Valued Provider eNewsletter

Offering Focus and Perspective on Behavioral Health Topics

This month, we'd like to highlight the Expertise section of our website. This "best of" page houses Beacon Health Options' (Beacon's) thought leadership, proven solutions, and best practices for a variety of topics. We explore the latest information, research, regulations, trends, data, and outcomes not only from Beacon's perspective, but also from trusted resources such as SAMHSA, CDC, NAMI, The National Council for Behavioral Health, and Mental Health America.

Information on behavioral health topics abounds, but what matters in today's changing world? Our Expertise topics include autism, mental health, substance use disorder, resiliency, and workplace health programs and initiatives. Content is frequently added, so we encourage you to visit **Expertise** and bookmark the site as a dependable professional resource.

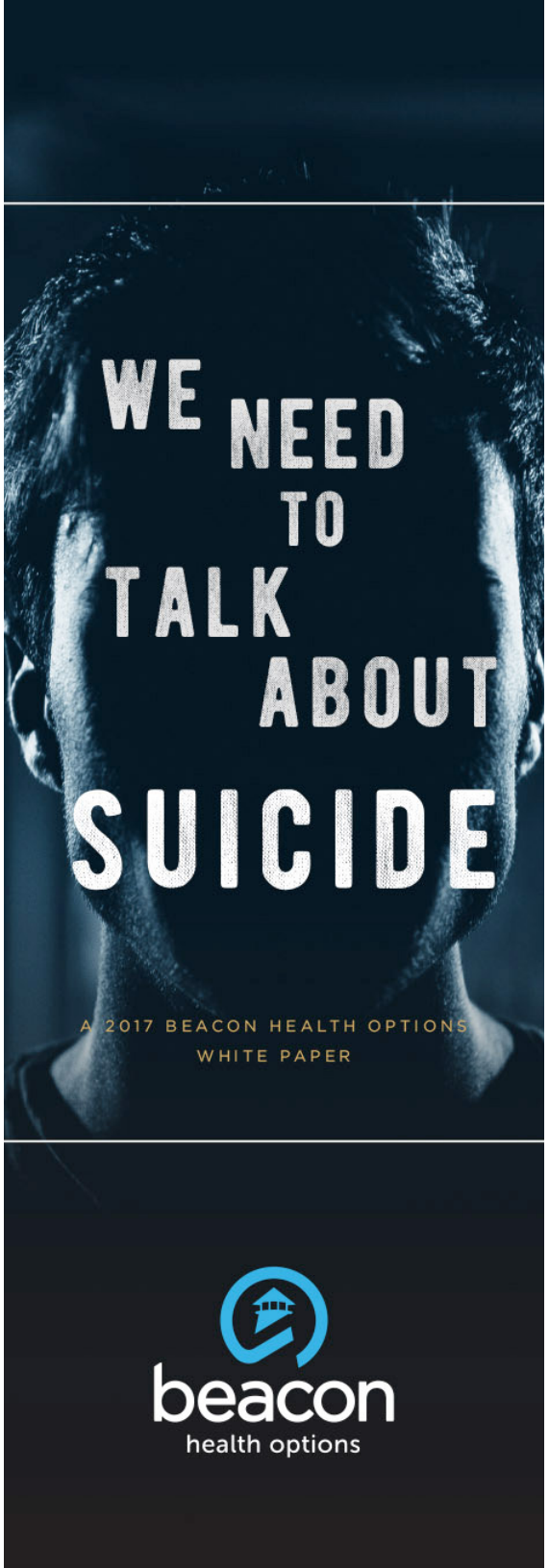
April 2017

In this Issue:

Contact Us:

Ideas and suggestions for future editions?
PRcommunications@beaconhealthoptions.com.

Do not have internet access and need a hard copy?
Call: 800-397-1630



Continuing the Conversation About Suicide

Beacon strives to remove the stigma surrounding behavioral health in order to promote recovery and wellness. By inviting conversations about topics that are not easy to talk about, we aim to support our provider community and acknowledge your efforts as our organization's front line of defense to impart change.

Last month, Beacon published its 2017 White Paper, "We Need to Talk About Suicide." For more information, please visit our **Expertise** page.

Reducing The Risk Of Completed Suicides: Use An Evidence Based Suicide Risk Assessment Tool

B. Steven Bentsen, MD, MBA, DFAPA, Regional Chief Medical Officer, Beacon Health Options

Death by suicide is a major health concern in the United States. According to a 2016 CDC report, suicide is the 10th leading cause of death for all ages. Additionally, suicide rates in the U.S. have steadily increased by 24 percent between 1999 and 2014, with suicide death rates at 13 per 100,000. A completed suicide occurs every 13 minutes.

Youth are not exempt from suicide risk. It is the second leading cause of death for 15 to 24-year-olds. Results from the CDC's 2015 Youth Risk Behavior Surveillance Survey indicate that 18 percent of students in grades 9-12 seriously consider suicide, and about 15 percent made at least one suicide attempt during the 12 months before the survey. Recent data also show that peer victimization, such as bullying, increases suicidal behavior three-fold.

Assessment of risk is critical to preventing suicide deaths

Although the causes of suicidal behavior are multifactorial and complex, suicide is preventable. Suicidal behavior disorder (SBD) is a treatable condition and not the effect of an underlying mental health condition. In fact, the DSM-5 proposes the inclusion of SBD as a diagnosable condition, defined as a suicide attempt within the prior two years.

> "Results from the CDC's 2015 Youth Risk Behavior Surveillance Survey indicate that 18 percent of students in grades 9-12 seriously consider suicide."

Therefore, assessment of SBD risk is essential, just as it is with any health condition.

Beacon believes that improving the quality of suicide risk assessments by using a best practice tool will reduce the rate of completed suicides. The goal of evaluating SBD is straightforward: reduction of risk factors and promotion of protective factors, as well as continued monitoring for exacerbation of symptoms.

C-SSRS: Suicide severity scale to assess risk

Assessing for suicide risk is a major challenge for health care providers given numerous competing time demands and treatment concerns. However, there are several suicide severity scales that can help clinicians assess risk. One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale), which has demonstrated psychometric validity and reliability in both adolescent and adult populations.

Rating scales address initial and ongoing assessment for suicide risk for multiple populations, and are in both English and Spanish. It is important to note that the fundamentals of screening are to ask early, ask often, and to be clear about the care pathway in the event of a crisis. If you would like more information regarding training visit the **C-SSRS Training**.

Although there is no screening tool that can provide identification or risk with 100 percent certainty; it is essential that we identify modifiable risk factors and that treatment plans provide actions to decrease the risk of completed suicide. Standardization of suicide risk assessments, especially in at-risk populations, can identify members with greater frequency and is also protected from a medico-legal standpoint. Consequently, Beacon asks that you use the C-SSRS, which is posted on Beacon's website with permission to use, or another validated instrument scale (i.e., PHQ-9). Review "Assesment of Suicide Risk" on our **Clinical Pratice Guideline** page to learn more.

> "In an effort to streamline processes for our provider community, Beacon has made changes to our provider network structure which will make recredentialing with Beacon easier."

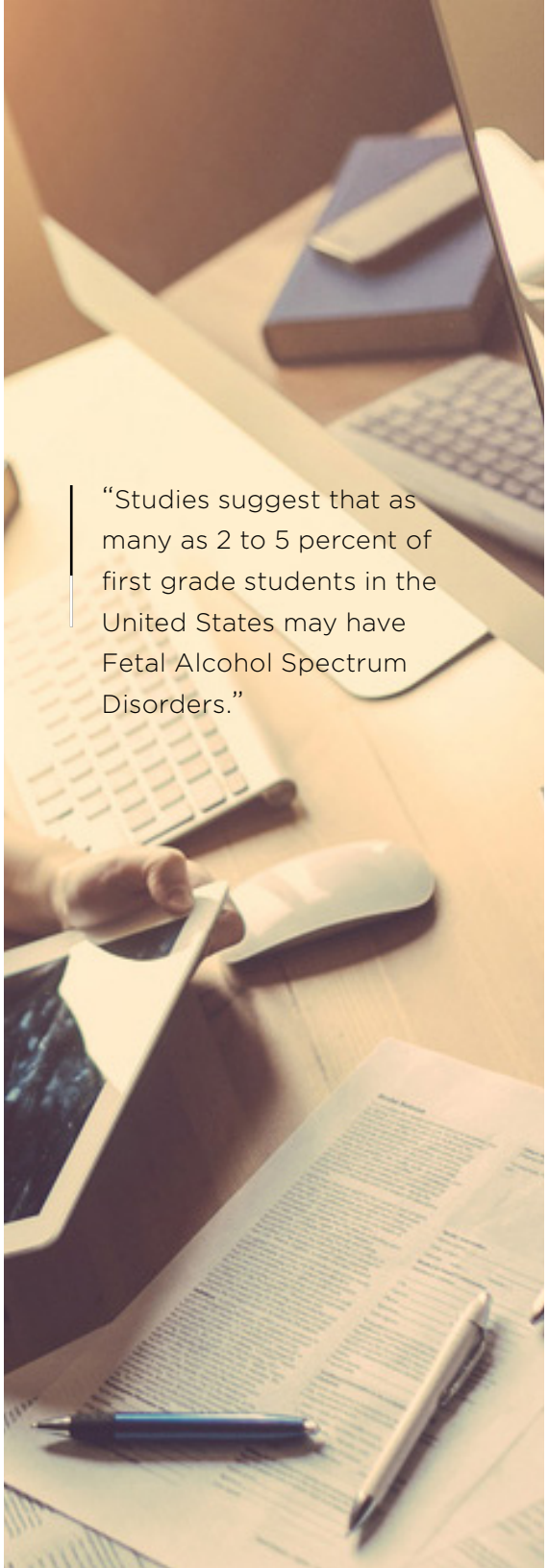
Recredentialing with Beacon

In an effort to streamline processes for our provider community, Beacon has made changes to our provider network structure which will make recredentialing with Beacon easier. Providers who are credentialed with both Beacon Health Strategies and former ValueOptions will now only need to recredential once every three years for Beacon Health Options.

Providers are encouraged to submit their recredentialing materials through Council of Affordable Quality Healthcare® (CAQH). However, if that is not convenient, **ProviderConnect** can be used. Beacon will also accept a paper application for providers who are unable to access CAQH or ProviderConnect.

According to Beacon's **Provider Handbook**, "recredentialing for participating providers is required every three years, or such shorter period of time where required by a specific state law or regulation. The process for recredentialing begins approximately three months prior to the end of the initial credentialing cycle or the preceding recredentialing cycle, as applicable."

Providers are notified via provider pulse phone call when the recredentialing process begins. Additional reminders are sent via email, fax, or mail. Further outreach occurs when necessary to ensure that providers complete the recredentialing process within the allotted timeframe and avoid disenrollment.



> "Studies suggest that as many as 2 to 5 percent of first grade students in the United States may have Fetal Alcohol Spectrum Disorders."

North Carolina Engagement Center: Screening Programs

Alcohol Prevention And Screening During Pregnancy

Alcohol can damage a fetus at any stage of pregnancy. Damage can occur in the earliest weeks of pregnancy, even before a woman knows that she is pregnant. The CDC reported in a November 2015 article called **Alcohol Use and Binge Drinking Among Women of Childbearing Age**, that alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities. The CDC estimates that 10 percent of pregnant women use alcohol. Studies suggest that as many as 2 to 5 percent of first grade students in the United States may have Fetal Alcohol Spectrum Disorders (FASDs). FASDs include fetal alcohol syndrome, alcohol-related birth defects, and alcohol-related neurodevelopmental disorders which result in neurodevelopmental deficits and lifelong disability.

Beacon is collaborating with health plans on an initiative to increase the screening of pregnant women for alcohol use during pregnancy. It is the responsibility of every practice to make sure that all pregnant and postpartum women are screened for substance use. Universal screening provides the practitioner with the opportunity to talk to every client about the risks of alcohol, illicit drugs, prescription drugs, tobacco, and other substances and risky behaviors. Structured screening built into the care of every pregnant woman helps eliminate "educated guessing." The practice of universal screening increases the likelihood of identifying substance use and allows for the earliest possible intervention or referral to specialized treatment. In addition, member screening and education encourages prevention and increases awareness of the risks of substance use during pregnancy (Washington Department of Health: Substance Abuse During Pregnancy: Guidelines for Screening and Management January 2015).

Beacon is recommending practitioners use the downloadable T-ACE (T= tolerance, A= annoyed, C= cut down, E= eye opener) Screening Tool developed by R. J. Sokol, MD, to help identify risk

drinking. The T-ACE was developed specifically for prenatal use based on the CAGE Substance Use Screening Tool. It is four questions that take less than a minute to complete. Beacon is also recommending the ethylglucuronide (EtG) urine test for high-risk women. Positive screening may indicate exposure to alcohol up to five days prior to testing. To access this and other Alcohol and Pregnancy resources, please visit our North Carolina Engagement Center page.

A brochure from the CDC entitled "Think Before You Drink" will be enclosed in mailings to pregnant women along with other educational prenatal materials. The brochure provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking.

Promoting Early Detection And Screening For Underage Alcohol Use

Alcohol is the most commonly used drug among underage youths in the United States. Studies reviewed by the CDC revealed that underage alcohol use is responsible for 189,000 emergency rooms visits and more than 4,300 deaths annually. The CDC Fact Sheet - Underage Drinking reports that youths who start drinking before age 15 are six times more likely to develop alcohol use disorders later in life than those who begin drinking at or after age 21.

Beacon is partnering with health plans on an initiative to promote early detection of underage alcohol use by promoting early screenings and prevention in primary care. Beacon's toll-free PCP Consultation Line for Pediatricians and Family Practices is staffed by board-certified psychiatrists who provide consultations regarding substance use assessment and treatment. The PCP Consultation Line is available from 9 a.m. to 5 p.m. ET at 877-241-5575.

Beacon also promotes the use of the downloadable CRAFFT questionnaire. The CRAFFT is a highly recognized behavioral health screening tool recommended by the American Academy of Pediatrics' Committee on Substance Abuse for identifying youth at risk. To access this and other Alcohol and Adolescents resources, please visit our North Carolina Engagement Center page.

A major clinical challenge is identifying youths who need treatment and those who are at risk of developing chronic substance use disorders. Beacon is committed to supporting our provider partners, clients, and members to promote early detection.

Adult Co-Occurring Bipolar And Alcohol Use Screening And Stabilization

Beacon's North Carolina Engagement Center (NCEC) implemented the Adult Co-Occurring Bipolar and Alcohol Use Screening and Stabilization Program in 2015. This program focuses on highly recidivistic members with a dual primary diagnosis of bipolar disorder and alcohol use disorder and a history of one or more readmissions to an inpatient or residential treatment facility within 30 days of discharge.

> "Alcohol is the most commonly abused substance among individuals with bipolar disorder."

The impact of alcohol use disorders on persons with a bipolar disorder can be significant and result in poorer outcomes. According to a National Institute of Health article, "Bipolar Disorder and Alcohol Use Disorder: A Review," a dual diagnosis of bipolar and alcohol use disorder resulted in:

- Longer duration to withdraw from alcohol
- Increased severity of manic and depressive symptoms
- Increased suicide risk
- Poorer prognosis
- Increased morbidity
- Decreased degree of functioning
- Increased associated psychopathology.

About three percent of the population is affected by bipolar disorder. However, increased awareness of the bipolar spectrum disorder will likely increase this overtime.

Alcohol is the most commonly abused substance among individuals with bipolar disorder. People with bipolar disorder are more than three times as likely as those in the general population to have alcohol use or dependence. Alcohol use can delay or mask the diagnosis of bipolar illness. This instability can interfere with recovery, making it difficult to comply with treatment guidelines or an individualized integrated treatment plan. Screening is needed to identify those individuals at risk. The NCEC Co-Occurring Bipolar and Alcohol Use Screening Program will identify those members and will assist with education, support and treatment needs.

To access this and other resources, please visit our **North Carolina Engagement Center** page. If you do not have internet access please call 866-719-6032.

Reminder - Demographic Information Review

To maximize business potential and assist Beacon with providing accurate referrals for members seeking services, we ask all providers to maintain accurate demographic data. As outlined in our **Provider Handbook**, we ask you to contact us with any demographic changes or changes to appointment availability in advance, whenever possible and practical. Most information, such as specialty, gender, office hours, proximity, and licensure can be easily updated through the "Update Demographic Information" section on **ProviderConnect** to ensure information reflected in our online directory is accurate.

Beacon will send reminders like this throughout the year. This is in no way to advise that information is inaccurate; however, it is our goal to provide a steady reminder to review often and update as necessary. As a Qualified Health Plan through the Centers for Medicare & Medicaid Services (CMS), Beacon must follow all requirements set forth by CMS, including communicating with providers as necessary to ensure compliance. These requirements are beneficial for our entire provider network and support a key Beacon T3 Strategic Goal, which is to deliver superior customer service.

Beacon verifies demographic data through various channels, so while information may be accurate with us, if something is outdated through the CAQH, for example, an update there will ensure that everything stays consistent. If you have made an update within the last quarter and your information is current, no action regarding this reminder is necessary. No action will be considered confirmation that current information is up to date and accurate.

If you have any questions or need assistance updating your demographic data, contact our National Provider Service Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday or email your **Regional Provider Relations team**.

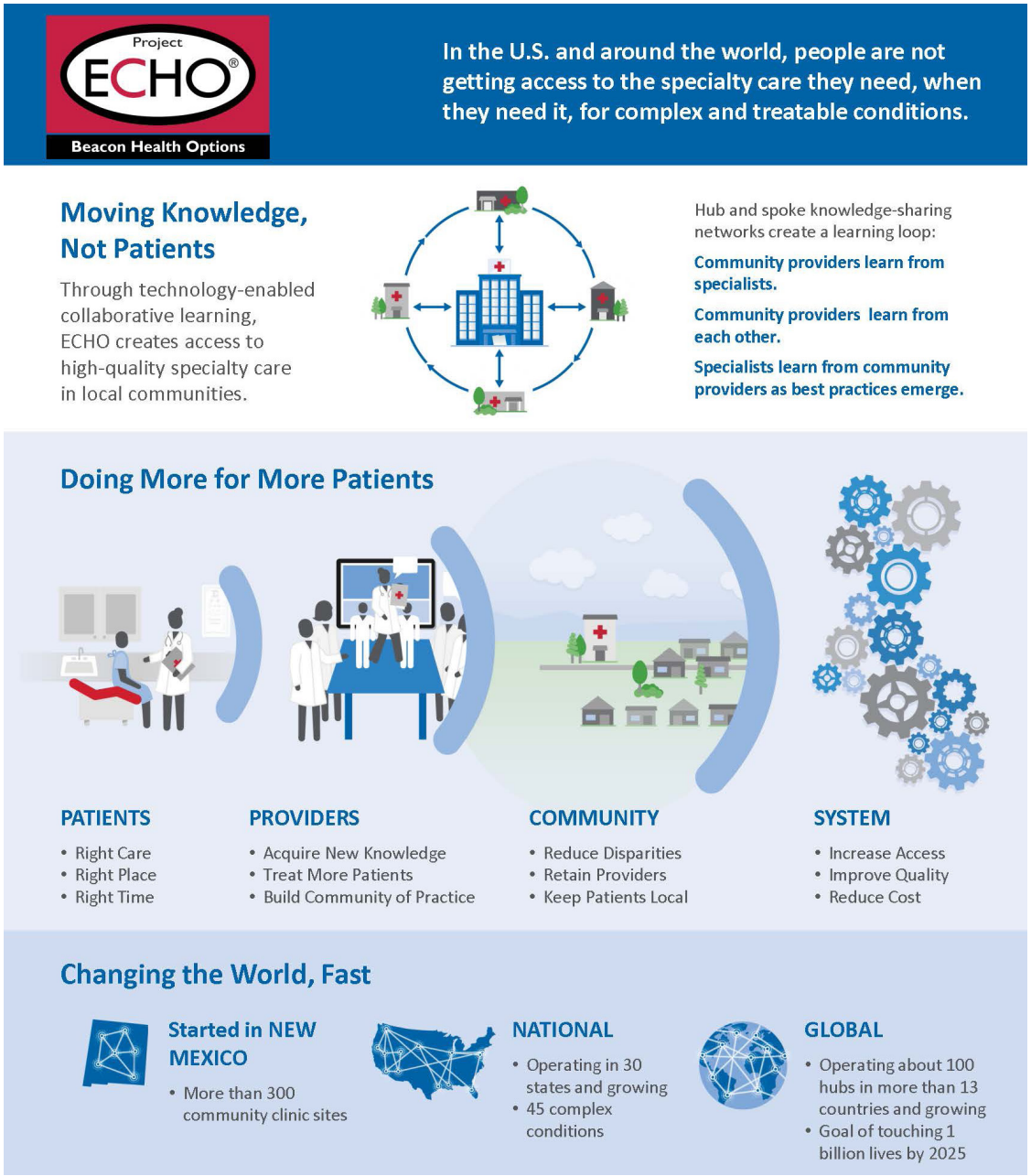
Project ECHO

Project ECHO is a revolutionary practice model that reduces gaps in care by increasing provider capacity for specialty services. Beacon is excited to join more than 100 operating "hubs" in becoming an ECHO partner.

In that role, Beacon will conduct virtual clinics with non-specialist community providers to educate them about various behavioral health conditions and interventions. The Opioid Use Disorder & MAT teleECHO clinic will use videoconferencing for case-based learning and didactics.

To understand the Project ECHO model and the great impact it can have, watch these two videos: Project ECHO Overview and Project ECHO in Two Minutes.

For more information or to sign up, email heather.lober@beaconhealthoptions.com.



beacon lens

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:

- **Ending homelessness: A year-round job**
- **Recovery Principles for Repeal, Replace, Repair**
- **The power of Zero**

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**. Together, let's lead the conversation on behavioral health!

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:

- An individual with life-threatening emergency needs to be seen immediately
- An individual with non-life-threatening emergency needs to be seen within six hours
- An individual with urgent needs to be seen within 48 hours
- Routine office visits are available within ten business days

It is expected that Beacon providers maintain appropriate standards for appointment availability. Additional information is outlined in the Provider Handbook.

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 designed 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 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. 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.

> "The [CPI] program includes changes to several work streams designed to improve our provider experience.."

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 until January 2018. 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.

Webinars

Overview of ProviderConnect

Intended for providers and office staff becoming familiar with ProviderConnect for the first time.

- Thursday, April 6, 2017 3-4 p.m. ET
- Tuesday, May 16, 2017 2-3 p.m. ET

Authorizations in ProviderConnect

Designed for providers and office staff who submit authorizations through ProviderConnect.

- Thursday, April 13, 2017 2-3 p.m. ET

ProviderConnect Claims

Designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

- Thursday, May 4, 2017 3-4 p.m. ET

Introduction to On Track Outcomes

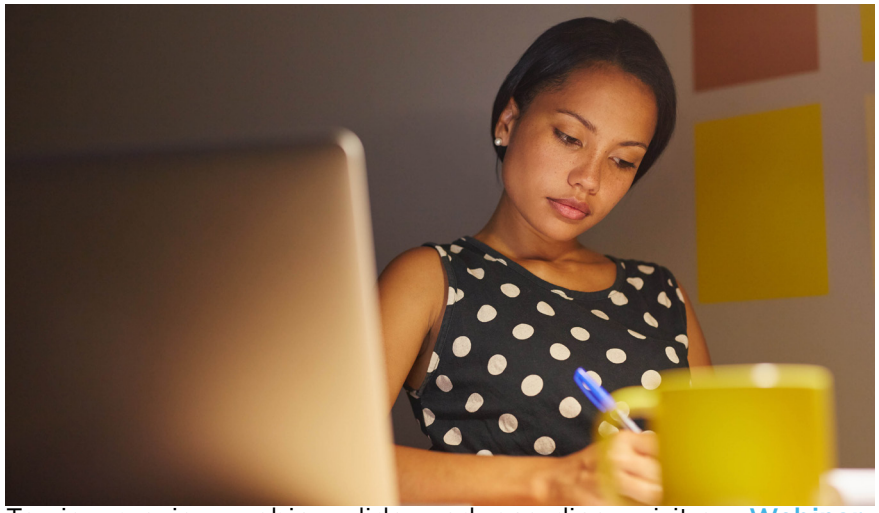
Designed to support network providers as they help clients stay "on track" in achieving their goals.

- Thursday, April 20, 2017 2-3 p.m. ET
- Wednesday, May 17, 2017 1-2 p.m. ET

Giving Value Back to the Provider

Reviews administrative, procedural, and general information about Beacon.

- Thursday, June 1, 2017 2-4 p.m. ET
- Friday, June 2, 2017 11 a.m.-1 p.m. ET



To view previous webinar slides and recordings, visit our Webinar Archive. For additional information, view our Video Tutorials.

Note: Various contracts may offer specific trainings and resources. Visit our Network Specific Info page to learn more.

Looking for a Beacon Health Strategies plan? Visit our Provider Login page and enter the state and health plan to access resources.