

February 2017

Spotlight:

[Provider Handbook](#) [Read More](#)

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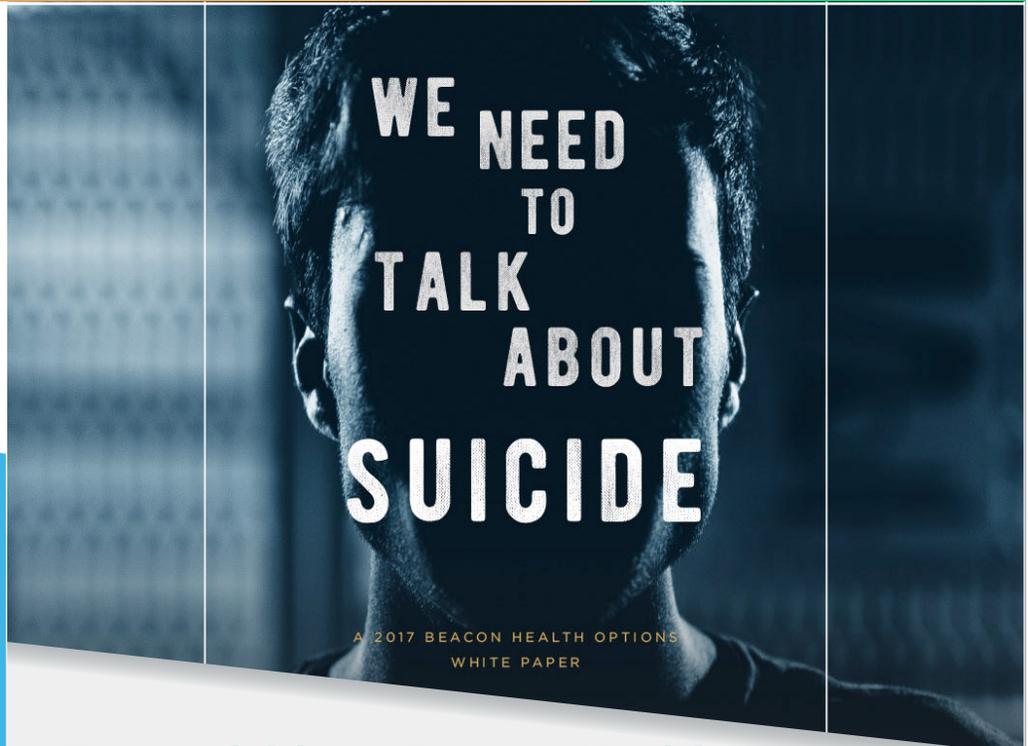
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Contact Us:

Please send your comments, ideas, and suggestions for upcoming editions of the Valued Provider eNewsletter to PRcommunications@beaconhealthoptions.com.



Zero Suicide: A Beacon Health Options Webinar Opportunity

Beacon Health Options (Beacon) continues to provide analysis and solutions on behavioral health and substance use disorder topics with its third white paper, this time on [Zero Suicide](#), to be released on February 14, titled "We Need to Talk About Suicide." Beacon issued its first white paper, "[Confronting the Crisis of Opioid Addiction](#)," in June 2015 and its second white paper, "[Integration](#)," in February 2016.

As with our previous white papers, Beacon is offering a free, hour-long webinar on Wednesday, February 22 to discuss our Zero Suicide white paper, which asserts that suicidal behavior disorder is a treatable condition in its own right. Many clinicians practicing today have been trained to identify and treat underlying conditions only, viewing suicidal behavior disorder as the side effect of depression or any other underlying mental health problem.

Beacon's white paper dispels that point of view. During this webinar, you will learn about the Zero Suicide framework, a seven-pronged model anchored in the foundational belief that "suicide deaths for individuals under care within health and behavioral health systems are preventable." In addition, there will be time for questions. We look forward to discussing this important topic with you.

Register Today!

[Wednesday, February 22, 2017 from 2-3 p.m. ET](#)

Continuing education credits may be available for this webinar. Please review the list when you register to determine availability.



“With an eye toward increasing rigor and improving transparency, these organizations have articulated principles that form the foundation for new standards of [clinical practice] guideline development.”

Clinical Practice Guidelines

In recent years, the process of developing clinical practice guidelines has undergone significant reevaluation by national professional organizations including the American Medical Association and the Institute of Medicine. With an eye toward increasing rigor and improving transparency, these organizations have articulated principles that form the foundation for new standards of guideline development. The [American Psychiatric Association](#) (APA) and the [American Academy of Child and Adolescent Psychiatry](#) (AACAP) have both published statements on their websites in support of these new standards.

Historically Beacon and its legacy companies adopted clinical practice guidelines, (previously referred to as treatment guidelines) published by the APA, AACAP, and other professional organizations. This was based on their reputation as primary contributors and developers of guidelines representing acceptable standards of care at the time of origination.

The industry currently has maintained or produced a limited number of guidelines that meet the new standards for guideline rigor and transparency. Accordingly, Beacon has reviewed and adopted the following guidelines that meet those standards:

- The APA’s [Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia](#)
- The APA’s [Practice Guidelines for the Psychiatric Evaluation of Adults](#)
- American Society of Addiction Medicine’s [National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#)
- The Centers for Disease Control and Prevention’s (CDC) [Guideline for Prescribing Opioids for Chronic Pain](#) – United States, 2016 (adopted by Beacon as treatment recommendation for primary care or pain specialty practitioners)

Clinical practice guidelines that were developed prior to the implementation of the revised guideline development standards and previously adopted by Beacon are provided on our website. Although not meeting the highest evidentiary formulation standards, these guidelines still contain information that continues to be clinically relevant. For example, some of the guidelines may recommend specific treatment interventions without adequately addressing the sufficiency of the evidence to support the recommendation. Continued use of the guidelines is warranted because resultant positive clinical contribution outweighs the fact that the summaries of the supporting research may have lacked adequate transparency related to the process of ranking the studies necessary to meet today’s standards of guideline development. Practices represented in these guidelines are often validated as the community standard of care but the rigorous scientific research confirmation is still in the process.

In summary, we find the clinical practice guidelines being utilized represent the best clinical information we have at this time. Until such time that updated information is developed, the clinical practice guidelines are appropriate for use where applicable.

Moving to our Beacon Health Options Website

We are excited to share that we are preparing to transition our website content from the current ValueOptions site to our new home on www.beaconhealthoptions.com beginning this month.

As you know, in 2016, ValueOptions legally changed its name to Beacon Health Options, Inc. (Beacon). When this occurred, we changed the branding on the ValueOptions website to reflect the new company name, but the URL in use remained www.valueoptions.com.

On February 17, we will launch the content on our Beacon website and begin to redirect valueoptions.com pages to beaconhealthoptions.com pages. It's important to note that visitors will still see the same content and experience the same functionality as was on the ValueOptions website. In fact, the user interface for the new site is cleaner and brighter and the site is easier to navigate, thereby providing a far superior user experience and quicker access to information.

Links from valueoptions.com, including network-specific pages, will simply redirect to the same content on beaconhealthoptions.com. Your provider experience will be completely seamless, as bookmarked pages will redirect. And because the site experience is an improvement, we encourage you to update your bookmarks accordingly.

Note: the ProviderConnect URL will remain the same for the foreseeable future, and will be available through www.beaconhealthoptions.com. There will be no changes to external-facing website addresses in place for particular contracts, such as the Georgia Collaborative (www.georgiacollaborative.com).

To reiterate, moving to the new site shows Beacon's commitment to renaming and rebranding ourselves to become a single entity; it's also just a lot easier to use! Our goal is to communicate with our provider community in a timely, efficient manner. If you have any questions about the transition, please join us for our "[Giving Value Back to the Provider](#)" webinar.

1099 Questions

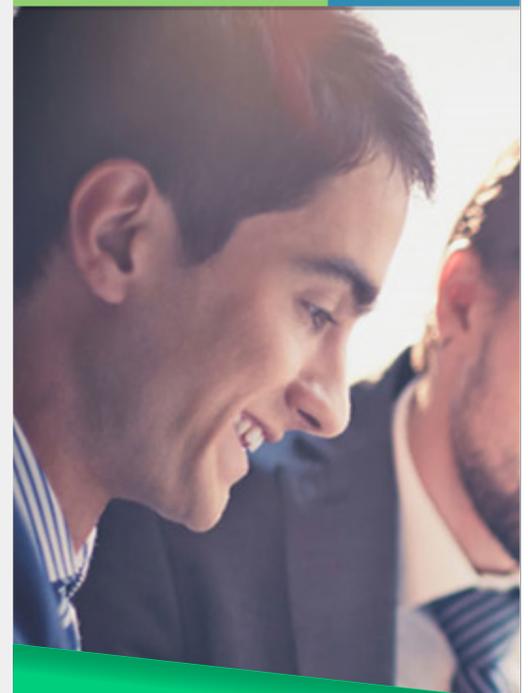
It is tax season!

Beacon mailed 1099s as of January 31, 2017.

1099s are only created for providers who were issued total payments of \$600 or greater in 2016.

Please note: Beacon has many different legal entities. Providers may receive multiple 1099s if total payments of \$600 or more were issued from different legally recognized entities within our organization. Each were sent in separate envelopes, and all were mailed by January 31, 2017.

If you have questions regarding your 1099, please contact our 1099 Hotline at 703-390-4936. This is a voicemail box monitored by our Finance Department and all calls will be returned within three business days.



“On February 17, we will launch the content on our Beacon website and begin to redirect valueoptions.com pages to beaconhealthoptions.com pages.”

Claims Process Improvement Program: Project Overview

Part of Beacon's strategy for continuous improvement is a transformative Claims Process Improvement (CPI) program, which we are operationalizing in 2017. The program includes changes to several work streams to improve our provider experience:

1. **Front-end Claims (Mailroom):** While Beacon encourages providers to submit claims electronically, we are also improving paper claims intake through transition to a centralized shared-service process.
2. **Data-Driven Management:** Beacon will implement improved data-driven management techniques to enhance metrics for claims processing and operations.
3. **EDI/Data Exchange:** We will improve the intake and processing of electronically submitted claims, through the implementation of a single gateway for front-end claims intake for all Beacon submitters. In addition, we will implement a centralized, shared-service process for validating and managing the exchange of all data between Beacon and our trading partners.
4. **Payment Integrity and Claims Analysis:** Beacon has engaged [Nokomis Health](#) to provide us with analytical services related to payment integrity and claims analysis. Nokomis employs an analytical claims engine - ClaimWise™ - to conduct this analysis and identify claims paid contrary to national and industry standards.

This month we will introduce the EDI/Data Exchange process as well as dig deeper into what is happening with front-end claims (mailroom).

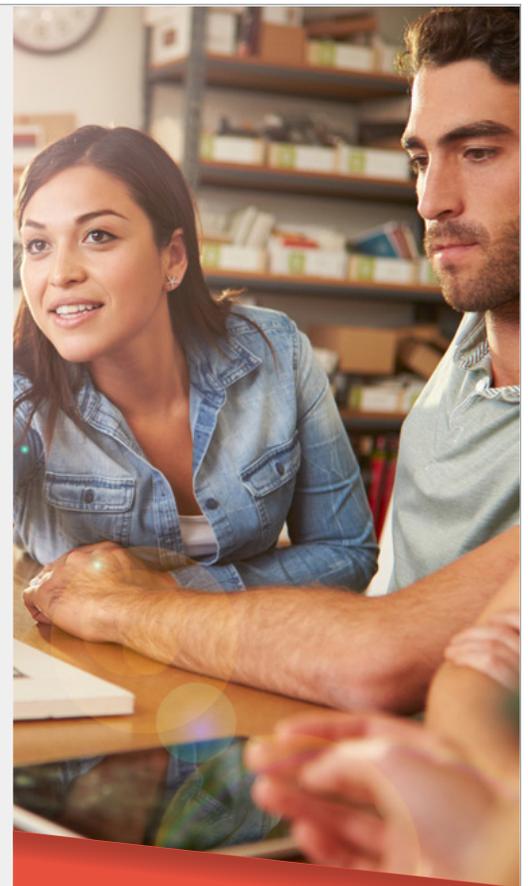
EDI/Data Exchange

Beacon is standardizing the compliance requirements across our organization in an effort to increase the quality of claims we adjudicate. Currently our compliance check ends at SNIP* Level 3 or 5, depending on the trading partner. By the end of 2017, our trading partners must be compliant with SNIP level 7 validation. For additional information regarding SNIP and front end edits please review: <http://www.wedi.org/knowledge-center/health-it-compliance>.

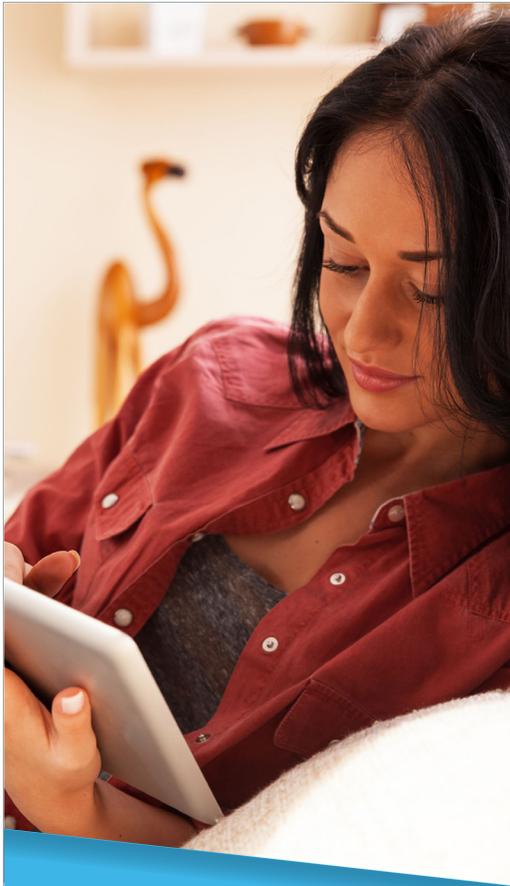
Beacon will send notifications to providers, facilities, and clearinghouses in advance of their transition to ensure the process goes smoothly. The communication will contain the newest version of our 837 claims companion guide that will be used in collaboration with ASC X12N 837 Health Care Professional and Institutional implementation guides and addenda. This communication will also include FAQs which will explain the rationale behind these changes and the impact to our trading partners.

Providers and facilities will see improvement in their payment turn-around time as we will systematically process more claims and manually process clean claims faster. We look forward to working with our trading partners as we implement the EDI/Data Exchange portion of the CPI program throughout the year. It truly is an exciting time of change at Beacon.

** The Workgroup for Electronic Data Interchange (WEDI) uses the Strategic National Implementation Process (SNIP) to help the health care industry identify and resolve HIPAA implementation issues.*



“Beacon is standardizing the compliance requirements across our organization in an effort to increase the quality of claims we adjudicate.”



Claims Process Improvement Program: Avoiding Claim Rejections

Last month we told you about Beacon’s Mailroom Paper Intake improvement project, which creates a centralized intake capability for incoming paper claims. We encourage providers to submit claims via electronic means whenever possible; however, we recognize that some providers still use paper submission.

Beacon has entered into a partnership with FIS Global, a U.S.-based company that helps us leverage technology and industry-standard tools to shorten claims processing times and increase data quality of claims entry. The intended outcomes are to receive and enter all incoming paper claims via a single, standardized process, improving turnaround time and efficiency.

The service centers in Latham, NY; Wixom, MI; and Trafford, PA; went live with the new standardized process in mid-January. It advances Beacon to a position in the marketplace that providers and clients expect of companies that process large quantities of claims.

How does this change affect providers?

Following industry standards for paper claims submission allows Beacon to improve turn-around times for claims processing. We are now holding paper claims to the same standards as electronic claims, so incomplete or incorrect claims will be rejected.

Since the change took effect, providers may have seen an increase in rejections, so we are providing a reference list of required fields for CMS-1500 and UB-04 to help you avoid the inconvenience of rejections:

CMS-1500 Required Fields:

Field Number	Field Name in Table/File	FIS Rejection Message
1a	Insured’s I.D Number	Missing insured’s ID number
2	Patient’s Name (LName, FName, MInitial)	Missing patient name
3	Patient’s Birth Date (MM, DD, YY)	Missing patient date of birth
4	Insured’s Name (LName, FName, MInitial)	Missing member name
11a	Insured’s Date of Birth (MM, DD, YY)	Missing member date of birth
21a	Diagnosis 1	Missing diagnosis code
24a	Service From	Missing service start date
24a	Service To	Missing service end date
24b	Place of Service (POS)	Missing place of service
24d	CPT/HCPCS	Missing procedure code
24e	Diag Point	Missing diagnosis pointer
24f	Charges	Missing line charged amount
24g	Days or Units	Missing units or days
25	SSN or E/N	Missing federal tax ID number
28	Total Charge	Missing total charges
33	Billing Address	Missing provider billing address
33a	Billing NPI	Missing billing provider NPI

“We encourage providers to submit claims via electronic means whenever possible; however, we recognize that some providers still use paper submission.”

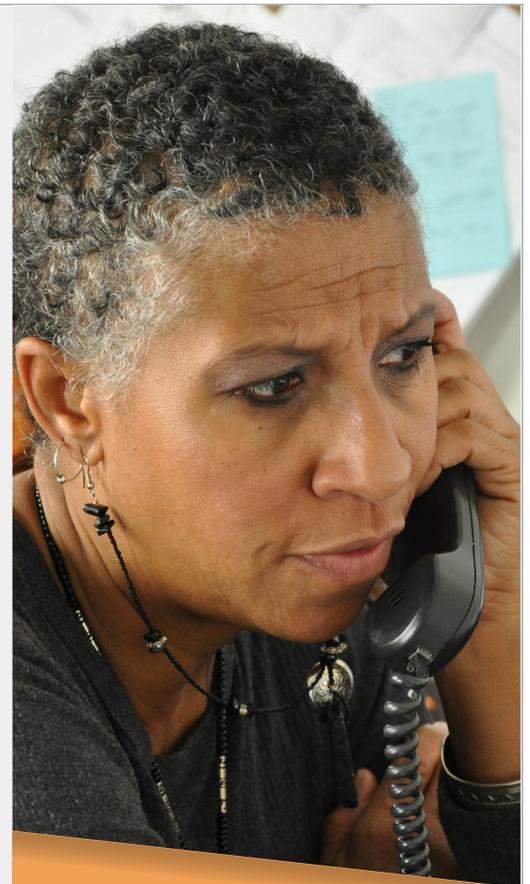
UB-04 Required Fields:

Field Number	Field Name in Table/File	FIS Rejection Message
1	Name	Missing provider name
1	Address	Missing provider address
1	City	Missing provider city
1	ST	Missing provider state
1	Zip	Missing provider zip
4	TOB	Missing type of bill
5	Fed Tax No	Missing federal tax number
6	Statement Covers Period From	Missing service start date
6	Statement Covers Period Through	Missing service end date
8a	Patient Last Name	Missing patient last name
8b	Patient First Name	Missing patient first name
10	Patient Birthdate	Missing patient date of birth
12	Admission Date	Inpatient claim missing admission date
13	Admission Hr	Inpatient claim missing admission hour
14	Admission Type	Missing admission type
15	Admission SRC	Missing admission source code
16	Admission DHR	Missing discharge hour
17	Discharge Stat	Missing discharge status code
35	Occurrence Spam From	Missing occurrence start date
36	Occurrence Spam Through	Missing occurrence end date
39-41	Value Amount	Missing value amount
42 (1-22)	Revenue Code	Missing revenue code
44 (1-22)	HCPCS/Rate/HIPPS	Missing HCPCS code
45 (1-22)	Service Date	Missing service date
46 (1-22)	Service Units	Missing units or days
47 (1-22)	Service Charges	Missing service charges
56	NPI	Missing NPI
58	Insured's Name	Missing insured's name
60	Insured's ID	Missing insured's ID
67 (A-Q)	Diagnosis Code	Missing diagnosis code
69	Admit Diag	Missing admitting diagnosis
76	Attending Provider	Missing attending provider
76	Attending Provider NPI	Missing attending NPI

Helpful tips:

- **Diagnosis Code:** Place as far left as possible within its box
- **Referring Provider:** If referring provider is an individual use Last Name, First Name, Middle Initial. Middle initial is optional. If referring provider is a facility, just use the facility's full name
- **Patient Relationship to Insured:** When insured is different from patient and "Self" has been selected as the relationship, the system will make the insured's name the same as the patient's name.
- **Insured's ID:** Should only contain the insured's ID and no additional information.

Please use this list to help you as you navigate these changing times. Look for more updates and best practices in future editions of this newsletter.



"We are now holding paper claims to the same standards as electronic claims, so incomplete or incorrect claims will be rejected."

Attention Substance Use Prescribers: Buprenorphine Waiver Training

By now we are all aware of the national opioid crisis. According to the CDC, over 1,000 people a day are treated in emergency departments for misusing prescription opioids; in 2012, health care providers wrote 259 million prescriptions for painkillers (enough for every American adult to have a bottle of pills); and every day, around 50 people die from prescription pain pill overdoses in the United States. Yet, did you know that a recent National Institute on Drug Abuse-funded study found that buprenorphine prescribers tend to treat significantly fewer patients per month than the current limits allow? More than 20 percent treated three or fewer patients and only 9 percent of prescribers treated more than 75 patients. The median monthly census was only 13 patients.

Beacon encourages in-network practitioners to become buprenorphine waived, and encourages those with existing waivers to treat more patients. Addiction specialists or physicians can become waived to prescribe by completing an eight-hour course and obtaining a waiver from the U.S. Drug Enforcement Administration (DEA).

Waivered physicians can treat up to 30 patients per month, and after a year can request to treat up to 100 patients. After that point, eligible practitioners can treat 275 patients, according to new reporting requirements issued by the Substance Abuse and Mental Health Services Administration as part of the U.S. Department of Health and Human Services' [Opioid Initiative](#).

Interested in waiver training? Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) is offering [no cost buprenorphine waiver trainings](#).

You should submit your updated DEA certificate to reflect changes to your prescriptive authority on your provider file to Beacon. For assistance, please contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.

Special Note:

The Department of Health and Human Services (HHS) announced in November that it is taking steps to expand existing access to medication-assisted treatment (MAT) for opioid use disorders to include nurse practitioners (NPs) and physician assistants (PAs). In preparation, NPs and PAs can now begin taking the required training to prescribe buprenorphine.

According to the communication, "NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017." Furthermore, HHS is also "announcing its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30 patient limit for one year, to apply for a waiver to prescribe buprenorphine for up to 100 patients." Read the full press release, "[HHS takes additional steps to expand access to opioid treatment](#)" for additional information.

"Beacon encourages in-network practitioners to become buprenorphine waived, and encourages those with existing waivers to treat more patients."



Buprenorphine DATA Waived Prescribers: Join Beacon's ECHO clinic on MAT

Beacon is launching an Opioid Use Disorder & MAT teleECHO clinic. Project ECHO (Extension for Community Healthcare Outcomes) is a revolutionary practice model that reduces gaps in care by increasing provider capacity for specialty services. Are you a part of the ECHO?

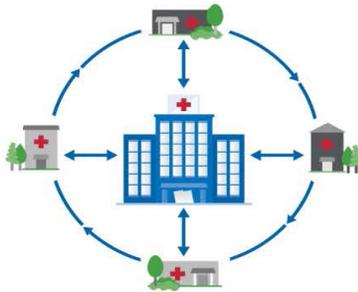
For information about how to sign up, contact Heather Lober at heather.lobler@beaconhealthoptions.com.



In the U.S. and around the world, people are not getting access to the specialty care they need, when they need it, for complex and treatable conditions.

Moving Knowledge, Not Patients

Through technology-enabled collaborative learning, ECHO creates access to high-quality specialty care in local communities.



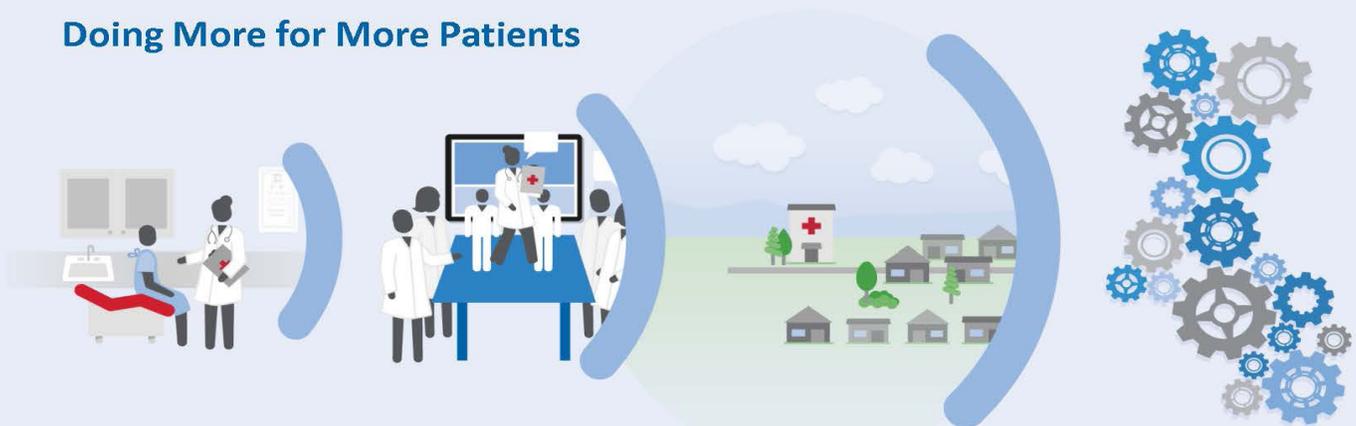
Hub and spoke knowledge-sharing networks create a learning loop:

Community providers learn from specialists.

Community providers learn from each other.

Specialists learn from community providers as best practices emerge.

Doing More for More Patients



PATIENTS

- Right Care
- Right Place
- Right Time

PROVIDERS

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local

SYSTEM

- Increase Access
- Improve Quality
- Reduce Cost

Changing the World, Fast



Started in NEW MEXICO

- More than 300 community clinic sites



NATIONAL

- Operating in 30 states and growing
- 45 complex conditions



GLOBAL

- Operating about 100 hubs in more than 13 countries and growing
- Goal of touching 1 billion lives by 2025

To learn more about the Project ECHO model, watch these two short videos:

[Project ECHO Overview](#)

[Project ECHO in Two Minutes](#)

“Most information, such as specialty, gender, office hours, addresses, and licensure can be easily updated through the “Update Demographic Information” section on [ProviderConnect](#) to ensure information reflected in our online directory is accurate.”

Webinar Opportunity: Giving Value Back to our Providers

If you are new to the Beacon Health Options, formerly ValueOptions, provider network or looking for a refresher course on Fraud, Waste, and Abuse to make sure you remain compliant within your practice, then we invite you to join us for our quarterly “Giving Value Back to the Provider” webinar series. We have two sessions scheduled for early March and encourage you or your administrative office staff to register for the one that best fits your schedule.

In addition to program integrity, this presentation will provide a company overview and explanation of various processes, such as credentialing and clinical operations. We’ll share recent initiatives and ongoing activities as well as review electronic resources available to our provider community.

To register for one of our upcoming sessions, simply click one of the links below:

Register Today!

[Thursday, March 2, 2017 from 2-4 p.m. ET](#)

[Friday, March 3, 2017 from 11 a.m.-1 p.m. ET](#)

Appointment Availability Reminder

Beacon uses a variety of mechanisms to measure a member’s access to care with participating practitioners. Unless other appointment availability standards are required by a specific client or government-sponsored health benefit program, service availability is assessed based on the following standards for participating practitioners:

- An individual with life-threatening emergency needs to be seen immediately
- An individual with non-life-threatening emergency needs to be seen within six hours
- An individual with urgent needs to be seen within 48 hours
- Routine office visits are available within ten business days

It is expected that Beacon providers maintain appropriate standards for appointment availability. Additional information is outlined in the [Provider Handbook](#).

Maintaining Accurate Demographic Data

To assist Beacon with providing accurate referrals for members seeking services, we ask all providers to maintain accurate demographic data. Most information, such as specialty, gender, office hours, addresses, and licensure can be easily updated through the “Update Demographic Information” section on [ProviderConnect](#) to ensure information reflected in our online directory is accurate. As outlined in our [Provider Handbook](#), we ask you to contact us with any demographic changes or changes to appointment availability in advance, whenever possible and practical.

Reminders will be sent throughout the year. This is in no way to advise that information is inaccurate; however, it is our goal to provide a steady reminder to review often and update as necessary. As a Qualified Health Plan through the Centers for Medicare & Medicaid Services (CMS), Beacon must follow all requirements set forth by CMS, including communicating with providers as necessary to ensure compliance. These requirements are beneficial for our entire provider network and support a key Beacon T3 Strategic Goal, which is to deliver superior customer service.



“Beacon is creating a new process which asks providers to also notify Beacon directly when it is determined that a member needs to be terminated from current treatment, and they are unable to locate in-network resources.”

Beacon verifies demographic data through various channels, so while provider information may be accurate with us, if something is outdated through the Council for Affordable Quality Healthcare® (CAQH), for example, an update there will ensure that everything stays consistent. If you have made an update within the last quarter and your information is current, no action regarding this reminder is necessary. No action will be considered confirmation that current information is up to date and accurate.

If you have any questions or need assistance updating your demographic data, you may contact our National Provider Service Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday or reach out to your local [Regional Provider Relations team](#) via email.

Clarification Regarding Terminating Members from Treatment

According to the Beacon [Provider Handbook](#), participating providers must “Refer members to other participating providers when alternative or different mental health or substance use services are required.” In order to assist, Beacon is creating a new process which asks providers to also notify Beacon directly when it is determined that a member needs to be terminated from current treatment, and they are unable to locate in-network resources. This will allow us to assist the member as needed with referral to another provider.

Providers should always refer members using in-network resources, which can be found on ReferralConnect. If necessary, providers can contact Beacon Customer Service via ProviderConnect inquiry or by telephonic means.

Providers should follow state or licensing board requirements, plus their own internal policies, for appropriately terminating their treatment relationship with members. Beacon does not need to be notified if the provider and member voluntarily agree to end or complete treatment or there is a successful transition to another in-network provider. However, per the [Provider Handbook](#), Beacon should always be contacted if there are any adverse incidents or issues.

We encourage you to review this information and share with office staff accordingly.



Beacon has the ability and responsibility to help shape the conversation about behavioral health. Through the Beacon Lens blog, we respond rapidly to pressing and controversial areas in behavioral health today to help drive real, effective change. Here are some of our recent posts:

- [How to solve the Emergency Department boarding crisis? Systemwide change](#)
- [‘Precision medicine’: Where collaboration and competition meet](#)
- [The Kennedy Forum Illinois: Collaboration to drive solutions](#)
- [The Yin and Yang of 2016: A Crisis Year Holds Promise](#)
- [ACOs: Risk for the greater good](#)
- [ECHO: Expanding community-based treatment for opioid use disorder](#)

You can subscribe for email notifications for the blog [by visiting the site directly](#). We look forward to your commentary. If you have a topic suggestion, email: beaconlens@beaconhealthoptions.com.

Together, let's lead the conversation on behavioral health!

Upcoming Webinars

Zero Suicide

Beacon is offering a free, hour-long webinar on Wednesday, February 22 to discuss our Zero Suicide white paper, which asserts that suicidal behavior disorder is a treatable condition in its own right.

Zero Suicide		
Wednesday, February 22, 2017	2-3 p.m. ET	Register Here!

ProviderConnect

These webinars are designed to review our ProviderConnect system and support the E-Commerce Initiative for network providers.

Authorizations in ProviderConnect is designed for providers and office staff who submit authorizations through ProviderConnect.

Authorizations in ProviderConnect		
Wednesday, February 15, 2017	1-2 p.m. ET	Register Here!
Thursday, April 13, 2017	2-3 p.m. ET	Register Here!

ProviderConnect Claims is designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

ProviderConnect Claims		
Thursday, March 16, 2017	1-2 p.m. ET	Register Here!

ProviderConnect Tips and Tricks will review hot topics and recent enhancements related to ProviderConnect. Allows for extended Question and Answer time.

ProviderConnect Tips and Tricks		
Thursday, March 30, 2017	1-2 p.m. ET	Register Here!

Overview of ProviderConnect is intended for providers and office staff becoming familiar with ProviderConnect for the first time. This also serves as a good refresher training.

Overview of ProviderConnect		
Thursday, April 6, 2017	2-3 p.m. ET	Register Here!

Giving Value Back to the Provider

This forum will introduce and discuss the new exciting initiatives for providers and familiarize you with administrative, procedural, and general information about Beacon Health Options.

Giving Value Back to the Provider		
Thursday, March 2, 2017	2-4 p.m. ET	Register Here!
Friday, March 3, 2017	11 a.m.-1 p.m. ET	Register Here!

Introduction to On Track Outcomes

Provides an overview of this program which is designed to support network providers as they help clients stay “on track” in achieving their goals.

Introduction to On Track Outcomes		
Tuesday, February 21, 2017	2-3 p.m. ET	Register Here!
Wednesday, March 29, 2017	1-2 p.m. ET	Register Here!

Our webinar platform has fully transitioned from Citrix GoTo to Cisco WebEx. When accessing a webinar, be sure to review all information carefully and verify system compatibility to avoid technical difficulties.

You can view previous webinar slides and recordings in our [Webinar Archive](#).

For additional trainings and information, please visit our [Video Tutorials](#) as well as your [Network Specific Page](#).

Contact Us:

If you do not have internet access and would like a hard copy of this newsletter, please contact our National Provider Services Line at 800-397-1630.