



PROVIDER ALERT

PROVIDER EMAIL UPDATE

IMPORTANT REMINDER

JULY 29, 2016

All providers must make sure their email addresses are up to date in the Beacon Health Options ProviderConnect system. There are two email addresses that need to be completed in ProviderConnect.

1. The “ProviderConnect Email” address should be the address for the person who handles any issues with ProviderConnect either through customer service or the Beacon Health Options EDI Department.
2. The “Correspondence Email” address should be the person in your organization that can make sure any targeted Provider Alert or other communication from either Maryland Medicaid/BHA or Beacon Health Options is sent to the proper area within your organization.

The email addresses can be accessed once you log into ProviderConnect. Choose “Update Demographic Information” and fill in the appropriate information for your main office. Please see the screens below to assist in your set-up of your email addresses.



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<p>Reports</p> <hr/> <p>Print Spectrum Release of Information Form</p> <hr/> <p>My Online Profile</p> <p>My Practice Information</p> <p>Provider Data Sheet</p> <hr/> <p>Compliance</p> <hr/> <p>Handbooks</p> <hr/> <p>Forms</p> <hr/> <p>Network Specific Information</p> <hr/> <p>Education Center</p> <p>ValueSelect Designation</p> <hr/> <p>Contact Us</p>	<hr/> <ul style="list-style-type: none">■ Enter an Individual Plan■ Review an Authorization■ Update Monthly Wage Information■ View Clinical Drafts <p>▶ Enter Member Reminders</p> <p>▶ Enter Bed Tracking Information</p> <p>▶ Search Beds/Opening</p> <p>▶ Update Demographic Information</p> <p>▶ Update Roster Information</p> <p>▶ Update ABA Paraprofessional Roster Information</p> <p>▶ View My Recent Authorization Letters</p> <p>CLINICAL SUPPORT TOOLS</p> <p>▶ View My Outcomes with On Track</p> <p>▶ Print Spectrum Release of Information Form</p> <p>YOUR NEWS & ALERTS</p>
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Provider Demographics

Provider

[REDACTED]

Mailing Address: ?

 Edit	ID:	[REDACTED]
	Address:	[REDACTED] [REDACTED]
	Country:	[REDACTED]
	Phone:	[REDACTED]
	Fax:	[REDACTED]
	Website address: ?	
	ProviderConnect Email: ?	[REDACTED]
	Correspondence Email: ?	[REDACTED]