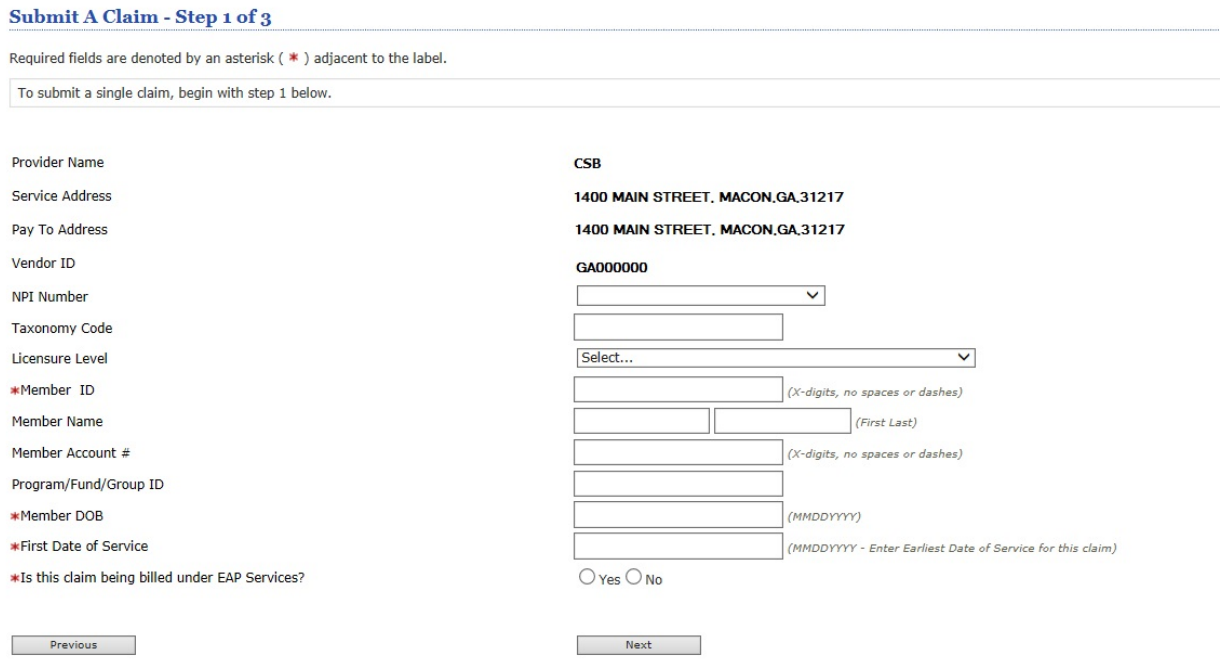
## Option 2: Enter a Claim Link

1. Once logged into Provider Connect, select the "**Enter a Claim**" link in the center of the home landing page.

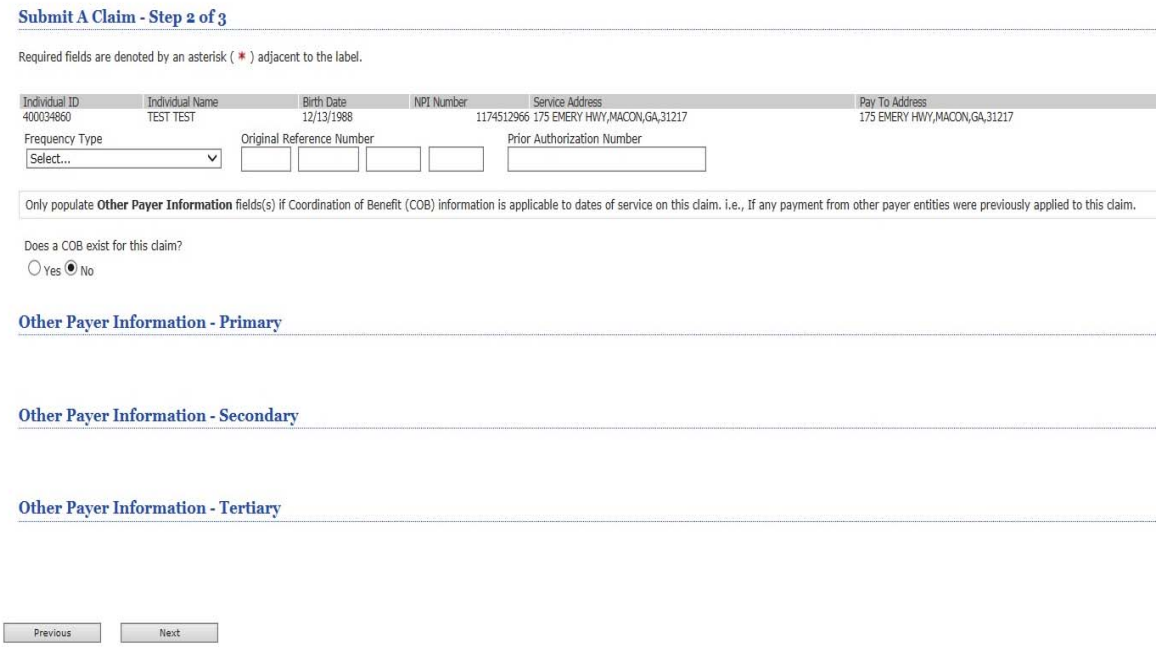

2. At the Service Address screen, select the appropriate location for Bridge Services to be billed from. Typically, this is the primary address from the Provider's contract, administrative offices, or other main office location. Please contact the ASO's Provider Relations Office at gacollaborativepr@beaconhealthoptions.com if you have any questions about which location is currently configured for Bridge Services.

3. On the Submit a Claim – Step 1 of 3 screen, enter the **Member ID**, **Date of Birth**, **First Date of Service**, and select "**No**" for the EAP question then press the "**Next**" button.

*Note: The first date of service should reflect the date from the receipt.*




4. On the Submit a Claim – Step 2 of 3 screen, select the **Frequency Type** ("Original" will be selected for the first time the claim is being submitted). No Prior Authorization number is required for Bridge Service claims. Press the "**Next**" button.

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- ***Service Code / Modifiers*** *(enter the specific code being billed including modifiers)*
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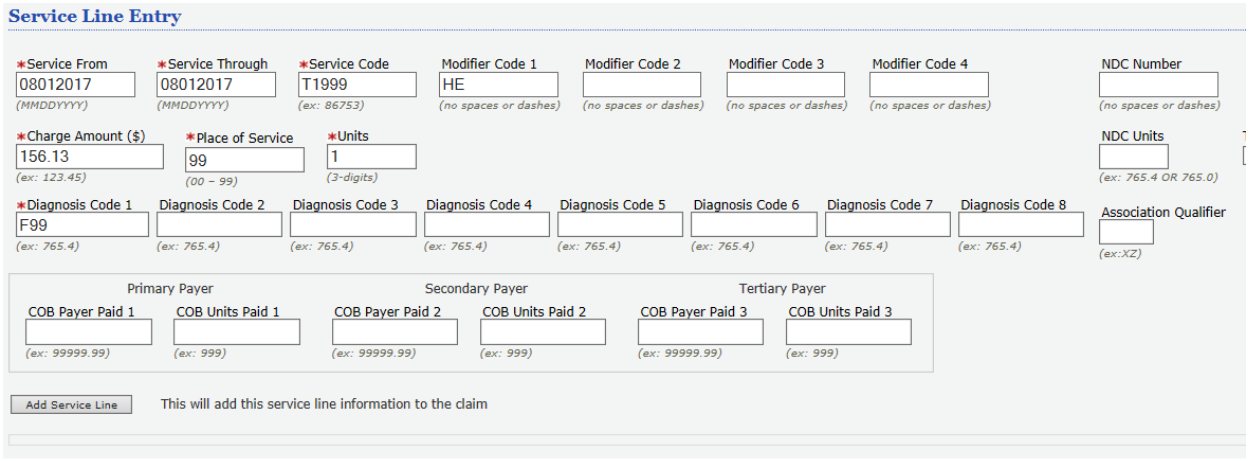
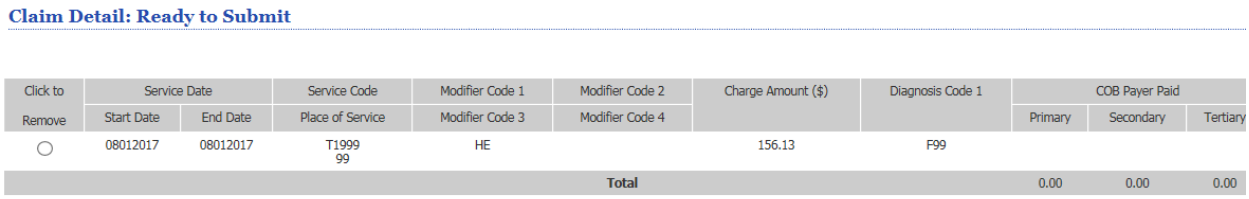
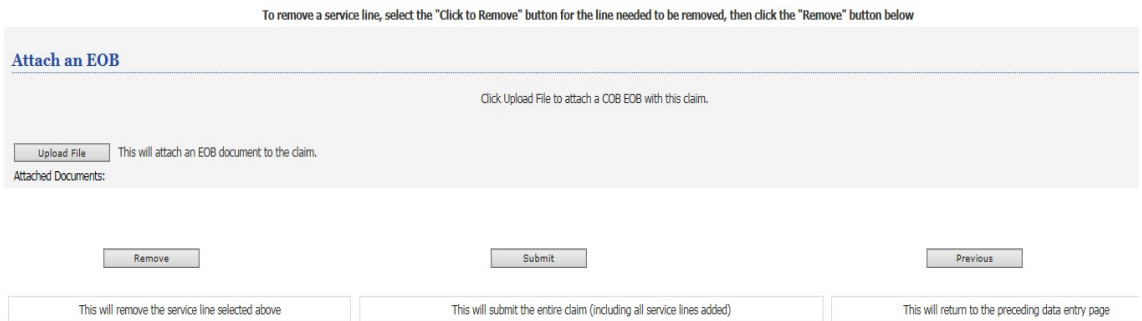
Once you have entered all of the above service information, press the "**Add Service Line**" button. This will add the detail line information below in the Ready to Submit section. If you need to add additional service lines to the same claim, fill in the service line entry information for the new claim line and then press the "**Add Service Line**" button. Add additional lines as needed.

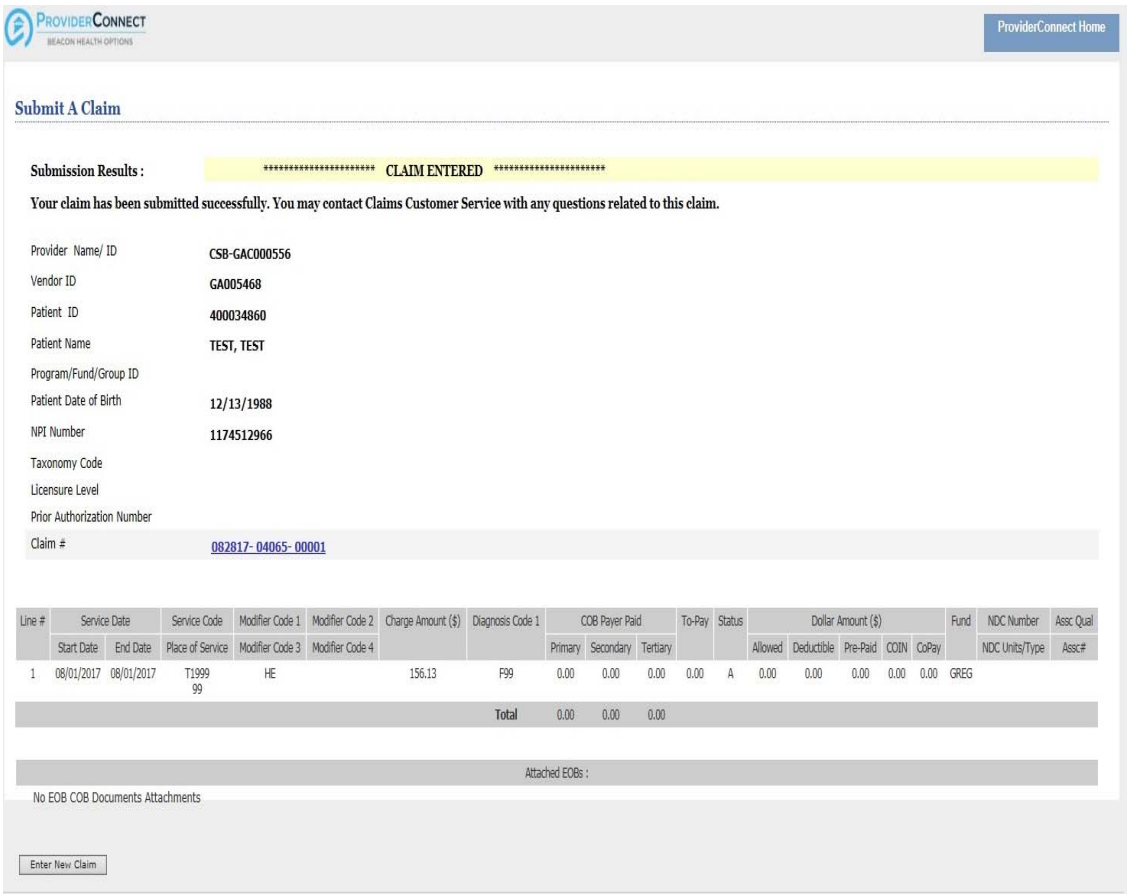



6. To attach the associated receipt(s), click the "**Upload File**" button in the Attached an EOB section. (Note: This section is typically used for submitting EOBs on claims but that is not necessary for Bridge Service claims.) When ready to submit claim, press the "**Submit**" button.




7. After you have pressed the "**Submit**" button, the Submission Results will appear.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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
CSB-GAC000556
Vendor ID
GA005468
Patient ID
400034860
Patient Name
TEST, TEST
Program/Fund/Group ID
Patient Date of Birth
12/13/1988
NPI Number
1174512966
Taxonomy Code
Licensure Level
Prior Authorization Number
Claim #
082817- 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 Assc Qual
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 Assc#
1 08/01/2017 08/01/2017 T1999 99 HE 156.13 F99 0.00 0.00 0.00 0.00 A 0.00 0.00 0.00 0.00 0.00 GREG
Total 0.00 0.00 0.00
Attached EOBs :
No EOB COB Documents Attachments
Enter New Claim

# Appendix A: Services and Procedure Codes

The table below provides a list of services that can be billed for Bridge Services and the associated billing procedure code.

| Service Name | Procedure Code | Modifier 1 | Modifier 2 | Modifier 3 | Modifier 4 |
|---|---|---|---|---|---|
| Household Furnishings | T1999 | HE | H1 | | |
| Household goods and Supplies | T1999 | HE | H2 | | |
| Moving Expenses | T1999 | HE | M1 | | |
| Utility Deposits | T1999 | HE | D1 | | |
| Security Deposits | T1999 | HE | S1 | | |
| Transportation | T2003 | HE | | | |
| Environmental Modifications | S5165 | HE | | | |
| Food/Grocery | T1999 | HE | FG | | |
| Medication | T1999 | HE | | | |
| Rent Payment | H0044 | HE | | | |
| Fees - Initiation | T1999 | HE | F1 | | |
| Fees - Renewal | T1999 | HE | F2 | | |
| Fees - Transfer | T1999 | HE | F3 | | |
| Other | T1999 | HE | X1 | | |

Note: Some modifiers are non-traditional and created for the purpose of state use only.