

Provider Connect Overview

Blue Cross Blue Shield of Rhode Island

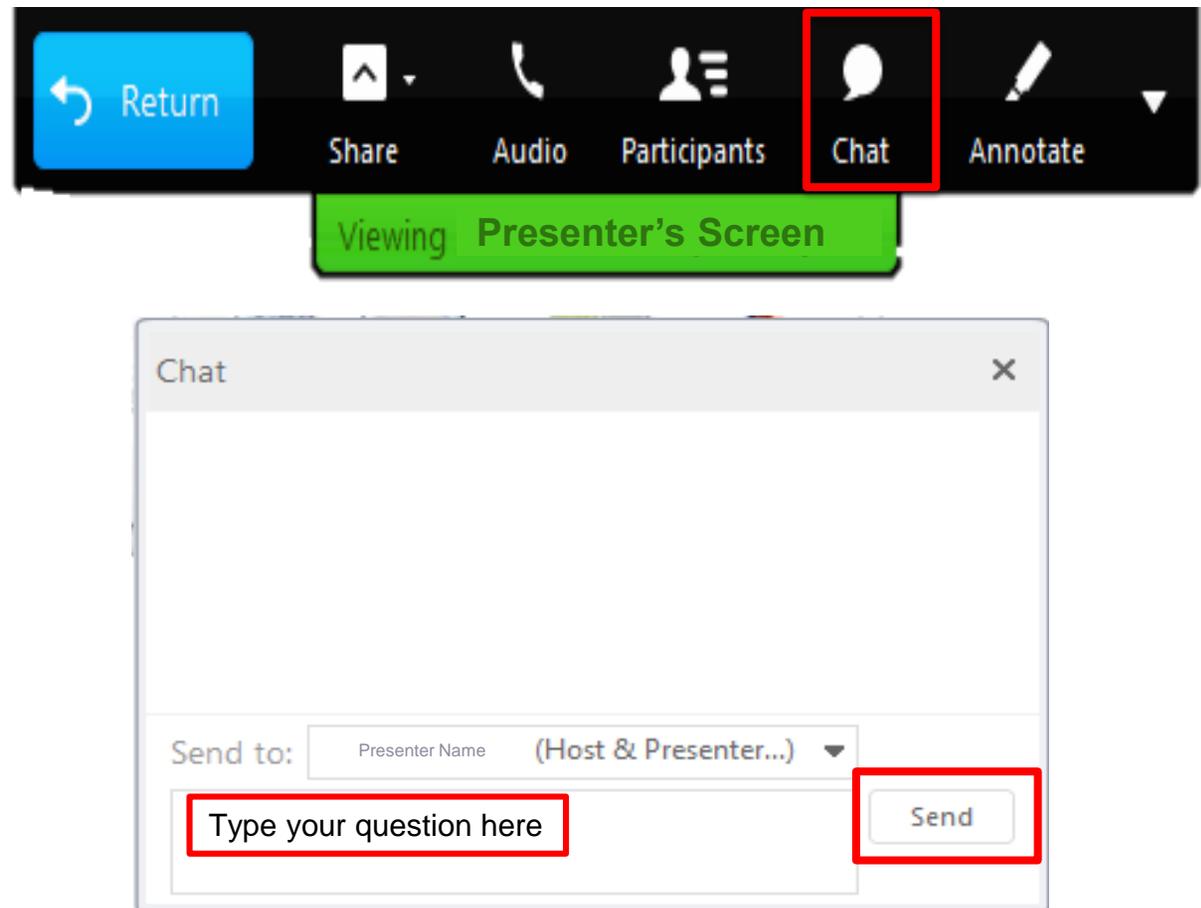
Training will begin at 10:03 AM EDT



Chat Questions

If you have a question during the presentation:

1. You can hover your mouse over the green bar at the top of the screen
2. Select **Chat**
 - *The **Chat** window appears*
3. Type your question and click **Send**



Key Topics

- ProviderConnect Advantages
- How to Access ProviderConnect
- Member Search
- Authorizations
- Discharges
- Case Management Referrals
- FAQ

ProviderConnect Advantages



Benefits

Free and secure online application, available 24/7

Allows for efficient and time saving admission notification

Reduces the need to call to provide information

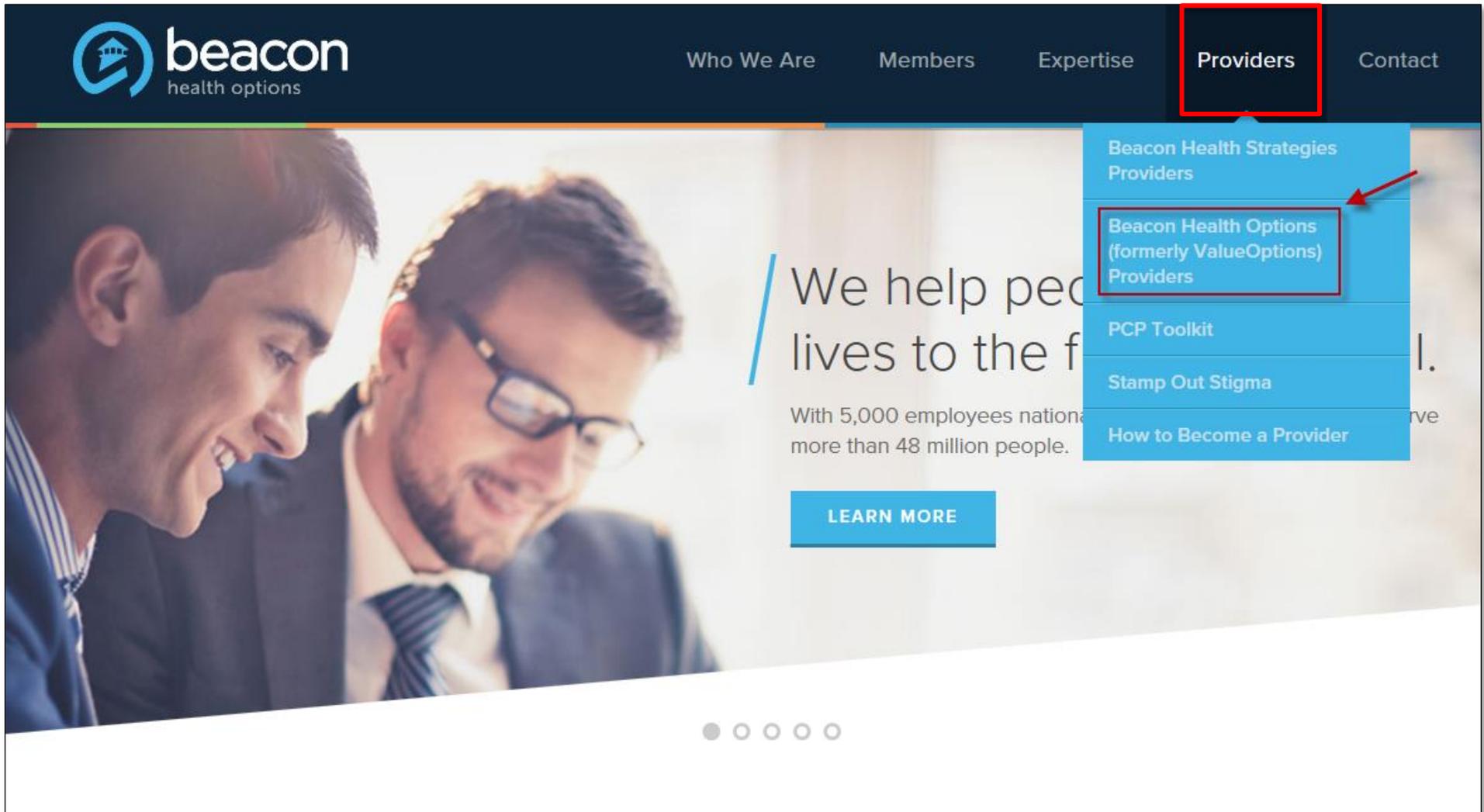
Mac and Windows compatible

INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES

How to Access ProviderConnect



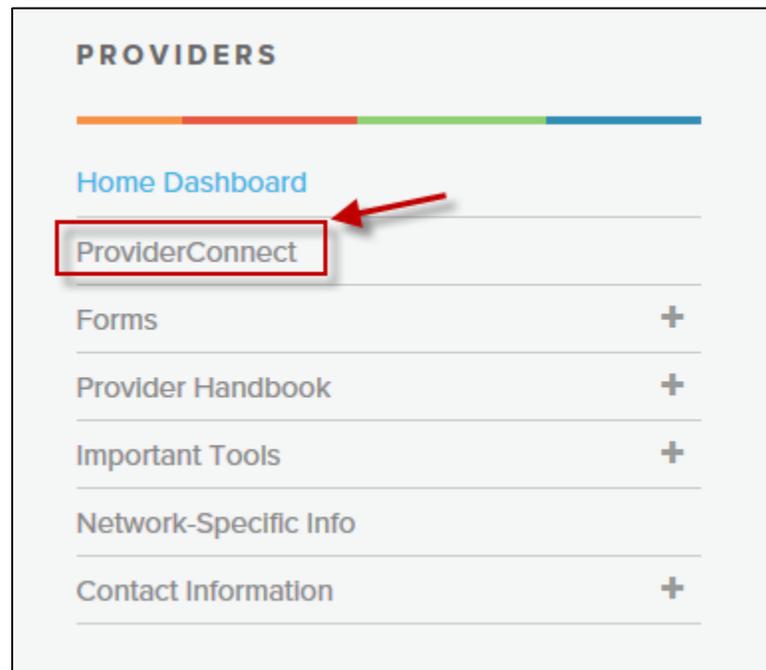
How to Access ProviderConnect



Go to www.beaconhealthoptions.com, choose “Providers” and “Beacon Health Options (formerly ValueOptions) Providers”

How to Access ProviderConnect

- Click on “ProviderConnect” on the right side of the screen and choose the appropriate portal.



ProviderConnect Registration

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

Log In

The information and resources provided through the Beacon Health Options site are provided for information to their patients. No information or resource provided through the Beacon Health Options site is intended to state or imply any opinion or recommendation of any kind, whether expressed or implied, by Beacon Health Options, its employees, agents, or contractors. No information or resource provided through the Beacon Health Options site is intended to state or imply any opinion or recommendation of any kind, whether expressed or implied, by Beacon Health Options, its employees, agents, or contractors. No information or resource provided through the Beacon Health Options site is intended to state or imply any opinion or recommendation of any kind, whether expressed or implied, by Beacon Health Options, its employees, agents, or contractors. No information or resource provided through the Beacon Health Options site is intended to state or imply any opinion or recommendation of any kind, whether expressed or implied, by Beacon Health Options, its employees, agents, or contractors.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not work properly.

New User?

Please register for access.

Register

Two Registration Options

■ Online

Provider Online Services Registration

*Required fields are denoted by an asterisk (*) adjacent to the label.

First Name
Peter

*Last Name
Tumnus

Contact Name

*Provider ID [?]
123456

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address
myemail@myemail.com

*Verify Primary Email Address
myemail@myemail.com

Secondary Email Address

*Phone Number
(10 digit number without dashes)
7031234567 Ext. 12345678

Fax Number
(10 digit number without dashes)

Password must be between 8 and 20 characters long, must contain at least one number (0-9), one upper case letter (A-Z), one lower case letter (a-z), one of these special characters (! @ \$ % ^ & * + , - . : ; = ? [] ^ _ ` < > | { } \) , but no spaces. Make sure it is difficult for others to guess! Your Password is case-sensitive.

*Select a Password
●●●●●●

*Confirm New Password
●●●●●●

*Create a Security Question
TEST

*Answer to Security Question
TEST

Please check the provider services you want access to:

Inquiry Functions Claims Submission

Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration.

■ Account Request Form

Forms

Providers must obtain a User ID before using Online Services. To accomplish this, the following forms must be completed.

- [Online Services Account Request \(Editable Version\)](#) 
This form authorizes Beacon Health Options (Beacon) to receive and process claims electronically and certifies that claims will comply with all laws, rules and regulations governing your contract with Beacon. Providers who wish to have inquiry-only access to our system for the purpose of conducting eligibility inquiries and claim status inquiries must also submit this form.
- [Account Request Form for Access to Multiple Providers \(Editable Version\)](#) 
This form allows the user access to multiple Beacon's provider identification numbers under one login once the users have completed online registration or the Online Services Account Request Form.
- [Online Services Intermediary Authorization \(Editable Version\)](#) 
This form authorizes an external entity such as a billing agent or clearinghouse to submit claims on the provider's behalf. This form must be completed only if the provider utilizes the services of a billing agency, clearinghouse or other third party.

Form is necessary for:

- Multiple users at one practice
- Establishing Super User access
- Setting up network-specific accounts

ProviderConnect Registration

 **PROVIDERCONNECT**
BEACON HEALTH OPTIONS

Provider Online Services Registration

*Required fields are denoted by an asterisk (*) adjacent to the label.

First Name

*Last Name

Contact Name

*Provider ID ?

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address

*Verify Primary Email Address

Secondary Email Address

*Phone Number
(10 digit number without dashes)
 Ext

Fax Number
(10 digit number without dashes)

ProviderConnect Registration

*Select a Password

*Confirm New Password

*Create a Security Question

*Answer to Security Question

Please check the provider services you want access to:

Inquiry Functions

Claims Submission

Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration.

Next



Logging into ProviderConnect

PROVIDERCONNECT
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log In

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

Log In

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources in providing services to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

Registration Form



ProviderConnect Online Services Account Request Form

Special Setup:

- Additional User Account
- Super User Account
- Military OneSource
- Horizon Behavioral Health

 Provider, Practice or Facility Name

 Beacon Health Options Assigned ID

 National Provider Identifier (NPI)

 Provider, Practice or Facility Tax IDs to be associated to this online account. If more than one, please list all.

 Address

 City State Zip Code

() ()
 Telephone Number Fax Number

Please check which Online Provider Services options you are requesting:

- Electronic Batch Claims (837)
- Direct Claims Submission
- 277CA Acknowledgement File
- 999 Acknowledgement File

Automatically Included:

- ✓ Eligibility Inquiry
- ✓ Claim Status
- ✓ Authorization Inquiry
- ✓ Provider Summary Vouchers

Provider has retained a 3rd party Billing Agent or Clearinghouse to submit claims on their behalf. Yes No
 (Other than office staff) (If yes, please complete the Billing Intermediary Authorization Form)

Depending on the state in which you are practicing, you may need multiple logins created to ensure the claims are processed accurately (i.e. Medicaid vs. Commercial). If you intend to submit **batch** transactions for one of the states below please mark the appropriate box:

- Colorado, batch claims for Colorado Medicaid clients? Yes No Both
- Kansas, batch claims for Kansas Medicaid or AAPS Block Grant clients? Yes No Both
- Maryland, batch claims Maryland BHA clients? Yes No Both
- Massachusetts, batch claims for Massachusetts Behavioral Health Partnership (MBHP)? Yes No Both
- Pennsylvania, batch claims for SWPA Medicaid clients? Yes No Both
- Dennicutants' batch claims for Non-Health/Chronic Mental Health Services? Yes No Both

Deactivation Form



ProviderConnect Online Services Account Deactivation Request Form

Provider, Practice or Facility Name

Beacon Health Options Assigned ID National Provider Identifier (NPI)

Provider, Practice or Facility Tax ID (do not include the dash)

Address

City State Zip Code

() ()

Telephone Number Fax Number

ProviderConnect Submitter ID / Login ID(s)

Contact's e-mail address

Contact Name (ProviderConnect Account User)

Agreement Terms:

The undersigned submitter authorizes Beacon Health Options, Inc. (Beacon) E-Support Services to de-activate any online accounts associated with their provider name and / or group practice. Any request for re-activation or future changes will require appropriate forms and signatures for processing.

This is to certify that the following is true:

- I am a provider
OR
 I am office staff of a Provider, and am authorized to sign on their behalf.

Signatures:

Legal name of Organization Title of individual signing for organization

Name of Individual Signing for Organization Authorizing Signature Date

Member Searches



Member Search

The screenshot displays the Beacon Health Options ProviderConnect interface. At the top, the navigation bar includes the logo, account information (Switch Account 123456-General Account), and links for Value Options Home, Provider Home, Contact Us, and Log Out. The main content area features a welcome message for PETER TUMNUS and a message center notification for 8 new messages. A red arrow points to the 'Find a Specific Member' link within the 'Eligibility and Benefits' section of the 'WHAT DO YOU WANT TO DO TODAY?' menu. Other sections include 'Enter or Review Claims' and 'Enter or Review Referrals'.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account Value Options Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking

Welcome **PETER TUMNUS** . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)

INBOX SENT

▼ [Enter or Review Claims](#)

- [Enter a Claim](#)
- [Enter EAP CAF](#)
- [Review a Claim](#)
- [View My Recent Provider Summary Vouchers](#)
- [PaySpan](#)

▼ [Enter or Review Referrals](#)

- [Enter a Referral](#)
- [Review Referrals](#)

Member Search

Search a Member

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)
Last Name
First Name
*Date of Birth (MMDDYYYY)
As of Date (MMDDYYYY)

Member Demographics



ValueOptions Home Provider Home Contact Us Log Out

Demographics Enrollment History COB Benefits Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member	
Member ID	987654321
Alternate ID	
Member Name	ASLAN, SUSAN
Date of Birth	12/02/1979
Address	5 WARDROBE WAY NARNIA, VA 12345
Alternate Address	
Marital Status	-
Home Phone	703 123-4567 X 12345678
Work Phone	
Relationship	1 - Self
Gender	F - Female

Eligibility	
Effective Date	12/31/2003
Expiration Date	01/15/2009
COB Effective Date?	

[View Funding Source Enrollment Details](#)

Subscriber	
Subscriber ID	111111111
Subscriber Name	ROBERTS, JAMES

Additional Information	
CSP Type	AD04 - GMH/ARIZONA ONLY
Primary Agency	123456 - DEMO SERVICES
Effective Date	03/01/2007
Expiration Date	
Clinical Liaison	123456 - JANE DOE BHT

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Enter an Individual Plan
- Enter Case Management Referral
- Enter a Referral
- Review Referrals
- EDI Homepage

Entering Notifications of Admission (NOA)



Notification Services Header

ProviderConnect Home

Requested Services Header

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

*Requested Start Date (MMDDYYYY) 

*Level of Service

*Type of Service

*Level of Care

*Type of Care

▶ Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456	TUMNUS	A00003	712345

▶ Member

Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
987654321	ASLAN	SUSAN	120219791

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Yes No

*Document Description:

Click to attach a document *Click to delete an attached document*

Attached Document:

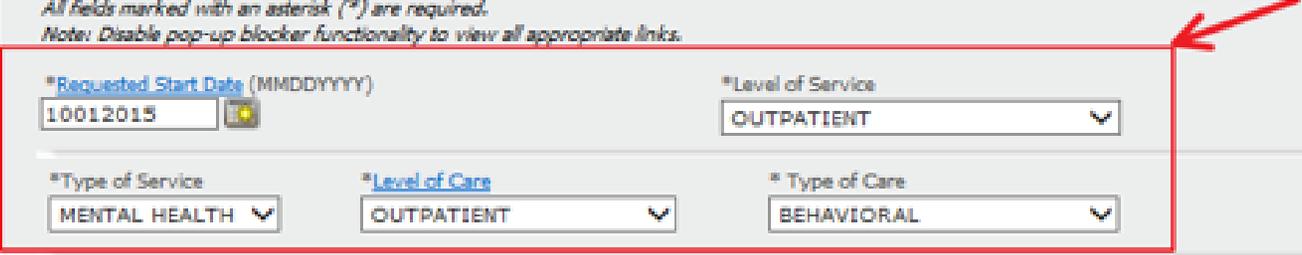
© 2016 Beacon Health Options® ProviderConnect v5.03.00

Notification Services Header

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

*Requested Start Date (MMDDYYYY)  *Level of Service 

*Type of Service  *Level of Care  *Type of Care 



BCBSRI Authorization Guidelines

Service	Level of Service	Type of Service	Level of Care	Type of Care
Inpatient Mental Health/Inpt Med Board	Inpatient	Mental Health	I - Inpatient	Behavioral
Inpatient Withdrawal Management (ASAM 3.7 & 4.0)	Inpatient	Substance Use	I - Inpatient	Detox
Inpatient Rehab	Inpatient	Substance Use	I-Inpatient	Behavioral
ART-Acute Residential (Adols)	Inpatient	Mental Health	RTC	Behavioral
Crisis Stabilization Unit (CSU)	Inpatient	Mental Health	Z – CSU	Behavioral
Residential- Mental Health	Inpatient	Mental Health	R-RTC	Behavioral
Residential- Substance Use (ASAM 3.5)	Inpatient	Substance Use	R- RTC	Behavioral
PHP – Mental Health	Inpatient	Mental Health	P - PHP	Behavioral
PHP- Substance Use (ASAM 2.5)	Inpatient	Substance Use	P - PHP	Behavioral
IOP – Mental Health	Inpatient	Mental Health	N- IOP	Behavioral
IOP – Substance Use (ASAM 2.1)	Inpatient	Substance Use	N- IOP	Behavioral
Ambulatory Withdrawal Management (Detox)	Outpatient	Substance Use	Outpatient	Detox
CFIT	Outpatient	Mental Health	Other	Behavioral

Notification Services Header

 PROVIDERCONNECT
BEACON HEALTH OPTIONS

[NOTIFICATION](#) [RESULTS](#)

ProviderConnect Home

PAGE 1 of 2

Requested Services Header

Requested Start Date 05/10/2018	Member Name RESPIRE, NTFN	Provider Name CHILDRENS CENTER SAF, E HOME	Vendor ID VCB006962	Save Request as Draft
Type of Request INITIAL	Member ID TEMP001208755	Provider ID CBHP004297	Provider Alternate ID 000007684	NPI # for Authorization SELECT...
Level of Service INPATIENT/HLOC	Type of Service MENTAL HEALTH	Level of Care RESPIRE	Type of Care BEHAVIORAL	Authorized User <input type="text"/>

** At least one contact name and phone number is required.*

Admitting Physician <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>	Attending Physician <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>
Preparer <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>	Utilization Review Contact <input type="text"/>	Phone # <input type="text"/> <input type="text"/> <input type="text"/>	Ext <input type="text"/>
				Fax <input type="text"/> <input type="text"/> <input type="text"/>	

Primary Care Coordination

PCP Contacted Status
SELECT...

PCP Contacted Name

Date Contacted
 

Notification Services Header

Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1
SELECT... * Diagnosis Code 1 * Description

Additional Behavioral Diagnosis

Diagnostic Category 2
SELECT... Diagnosis Code 2 Description

Diagnostic Category 3
SELECT... Diagnosis Code 3 Description

Diagnostic Category 4
SELECT... Diagnosis Code 4 Description

Diagnostic Category 5
SELECT... Diagnosis Code 5 Description

Additional Diagnosis Information (0 of 250)

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1
SELECT... Diagnosis Code 1 Description

Diagnostic Category 2
SELECT... Diagnosis Code 2 Description

Diagnostic Category 3
SELECT... Diagnosis Code 3 Description

For members with a primary substance use disorder, enter ASAM dimensions here:

Dimension 1: Low

Dimension 2: Low

Dimension 3: Moderate

Dimension 4: High

Dimension 5: Moderate

Dimension 6: Moderate

Notification Services Header

Social Elements Impacting Diagnosis

* Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (Not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input checked="" type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	<input type="checkbox"/> Unknown

If Other, please specify (0 of 250)

Please use this free text box to indicate a MED BOARD, pertinent psychosocial issues (i.e. homelessness, lack of sober supports, etc.) as well as any high risk factors for case management (i.e. suicide attempt, first episode psychosis, etc.)

Notification Services Header

Select measure

Secondary measure

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure GAF	Assessment Score 50	Secondary Assessment Measure SELECT...	Assessment Score
		If Other, please specify	

Back Next

Enter score

Enter score

Notification Services Header



Requested Services Header

Requested Start Date 10/01/2015	Member Name ASLAN, SUSAN	Provider Name TUMNUS, PETER	Vendor ID A00003	<input type="button" value="Save Request as Draft"/>
Type of Request INITIAL	Member ID 987654321	Provider ID 123456	Provider Alternate ID 712345	NPI # for Authorization <input type="text" value="1164625224"/> ▼
Level of Service OUTPATIENT	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care BEHAVIORAL	Authorized User <input type="text"/>

If your request is approved, you will receive 20 visits.
If you agree to accept this number of visits, please select "Accept". If you do not agree, please select "Reject" and you may enter your modified request.
Please be aware that if your request is above the offered number of units, it may be pended for additional clinical review.

Notification Services Header


ProviderConnect Home

Determination Status: ***** PENDING *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name SUSAN ASLAN	Member ID 987654321	Member DOB 12/02/1979	Subscriber Name SUSAN ASLAN	Subscriber ID 987654321
Pended Authorization # 100115 -1-12	Client Authorization # N/A	Type of Request CONCURRENT		
Date of Admission/ Start of Services 10/01/2015	Requested From 10/01/2015	Submission Date 10/01/2015		
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care BEHAVIORAL	
Reason Code A70				
Provider Name & Address PETER TUMNUS 14 BEAVER TRAIL STE C NARNIA VA 12345	Provider ID 123456	Provider Alternate ID 712345		

Place of Service	CPT	Modifier 1	Service Class	Description	Units/ Visits
41				OUTPATIENT	0
Total Units For Auth 100115 -1-12 From 10/01/2015 To 04/22/2009				5	
Total Units Authorized This Episode For 111109-1-38				5	

Message
A70

Attached Documents There are no documents attached with this Authorization Request

Document Title	Document Description

Authorization Printing & Downloading Options:
(For the best print results, please print in 'Landscape' format)

Print the Results page (this page)

Print the entire Authorization Request

Download the entire Authorization Request

Return to the ProviderConnect homepage

Review an Authorization

The screenshot displays the ProviderConnect web application interface. At the top, there is a navigation bar with the logo on the left, a 'Switch Account' dropdown menu showing '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand navigation menu lists various functions, with 'Authorization Listing' and 'Review an Authorization' highlighted by red boxes and arrows. The main content area features a welcome message for 'PETER TUMNUS', a message center notification for 8 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?' containing a grid of task links. The 'Review an Authorization' link is highlighted with a red box and arrow.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account 123456-General Account ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF

Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral

Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
EDI Homepage

Enter Member Reminders
On Track Outcomes
Reports
Print Spectrum Release of

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▶ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - **Review an Authorization**
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)

- ▶ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▶ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)

INBOX SENT

Search Authorizations



PROVIDERCONNECT
BEACON HEALTH OPTIONS

[ValueOptions Home](#) [Provider Home](#) [Contact Us](#) [Log Out](#)

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Enter an Individual Plan
- Enter a Referral
- Review Referrals
- Enter Bed Tracking Information
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form

Search Authorizations

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

Vendor ID

Member ID

Authorization # - - (No spaces or dashes)

Client Authorization #

Effective Date (MMDDYYYY)

Expiration Date (MMDDYYYY)

Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type Comma ',' Pipe '|'

Authorization Search Results

[ValueOptions Home](#) | [Provider Home](#) | [Contact Us](#) | [Log Out](#)

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF

- Manage Users
- Enter an Individual Plan
- Enter Case Management Referral
- Enter a Referral
- Review Referrals
- Enter Bed Tracking

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
01-123101-1-2	987654321	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		712345		Outpatient
04-111108-1-4	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		CST
01-011410-48-43	987654321	12/02/1979	12345	A00001	MENTAL HEALTH
	ASLAN, SUSAN		712345		Outpatient

Extending a Notification of Admission (NOA)



Extending a NOA



PROVIDERCONNECT
BEACON HEALTH OPTIONS

[ProviderConnect Home](#)

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY) 

*Level of Service

*Type of Service

*Level of Care

*Type of Care

Provider				
Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
0000001	123456	TUMNUS	A00003	712345

Member			
Member ID	Last Name	First Name	Date of Birth (MMDDYYYY)
987654321	ASLAN	SUSAN	120219791

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes No

*Document Description:

Click to attach a document *Click to delete an attached document*

Attached Document:

© 2016 Beacon Health Options® ProviderConnect v5.03.00

Discharges



Entering Member Discharges



[ValueOptions Home](#)
[Provider Home](#)
[Contact Us](#)
[Log Out](#)

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization Request
- Enter a Treatment Plan
- View Clinical Drafts
- Enter a Special Program Application
- Complete Provider Forms
- Enter a Comprehensive Service Plan
- Claim Listing and Submission
- Enter EAP CAF

- Manage Users
- Enter an Individual Plan
- Enter Case Management Referral
- Enter a Referral
- Review Referrals
- Enter Bed Tracking

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service
View Letter	Member Name		Provider Alt. ID	Alternate Provider	
01-02232011-1-3	987654321	12/02/1979	12345	A00001	EAP
	ASLAN, SUSAN		712345		EAP
01-042210-1-10	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		Inpatient
01-123101-1-2	987654321	12/02/1979	12345	A00001	Med Management
	ASLAN, SUSAN		712345		Outpatient
04-111108-1-4	987654321	12/02/1979	12345	A00001	Behavioral
	ASLAN, SUSAN		712345		CST
01-011410-48-43	987654321	12/02/1979	12345	A00001	MENTAL HEALTH
	ASLAN, SUSAN		712345		Outpatient

Entering Member Discharges

Auth Summary | Auth Details | Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

Authorization Header

Member ID	987654321	Return to search results
Member Name	SUSAN ASLAN	Send Inquiry
Authorization #	01- 042210- 1- 10	Complete Discharge Review
Client Auth # [?]	N/A	
Authorization Status	O - Open	
From Provider	PETER TUMNUS	
Admit Date	12/01/2009	
Discharge Date		

Entering Member Discharges

Discharge Information

*Actual Discharge Date (MMDDYYYY) <input type="text"/>	Type of Service P - MENTAL HEALTH	Level of Care Discharged From I - INPATIENT
---	---	---

Diagnosis

Documentation of primary behavioral condition is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of secondary co-occurring behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Discharge Diagnosis

* Diagnostic Category 1 BIPOLAR AND RELATED DISORDERS	* Diagnostic Code 1 F31.81	* Description Bipolar II Disorder
--	-------------------------------	--------------------------------------

Additional Behavioral Diagnosis

Diagnostic Category 2 OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	Diagnostic Code 2 F42.2	Description Obsessive-Compulsive Disorder
Diagnostic Category 3 PERSONALITY DISORDERS	Diagnostic Code 3 F60.3	Description Borderline Personality Disorder
Diagnostic Category 4 SELECT...	Diagnostic Code 4	Description
Diagnostic Category 5 SELECT...	Diagnostic Code 5	Description

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1 NONE	Diagnosis Code 1	Description
Diagnostic Category 2 SELECT...	Diagnosis Code 2	Description
Diagnostic Category 3 SELECT...	Diagnosis Code 3	Description

Discharges

***Social Elements Impacting Diagnosis**

Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input checked="" type="checkbox"/> Housing problems (Not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input checked="" type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input checked="" type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input checked="" type="checkbox"/> Other psychosocial and environmental problems	<input type="checkbox"/> Unknown

Medical disabilities that impact diagnosis or must be accommodated for in treatment

If Other, please specify
SOCIAL DETERMINANTS

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure	Assessment Score	Secondary Assessment Measure	Assessment Score
SELECT...		SELECT...	

*Discharge Condition

Improved No Change Worse Unknown

Treatment Involved

Check all that apply

<input type="checkbox"/> Adverse Incident	<input type="checkbox"/> Legal System
<input type="checkbox"/> Child Protection	<input type="checkbox"/> OP Provider
<input type="checkbox"/> EAP	<input type="checkbox"/> PCP
<input type="checkbox"/> Family	<input type="checkbox"/> None
<input type="checkbox"/> Other Support	



Discharges

Medication at Discharge

▸ Narrative History

▾ Narrative Entry (0 of 250)

Current Risks

Key: 0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

*Member's Risk to Self

0 1 2 3 N/A

Check all that apply (*Required if Risk is Moderate or Severe)

Ideation

Intent

Plan

Means

Current Serious Attempts

Prior Serious Attempts

Prior Gestures

*Member's Risk to Others

0 1 2 3 N/A

Check all that apply (*Required if Risk is Moderate or Severe)

Ideation

Intent

Plan

Means

Current Serious Attempts

Prior Serious Attempts

Prior Gestures

Current Impairments

Key: 0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

Mood Disturbances (Depression or Mania)

0 1 2 3 N/A

Anxiety

0 1 2 3 N/A

Psychosis/Hallucinations/ Delusions

0 1 2 3 N/A

Thinking/ Cognition/ Memory/ Concentration Problems

0 1 2 3 N/A

Impulsive/ Reckless/ Aggressive Behavior

0 1 2 3 N/A

Activities of Daily Living Problems

0 1 2 3 N/A

Weight Change Associated with a Behavioral Diagnosis

0 1 2 3 N/A

Medical/ Physical Conditions

0 1 2 3 N/A

Substance Use/ Dependence

0 1 2 3 N/A

Job/ School Performance Problems

0 1 2 3 N/A

Social Functioning/ Relationships/ Marital/ Family Problems

0 1 2 3 N/A

Legal

0 1 2 3 N/A

Discharges

*Total # of Days/Sessions Used <input type="text"/>	*Discharge plan in place? <input type="radio"/> Yes <input type="radio"/> No	*Actual Level of Care Discharged To <input type="text" value="SELECT..."/>
*Type of Discharge <input type="radio"/> AMA <input type="radio"/> Planned	PCP notified? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	*Actual Discharge Residence <input type="text" value="SELECT..."/>
*Does the discharge plan involve Member, Guardian and/or Parent participation? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	*Person to Contact for Follow Up <input type="text"/>	*Relationship <input type="text" value="SELECT..."/>
		*Phone # <input type="text"/> <input type="text"/> <input type="text"/> Ext <input type="text"/>

Discharges

***Aftercare Behavioral Health Provider**

Arranged Not Arranged Do Not Know Member Refused

member Requests Appointment Reminder

Provider

*Provider Last Name Phone # Ext

Provider Licensure Level
SELECT...

Address

City State Zip Code

*Scheduled Appointment Date (MMDDYYYY) Scheduled Appointment Time (H:MM:SS) *Type of Appointment
SELECT...

***Aftercare Prescribing Physician**

Arranged Not Arranged Do Not Know Member Refused

Medical Care Physician

Name Phone # Ext

Reason for Medical Physician Involvement
SELECT...

Scheduled Appointment Date (MMDDYYYY) Scheduled Appointment Time (H:MM:SS)

member Requests Appointment Reminder

*Add one more behavioral health appointment? Yes No

[Return To Provider Home](#) [Save Discharge Information](#)

Notification/Discharge Timing Grid

Notification/Discharge Process	Admitting Facility		Referring Facility
	Within 48 Hours of Admission	Outside 48 hours of Admission	At time of Transfer to Admitting Facility
<p>Admission for any level of care with Provider Connect capability-</p> <p>Inpt MH, Inpt SU (3.7/4.0), SA/MH RTC, CSU, SA/MH PHP, SA/MH IOP, CFIT</p>	Submit NOA in Provider Connect	<p>Call Beacon- Provide NOA telephonically.</p> <p>If submitted in Provider Connect- Provider will receive a notice in portal advising the NOA was pended to clinical for review and follow up. Beacon will contact you by phone.</p>	<p>Submit Provider Connect NOA- If part of the same system and has portal access for admitting facility</p> <p>Call Beacon- If outside of the admitting system or no portal access for admitting facility:</p>
Extension of NOA	Within 48 hours of Last Covered Day (LCD)	Outside 48 hours of Last Covered Day (LCD)	
An extension of original NOA or previous extension needed	Use Provider Connect	Call Beacon	N/A
Notice of Discharge (NOD)	Within 48 Hours of Discharge	Outside 48 hours of Discharge	
NOD with accurate # of units utilized	Enter in Provider Connect	Call Beacon	N/A
NOD without accurate # of units utilized	If outside of 48 hours of LCD call Beacon for extension. A NOD can still be entered in Provider Connect.	Call Beacon- Will be informed of potential for claims issues.	N/A
NOD without NOA	Use Provider Connect to enter NOA and NOD if within 48 hours of admission.	<p>Outside 48 hours of admission and within 48 of discharge, call Beacon and provide information.</p> <p>If outside of 48 hours from discharge, please contact Beacon by phone.</p>	N/A

Case Management Referrals



Entering a Beacon Case Management Referral

The screenshot displays the ProviderConnect web application interface. At the top, there is a navigation bar with the logo on the left, a 'Switch Account' dropdown menu set to '123456-General Account', and links for 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. A left-hand navigation menu lists various functions such as 'Home', 'Specific Member Search', 'Register Member', 'Authorization Listing', 'Enter an Authorization/Notification Request', 'Enter a Treatment Plan', 'View Clinical Drafts', 'Enter a Special Program Application', 'Complete Provider Forms', 'Enter a Comprehensive Service Plan', 'Claim Listing and Submission', 'Enter EAP CAF', 'Manage Users', 'Enter an Individual Plan', 'Enter Case Management Referral', 'Enter a Referral', 'Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Opening', 'Weekly Behavior Analysis Measures', 'Enter Member Assessment', 'Enter Member Reminders', 'EDI Homepage', 'On Track Outcomes', 'Reports', 'Print Spectrum Release of Information Form', and 'My Online Profile'. The main content area features a welcome message for 'PETER TUMNUS', a message center notification for 8 new messages, and a section titled 'WHAT DO YOU WANT TO DO TODAY?' with several expandable menu items. The 'Enter Case Management Referral' link is highlighted with a red box.

PROVIDERCONNECT
BEACON HEALTH OPTIONS

Switch Account **123456-General Account** ValueOptions Home Provider Home Contact Us Log Out

Home
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization/Notification Request
Enter a Treatment Plan
View Clinical Drafts
Enter a Special Program Application
Complete Provider Forms
Enter a Comprehensive Service Plan
Claim Listing and Submission
Enter EAP CAF
Manage Users
Enter an Individual Plan
Enter Case Management Referral
Enter a Referral
Review Referrals
Enter Bed Tracking Information
Search Beds/Opening
Weekly Behavior Analysis Measures
Enter Member Assessment
Enter Member Reminders
EDI Homepage
On Track Outcomes
Reports
Print Spectrum Release of Information Form
My Online Profile

Welcome PETER TUMNUS . Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER (8 **NEW**) Message

Click on inbox to view your messages

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▼ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▼ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Enter a Special Program Application](#)
 - [Enter a Comprehensive Service Plan](#)
 - [Enter a Treatment Plan](#)
 - [Review an Authorization](#)
 - [Update Monthly Wage Information](#)
 - [View Clinical Drafts](#)
 - [Weekly Behavior Analysis Measures](#)
- ▶ [Enter Member Assessment](#)
- ▶ [Enter Member Reminders](#)
- ▶ [Enter Case Management Referral](#)

- ▼ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [View EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- ▼ [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update Roster Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)
- ▶ [Complete Provider Forms](#)

Case Management Referrals

Search a Member

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text" value="987654321"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text" value="12021979"/>	(MMDDYYYY)
As of Date	<input type="text" value="06242014"/>	(MMDDYYYY)

Case Management Referrals

Case Management Referral

Required fields are denoted by an asterisk (*) adjacent to the label.

Current Member

Member ID: XXXXXXX4321
Effective Date: 01/01/2001
Expiration Date:
Member Name: ASLAN, SUSAN C
Alternate ID: XXXXX4321
Date of Birth: 12/02/1979
Client: APW

Source of Case Management Referral: PROVIDER

*Reason for Case Management Referral

- COMPLEX CO-MORBID BH AND MEDICAL HEALTH
- COMPLEX PSYCHIATRIC CASES
- DIAGNOSTIC SPECIALTY UNIT
- HIGH UTILIZER
- MEDICAL COORDINATION/INTEGRATED CARE
- MULTIPLE ER ADMISSIONS
- MULTIPLE FAILED PLACEMENTS
- MULTIPLE FAILED SA TX ATTEMPTS
- MULTIPLE IP ADMISSIONS
- NEW/UNSTABLE HIGH RISK DG-DISSOCIATIVE IDENT

Add >>>

COMPLEX CO-MORBID BH AND DEVELOPMENTAL DELAY

Remove <<<

Please provide brief details that you feel are important for us to know for the referral (0 of 250)

Contact Details

Provider ID: 123456
Provider Name: PETER TUMNUS
*Member's Contact Name: TEST
*Contact Relationship: ALTERNATIVE CARE PROVIDER
*Member's Contact Number: 111 111 1111

Submit Cancel

FAQ



FAQ

BCBSRI Provider Connect FAQ's

➤ **When do I submit a Notice of Admission (NOA)?**

Within 48 hours of admission.

*It can't be entered prior to admission date

➤ **Is the 48 hours specific to exact time?**

No, you will have 2 **calendar** days to submit the NOA.

➤ **What happens if I complete the NOA with the wrong admit date?**

Call Beacon at 1 (800) 274-2958 to have this adjusted and you will still be able to complete a registration for continued stay via Provider Connect.

➤ **What happens if I need to void a NOA?**

Call Beacon at 1 (800) 274-2958 to have this completed.

➤ **If there is an update to the original NOA due to incorrect information submitted or if I have to call in a NOA, can a concurrent notification and/or discharge be completed in Provider Connect?**

Yes, you can update a NOA by submitting a notice for additional units or complete a Notice of Discharge if there is a current authorization in the Beacon system.

FAQ

➤ **Can NOA's in Provider Connect be viewed by a user linked to the place of service facility?**

Yes, anyone with a registration linked to a facility can view the authorizations to that facility.

➤ **Is there a limit to the number of updates to the NOA a provider can submit for a single treatment episode?**

No, the goal is to have the treatment plan for the individual guide the notification of treatment.

➤ **How do I process a Med Board?**

A Notification of Admission and a Notification of Discharge should be completed for the medical board and a separate Notice of Admission and a Notice of Discharge should be completed for the behavioral health inpatient stay. Please note this is even if the med board and admitting facility are the same.

➤ **What happens if my notification is "rejected"?**

Notifications will reject if the provider inputs more than the maximum # of units set in the system, 999, or if the notification is outside of the 48 hours. Notifications for which you receive a message that the notice has been rejected will pend to a clinical queue and you will be outreached by telephone by a Beacon employee to complete the process.

➤ **What happens if I am unable to pull up the member in Provider Connect?**

Call Beacon at 1 (800) 274-2958 for assistance, choose prompts for provider and a "precert request."

FAQ

➤ **What members are eligible for the Portal Notice of Admission Process?**

Any BCBSRI Commercial or Medicare member being admitted to a level of care, at an in network facility, that currently requires or recommends prior authorization and concurrent review.

➤ **What about an FEP member?**

The current utilization review process remains in place for FEP members. Call Beacon at 1 (800) 274-2958, to complete the prior authorization, concurrent review and discharge notification consistent with the current process.

➤ **How can I submit to extend an authorization?**

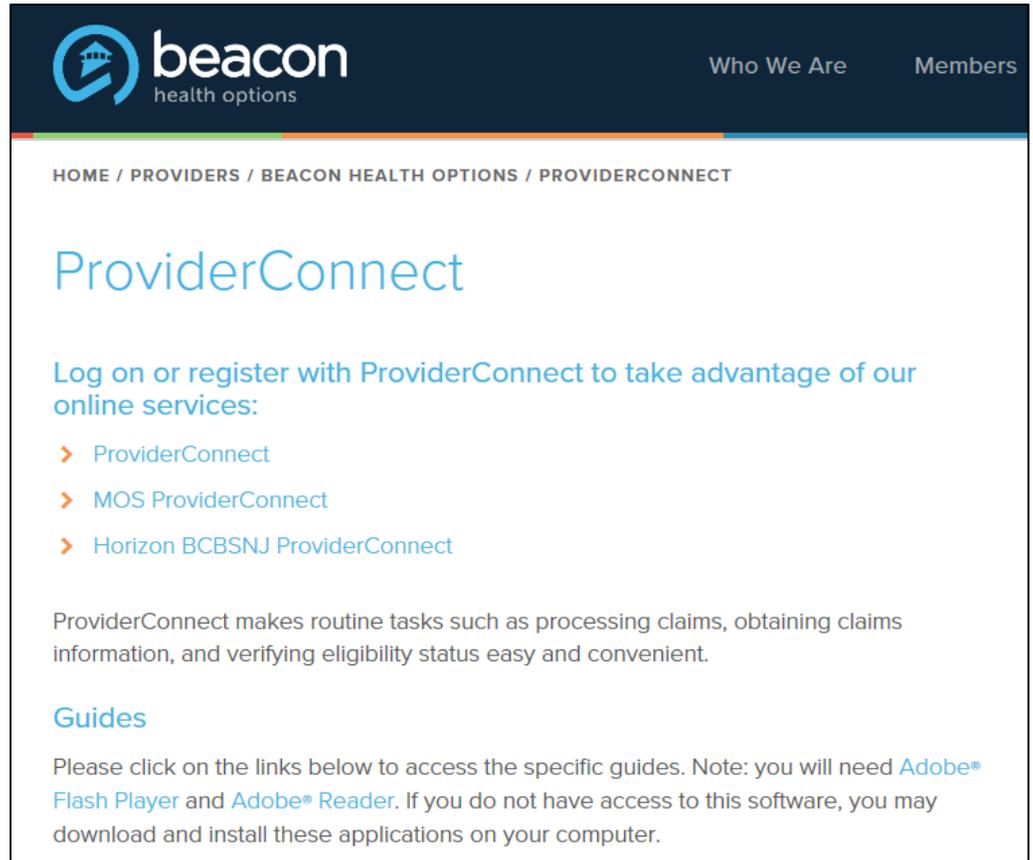
- Within 48 hours of the last covered day (LCD) of the NOA in Provider Connect or
- Call Beacon if after 48 hours of LCD

Additional Training Options



Helpful Resources

- On the provider homepage choose **“ProviderConnect”**
- Scroll down to find:
 - ProviderConnect Demo
 - Guides
 - Forms
 - Compliance Resources
 - EDI Resources
 - How-to video tutorials
 - Webinars and archives



The screenshot shows the Beacon Health Options website. The header includes the Beacon logo and navigation links for "Who We Are" and "Members". The breadcrumb trail reads "HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDERCONNECT". The main heading is "ProviderConnect". Below this, there is a call to action: "Log on or register with ProviderConnect to take advantage of our online services:". Three links are listed: "ProviderConnect", "MOS ProviderConnect", and "Horizon BCBSNJ ProviderConnect". A paragraph explains that ProviderConnect simplifies routine tasks like claims processing and eligibility verification. A "Guides" section follows, with a note that users need Adobe Flash Player and Adobe Reader to access the guides.

Contact Information

	Beacon Health Options
Website and EDI	<p>EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com</p>
Beacon Health Options	<p>Authorization questions and Case Management 1-800-274-2958</p>
	Blue Cross Blue Shield of Rhode Island
BCBSRI Claims Support	<p>BCBSRI Call Center 1-844-707-5627</p>
BCBSRI Administrative Appeals	<p>Blue Cross & Blue Shield of Rhode Island 500 Exchange Street Providence, RI 02903 Attn: Grievances and Appeals Unit (401) 459-5000 or 1-800-639-2227</p>

Questions

