BeneSys Provider Portal Instructions

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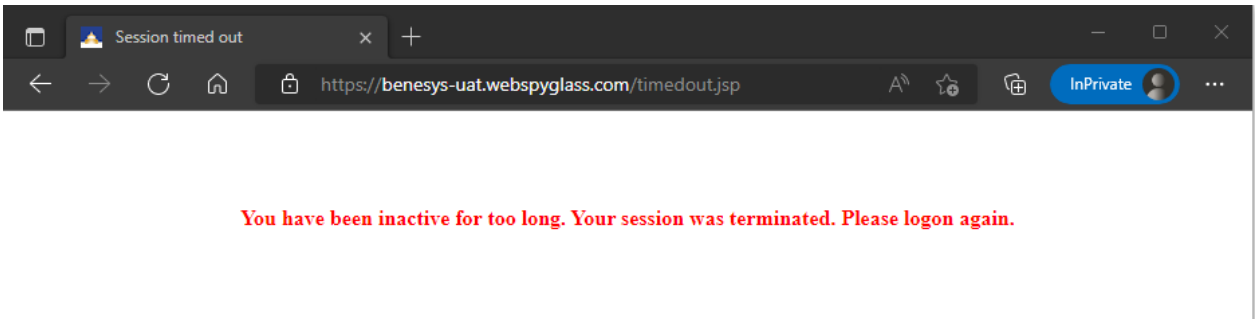
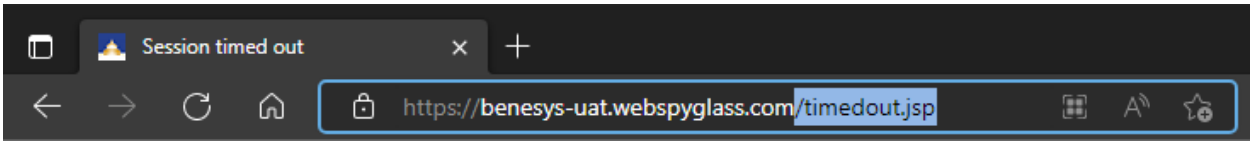
Updated 06/09/23 KL

General Website Use and Troubleshooting Tips

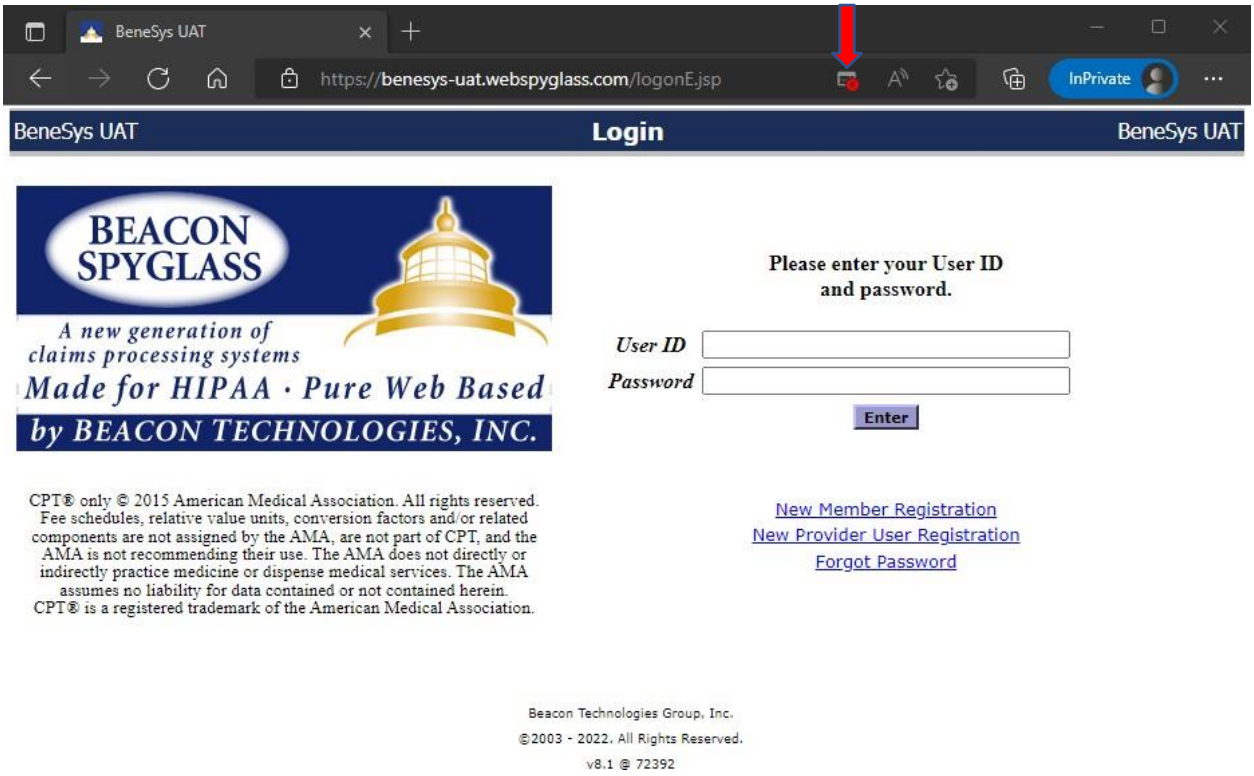
If you have saved the BeneSys Provider Portal link to your browser's favorites, you may get an error that says: **"You have been inactive for too long. Your session was terminated. Please logon again."**

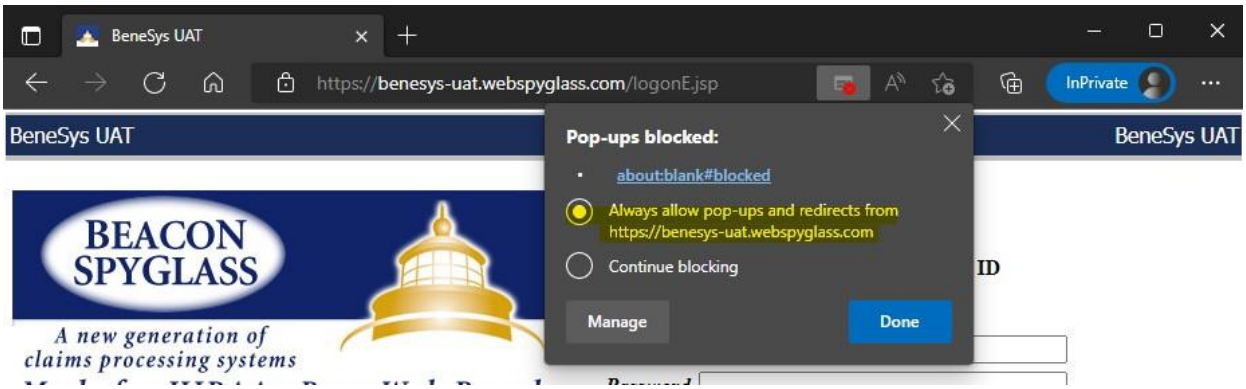


To clear this error, remove the highlighted section of the URL: https://benesys-uat.webspyglass.com/timedout.jsp



Once you have removed the **timedout.jsp** portion of the URL you will then be taken to the Login Screen. **(Please note you will want to make sure your Pop Ups are Enabled on this website as certain screens will have a Pop-Up window that will provide you with additional info/benefits)**

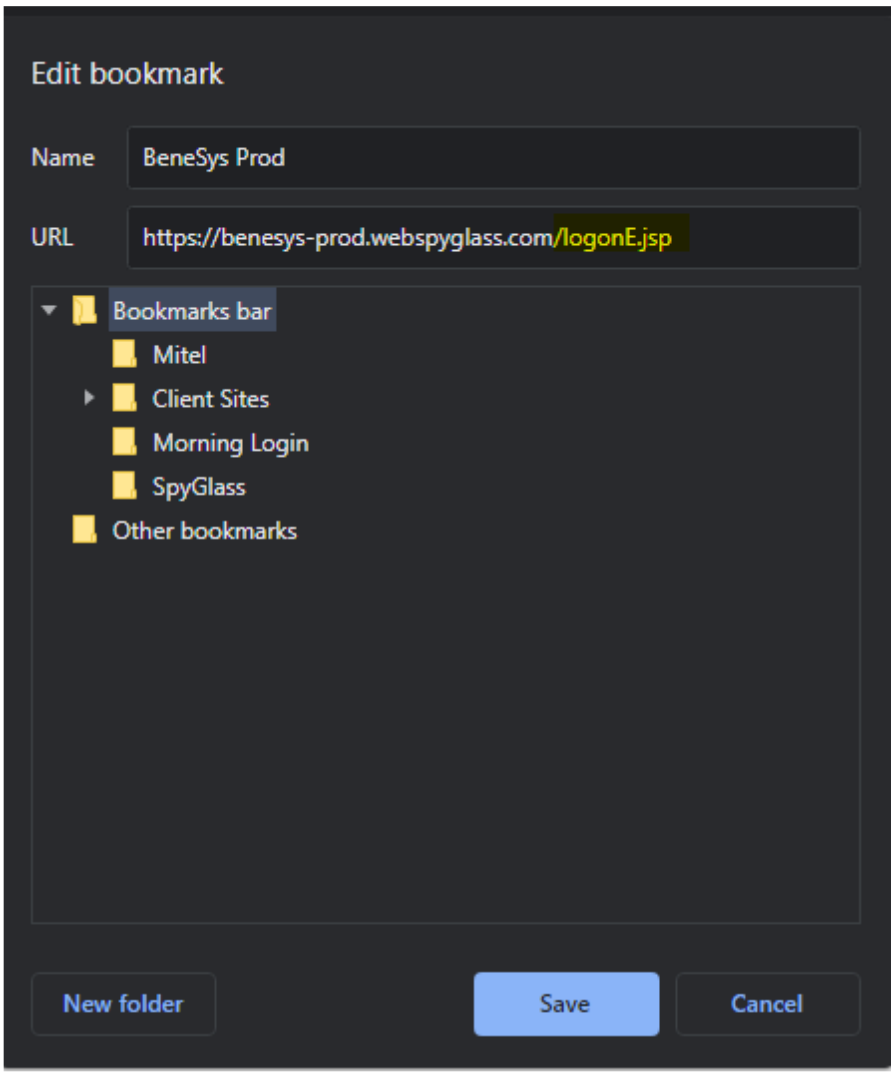




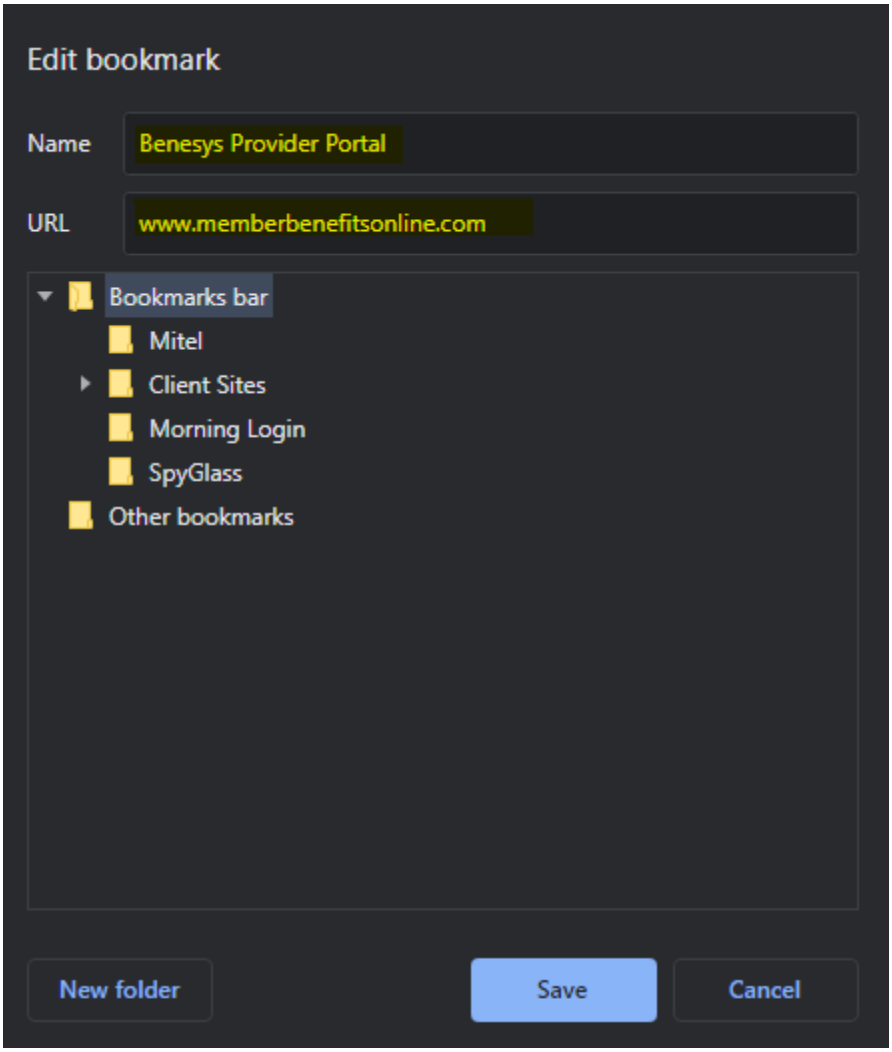
Once you have allowed the pop-ups you can then either Register or Login if you already have an account.

If you would like to avoid the **Timedout.jsp** error message from your Browser Bookmark, please follow the below instructions.

When adding a Bookmark to the Provider Portal, the browser will save the https://benesys-prod.webspyglass.com/logonE.jsp portion of the URL.



You will want to rename your Bookmark to Benesys Provider Portal and then delete the https://benesys-prod.webspyglass.com/logonE.jsp URL and change it to www.memberbenefitsonline.com. (See example on the following page)



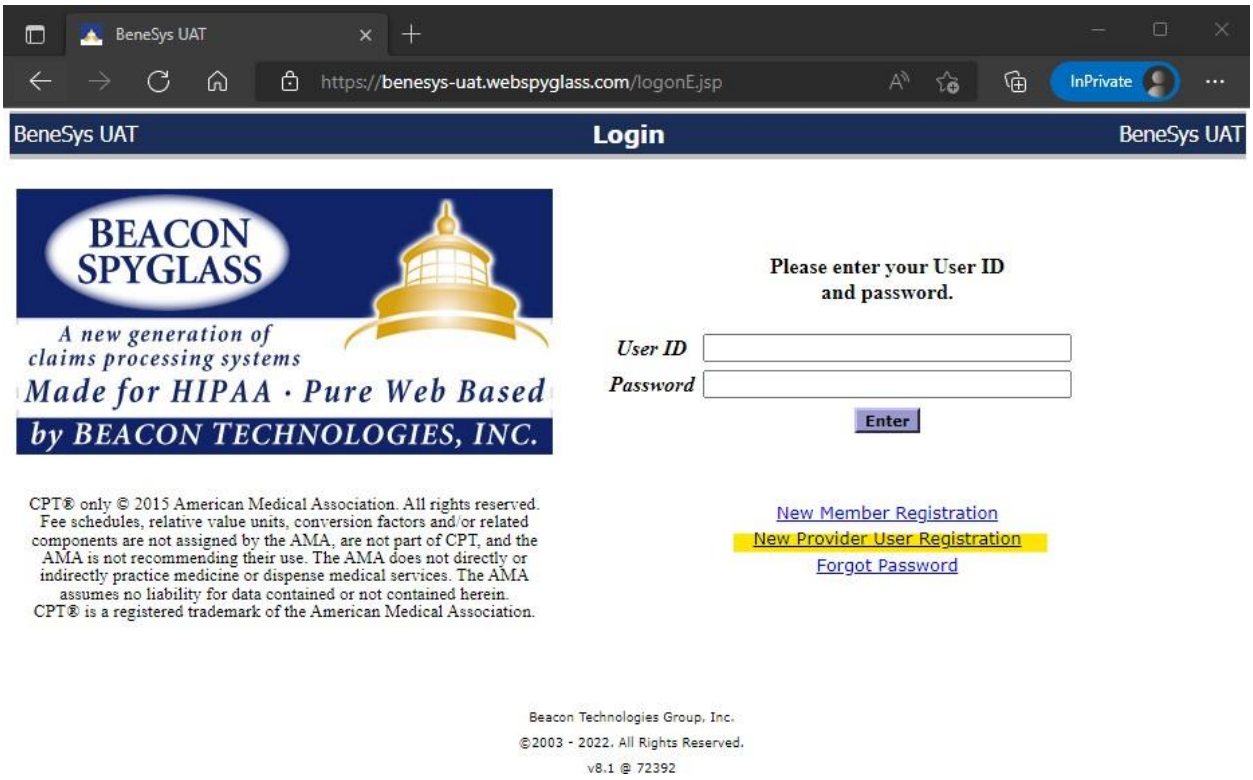
Once you have updated the Name and URL to www.memberbenefitsonline.com you can then save the bookmark and going forward you will not have the **Timedout.jsp** error message.

Password Reset Tips/Locked out of Account:

- If you type your username/password incorrectly 4 times, it will give you a message that says: **You have exceeded the allowed number of attempts, Please see your Administrator**. To access your account without needing to contact Benesys please simply press Forgot Password. This will prompt a Verification Code email to be sent to your email that is linked to your Portal account which will come from benesys@webspyglass.com. This email should come within a few seconds, and no longer than a minute, if you have not received it after a minute please be sure to check your Junk/Spam folder.
- If you are a Provider Vendor who has signed the User Agreement form, you will in fact need to contact Benesys at PortalSupport@benesys.com for assistance with resetting your password. Regular Medical/Dental/Vision providers do not have this requirement and can just press **Forgot Password**.

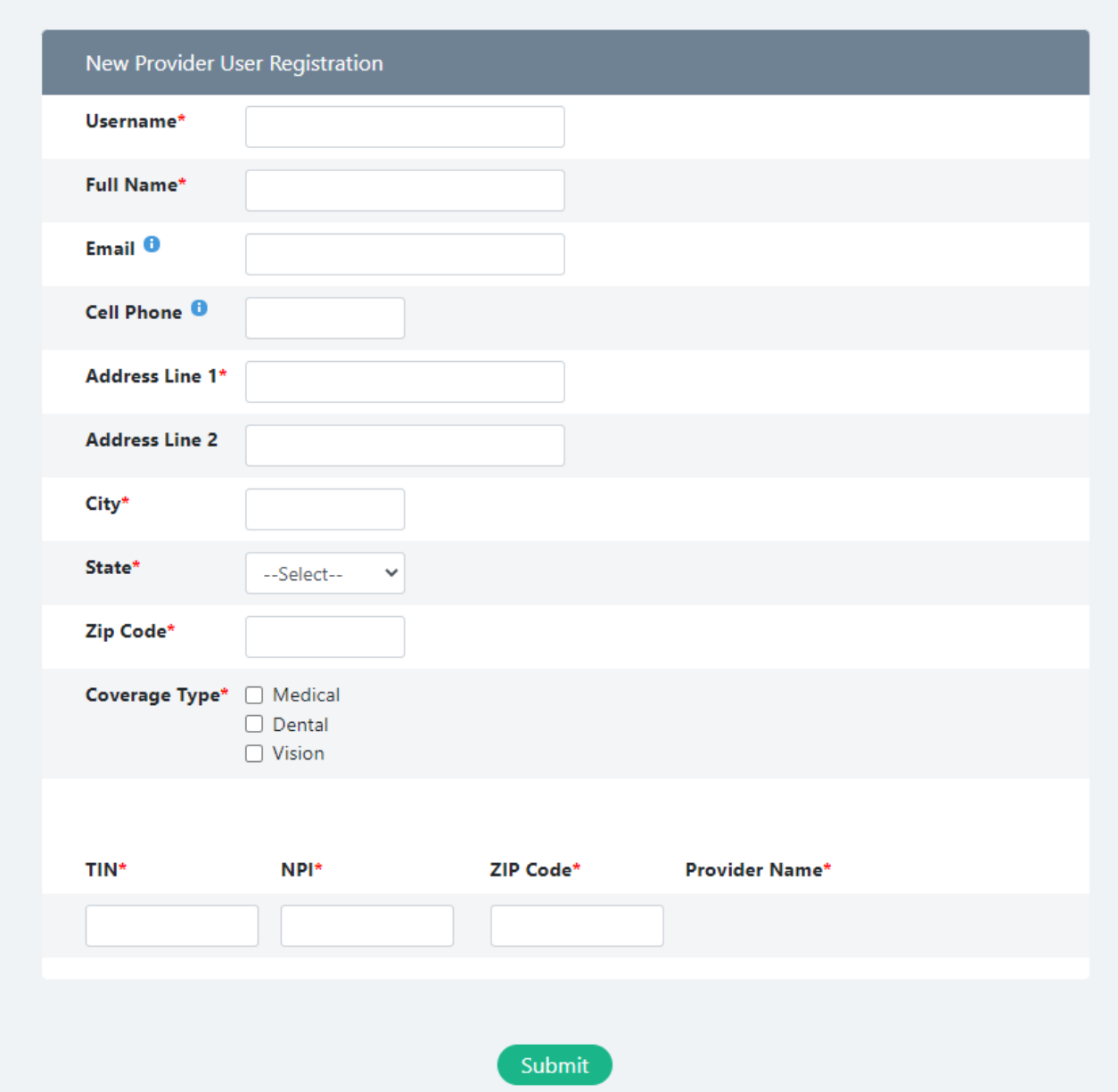
Registration Process for New Providers

Select New Provider User Registration



To create an account, you will need to create a Username, provide your Full Name, then provide either a valid Email or Cell Phone number. **(This is needed only for two-factor authentication to help keep our members and your patient's information protected.)** Please then provide your companies address, coverage type (Medical, Dental, or Vision). Then you will be required to provide a valid TIN, NPI, and Zip Code.

Please see below for an example of the “New Provider Registration” screen.

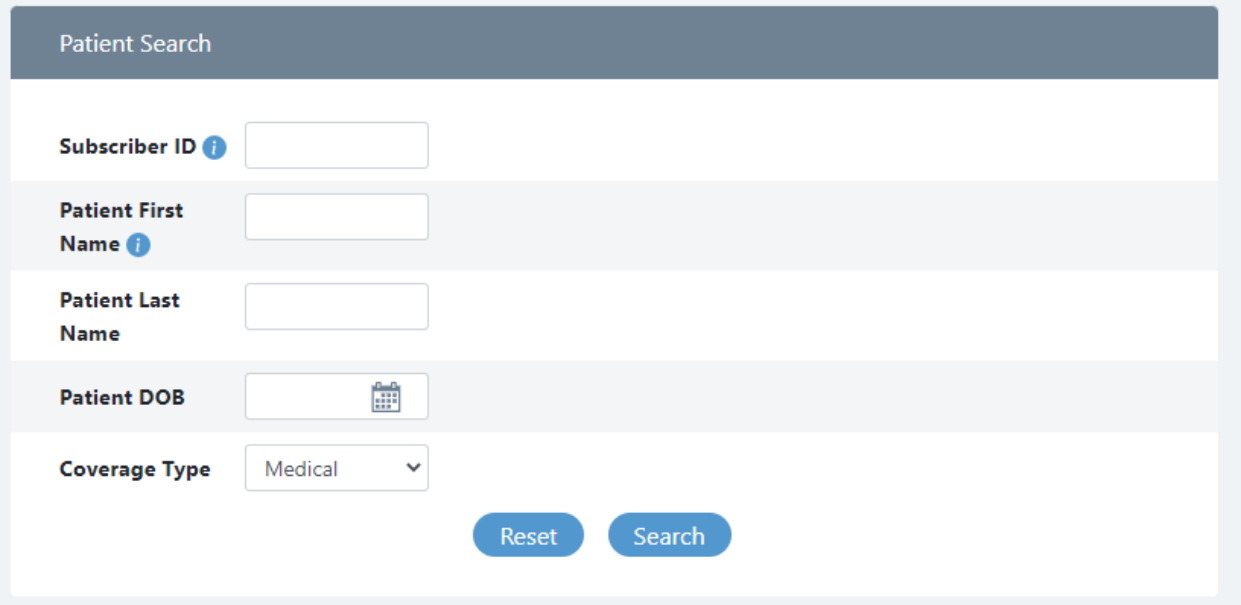


Once you submit your registration you will be emailed a Verification Code. The Verification Code will be sent from benesys@webspyglass.com. If you do not receive the email in your inbox, please be sure to also check your Spam/ Junk folders to confirm if it was sent there in error.

Searching a Patient

Once you have logged in you will be taken directly to the Patient Search Screen

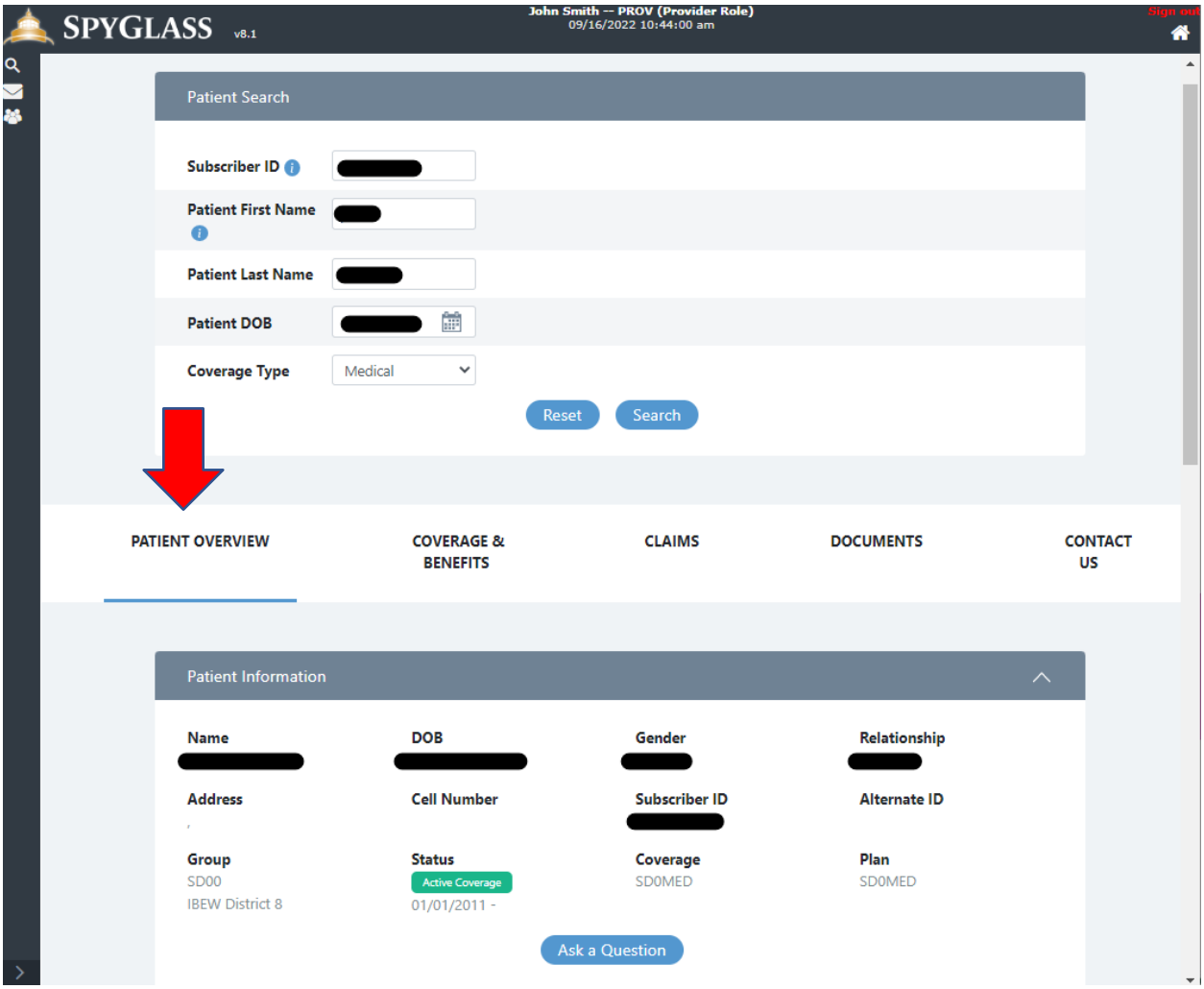
To successfully locate your Patient please provide the **Patient's Member ID/SSN/Alternate ID, Patient's First/Last Name, and DOB.** Then select what type of Coverage you are looking for. (Medical, Dental, Vision)

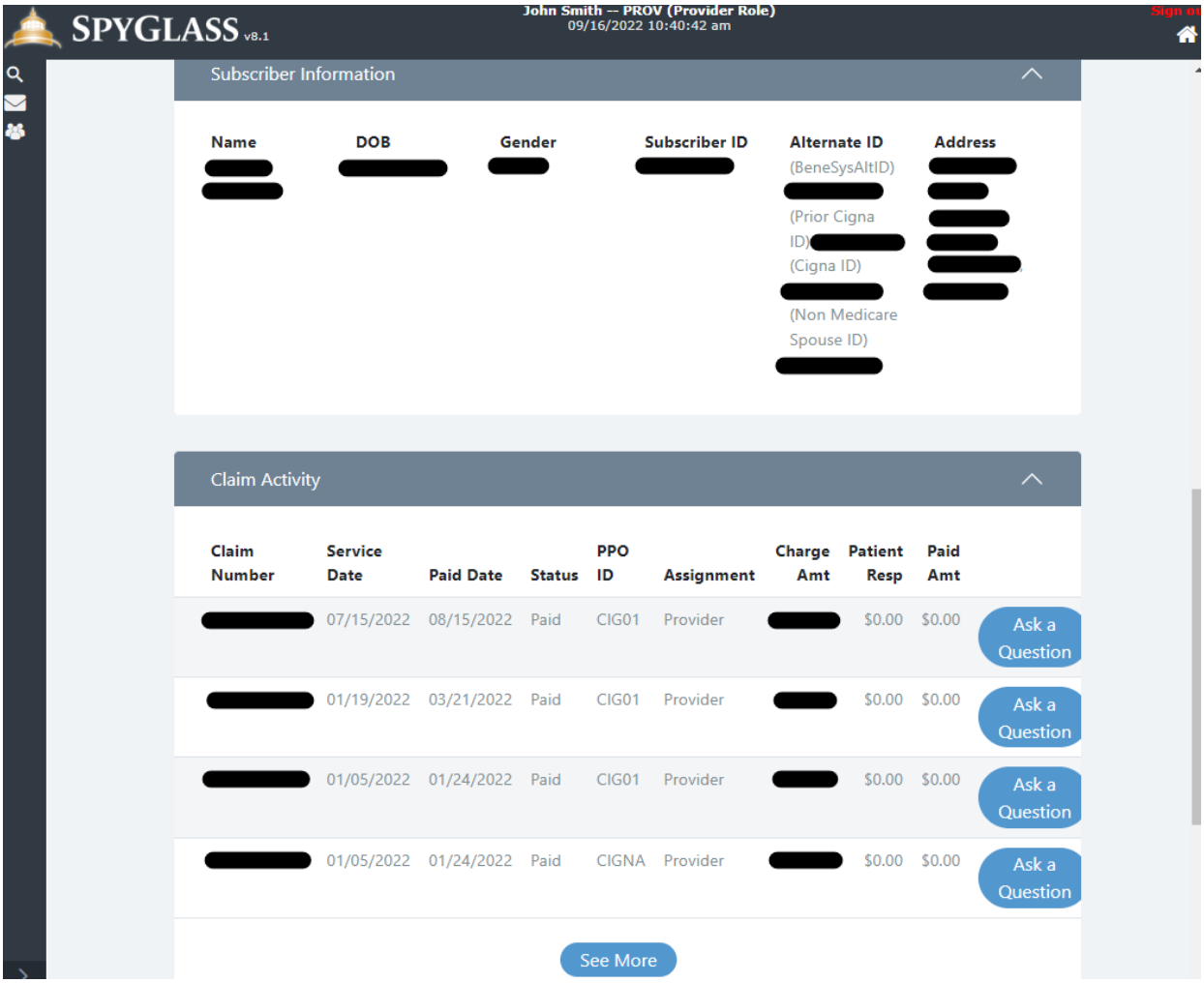


Once the search is complete, the Portal will load the Patients Information below the Patient Search screen. (See next page)

Patient Overview Screen

Patient Overview, will provide you with the patient details, eligibility status, effective date, and plan they are enrolled in. Below the Patient Information you will be able to see the Subscriber Information, and any recent claim activity that patient has with your TIN/NPI.

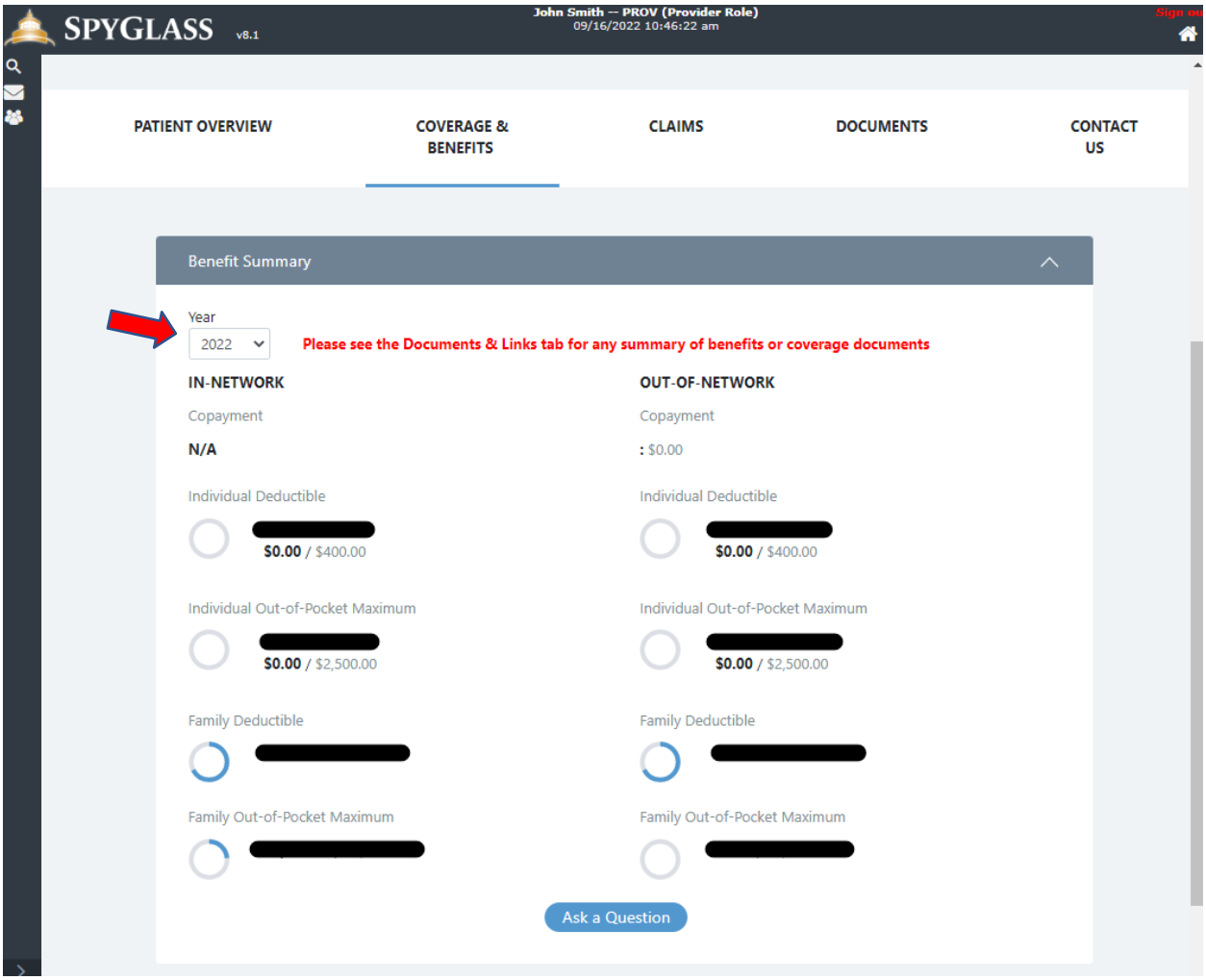




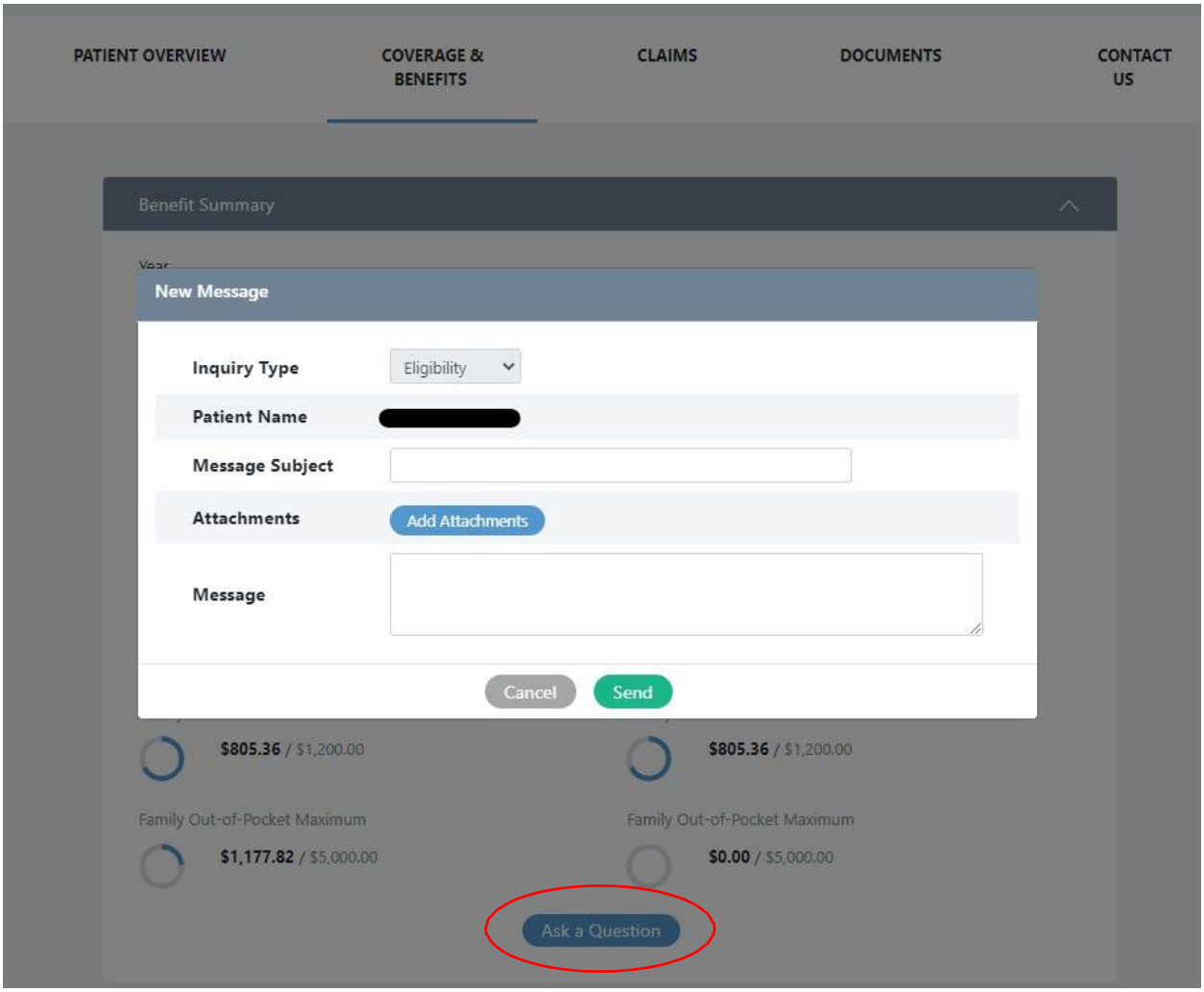
Coverage & Benefits Screen

Coverage & Benefits is where you can see the patient's current Accumulations towards Deductible and Out of Pocket Maximum. This screen will show you both how much they have currently met towards that benefit, as well as how much the total benefit is. If the deductible or out-of-pocket has been met, it will also provide you with the date of when they met the full benefit.

(The accumulations will default to the current year, but you can press the drop-down menu with the year to look at previous years accumulations if needed.)



If you have any questions related to their deductible, out-of-pocket maximum, or yearly maximum for Dental/Vision, you can submit that inquiry by selecting the “Ask a Question” button at the bottom of the Coverage & Benefits screen.

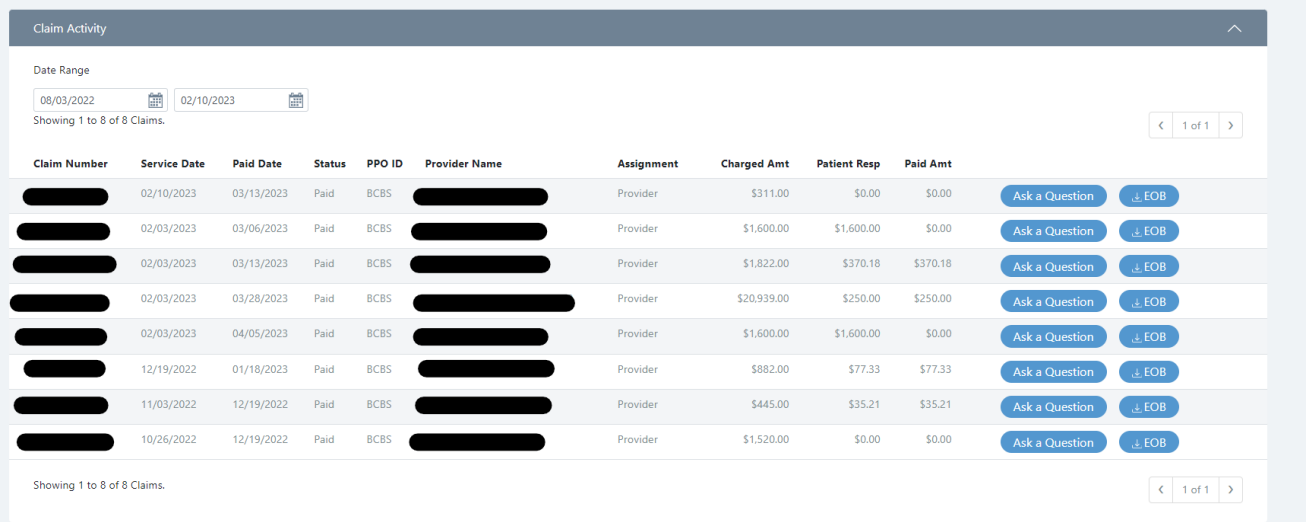

PATIENT OVERVIEW
COVERAGE & BENEFITS
CLAIMS
DOCUMENTS
CONTACT US
Benefit Summary
New Message
Inquiry Type
Eligibility
Patient Name
Message Subject
Attachments
Add Attachments
Message
Cancel
Send
$805.36 / $1,200.00
$805.36 / $1,200.00
Family Out-of-Pocket Maximum
$1,177.82 / $5,000.00
Family Out-of-Pocket Maximum
$0.00 / $5,000.00
Ask a Question

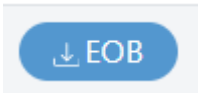
Claims Screen

The Claims Screen will be where you can access all your claim history for that patient. You will be able to see the Claim Number, Date of Service, Date Paid (Finalized), Claim Status, In-Network Status under PPO ID, Assignment of Benefits, Total Charge, Patient Responsibility, and Paid Amount.

Each claim will have an “Ask a Question" option if you need more details on the claim.

You can filter the claims by selecting a specific Date Range, or you can view the claims in order of date of service and use the arrows at the bottom right corner to toggle to the additional pages of claims.

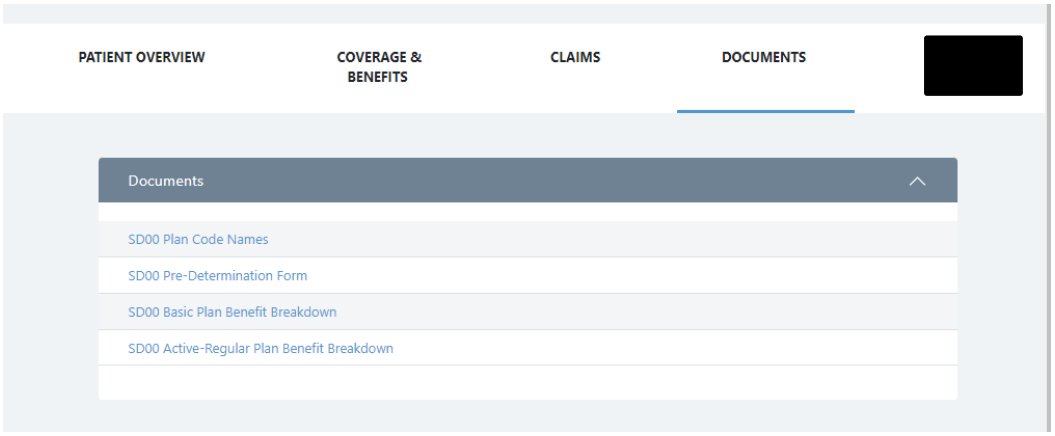


You can now also access your EOB’s directly on the Provider Portal by pressing 

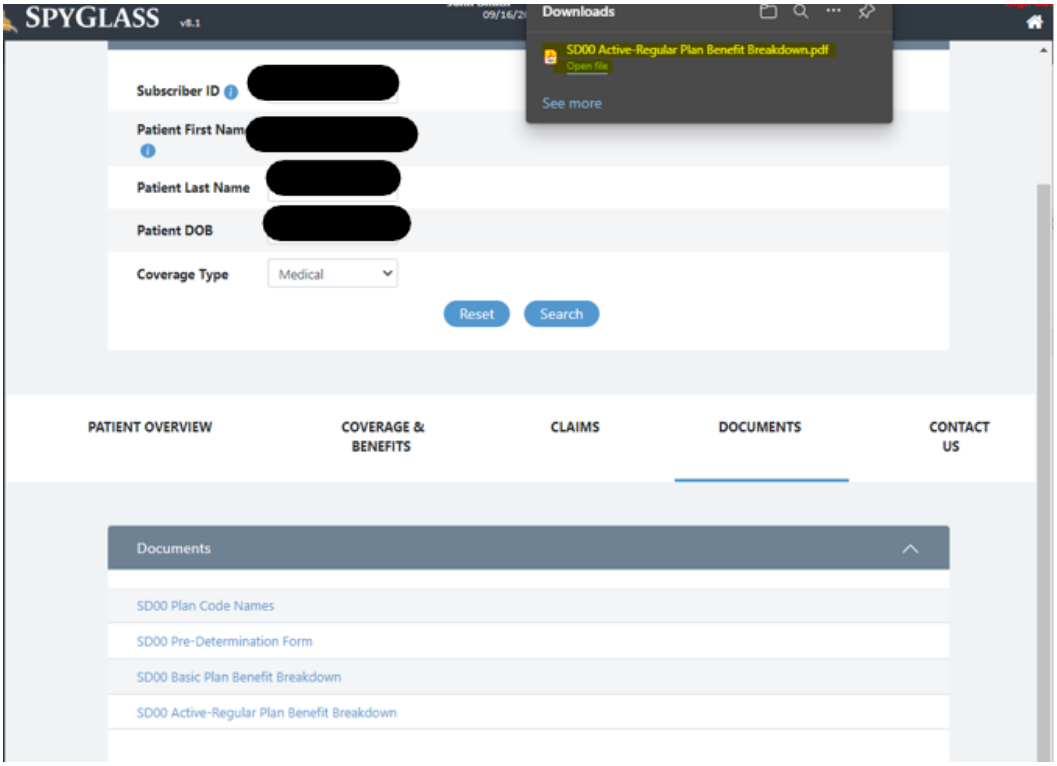
If your claim was paid by Benesys you will have a copy of your check at the bottom of the EOB. If your claim was paid by the network or electronically by Zelis, you will just have the claims breakdown and you will need to contact the network or Zelis directly for any payment issues.

Documents Screen

The Documents Screen is where you will find the full Benefit Breakdowns for the patient's plan. If their group offers multiple plan options to enroll in, you will also be able to find the Plan Code Names which will help direct you to which Benefit Breakdown to use.

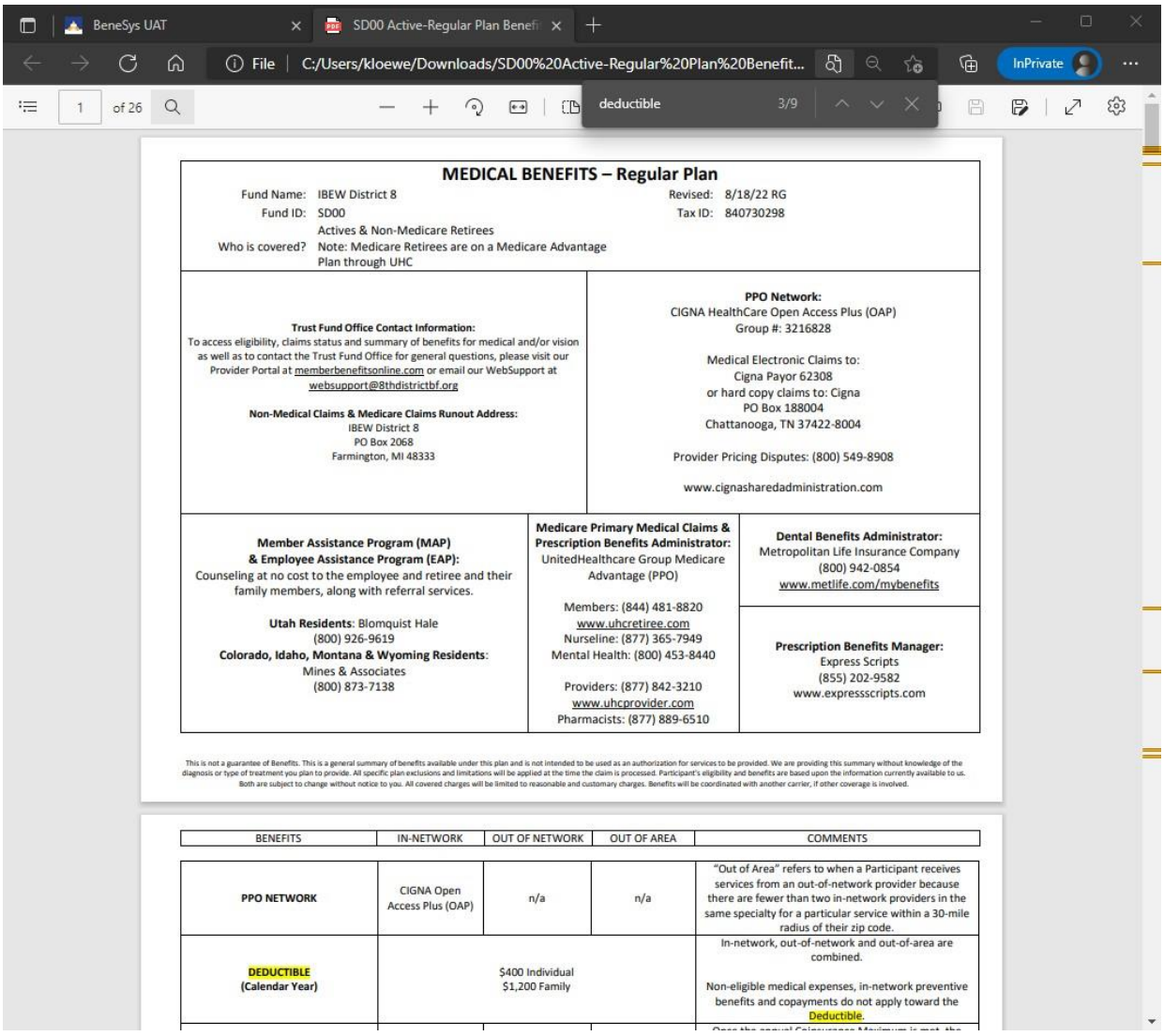


When selecting the Benefit Breakdown to verify coverage of a specific service, it will download a PDF copy of the Benefits for you to view.



Important Notes Regarding Benefit Breakdowns

- Please note that the benefit outline document is a searchable document. Press (Ctrl+F) to search the benefits.
- The majority of plans do not have specific coverage based on code, but rather are categorized by type of service. i.e., surgery (outpatient, inpatient, office surgery), Mental Health (Outpatient, Inpatient, Residential Treatment Facilities), etc.
- Prior Authorization requirements are listed on the benefit outline for your reference along with the Utilization Review/Prior Authorization Company who provides the authorizations.
- Visit Limitations, Maximum Payable, and any other limitations or important requirements/clarifications on the benefit can be found in the Comments column to the far right of the benefit breakdown.



MEDICAL BENEFITS – Regular Plan

Fund Name: IBEW District 8
Revised: 8/18/22 RG
Fund ID: SD00
Tax ID: 840730298
Who is covered? Actives & Non-Medicare Retirees
Note: Medicare Retirees are on a Medicare Advantage Plan through UHC

Trust Fund Office Contact Information:
To access eligibility, claims status and summary of benefits for medical and/or vision as well as to contact the Trust Fund Office for general questions, please visit our Provider Portal at memberbenefitsonline.com or email our WebSupport at websupport@8thdistrictbf.org

Non-Medical Claims & Medicare Claims Runout Address:
IBEW District 8
PO Box 2068
Farmington, MI 48333

PPO Network:
CIGNA HealthCare Open Access Plus (OAP)
Group #: 3216828

Medical Electronic Claims to:
Cigna Payor 62308
or hard copy claims to: Cigna
PO Box 188004
Chattanooga, TN 37422-8004

Provider Pricing Disputes: (800) 549-8908

www.cignasharedadministration.com

Member Assistance Program (MAP) & Employee Assistance Program (EAP):
Counseling at no cost to the employee and retiree and their family members, along with referral services.

Utah Residents: Blomquist Hale
(800) 926-9619
Colorado, Idaho, Montana & Wyoming Residents:
Mines & Associates
(800) 873-7138

Medicare Primary Medical Claims & Prescription Benefits Administrator:
UnitedHealthcare Group Medicare Advantage (PPO)

Members: (844) 481-8820
www.uhcretiree.com
Nurseline: (877) 365-7949
Mental Health: (800) 453-8440

Providers: (877) 842-3210
www.uhcprovider.com
Pharmacists: (877) 889-6510

Dental Benefits Administrator:
Metropolitan Life Insurance Company
(800) 942-0854
www.metlife.com/mybenefits

Prescription Benefits Manager:
Express Scripts
(855) 202-9582
www.expressscripts.com

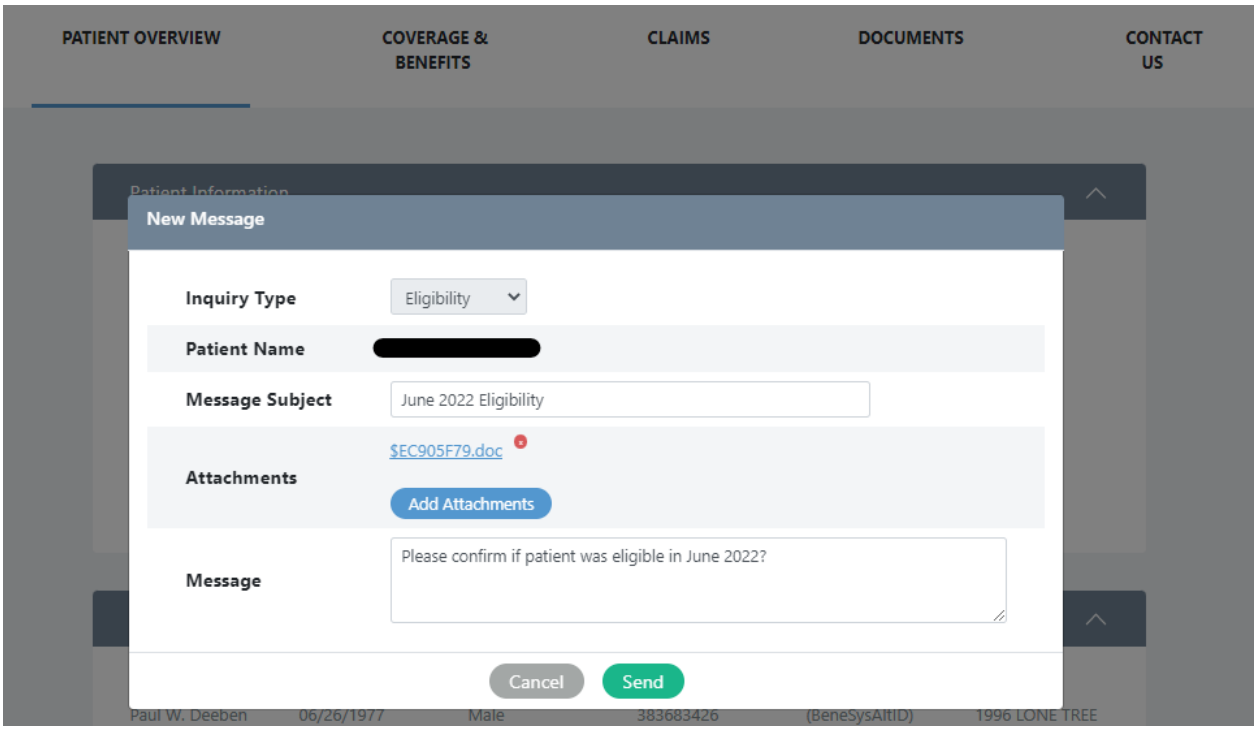
This is not a guarantee of Benefits. This is a general summary of benefits available under this plan and is not intended to be used as an authorization for services to be provided. We are providing this summary without knowledge of the diagnosis or type of treatment you plan to provide. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice to you. All covered charges will be limited to reasonable and customary charges. Benefits will be coordinated with another carrier, if other coverage is involved.

BENEFITS	IN-NETWORK	OUT OF NETWORK	OUT OF AREA	COMMENTS
PPO NETWORK	CIGNA Open Access Plus (OAP)	n/a	n/a	"Out of Area" refers to when a Participant receives services from an out-of-network provider because there are fewer than two in-network providers in the same specialty for a particular service within a 30-mile radius of their zip code.
DEDUCTIBLE (Calendar Year)	$400 Individual $1,200 Family			In-network, out-of-network and out-of-area are combined. Non-eligible medical expenses, in-network preventive benefits and copayments do not apply toward the Deductible.

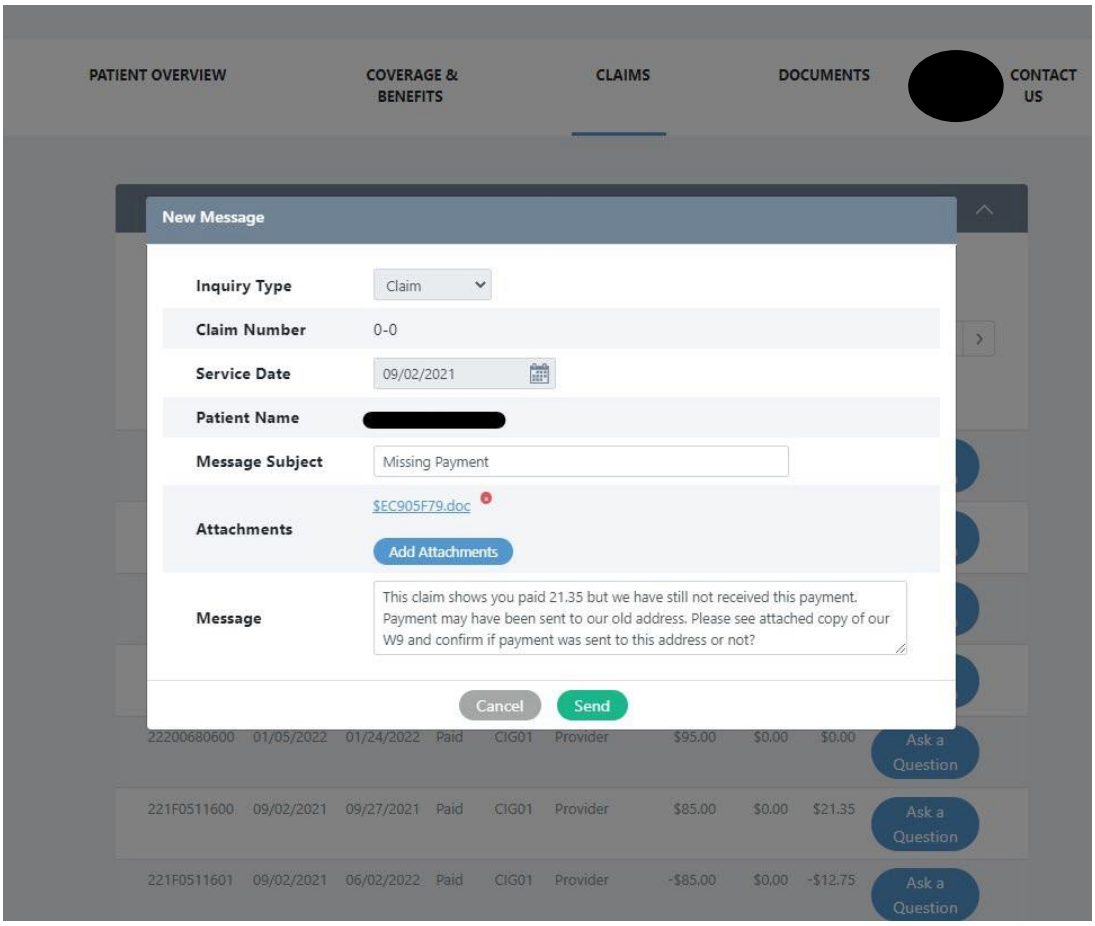
Submitting an Inquiry/Question

There are multiple “Ask a Question” buttons throughout the Provider Portal. You can submit a question on the Patient Overview, Coverage & Benefits, or the Claims screens.

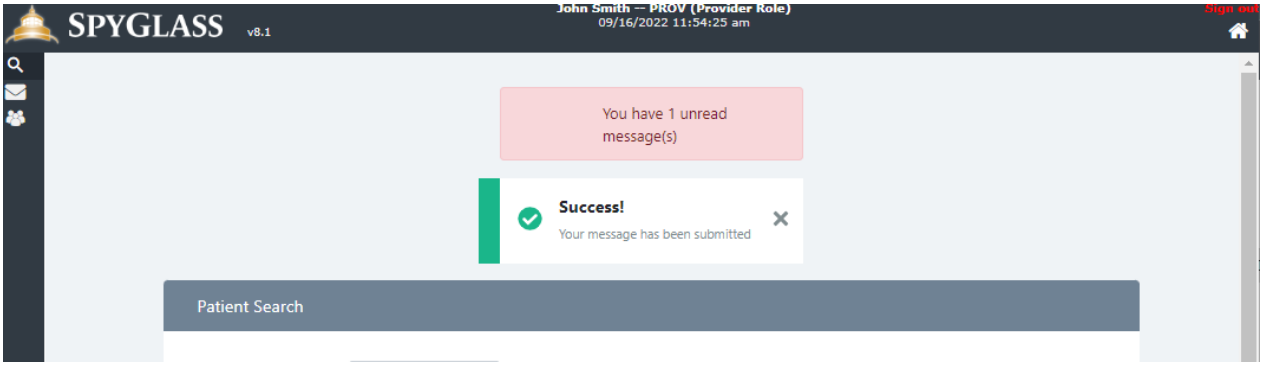
When submitting a question on the Patient Overview or Coverage & Benefits screen your inquiry type will default to Eligibility. Please add a Subject line to your inquiry, include any attachments (if applicable to your inquiry), and then type the full details on your question in the Message field.



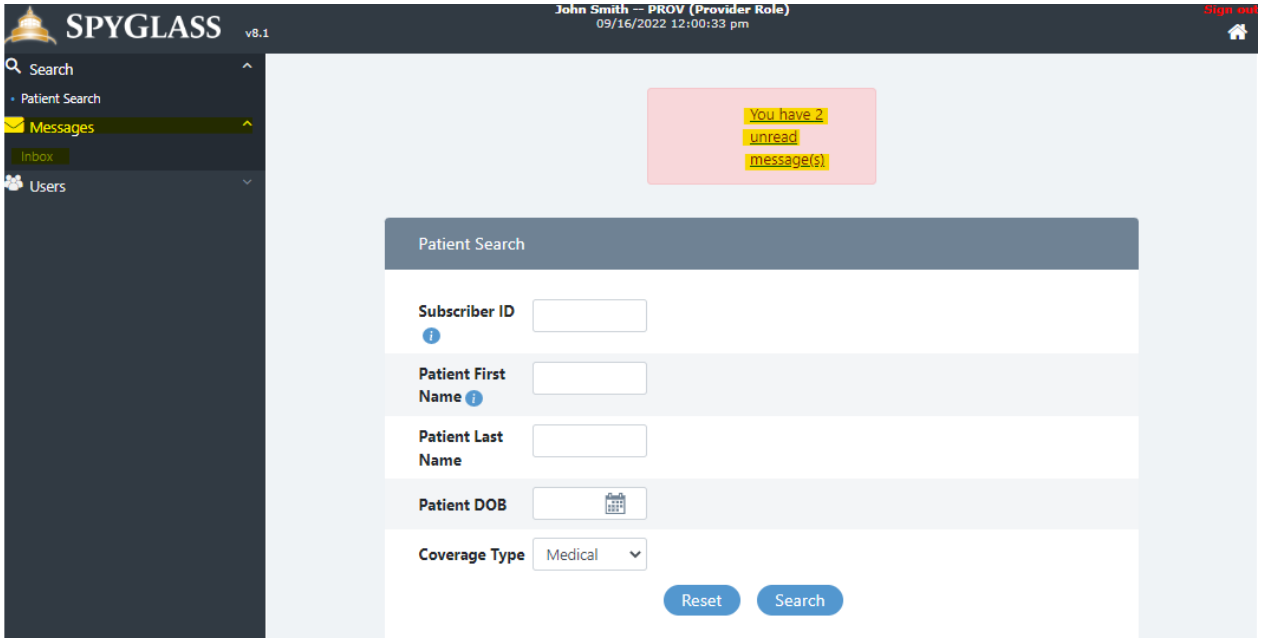
When submitting a question related to a specific claim, choose the “Ask a Question” field on the claim you are inquiring about.



Once you have submitted your inquiry you will see confirmation it was submitted at the top of the screen.



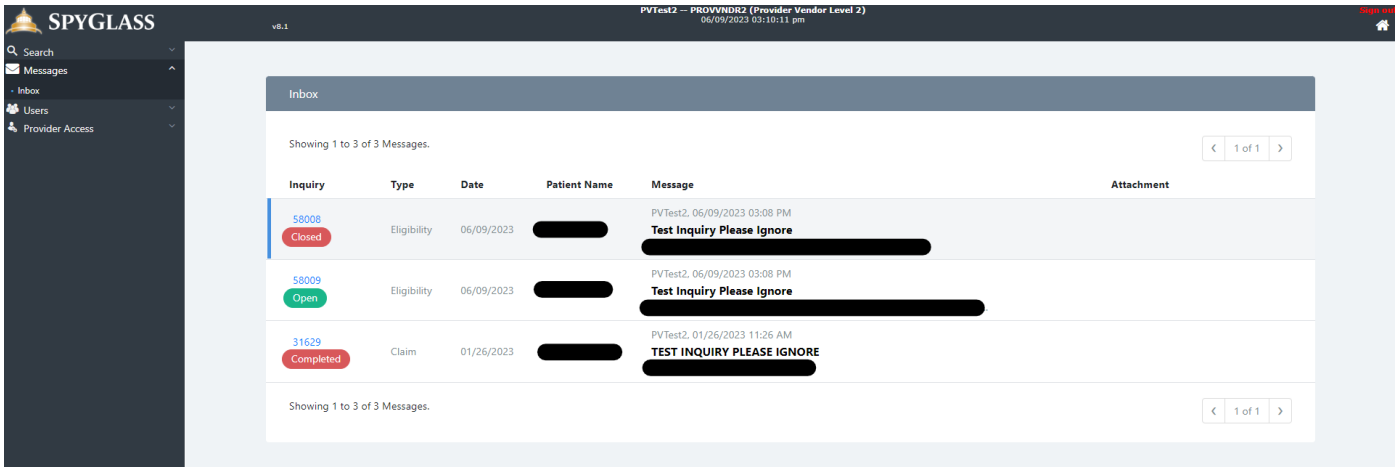
To view your responses to your inquiries you can either select the red “You have _ unread message(s)” memo. Or you can go to the dark blue menu on the left-hand side of the screen, select messages, and then choose Inbox.



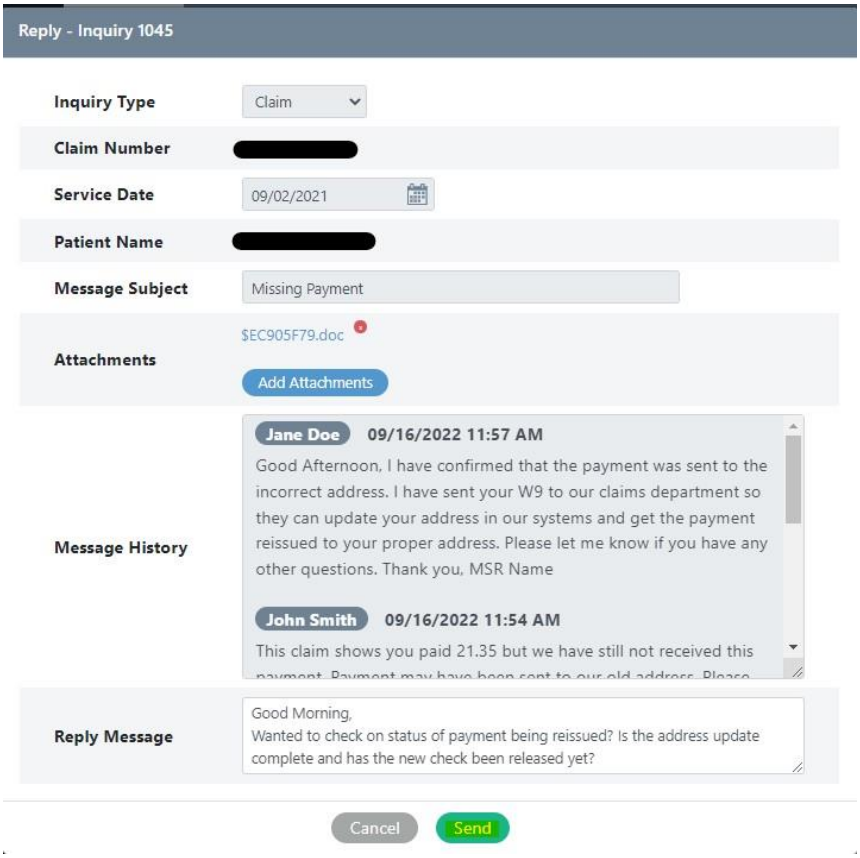
The BeneSys Provider Portal inquiries can be responded to as follows:

- **Closed**: Benesys Portal Rep has responded and has additional questions for you to provide more information. For Closed inquiries you can respond as normal which will then reopen your inquiry and send it back to Benesys to provide final response.
- **Completed**: Benesys Portal Rep has responded to all questions in your inquiry and the request is now fully closed out and unable to be responded to.
- **Open**: Inquiry has been submitted but a Benesys Portal rep has not yet responded to the request.

You can only follow up on inquiries that are either Open or Closed. Completed inquiries that you have further questions on will require a new inquiry to be submitted.

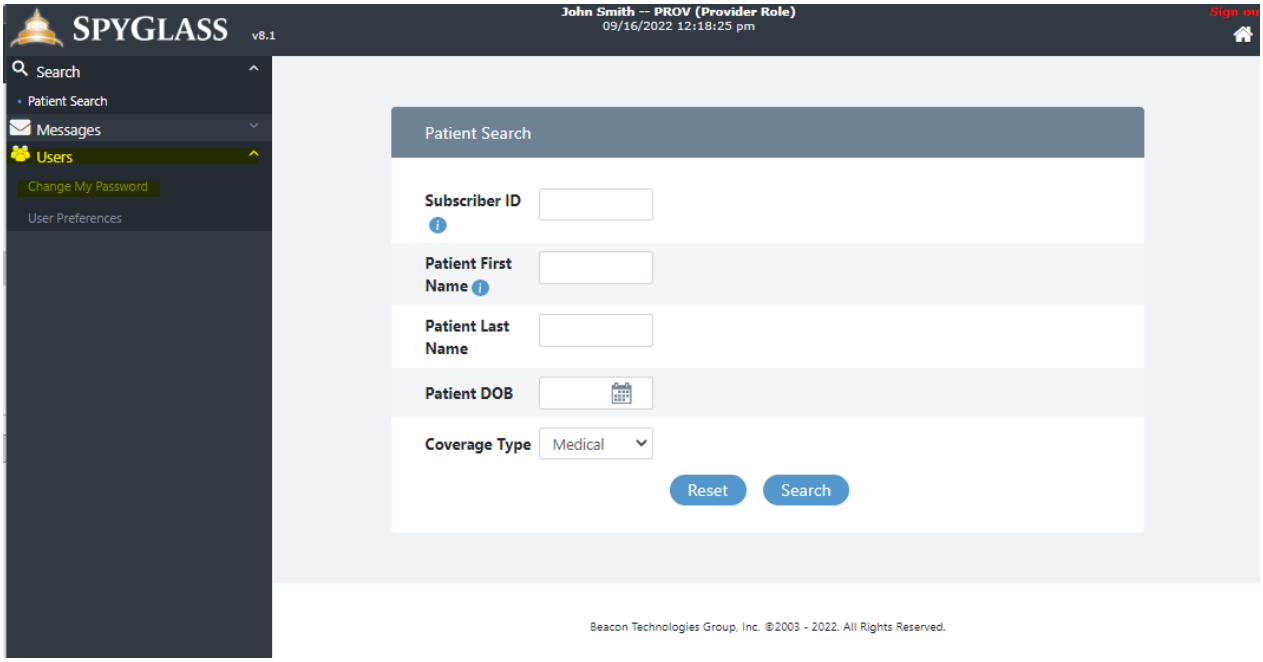


To view your response, click on the Inquiry Number in **Blue**. Once the inquiry opens you will be able to view your inquiry, then the Provider Portal representative's response, if you need to respond to provide additional information, put your response in the Reply Message field, then press send to return the response to the Provider Portal Representative.

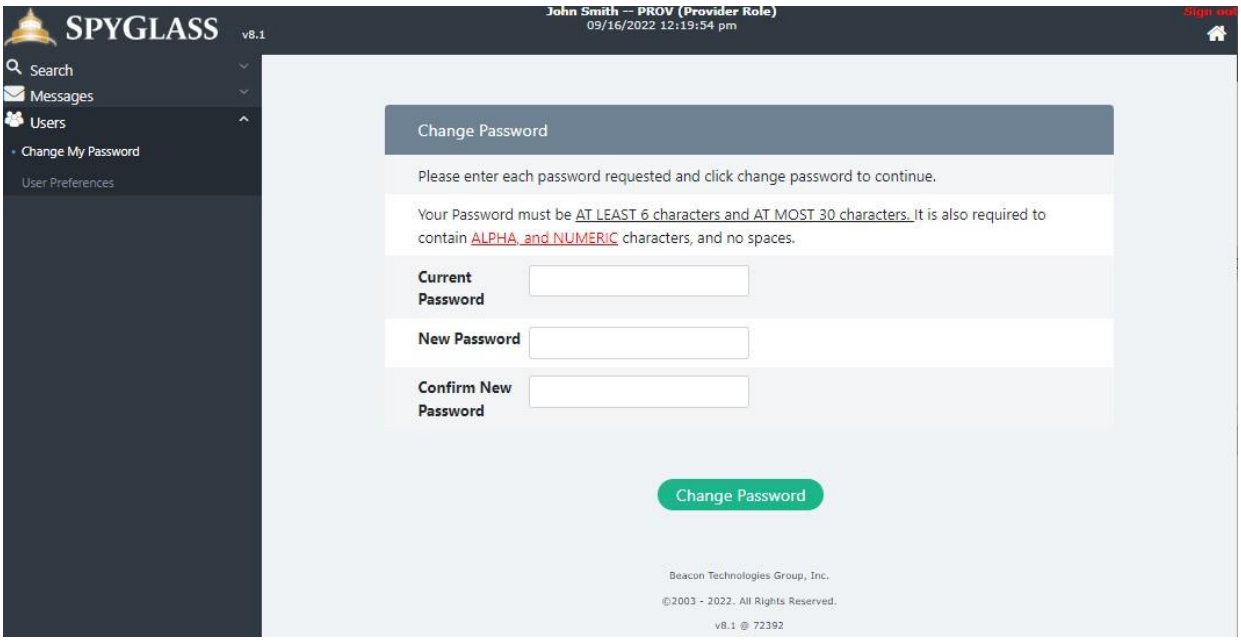


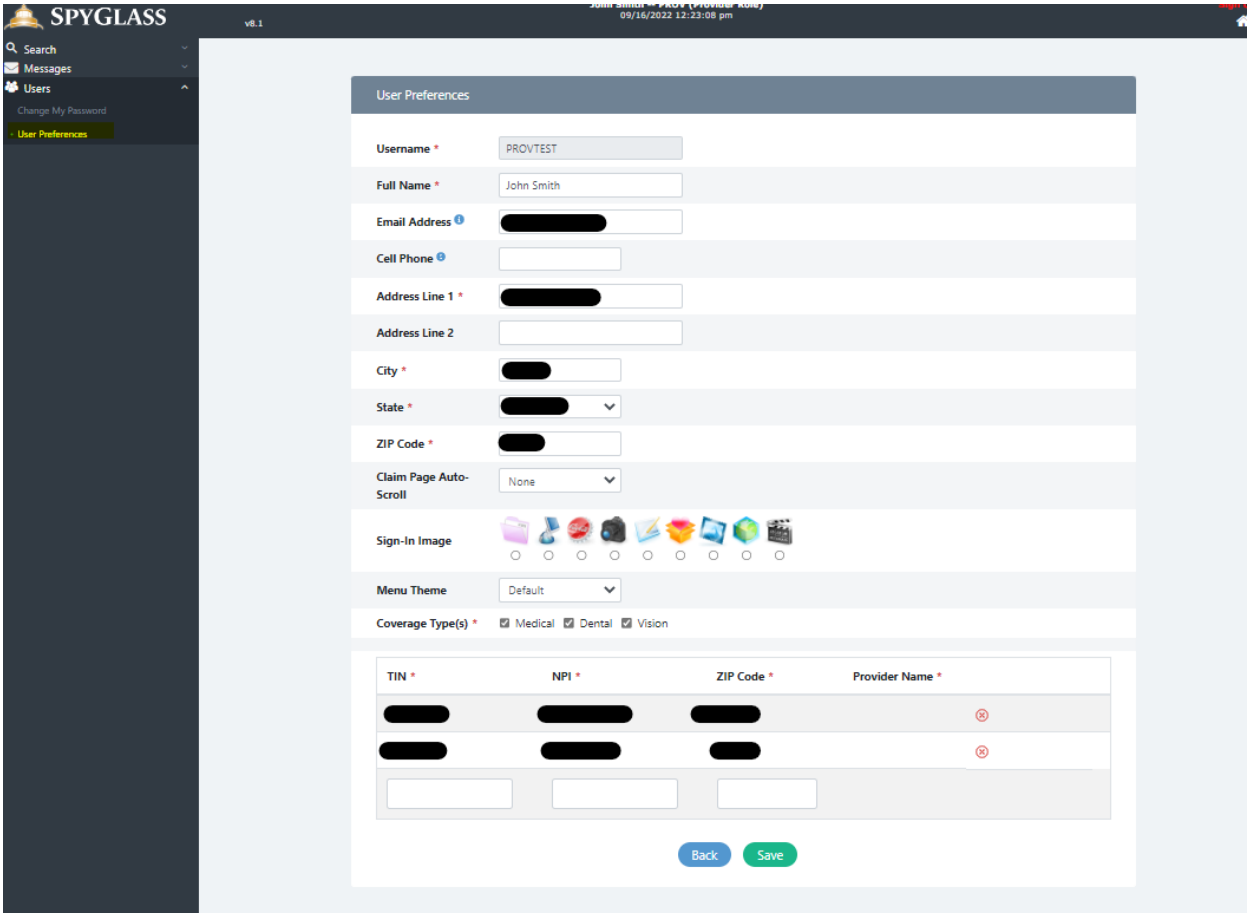
Updating Account Details

To change your password, go to the Users option on the left-hand menu, then select Change My Password.



You will need to enter your Current Password first, then provide your New Password two times. The Provider Portal will require your password to be AT LEAST 6 characters and AT MOST 30 characters. It is also required to contain ALPHA, and NUMERIC characters, and no spaces.



User Preferences will be where you can update your name, email/cell phone number, address, coverage type, and add any additional TINs/NPIs you also are associated with.

Please be advised that you are only able to see claims that are processed for TINs/NPIs that are loaded onto your account. To ensure that you can see all claims related to your company, you will need to have each TIN/NPI you are associated with added.