



Children's System Transition. Orientation for New Beacon Health Options Providers.

June 2019

Agenda



1 Beacon Health Options – Who We Are

2 CFTSS and Authorizations

3 Billing Beacon Health Options

4 Paper Claims Submission

5 Guidance on Claims Submission

6 Electronic Data Interchange

7 Important Reminders about Claims Submission

8 Reporting Adverse Incidents

9 Referrals: Using Beacon's Directory of Providers

10 Online Resources & Contact Information

Chapter

01

“We help people live their lives to the fullest potential.”

Our Commitment



Beacon Health Options – Who We Are

**Our mission drives our commitment to clients,
members, and providers**

—

We help people live their lives
to the **fullest potential.**

—

Beacon's clinical capabilities drive better outcomes

Care coordination and management of complex populations



Collaborative and evidence-based UM program



Provider partnership, training and support



Innovative programming for specialty populations



Peer supports and services



National presence with a diversified customer base

Beacon's Customer Base

State and Local Government

Programs supporting Medicaid populations and other publicly funded programs through direct contracts in 13 states

Health Plans

National and regional health plans covering Medicaid, Medicare, dual eligible, special needs, and commercial populations

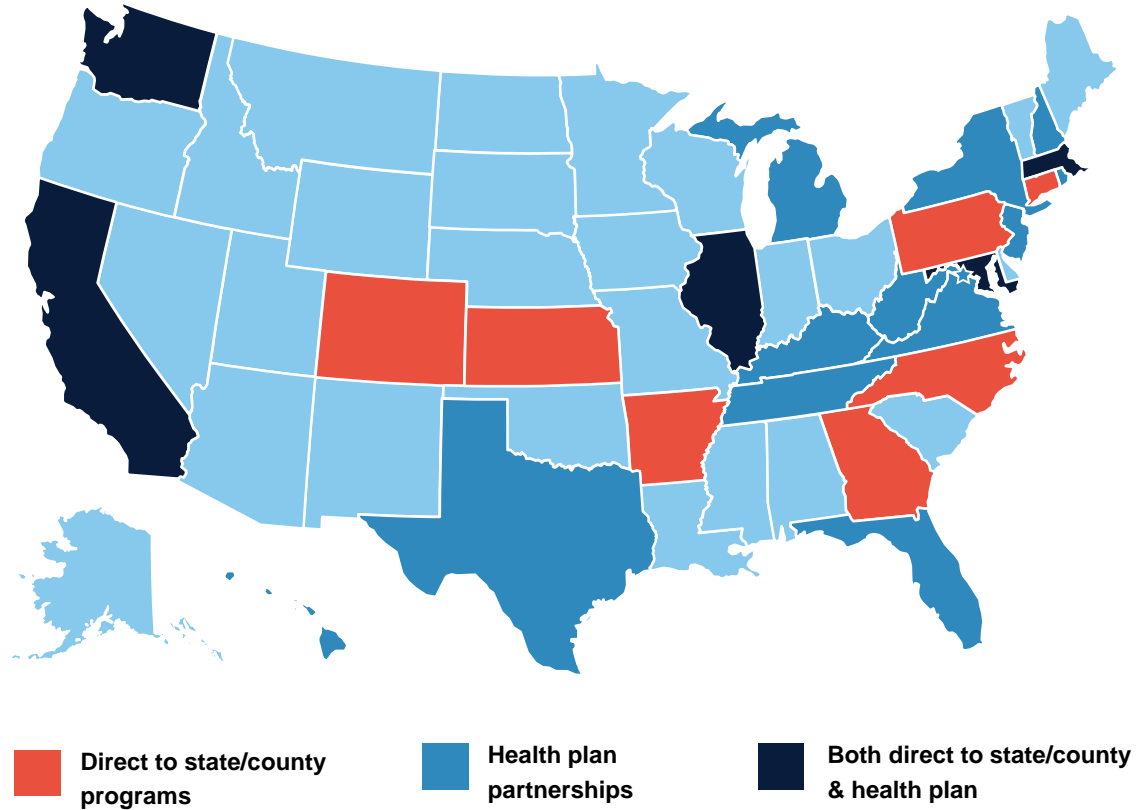
Employers

Local, regional, and national employers as well as labor and trust funds, including 41 Fortune 500 companies

Federal Government

The Federal government, including active duty, National Guard, and Reserve Component service members, their immediate family members, and other qualified members

Strong Medicaid expertise across 25 markets



- Focused clinical efforts on the most vulnerable Medicaid populations
- Consistent use of evidence-based protocols
- Experienced behavioral health clinical and administrative staff with Medicaid expertise
- Access to specialty providers and facilities with aligned incentives to better deliver care
- Leveraging technology for data-sharing, program improvement, and client reporting
- A whole-person approach focusing on total health and well-being, recovery, and resiliency
- Integrated care coordination with primary care and social supports

Chapter

02

CFTSS and Authorizations

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Overview

- Formerly known as the State Plan Amendments (SPA) services
- There are six (6) services scheduled to go-live in the next 2 years.
- Services will become part of the Managed Care benefit by their implementation date and made available to all children
- Providers need to be designated to provide new the CFTSS and will need to contract with Managed Care Plans.

Foster Care Providers

- Agencies designated for “Foster Care” ONLY can only serve children who are in or discharged from foster care who meet medical necessity criteria, regardless of their diagnoses.
- Children in or discharged from foster care are not restricted to the foster care only agency sites. Children discharged from foster care can continue to be served by a foster care only agency to support continuity of care.

Services Going Live on 7/1/2019

- Family Peer Support Services for SSI and Non-SSI Children
- CFTSS for SSI Children
 - Other Licensed Practitioner (OLP)
 - Psychosocial Rehabilitation (PSR)
 - Community Psychiatric Treatment and Supports
- All Current Adult BH Services (ACT, PROS, etc.) for SSI and Non-SSI Children

Services Going Live on 10/1/2019

- HCBS for SSI and Non-SSI Children
- Foster Care Children into Managed Care and will include benefits previously carved in

Authorization/Notification Requirements

- Beacon Health Options does **not** require authorization or notification for any of the six Children and Family Treatment Support Services (CFTSS) for in network providers.
 - No utilization management (pre-certification or concurrent) will be conducted.
- CFTSS designated providers should begin to submit claims to Beacon Health Options for OLP, CPST and PSR for any child enrolled in a Beacon covered plan effective 1/1/2019
- Beacon Health Options will coordinate with CFTSS providers via Case Management and/or Provider Quality Management to support provider throughout the rollout of CFTSS.
- Beacon Health Options will reach out and coordinate with providers and/or families once CFTSS claims have been submitted.

Plan Specific Information

Plan	Notification Process	Pre-Authorization Required?	Concurrent Review Required?	Concurrent Review Process
Affinity	No Notification Required	No	No	No Concurrent Review Required
Amida Care	No Notification Required	No	No	No Concurrent Review Required
Crystal Run	No Notification Required	No	No	No Concurrent Review Required
Emblem Health	No Notification Required	No	No	No Concurrent Review Required
IHA	No Notification Required	No	No	No Concurrent Review Required
MetroPlus	No Notification Required	No	No	No Concurrent Review Required
MVP	No Notification Required	No	No	No Concurrent Review Required
VNS	No Notification Required	No	No	No Concurrent Review Required
YourCare	No Notification Required	No	No	No Concurrent Review Required

Chapter

03

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Billing Beacon

Non-allowable Combinations

HCBS/State Plan Services	OMH Clinic	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT*	OMH PROS*
Day Habilitation	Yes	Yes	Yes	No	Yes
Community Habilitation	Yes	Yes	Yes	Yes	Yes
Caregiver & Family Support and Services	Yes	Yes	Yes	No	No
Respite	Yes	Yes	Yes	Yes	Yes
Prevocational Services	Yes	Yes	Yes	No	No
Supported Employment	Yes	Yes	Yes	No	No
Community Self-Advocacy Training and Supports	Yes	Yes	Yes	No	No
Other Licensed Practitioner (OLP)	Yes**	No	No	Yes	No
Community Psychiatric Supports and Treatment (CPST)	Yes	Yes	Yes	No	No
Psychosocial Rehabilitation (PSR)	Yes	Yes	Yes	No	No
YPST	Yes	Yes	Yes	Yes	Yes
FPSS	Yes	Yes	Yes	Yes	Yes
Crisis Intervention	Yes	Yes	Yes	No	Yes

Non-allowable Combinations

HCBS/State Plan Services	OMH CDT*	OMH Partial Hospital	OASAS Outpatient Rehab	CPST / OLP	PSR	FPSS	YPST
Day Habilitation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Habilitation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caregiver & Family Support and Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Respite	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevocational Services	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Supported Employment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Self-Advocacy Training and Supports	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other Licensed Practitioner (OLP)	No	Yes	No	Yes	Yes	Yes	Yes
Community Psychiatric Supports and Treatment (CPST)	No	Yes	Yes	-	Yes	Yes	Yes
Psychosocial Rehabilitation (PSR)	No	Yes	Yes	Yes	-	Yes	Yes
YPST	Yes	Yes	Yes	Yes	Yes	Yes	-
FPSS	Yes	Yes	Yes	Yes	Yes	Yes	-
Crisis Intervention	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Submitting Claims

For individual claims, small practices

- eService - for members from
 - Affinity Health Plan
 - Amida Care
 - MetroPlus
 - YourCare
 - Crystal Run
 - Independent Health Association

Submitting a Claim

For individual claims, small practices

- ProviderConnect – for members from
 - Emblem Health
 - MVP Medicaid
 - VNSNY

Submitting a Claim

For multiple claims submission, high volume

- EDI (Electronic Data Interchange): Direct Submission, multiple claims at a time.
 - *Requires following 837/997 format file Generator/Translator*
- EDI – Billing Agency Submission: provider submits their claims to a billing agency. Billing agency submits claims to Beacon through EDI Gateway

ProviderConnect

ProviderConnect® is a secure, HIPAA-compliant website that enables participating network providers to conduct online claims and authorization transactions accurately and efficiently, while also providing them the opportunity to spend more time with who matters most — their patients.

Capabilities

- Verify member eligibility
- Submit batch claims, re-credentialing applications and provider updates
- View and submit authorization requests
- Print forms and authorization letters
- Access Provider Summary Vouchers

ProviderConnect home page

- <https://www.valueoptions.com/pc/eProvider/providerLogin.do>

eServices

eServices - is a free service that Beacon offers to all contracted and in-network providers. The goal of using eServices is to simplify clinical, administrative and billing functions.

Capabilities:

- Submit claims
- Verify member eligibility
- Confirm outpatient services status
- Check claim status
- View claims performance information
- Submit requests for outpatient authorization (excluding PROS/ACT/HCBS)

eServices home page

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

Chapter

04

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Paper Claims Submission

Paper Claim Submission (UB 04)

The image shows a UB 04 CMS-1485 form with several fields highlighted in yellow to indicate they are required. These include:

- Provider Name, Address, Telephone # (Boxes 1, 2, 3)
- Service Facility (Box 1)
- Member Account Number (Box 4)
- Type of Bill (Box 5)
- Federal Tax ID Number (Box 6)
- Statement Covers Period (Boxes 7, 8)
- Member Name (Box 9)
- Member Address (Box 10)
- Member Birth Date (Box 11)
- Member Sex (Box 12)
- Admission Date (Box 13)
- Admission Hour (Box 14)
- Admission Type (Box 15)
- Admission Source (Box 16)
- Discharge Hour (Box 17)
- Discharge Status (Box 18-28)
- Condition Codes (Box 29)
- ACDT States (Box 30)
- Unassigned (Box 31-34)
- Occurrence Code and Date (Box 35-36)
- Occurrence Span (Box 37)
- Not used by Beacon (Box 38)
- Value CD/AMT (Boxes 39-41)
- Revenue Code (Box 42)
- Revenue Description (Box 43)
- Procedure Code (CPT) (Box 44)
- Service Date (Box 45)
- Units of Service (Box 46)
- Total Charges (Box 47)
- Non-Covered Charges (Box 48)
- Modifier (Box 49)

1	Yes	Provider Name, Address, Telephone #
2	Yes	Service Facility if different from box 1
3	No	Provider's Member Account Number
4	Yes	Type of Bill (See Table 7-3 for 3-digit codes)
5	Yes	Federal Tax ID Number
6	Yes	Statement Covers Period (include date of discharge)
7	Yes	Covered Days (do not include date of discharge)
8	Yes	Member Name
9	Yes	Member Address
10	Yes	Member Birth Date
11	Yes	Member Sex
12	No	Admission Date
13	No	Admission Hour
14	No	Admission Type
15	No	Admission Source
16	No	Discharge Hour
17	No	Discharge Status (See Table 7-2: Discharge Status Codes)
18 -28	No	Condition Codes
29	No	ACDT States
30	No	Unassigned
31-34	No	Occurrence Code and Date
35-36	No	Occurrence Span
37	No	Not used by Beacon.
38	No	Untitled
39-41	Yes	Value CD/AMT, Include "24" followed immediately by 4 digit rate code based on facility type.
42	Yes	Revenue Code (if applicable)
43	Yes	Revenue Description
44	Yes	Procedure Code (CPT) (Modifier may be placed here beside the HCPCS code. See Table 7-4 for acceptable modifiers.)
45	Yes	Service Date
46	Yes	Units of Service
47	No	Total Charges
48	No	Non-Covered Charges
49	Yes	Modifier (if applicable; see Table 7-4 for acceptable modifiers)

Highlighted are the required fields.

Paper Claim Submission (UB 04)

The image shows a UB 04 Paper Claim Submission form. The form is divided into several sections, with various fields highlighted in yellow to indicate required information. Key highlighted fields include:

- Patient Name (Field 1)
- Patient Address (Field 2)
- Facility NPI (Field 56)
- Other ID (Rendering Taxonomy and/or Medicaid ID) (Field 57)
- Member's Identification Number (Field 60)
- RecID Number for Resubmitting a Claim (if applicable) (Field 64)
- Attending Physician NPI/TPI, First and Last Name and NPI (Field 76)
- Code-Code (Billing Taxonomy) (Field 81)

50	No	Payer Name
51	No	Beacon Provider Id Number
52	No	Release of Information Authorization Indicator
53	No	Assignment of Benefits Authorization Indicator
54	No	Prior Payments (if applicable)
55	No	Estimated Amount Due
56	Yes	Facility NPI
57	Yes	Other ID (Rendering Taxonomy and/or Medicaid ID)
58	Yes	Insured's Name
59	No	Member's Relationship to Insured
60	Yes	Member's Identification Number
61	No	Group Name
62	No	Insurance Group Number
63	No	Prior Authorization Number (if applicable)
64	Yes	RecID Number for Resubmitting a Claim (if applicable)
65	No	Employer Name
66	No	Employer Location
67	No	Principal Diagnosis Code
68	No	A-Q Other Diagnosis
69	No	Admit Diagnosis. Not needed for outpatient claims
70	No	Patient Reason Diagnosis
71	No	PPS Code
72	No	ECI
73	No	Unassigned
74	No	Principal Procedure
75	No	Unassigned
76	Yes	Attending Physician NPI/TPI, First and Last Name and NPI
77	No	Operating Physician NPI/TPI
78 - 79	No	Other NPI
80	No	Remarks
81	Yes	Code-Code (Billing Taxonomy)

Highlighted are the required fields.

Chapter

05

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Guidance On Claims Submission

Guidance On Claims Submission

- Bill Beacon following guidance released by the state in the Children's Health and Behavioral Health Billing and Coding Manual. Make sure to include a valid diagnostic code.
- Make sure to use a valid combination of procedure codes, modifiers and rate codes. Claims should be submitted following State guidance as outlined in the State Taxonomy Grid.
- Make sure if the child has SSI coverage, that the claims are billed to fee-for-service Medicaid until July 1, 2019.
- Beacon offers claims testing for new providers. We encourage providers to take advantage of this. For more details, please contact our Provider Relations. Additional webinars are offered for those who are interested.

Guidance On Claims Submission

- Contact Beacon if you are using a new NPI so we can ensure it is properly loaded into the system and providers do not experience any delays in claims payments.
- Verify if services are covered by Beacon or carved out to Medicaid Fee for Service. Note that only three services are going live on 1/1/2019. See slide 9 for more details on the timeframe.
- Make sure a member is eligible for the services on the dates services are rendered
- Ensure to submit claims within the timely filing limit

Guidance On Claims Submission

- Submit “primary” and “add-on” codes on the same claim form
- Use UB04- Inpatient Institutional form.
- For APG reimbursable claims, submit all procedure codes using the same rate code for the same date of service for the same claim form.
- Make sure to register all sites with Beacon and keep Beacon updated on any clinician/roster/site changes
- Make sure claims contain valid ICD10 and DSM 5 codes
- Make sure to use a correct NPI

Guidance On Claims Submission

- Make sure the facility NPI and Rate Code submitted match those combinations approved by New York State.
- Make sure all claims contain a valid New York State Rate Code
- Monitor any claim rejections and submit corrections regularly. When submitting a corrected claim, please make sure the original claim number (of the claim you are submitting a correction for) is on the corrected claim form
- Claims where primary code is medical go to the plan directly.

Guidance On Claims Submission

- For unlicensed practitioners without an NPI, the OMH (02249154) or OASAS (02249145) unlicensed practitioner ID may be used.
- In eServices, you can enter this number into “Other ID” field
- For EDI: Loop 2310a; reporting the unlicensed practitioner number in NM109; and also including the OASAS or OMH unlicensed practitioner number in the REF*G2 segment.

Chapter

06

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Electronic Data Interchange

Electronic Data Interchange

Companion Guide

- [Link to Beacon's Companion Guide](#)
- Shows our specific batch file requirements

Reprocess and Voids

- We Accept frequency indicators of Original (1), Replacement (7), and Void (8)
 - Corrected claims can be completed as a replacement claim
 - Replacement and Voided claims require original claim number

Electronic Data Interchange

Payer ID

- **FHC & Affiliates (for Emblem, VNS, MVP members)**
- **963116116 (for member from MetroPlus, Affinity, AmidaCare, IHA, YourCare, Crystal Run)**
- **Migrated into Edifecs – Combined BHO & BHS - BEACON963116116**
- Clearinghouses may provide their own 5 digit payer ID for submission
- Contact your clearinghouse to see what payer ID is needed

Chapter

07

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Important Reminders About Claims Submission

Paper Claim Submission

Claims for Behavioral Health services can be mailed to:

Beacon Health Options

P.O Box 1857

Hicksville, NY 11802

Attention: name of the plan

Paper Claims Reconsiderations

Reconsiderations for claim denials can be submitted either electronically through eServices, or as paper submissions. Reconsiderations have a filing limit of 180 days from the original date of service. To send a reconsideration, with proof of timely filing or other applicable information, please mail to us at:

**Beacon Health Options
P.O Box 1867
Hicksville, NY 11802
Attention: Reconsiderations**

Reconsiderations will be reviewed by a committee who will make a determination on the claim.

Electronic Funds Transfer

- Beacon participates with PaySpan Health to administer EFT and to issue paper checks. Provider may choose either method of payment, but we encourage you to take advantage of EFT.
- To become a user, please complete the enrollment process at www.PaySpanhealth.com. Follow the instructions to select EFT or paper checks as your preferred method.
- You can also call the PaySpan Health provider hotline at 877.331.7154 for assistance with registration.

Documentation Requirements

- Providers are required to document continued compliance with eligibility requirements through participation in a performance review process including:

Utilization review

Chart review

Site Evaluations

Accreditation

- We ask providers to update Beacon regarding any provider additions or deletions to your clinician roster and office contacts.

Chapter

08

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Reporting Adverse Incidents

Reporting Adverse Incidents

- **Adverse Incidents:** Occurrence that represents actual or potential serious harm to the wellbeing of a member who is currently receiving behavioral health services or has recently been discharged from services
- Types of AIs:
 - **Member death:** ANY member death you learned about. Medico-legal death are death which are required to be reported to medical Examiner or in which ME takes jurisdiction.
 - **Suicide attempt:** ANY suicide attempt for a member who is in a BH facility at the time of the event and/or has recently been discharged from an inpatient facility (within 30 days) or is actively engaged or has had OP services within the last 90 days.
 - **Sexual Assault:** Alleged or proven sexual assault on or by member (involving peer or staff) in any level of service. Many of these cases will fall under the category of crime and meet that criteria.
 - **Significant Sexual Behavior:** Significant sexual behavior with other patients or staff, consensual or not while in BH setting.
 - **Falls:** ANY falls that occur while a member is receiving care; these include falls which have serious consequences or multiple falls without evidence of safety precautions being put in place.
 - **Physical Assault:** Alleged or proven physical assault on or by member (involving a peer or staff).
 - **Restraints/Seclusion:** use of restraints, seclusion or restrictive interventions resulting in a serious injury to the member and/or when used as punishment or for the convenience of staff.

Reporting Adverse Incidents

- Continued:
 - **Serious Injuries:** Injuries that require transfer for medical treatment (ex: self-injury, fall, physical altercation, or accident leading to injury)
 - **Medication errors:** ANY Med errors which require medical treatment beyond general first aid (includes administration of the wrong dosage of a prescribed medication or a medication not prescribed to a member)
 - **Any abduction or absence without authorization:** involving a member who is under the age of 18 or is committed to treatment pursuant to State Laws and who is high risk of harm to self or others. This **excludes** members who are in substance abuse treatment setting (rehab), not deemed a risk to self or others and run away behaviors of children considered as acting out behavior; children are found same day and returned to the program, and staff followed protocol (example: member remains in line of sight at staff and is returned to service area).
 - **Unscheduled events:** an event that results in the evacuation of a program or facility whereby regular operations will not be in effect by the end of the business day.
 - **Medical events:** Medical Events while on behavioral health unit that require transfer (ex: Seizure, exacerbation of symptoms related to a chronic medical condition, or serious adverse reaction to treatment, i.e.. Neuroleptic Malignant Syndrome)
 - **Illegal behavior** exhibited by a member that's defined as illegal by local, state, or federal governments (ex: selling or using illegal substances, prostitution, public nudity, ALL INCIDENTS REQUIRING POLICE INTERVENTION ARE TO BE CONSIDERED SIGNIFICANT).

Reporting Adverse Incidents

- Continued:
 - **Self-Inflicted harm:** in a behavioral health treatment setting that may or may not require urgent or emergent treatment (i.e. self-injurious behaviors, para-suicidal gestures, non-lethal behaviors, such as cutting or self-mutilation).
 - **Serious Adverse Reaction to Treatment:** Serious adverse reaction to treatment including medication errors requiring urgent or emergent medical treatment in response (e.g. neuroleptic malignant syndrome, tardive dyskinesia, other serious drug reaction).
 - **Medication error** that requires medical attention beyond general first aid procedures.
 - **Human Rights Violations:** neglect, exploitation of a member. (an event where Human Rights have been violated and reported to Human Rights Organization (HRO)).
 - **Property Damage:** including that which occurs secondary to the setting of a fire, due to the intentional actions of a Beacon member while receiving services in a behavioral health treatment setting.
 - **Other:** other occurrences representing actual serious harm to a member not included above- requires your detailed explanation.

Reporting Adverse Incidents

When to report: Immediately (24 hours at most)

- Certain types of AIs must be reported by Beacon to a health plan within 24 hours. These include:
 - ✓ ***Sentinel Events:*** any adverse incidents occurring within or on the grounds of a behavioral health facility that either results in death of the member or immediately jeopardizes the safety of a health plan member receiving services.
 - ✓ ***Provider Preventable Conditions (PPCs):*** a condition that is the result of some type of provider error that leads to hospitalization or longer length of stay.

How to report (Providers):

- Fill out the necessary form (PDF attached to this page)
- Submit the completed incident to Beacon's QM Specialists via fax: 855.610.5011. Questions on locating the form, completing the form, etc. can be sent to Beacon QM Specialists via Email: Region2QOCAI@beaconhealthoptions.com



Beacon's Adverse
Incidents Report Form

Reporting AIs – Report Guidelines

General:

- What was the incident?
- Was the incident intentional?
- Who was involved (staff present / other patients)?
- Where did the incident occur?
- What was the member's mental status prior to the incident? After the incident?
- What type of unit privileges was the member on (5 min checks, 15 minute checks, room plan)?
- Was there a trigger to the incident?

Provider follow-up to the adverse incident:

- What was the facility's response to the incident as far as process improvement?

For members with guardians:

- Who was notified?
- How were they notified?
- When were they notified?
- Were they present at any point in time during or after the event?

For members who are transported to an emergency room:

- What was the rationale for needing to go to the emergency room?
- How was member transported?
- Where was member transported to?
- Who went with member if under 18 years old or has a guardian?
- How long after the incident occurred was member transported?
- What was the result of the emergency room visit? (Obtain all medical information as possible related to the incident, tests required, lab results, sutures needed, medical admission needed, etc.)

Chapter

09

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Our Commitment



Referrals: Using Beacon's Directory of Providers

Locating Providers on Beacon's Website

Demo of Beacon's referrals page

Chapter

10

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Online Resources and Contact Information

Resources

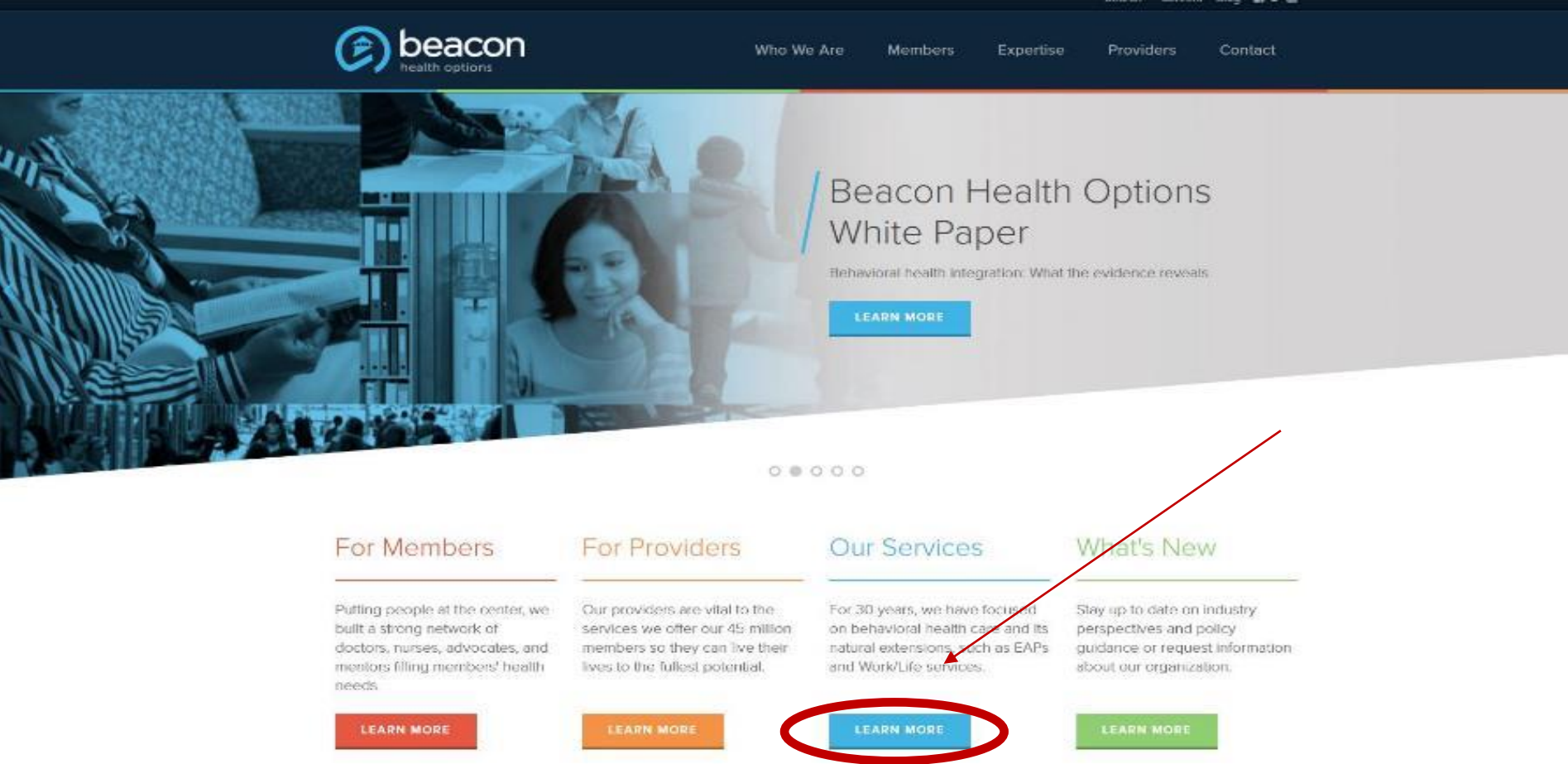
NYS Billing Guide

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm

The Managed Care Technical Assistance Center – provides a variety of tools and training to assist providers improve their business and clinical practices as they navigate the changing healthcare environment:

- <http://mctac.org>

Beacon Health Options Website



Our website has additional resources to providers.

Contact Information

Training related requests/questions

NY Provider Training

nyptrainings@beaconhealthoptions.com

Thank You

Contact Us



	Beacon Health Strategies	Beacon Health Options (formerly ValueOptions)
Website and EDI	<p>eServices Phone: 866-206-6120 eServices@beaconhealthoptions.com</p> <p>Electronic Data Interchange Phone: 888-204-5581 EDI.Operations@beaconhealthoptions.com</p>	<p>EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET</p> <p>Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com</p>
PaySpan	<p>PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com</p>	<p>Unable to locate your registration code?</p> <p>Email: corporatefinance@beaconhealthoptions.com Reply will be received within three business days</p>
Provider Relations	<p>Provider Relations Phone: 844-265-7592 Provider.Relations@beaconhealthoptions.com</p>	<p>National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team</p>

Post-webinar Survey

Your opinion matters

Please complete a short simple survey at the end of our webinar.

Your honest responses will help us to improve our training.

Q & A