

BeneSys Provider Portal Instructions

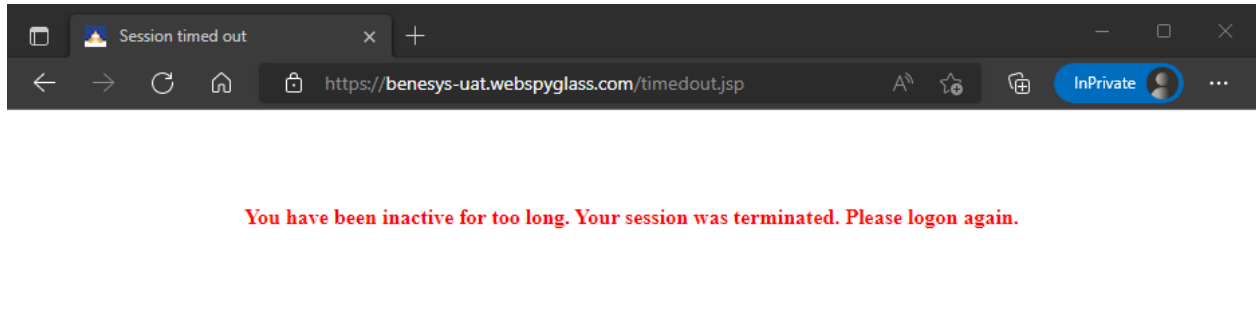
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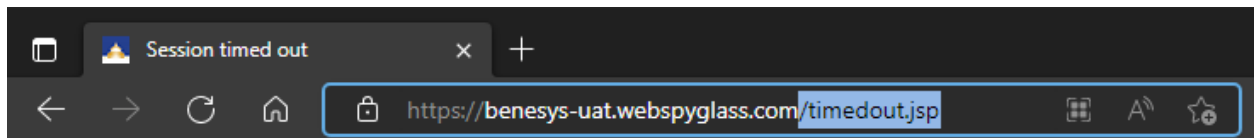
Updated 06/09/23 KL

General Website Use and Troubleshooting Tips

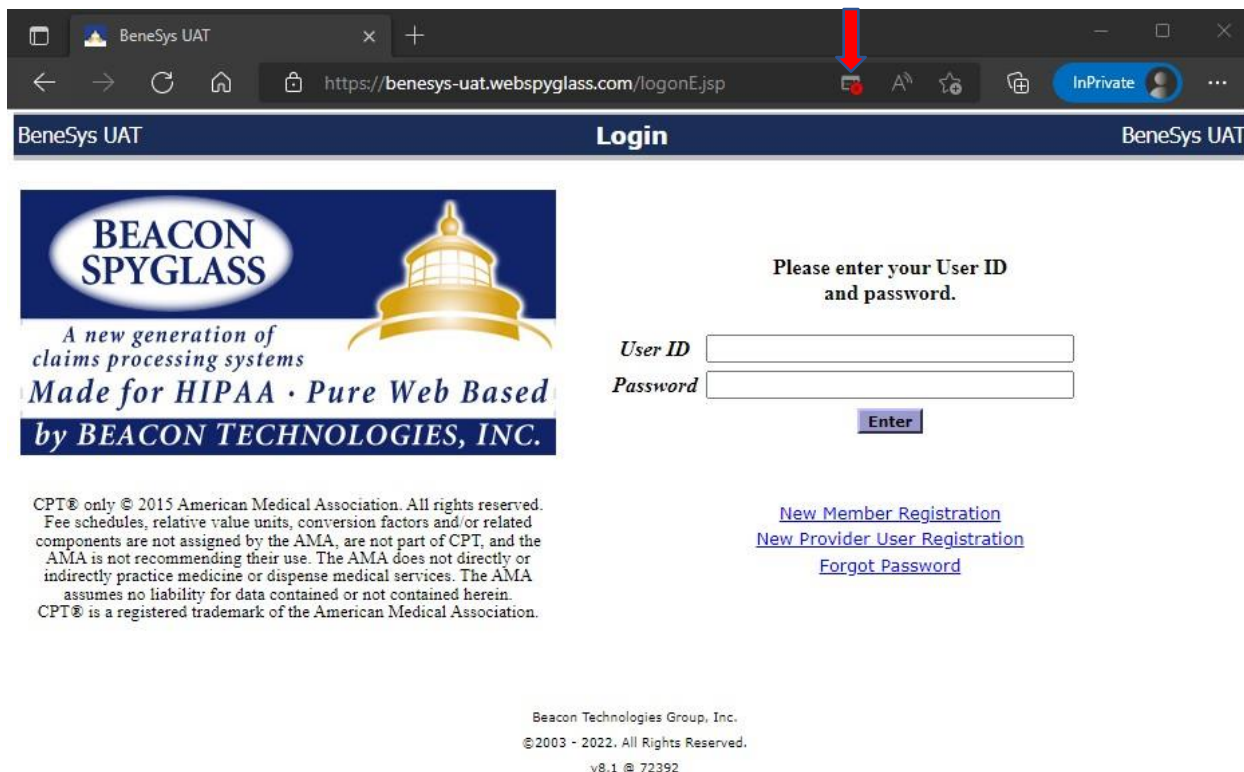
If you have saved the BeneSys Provider Portal link to your browser's favorites, you may get an error that says: **"You have been inactive for too long. Your session was terminated. Please logon again."**



To clear this error, remove the highlighted section of the URL: [https://benesys-
uat.webspyglass.com/timeout.jsp](https://benesys-uat.webspyglass.com/timeout.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)**



BeneSys UAT Login BeneSys UAT

BEACON SPYGLASS
A new generation of claims processing systems
Made for HIPAA · Pure Web Based
by BEACON TECHNOLOGIES, INC.

Please enter your User ID and password.

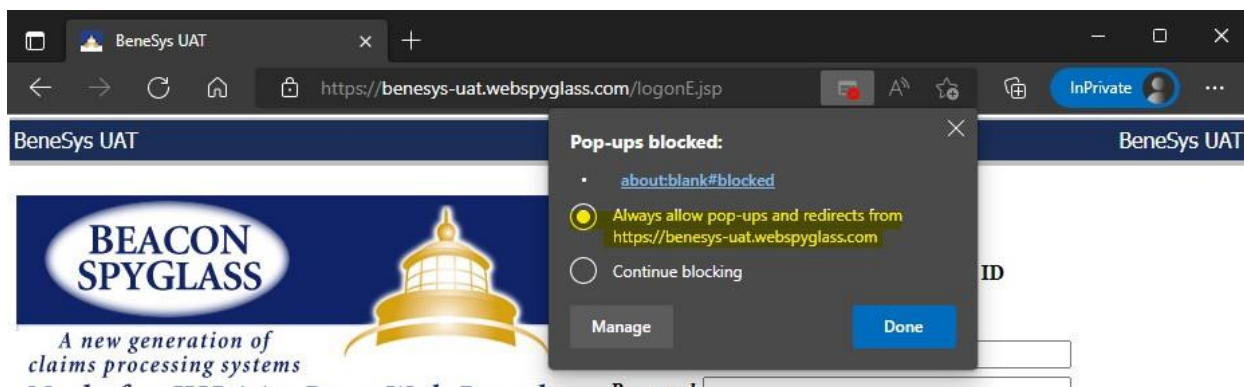
User ID

Password

[New Member Registration](#)
[New Provider User Registration](#)
[Forgot Password](#)

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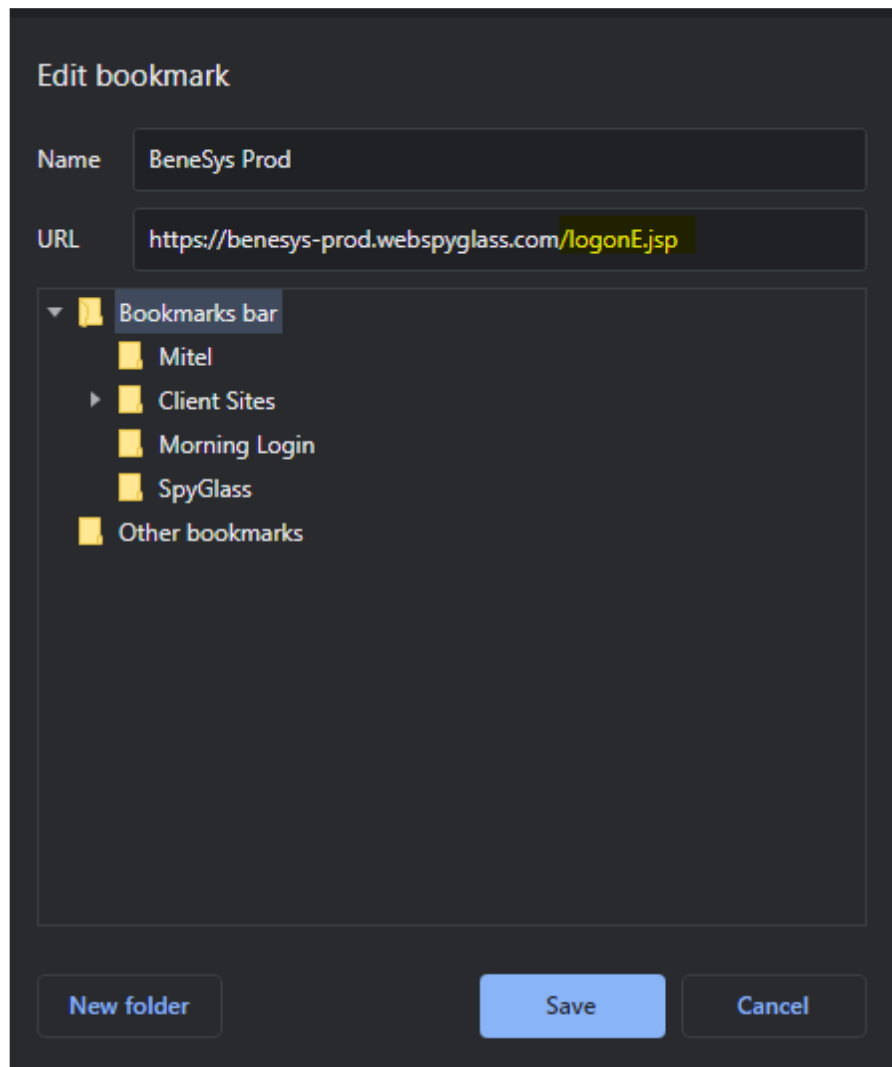
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v8.1 @ 72392



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 **Timeout.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)

Edit bookmark

Name **Benesys Provider Portal**

URL **www.memberbenefitsonline.com**

▼ Bookmarks bar

- Mitel
- ▶ Client Sites
 - Morning Login
 - SpyGlass
- Other bookmarks

New folder Save Cancel

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

BEACON SPYGLASS

A new generation of claims processing systems

Made for HIPAA · Pure Web Based

by BEACON TECHNOLOGIES, INC.

Please enter your User ID and password.

User ID

Password

Enter

[New Member Registration](#)

[New Provider User Registration](#)

[Forgot Password](#)

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v8.1 @ 72392

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.

New Provider User Registration

Username*

Full Name*

Email i

Cell Phone i

Address Line 1*

Address Line 2

City*

State*

--Select--

Zip Code*

Coverage Type*

☐ Medical

☐ Dental

☐ Vision

TIN*

NPI*

ZIP Code*

Provider Name*

Submit


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)


Patient Search

Subscriber ID 

Patient First Name 

Patient Last Name

Patient DOB



Coverage Type

Medical

▼

Reset

Search

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.

SPYGLASS v8.1 John Smith -- PROV (Provider Role) 09/16/2022 10:44:00 am Sign out

Patient Search

Subscriber ID

Patient First Name

Patient Last Name

Patient DOB

Coverage Type


[Reset](#) [Search](#)

PATIENT OVERVIEW **COVERAGE & BENEFITS** **CLAIMS** **DOCUMENTS** **CONTACT US**

Patient Information

Name <input type="text"/>	DOB <input type="text"/>	Gender <input type="text"/>	Relationship <input type="text"/>
Address <input type="text"/>	Cell Number <input type="text"/>	Subscriber ID <input type="text"/>	Alternate ID <input type="text"/>
Group SD00 IBEW District 8	Status Active Coverage 01/01/2011 -	Coverage SD0MED	Plan SD0MED

[Ask a Question](#)



SPYGLASS

v8.1

John Smith -- PROV (Provider Role)

09/16/2022 10:40:42 am

Sign out

Search

Mail

Profile

Subscriber Information

Name

DOB

Gender

Subscriber ID

Alternate ID

(BeneSysAltID)

(Prior Cigna ID)

(Cigna ID)

(Non Medicare Spouse ID)

Address

Claim Activity

Claim Number	Service Date	Paid Date	Status	PPO ID	Assignment	Charge Amt	Patient Resp	Paid Amt	
	07/15/2022	08/15/2022	Paid	CIG01	Provider		\$0.00	\$0.00	Ask a Question
	01/19/2022	03/21/2022	Paid	CIG01	Provider		\$0.00	\$0.00	Ask a Question
	01/05/2022	01/24/2022	Paid	CIG01	Provider		\$0.00	\$0.00	Ask a Question
	01/05/2022	01/24/2022	Paid	CIGNA	Provider		\$0.00	\$0.00	Ask a Question

See More

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.)

SPYGLASS v8.1 John Smith -- PROV (Provider Role) 09/16/2022 10:46:22 am Sign out

PATIENT OVERVIEW COVERAGE & BENEFITS CLAIMS DOCUMENTS CONTACT US

Benefit Summary

Year 2022 Please see the Documents & Links tab for any summary of benefits or coverage documents

IN-NETWORK	OUT-OF-NETWORK
Copayment N/A	Copayment : \$0.00
Individual Deductible \$0.00 / \$400.00	Individual Deductible \$0.00 / \$400.00
Individual Out-of-Pocket Maximum \$0.00 / \$2,500.00	Individual Out-of-Pocket Maximum \$0.00 / \$2,500.00
Family Deductible	Family Deductible
Family Out-of-Pocket Maximum	Family Out-of-Pocket Maximum

Ask a Question

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.

Benefit Summary

Year:

New Message

Inquiry Type

Eligibility ▾

Patient Name

Message Subject

Attachments

Add Attachments

Message

Cancel

Send



\$805.36 / \$1,200.00



\$1,177.82 / \$5,000.00



\$805.36 / \$1,200.00



\$0.00 / \$5,000.00

Ask a Question

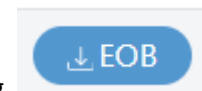
Claims Screen


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.

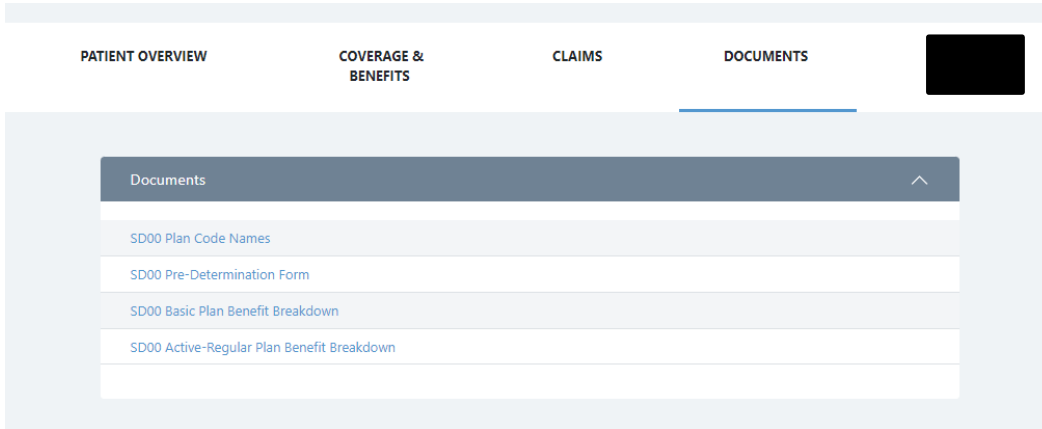
Claim Activity										
Date Range										
08/03/2022 02/10/2023										
Showing 1 to 8 of 8 Claims.										
< 1 of 1 >										
Claim Number	Service Date	Paid Date	Status	PPO ID	Provider Name	Assignment	Charged Amt	Patient Resp	Paid Amt	
██████████	02/10/2023	03/13/2023	Paid	BCBS	██████████	Provider	\$311.00	\$0.00	\$0.00	Ask a Question ↓ EOB
██████████	02/03/2023	03/06/2023	Paid	BCBS	██████████	Provider	\$1,600.00	\$1,600.00	\$0.00	Ask a Question ↓ EOB
██████████	02/03/2023	03/13/2023	Paid	BCBS	██████████	Provider	\$1,822.00	\$370.18	\$370.18	Ask a Question ↓ EOB
██████████	02/03/2023	03/28/2023	Paid	BCBS	██████████	Provider	\$20,939.00	\$250.00	\$250.00	Ask a Question ↓ EOB
██████████	02/03/2023	04/05/2023	Paid	BCBS	██████████	Provider	\$1,600.00	\$1,600.00	\$0.00	Ask a Question ↓ EOB
██████████	12/19/2022	01/18/2023	Paid	BCBS	██████████	Provider	\$882.00	\$77.33	\$77.33	Ask a Question ↓ EOB
██████████	11/03/2022	12/19/2022	Paid	BCBS	██████████	Provider	\$445.00	\$35.21	\$35.21	Ask a Question ↓ EOB
██████████	10/26/2022	12/19/2022	Paid	BCBS	██████████	Provider	\$1,520.00	\$0.00	\$0.00	Ask a Question ↓ EOB
Showing 1 to 8 of 8 Claims.										
< 1 of 1 >										



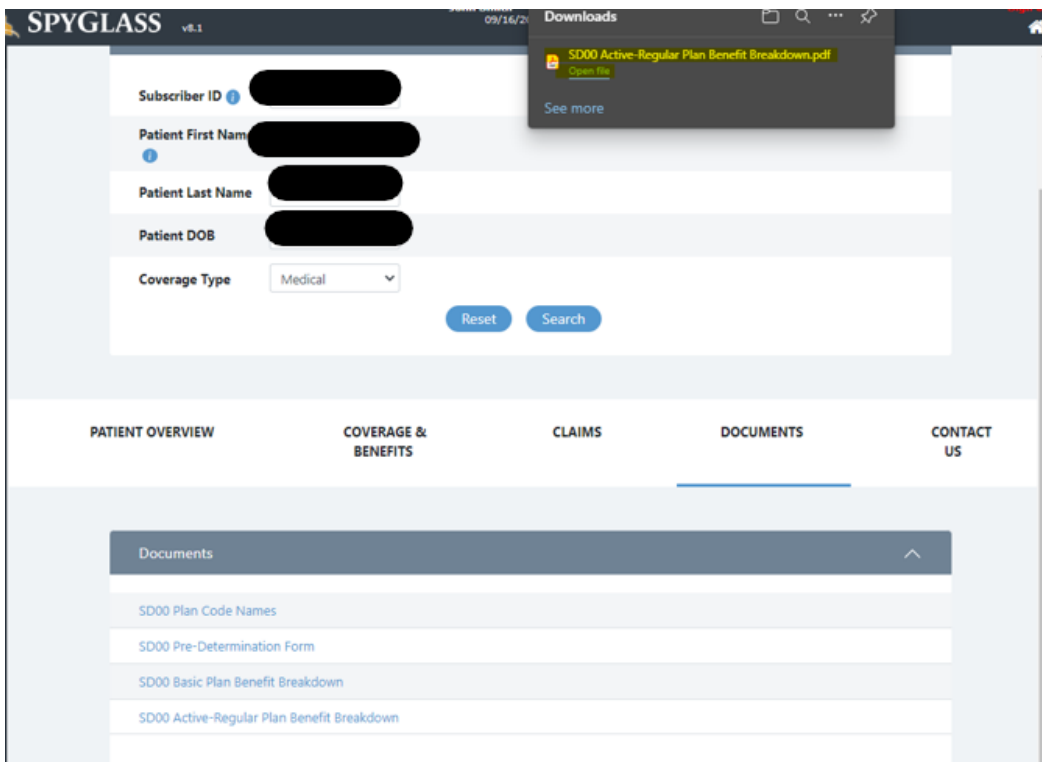
You can now also access your EOB's directly on the Provider Portal by pressing . If your claim was paid by Benesys you will have a copy of your check at the bottom of the EOB. If your claim was paid by the network or electronically by Zelis, you will just have the claims breakdown and you will need to 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.

BeneSys UAT
SD00 Active-Regular Plan Benefit

File
C:/Users/kloewe/Downloads/SD00%20Active-Regular%20Plan%20Benefit...

1 of 26
deductible 3/9

MEDICAL BENEFITS – Regular Plan

Fund Name: IBEW District 8
Fund ID: SD00
Actives & Non-Medicare Retirees
Who is covered? Note: Medicare Retirees are on a Medicare Advantage Plan through UHC

Revised: 8/18/22 RG
Tax ID: 840730298

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.uhcetiree.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 inclusions 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.

The screenshot shows the 'New Message' form overlaid on the 'Patient Overview' screen. The form has the following fields and elements:

- Inquiry Type:** A dropdown menu with 'Eligibility' selected.
- Patient Name:** A field containing a redacted name (black bar).
- Message Subject:** A text input field with the value 'June 2022 Eligibility'.
- Attachments:** A section showing a file named '\$EC905F79.doc' with a red download icon. Below it is a blue 'Add Attachments' button.
- Message:** A large text area containing the text 'Please confirm if patient was eligible in June 2022?'.
- Buttons:** At the bottom of the form are 'Cancel' and 'Send' buttons.

The background shows the 'Patient Overview' tab selected in the top navigation bar. Below the navigation bar, patient information is visible: Paul W. Deeben, 06/26/1977, Male, 383683426, (BeneSysAltID), 1996 LONE TREE.

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

PATIENT OVERVIEW

COVERAGE & BENEFITS

CLAIMS

DOCUMENTS

CONTACT US

New Message

Inquiry Type

Claim

Claim Number

0-0

Service Date

09/02/2021

Patient Name

Message Subject

Missing Payment

Attachments

SEC905F79.doc

Add Attachments

Message

This claim shows you paid 21.35 but we have still not received this payment. Payment may have been sent to our old address. Please see attached copy of our W9 and confirm if payment was sent to this address or not?

Cancel

Send

22200680600	01/05/2022	01/24/2022	Paid	CIG01	Provider	\$95.00	\$0.00	\$0.00	Ask a Question
221F0511600	09/02/2021	09/27/2021	Paid	CIG01	Provider	\$85.00	\$0.00	\$21.35	Ask a Question
221F0511601	09/02/2021	06/02/2022	Paid	CIG01	Provider	-\$85.00	\$0.00	-\$12.75	Ask a Question

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

SPYGLASS

v8.1

John Smith — PROV (Provider Role)

09/16/2022 11:54:25 am

Sign out

You have 1 unread message(s)

Success!

Your message has been submitted

Patient Search

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.

SPYGLASS v8.1

John Smith — PROV (Provider Role)
09/16/2022 12:00:33 pm

Sign out

Search

Patient Search

Messages

Inbox

Users

You have 2 unread message(s)

Patient Search

Subscriber ID

Patient First Name

Patient Last Name

Patient DOB

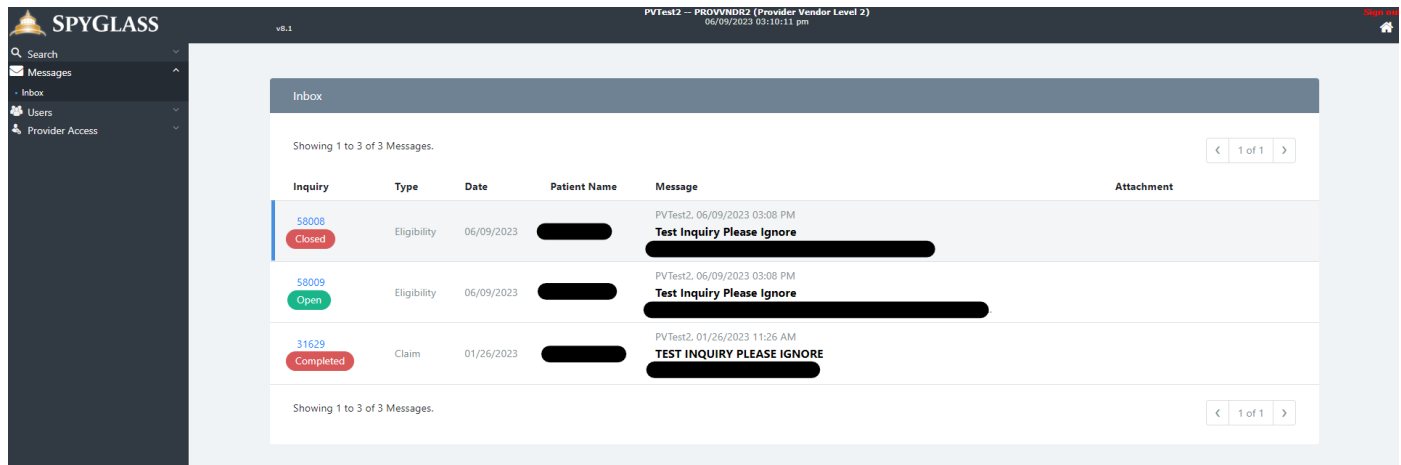
Coverage Type Medical

Reset Search

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.

Reply - Inquiry 1045

Inquiry Type
Claim

Claim Number

Service Date
09/02/2021

Patient Name

Message Subject
Missing Payment

Attachments
\$EC905F79.doc
Add Attachments

Message History

Jane Doe 09/16/2022 11:57 AM

Good Afternoon, I have confirmed that the payment was sent to the incorrect address. I have sent your W9 to our claims department so they can update your address in our systems and get the payment reissued to your proper address. Please let me know if you have any other questions. Thank you, MSR Name

John Smith 09/16/2022 11:54 AM

This claim shows you paid 21.35 but we have still not received this payment. Payment may have been sent to our old address. Please

Reply Message

Good Morning,
Wanted to check on status of payment being reissued? Is the address update complete and has the new check been released yet?

Cancel Send

Updating Account Details

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

The screenshot shows the SPYGLASS v8.1 interface. The top header displays "John Smith — PROV (Provider Role)" and the date/time "09/16/2022 12:18:25 pm". The left sidebar menu includes "Search", "Patient Search", "Messages", "Users", "Change My Password", and "User Preferences". The "Users" menu item is highlighted. The main content area is titled "Patient Search" and contains the following fields: "Subscriber ID" (with an information icon), "Patient First Name" (with an information icon), "Patient Last Name", "Patient DOB" (with a calendar icon), and "Coverage Type" (a dropdown menu currently set to "Medical"). At the bottom of the form are "Reset" and "Search" buttons. The footer text reads "Beacon Technologies Group, Inc. ©2003 - 2022. All Rights Reserved."

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.

The screenshot shows the SPYGLASS v8.1 interface with the "Change Password" form. The top header displays "John Smith — PROV (Provider Role)" and the date/time "09/16/2022 12:19:54 pm". The left sidebar menu is the same as the previous screenshot, with "Change My Password" now highlighted. The main content area is titled "Change Password" and contains the following text and fields: "Please enter each password requested and click change password to continue.", "Your Password must be AT LEAST 6 characters and AT MOST 30 characters. It is also required to contain ALPHA and NUMERIC characters, and no spaces.", "Current Password" (text input), "New Password" (text input), and "Confirm New Password" (text input). At the bottom of the form is a green "Change Password" button. The footer text reads "Beacon Technologies Group, Inc. ©2003 - 2022. All Rights Reserved. v8.1 @ 72392".

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.

SPYGLASS v8.1 09/16/2022 12:23:08 pm

Search
Messages
Users
Change My Password
User Preferences

User Preferences

Username * PROVTEST

Full Name * John Smith

Email Address * [REDACTED]

Cell Phone * [REDACTED]

Address Line 1 * [REDACTED]

Address Line 2 [REDACTED]

City * [REDACTED]

State * [REDACTED]

ZIP Code * [REDACTED]

Claim Page Auto-Scroll None

Sign-In Image [Icons]

Menu Theme Default

Coverage Type(s) * ☒ Medical ☒ Dental ☒ Vision

TIN *	NPI *	ZIP Code *	Provider Name *
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Back Save

