

## March 2017

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### Contact Us:

Please send your comments, ideas, and suggestions for upcoming editions of the Valued Provider eNewsletter to [PRcommunications@beaconhealthoptions.com](mailto:PRcommunications@beaconhealthoptions.com).



## We've Moved to [BeaconHealthOptions.com](http://BeaconHealthOptions.com)

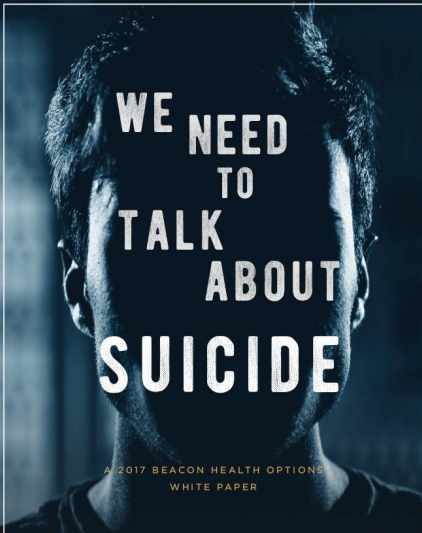
We are excited to share that we have completed the transition of our website content from the ValueOptions site to our new home on [www.beaconhealthoptions.com/providers/beacon](http://www.beaconhealthoptions.com/providers/beacon).

As you know, in 2016, ValueOptions legally changed its name to Beacon Health Options (Beacon). When this occurred, we changed the branding on the ValueOptions website to reflect the new company name, but the URL stayed the same.

On February 17, we launched the new content on our Beacon website and redirected pages from the former site. It's important to note that visitors will still see the same content and experience the same functionality as was on the ValueOptions website. In fact, the user interface for the new site is cleaner and brighter and the site is easier to navigate, thereby providing a far superior user experience and quicker access to information.

Network-specific pages have also redirected to the same content on [beaconhealthoptions.com](http://beaconhealthoptions.com). Your provider experience will be completely seamless as bookmarked pages will redirect to the new site. And because the new new site experience is an improvement, we encourage you to update your bookmarks to the new site.

ProviderConnect URLs will remain the same for the foreseeable future and are available through [www.beaconhealthoptions.com/providers/beacon](http://www.beaconhealthoptions.com/providers/beacon). There will be no changes to network-specific external-facing websites, such as the Georgia Collaborative ([www.georgiacollaborative.com](http://www.georgiacollaborative.com)).



*“Providers should follow state or licensing board requirements, plus their own internal policies, for appropriately terminating their treatment relationship with members.”*

To reiterate, moving to the new site shows Beacon’s commitment to renaming and rebranding ourselves as a single entity; it’s also a lot easier to use! If you have any questions about the transition, please join us for our [ProviderConnect Tips and Tricks](#) webinar.

## Beacon Calls for a Mind Shift in How We Think About Suicide

Thank you to those providers who joined our webinar following the release of Beacon’s 2017 white paper, [We Need to Talk About Suicide](#) held Wednesday, Feb. 22. The questions asked during and after the webinar were insightful, relevant, and indicative of what our provider community faces each and every day regarding suicidal behavior disorder.

For those who were unable to attend, the webinar provided a personal story regarding a suicide attempt, the efforts by Beacon’s Colorado Springs office to launch a local Zero Suicide initiative, the epidemiology of suicide, and an overview of the seven pillars of the Zero Suicide framework, along with time for questions. Beacon’s speakers included Dr. Emma Stanton, Associate Chief Medical Officer; Clarence Jordan, Vice President Recovery and Wellness; Dr. Erick Messias, Vice President, Medical Director; and Lynne Bakalyan, Director of the Office of Member and Family Affairs in Beacon’s Colorado Springs office.

In the coming months, Beacon will pursue its own Zero Suicide efforts, and we encourage our provider partners to do the same. Please feel free to contact your [Regional Provider Relations Team](#) or Provider Partnership contact about how we can help you with your own suicide prevention and treatment initiative. Through partnership, we will be more effective in reducing suicide deaths.

If you were unable to join the webinar or would like to revisit the information, you can listen to a recording as well as download the accompanying slide deck by clicking on the [White Paper section](#) of Beacon Lens.

## Clarification Regarding Terminating Members from Treatment

According to Beacon’s [Provider Handbook](#), participating providers must “Refer members to other participating providers when alternative or different mental health or substance use services are required.” In order to clarify, Beacon has created a new process which asks providers to also notify Beacon directly when it is determined that a member needs to be terminated from current treatment, and they are unable to locate in-network resources. This will allow us to assist the member as needed with referral to another provider.

Providers should refer members using in-network resources, which can be found on ReferralConnect. If necessary, providers can contact Beacon Customer Service via ProviderConnect inquiry or by telephone.

Providers should follow state or licensing board requirements, plus their own internal policies, for appropriately terminating their treatment relationship with members. Beacon does not need to be notified if the provider and member voluntarily agree to end or complete treatment or there is a successful transition to another in-network provider. However, per the Provider Handbook, Beacon should always be contacted if there are any adverse incidents or issues.

We encourage you to review this information and share with office staff accordingly.

## Behavioral Health Measures: Monitoring Performance

There are a number of ways behavioral health providers measure treatment success. Many monitor performance based on a combination of quality indicators set forth by the Centers for Medicare & Medicaid Services (CMS), state, and insurance commission requirements; managed care contracts; and internal metrics. In most cases, there are specific benchmarks that demonstrate the quality that providers strive to meet or exceed.

Beacon uses a number of tools to monitor population-based performance in quality across regions, states, lines of business, and diagnostic categories. One such tool is the Healthcare Effectiveness Data and Information Set (HEDIS), published by the National Committee for Quality Assurance (NCQA). Like quality measures utilized by CMS, Joint Commission, and other external stakeholders, behavioral health measures within HEDIS have specific, standardized calculation and reporting rules. HEDIS measures allow consumers, purchasers of health care, and other stakeholders to compare performance and share best practices across all lines of business. While HEDIS measures are population-based measures of performance and major contributors to accreditation status, customers rely on us to ensure behavioral health measures reflect best practices.

Providers are the key to helping guide members to practice follow-up care. They should advise patients keep their appointments after leaving an inpatient psychiatric facility or take antidepressants or antipsychotic medication as ordered. Providers also need to ensure children have follow-up visits after being prescribed medication for ADHD and that individuals with schizophrenia or bipolar disorder have annual screenings for diabetes and coronary heart disease, etc.

Six domains of care and service within the HEDIS library of measures include:

- Effectiveness of Care
- Access and Availability
- Utilization and Relative Resource Use
- Measures Collected Using Electronic Clinical Data Systems (ECDS)
- Experience of Care
- Health Plan Descriptive Information

A brief description:

- **Effectiveness of Care:** Known to improve how effective care is delivered. One very important measure in this domain is Follow-up after Mental Health Hospitalization (Aftercare). In effect, this means how long someone waits to get mental health care after they are discharged from an inpatient mental health hospital. To prevent readmission and help people get back into the community successfully, best practice is for follow-up to occur within seven to 30 days after discharge.
- **Access/Availability:** How quickly and frequently members receive care and service within a specified time. For example, the Initiation and Engagement of Drug and Alcohol Abuse Treatment measure relies on frequency and timeliness of treatment to measure treatment initiation and engagement. Studies show that individuals who engage in the treatment process have better outcomes in recovery and sobriety.
- **Utilization and Relative Resource Use:** Evidence related to the management of health plan resources. Also identifies the percentage of members using a service. For example, Beacon measures mental health utilization and any preventable readmissions within 30 days of discharge.



*“Providers are the key to helping guide members to practice follow-up care.”*

- **Measures Collected Using Electronic Clinical Data Systems (ECDS):** Calculation of outcomes by accessing data through electronic submission of a member's electronic health record (EHR). An example of an ECDS measure is the Utilization of the PHQ-9. This demonstrates whether a PHQ-9 was administered to a patient with depression four months after initiation of treatment to measure response to treatment.
- **Experience of Care:** Specific to health plans.
- **Health Plan Descriptive Information:** Specific to the health plan. For example, Beacon supplies Board Certification information for physicians and psychologists.

In upcoming publications, Beacon's Quality Department will provide additional information related to each of the behavioral health measures above. We encourage our provider community to recognize and utilize these measures as best practice.

## Appointment Availability Reminder

Beacon uses a variety of mechanisms to measure a member's access to care with participating practitioners. Unless other appointment availability standards are required by a specific client or government-sponsored health benefit program, service availability is assessed based on the following standards for participating practitioners:

- Individuals with life-threatening emergencies need to be seen immediately.
- Individuals with non-life-threatening emergencies need to be seen within six hours.
- Individuals with urgent needs to be seen within 48 hours.
- Routine office visits are available within 10 business days.

Beacon expects providers to maintain appropriate standards for appointment availability. Additional information is outlined in the [Provider Handbook](#).

## 1099 Questions

It is tax season! Beacon mailed 1099s as of January 31, 2017.

**1099s are only created for providers who were issued total payments of \$600 or greater in 2016.**

Please note: Beacon has many different legal entities. Providers may receive multiple 1099s if total payments of \$600 or more were issued from different legally recognized entities within our organization. Each was sent in a separate envelope, and all were mailed by January 31, 2017.

If you have questions, please call Beacon's 1099 Hotline at 703-390-4936. This is a voicemail box monitored by our Finance Department and all calls will be returned within three business days.

## United Airlines: Provider Recruitment for Telephonic Counseling

United Airlines has added telephonic counseling to its member benefit plan for behavioral health. If you are interested in providing this service to United Airlines employees and their families, please contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday. We will then add telephonic counseling to your list of specialties to ensure it is identified during online provider directory searches.



*As of January 31, 2017, Beacon mailed 1099s to providers who were issued total payments of \$600 or greater in 2016.*

*If you have questions, please call Beacon's 1099 Hotline at 703-390-4936.*



## Claims Process Improvement Program: Project Overview

Part of Beacon's strategy for continuous improvement is a transformative Claims Process Improvement (CPI) program, which we are operationalizing in 2017. The program includes changes to several work streams to improve our provider experience:

- 1. Front-end Claims (Mailroom):** Beacon will improve paper claims intake through transition to a centralized shared-service process.
- 2. Data-Driven Management:** Beacon will implement improved data-driven management techniques to enhance metrics for claims processing and operations.
- 3. EDI/Data Exchange:** Beacon will improve the intake and processing of electronically submitted claims, through the implementation of a single gateway for front-end claims intake for all Beacon submitters. In addition, we will implement a centralized, shared-service process for validating and managing the exchange of all data between Beacon and our trading partners.
- 4. Payment Integrity and Claims Analysis:** Beacon has engaged [Nokomis Health](#) to provide us with analytical services related to payment integrity and claims analysis. Nokomis employs an analytical claims engine - ClaimWise™ - to conduct this analysis and identify claims paid contrary to national and industry standards.

### Front-end Claims (Mailroom)

Beacon has entered into a partnership with FIS Global, a U.S.-based company, to leverage technology and industry-leading tools that will shorten paper claims turnaround times and increase efficiency, while maintaining or exceeding Beacon's established quality standards. As we indicated last month, required fields on the claim form have changed. Please refer to our [February eNewsletter](#), pages five and six, for a comprehensive list of rejection errors.

Over the course of the year, physical claims mailing addresses will be changing. While we encourage providers to submit claims via electronic means, we will forward paper claims to the new addresses for one year. We are coordinating these changes with our vendor partner and communicating with our client partners. Updating company correspondence and communicating changes to providers will follow. At this time, providers should continue to do business as normal and should always verify claims mailing addresses prior to sending paper claims.

## Communicating with Providers

On a regular basis, Beacon Health Options sends various communications to our providers, including, but not limited to monthly newsletter notifications, surveys, and credentialing reminders. As our organization integrates processes, we also inform providers if any changes apply to their contracts, either in the form of a silent amendment or a contract agreement if action is necessary.

As part of our E-Commerce Initiative, our goal is to send items electronically whenever possible. However, recent feedback suggests that not all of our communications are reaching our provider network.

We encourage providers to check their SPAM folders on a regular basis and be sure to add email addresses that end in [@beaconhealthoptions.com](#) to approved sender lists so emails aren't caught in your email's spam filter. In addition, if it's possible you've unsubscribed to any communications Beacon has sent through Constant Contact, visit [Sign up to Constant Contact today](#) to submit your email address and update your information to re-subscribe to our mailing list.

*"We encourage providers to check their SPAM folders on a regular basis and be sure to add email addresses that end in @beaconhealthoptions.com to approved sender lists so emails aren't caught in your email's spam filter."*

## Attention Substance Use Prescribers: Buprenorphine Waiver Training

We are all aware of the national opioid crisis. According to the CDC, over 1,000 people a day are treated in emergency departments for misusing prescription opioids. In 2012, health care providers wrote 259 million prescriptions for painkillers (enough for every American adult to have a bottle of pills). Every day, approximately 50 people die from prescription pain pill overdoses in the United States. Yet, according to a recent National Institute on Drug Abuse-funded study, buprenorphine prescribers tend to treat significantly fewer patients per month than what the current limits allow.

Beacon encourages in-network practitioners to become buprenorphine waived, and encourages those with existing waivers to treat more patients. Addiction specialists or physicians can become waived to prescribe by completing an eight-hour course and obtaining a waiver from the U.S. Drug Enforcement Administration (DEA).

Waivered physicians can treat up to 30 patients per month, and after a year can request to treat up to 100 patients. After that point, eligible practitioners can treat 275 patients, according to new reporting requirements issued by the Substance Abuse and Mental Health Services Administration as part of the U.S. Department of Health and Human Services' [Opioid Initiative](#).

Interested in waiver training? Providers' Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) is offering [no cost buprenorphine waiver trainings](#).

Once complete, if you receive an updated DEA certificate that reflects changes to your prescriptive authority, send it to Beacon and we will update your provider file. For assistance, please contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.

### Special Note:

The Department of Health and Human Services (HHS) announced in November that it is taking steps to expand existing access to medication-assisted treatment (MAT) for opioid use disorders to include nurse practitioners (NPs) and physician assistants (PAs). In preparation, NPs and PAs can now begin taking the required training to prescribe buprenorphine.

According to the communication, "NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017." Furthermore, HHS is also "announcing its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30 patient limit for one year, to apply for a waiver to prescribe buprenorphine for up to 100 patients." Read the full press release, [HHS takes additional steps to expand access to opioid treatment](#) for additional information.

## Buprenorphine DATA Waived Prescribers

Beacon is launching an Opioid Use Disorder & MAT teleECHO clinic. Project ECHO (Extension for Community Healthcare Outcomes) is a revolutionary practice model that reduces gaps in care by increasing provider capacity for specialty services.



*"Beacon encourages in-network practitioners to become buprenorphine waived, and encourages those with existing waivers to treat more patients."*

# Join Beacon's Opioid Use Disorder and MAT teleECHO Clinic

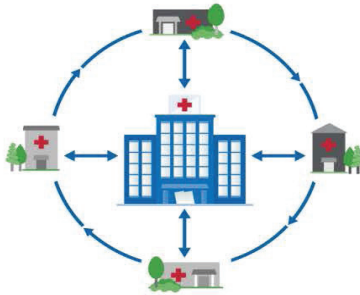
For information about how to sign up, contact Heather Lober at [heather.lober@beaconhealthoptions.com](mailto:heather.lober@beaconhealthoptions.com).



In the U.S. and around the world, people are not getting access to the specialty care they need, when they need it, for complex and treatable conditions.

## Moving Knowledge, Not Patients

Through technology-enabled collaborative learning, ECHO creates access to high-quality specialty care in local communities.



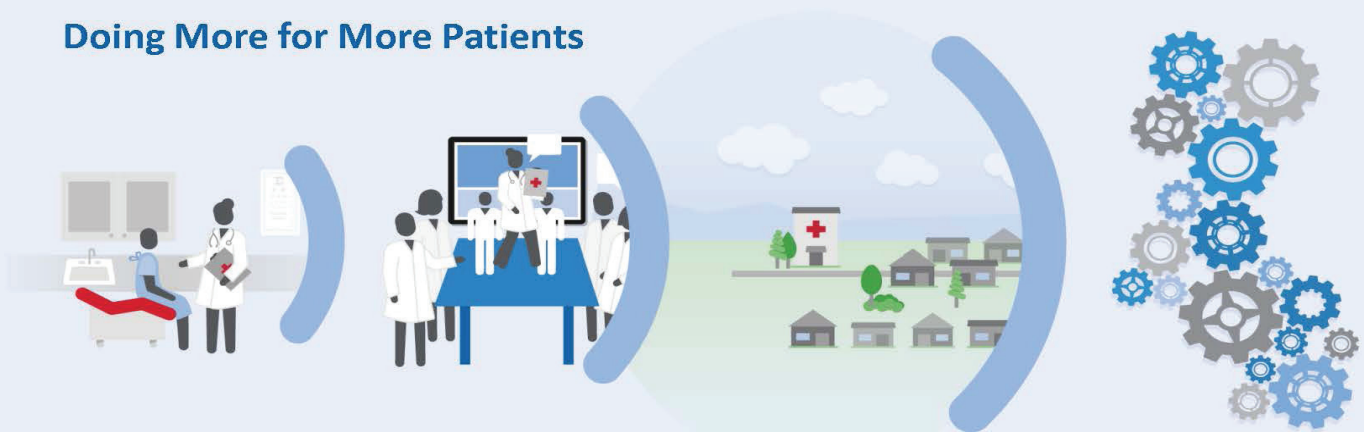
Hub and spoke knowledge-sharing networks create a learning loop:

**Community providers learn from specialists.**

**Community providers learn from each other.**

**Specialists learn from community providers as best practices emerge.**

## Doing More for More Patients



### PATIENTS

- Right Care
- Right Place
- Right Time

### PROVIDERS

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

### COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local

### SYSTEM

- Increase Access
- Improve Quality
- Reduce Cost

## Changing the World, Fast



### Started in NEW MEXICO

- More than 300 community clinic sites



### NATIONAL

- Operating in 30 states and growing
- 45 complex conditions



### GLOBAL

- Operating about 100 hubs in more than 13 countries and growing
- Goal of touching 1 billion lives by 2025

To learn more about the Project ECHO model, watch these two short videos:

[Project ECHO Overview](#)

[Project ECHO in Two Minutes](#)

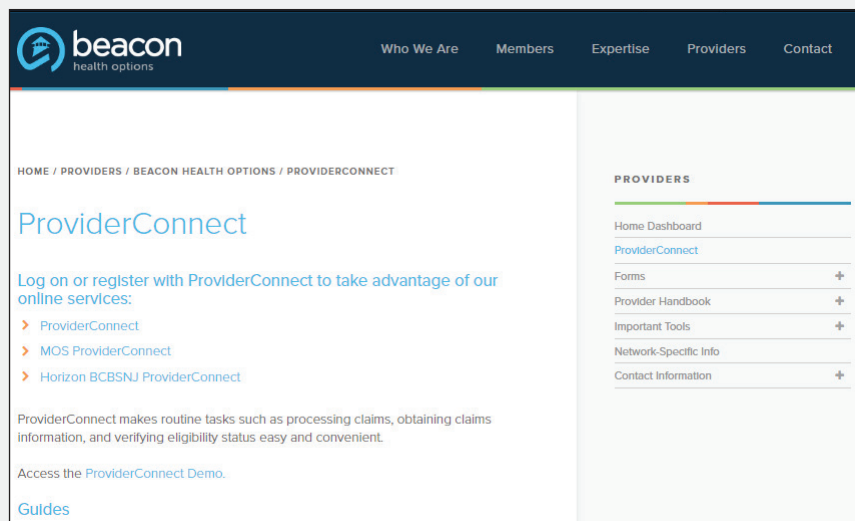
## ProviderConnect Resources

This month, we'd like to highlight where you can access Beacon's online ProviderConnect resources. When we completed the transition to [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com), these resources were consolidated and are now located in one place. We encourage you to visit the site, click on "Beacon Health Options (Formerly ValueOptions) Providers," and "ProviderConnect."

As mentioned earlier, if you have a ProviderConnect URL bookmarked, that link will not change. However, additional ProviderConnect user guides, forms, tutorials, and other educational tools are accessible on the ProviderConnect page. From there, you can continue exploring the website by accessing the toolbar on the right side of the page and the dropdowns across the top.

For more information on the ProviderConnect resources and where they are located, check out our [ProviderConnect Tips and Tricks](#) webinar.

*"For more information on the ProviderConnect resources and where they are located, join us for our [ProviderConnect Tips and Tricks](#) webinar."*



### Note: ProviderConnect Downtime March 24-25

ProviderConnect and MOS ProviderConnect will be unavailable March 24-25, 2017 to perform standard maintenance. While system downtime occurs on the weekends to minimize interruption to normal operations, we do regret any inconvenience you may experience during this process.

Please visit the [Beacon Health Options' Provider Homepage](#) to check the pop-up message as it will be updated to reflect system availability.



Beacon has the ability and responsibility to help shape the conversation about behavioral health. Through the Beacon Lens blog, we respond rapidly to pressing and controversial areas in behavioral health today to help drive real, effective change. Here are some of our recent posts:

- [Recovery Principles for Repeal, Replace, Repair](#)
- [The power of Zero](#)
- [New Year, New Insights: Reflections from the 35th Annual J.P. Morgan Healthcare Conference](#)
- [How to solve the Emergency Department boarding crisis? Systemwide change](#)

You can subscribe for email notifications for the blog [by visiting the site directly](#). We look forward to your commentary. If you have a topic suggestion, email: [beaconlens@beaconhealthoptions.com](mailto:beaconlens@beaconhealthoptions.com). Together, let's lead the conversation on behavioral health!



## Upcoming Webinars

### ProviderConnect

These webinars are designed to review our ProviderConnect system and support the E-Commerce Initiative for network providers.

**Authorizations in ProviderConnect** is designed for providers and office staff who submit authorizations through ProviderConnect.

Authorizations in ProviderConnect		
Thursday, April 13, 2017	2-3 p.m. ET	<a href="#">Register Here!</a>

**ProviderConnect Claims** is designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

ProviderConnect Claims		
Thursday, March 16, 2017	1-2 p.m. ET	<a href="#">Register Here!</a>

**ProviderConnect Tips and Tricks** will review hot topics and recent enhancements related to ProviderConnect. Allows for extended Question and Answer time.

ProviderConnect Tips and Tricks		
Thursday, March 30, 2017	1-2 p.m. ET	<a href="#">Register Here!</a>

**Overview of ProviderConnect** is intended for providers and office staff becoming familiar with ProviderConnect for the first time. This also serves as a good refresher training.

Overview of ProviderConnect		
Thursday, April 6, 2017	2-3 p.m. ET	<a href="#">Register Here!</a>

### Introduction to On Track Outcomes

Provides an overview of this program which is designed to support network providers as they help clients stay “on track” in achieving their goals.

Introduction to On Track Outcomes		
Wednesday, March 29, 2017	1-2 p.m. ET	<a href="#">Register Here!</a>
Thursday, April 20, 2017	2-3 p.m. ET	<a href="#">Register Here!</a>
Wednesday, May 17, 2017	1-2 p.m. ET	<a href="#">Register Here!</a>

Our webinar platform has fully transitioned from Citrix GoTo to Cisco WebEx. When accessing a webinar, be sure to review all information carefully and verify system compatibility to avoid technical difficulties.

*You can view previous webinar slides and recordings in our [Webinar Archive](#).*

*For additional trainings and information, please visit our [Video Tutorials](#) as well as your [Network Specific Page](#).*

#### Contact Us:

If you do not have internet access and would like a hard copy of this newsletter, please contact our National Provider Services Line at 800-397-1630.