beacon health options Valued Provider eNewsletter

July 2017

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In this Issue:

ProviderConnect Enhancement: Coordinating Care

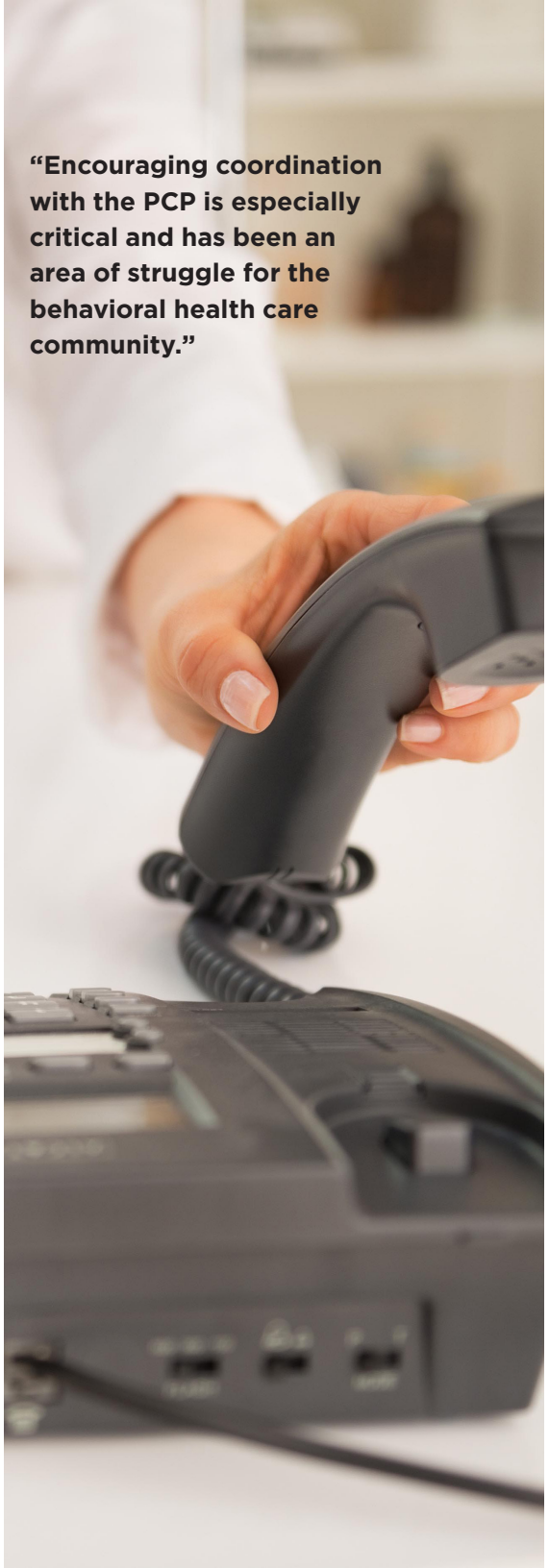
Last month we talked about the importance of ensuring that members receiving behavioral health services are evaluated medically and how this is critical to good patient care. When a patient has multiple providers, communication becomes essential to promote quality health care, ensure safe practice, and prevent potential medical errors or complications. Encouraging coordination with Primary Care Providers (PCPs) is especially critical and has been an area of struggle for the behavioral health care community.

Beacon is committed to taking steps to assist our providers with coordinating care with PCPs. As part of our June system enhancements, we added a section to ProviderConnect related to PCP coordination for inpatient or higher levels of care authorization requests. New fields related to this coordination are located on the first tab of the authorization flow where contact information is gathered.

Contact Us:

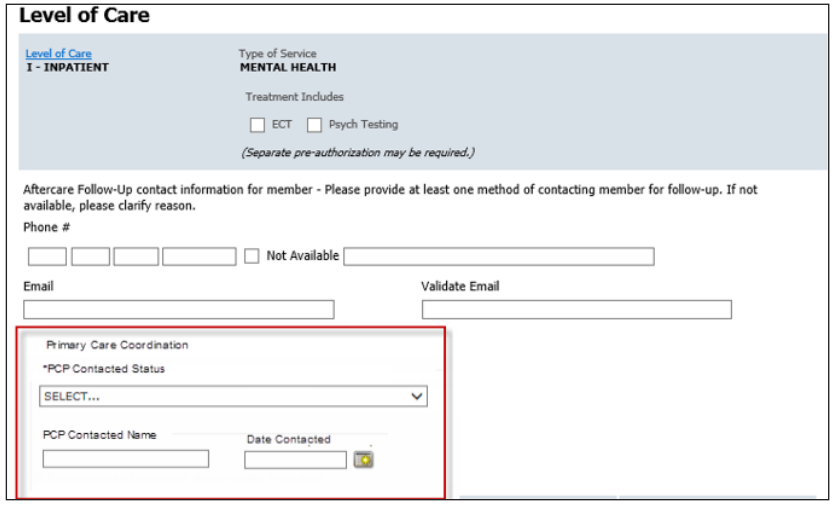
Ideas and suggestions for future editions?
PRcommunications@beaconhealthoptions.com.

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



“Encouraging coordination with the PCP is especially critical and has been an area of struggle for the behavioral health care community.”

Here, providers will be asked to indicate steps taken to contact the PCP, and once contact has been established, to indicate the PCP’s name and date contacted.



PCP dropdown options include:

- Care Plan sent to PCP
- Facility has yet to make Contact
- Member AMA Discharge prior to PCP contact
- Member has no assigned PCP
- Member Refused
- PCP Contacted

Beacon hopes that capturing this data will allow the behavioral health community to focus more on the importance of that PCP interface, as well as recognize some of the barriers to making that contact. Care coordination needs to focus on the whole person and should integrate behavioral and medical services. Together we can all partner to provide the member with the best possible care.

For an in-depth review of the new ProviderConnect system enhancements and other hot topics, register and join us for our ProviderConnect Tips & Tricks webinar. If you are unable to attend, the webinar will be recorded and posted to our website's **Webinar Archive page**.

Register Today!

ProviderConnect Tips & Tricks

Thursday, July 6 from 1-2 p.m. ET

Improving Screening for Metabolic Syndrome in Members Taking Antipsychotic Medication

Metabolic Syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance, and dyslipidemia) that is predictive of both Type 2 Diabetes and cardiovascular disease. Such features are prevalent in people with psychotic disorders who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity, and the metabolic syndrome remains uncertain. According to Volume 33, Issue 6 of the *Schizophrenia Bulletin*, it is clear that individuals with bipolar, schizophrenia, and other related disorders treated with antipsychotic medication have a high rate of the individual features of the metabolic syndrome and the syndrome itself.

Individuals with psychotic disorders on average have a sedentary lifestyle involving lack of regular physical activity, poor diet, substance use, and high rates of smoking, which increase their risk for development of metabolic syndrome. In addition to the risk from using antipsychotic medications, these lifestyle factors are partly influenced by aspects of the illness such as negative symptoms and the vulnerability to stress. There is a critical need for active routine health screening of all individuals receiving treatment with antipsychotic drugs, which can substantially improve the health of patients with metabolic syndrome, as discussed by Yogaratnam et al in the *East Asian Archives of Psychiatry*.

Studies suggest that screening rates for metabolic syndrome in people prescribed antipsychotic medication are below those recommended. Considerable evidence indicates that those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.

Reviews of the association between psychotic disorder, metabolic syndrome, diabetes, and antipsychotic drugs conclude that there is a critical need for active, routine physical health screening for patients prescribed antipsychotic drugs, including appropriate management of metabolic adverse events associated with psychiatric medications.

Prior to prescribing antipsychotic medication, the following baseline monitoring measures should be obtained:

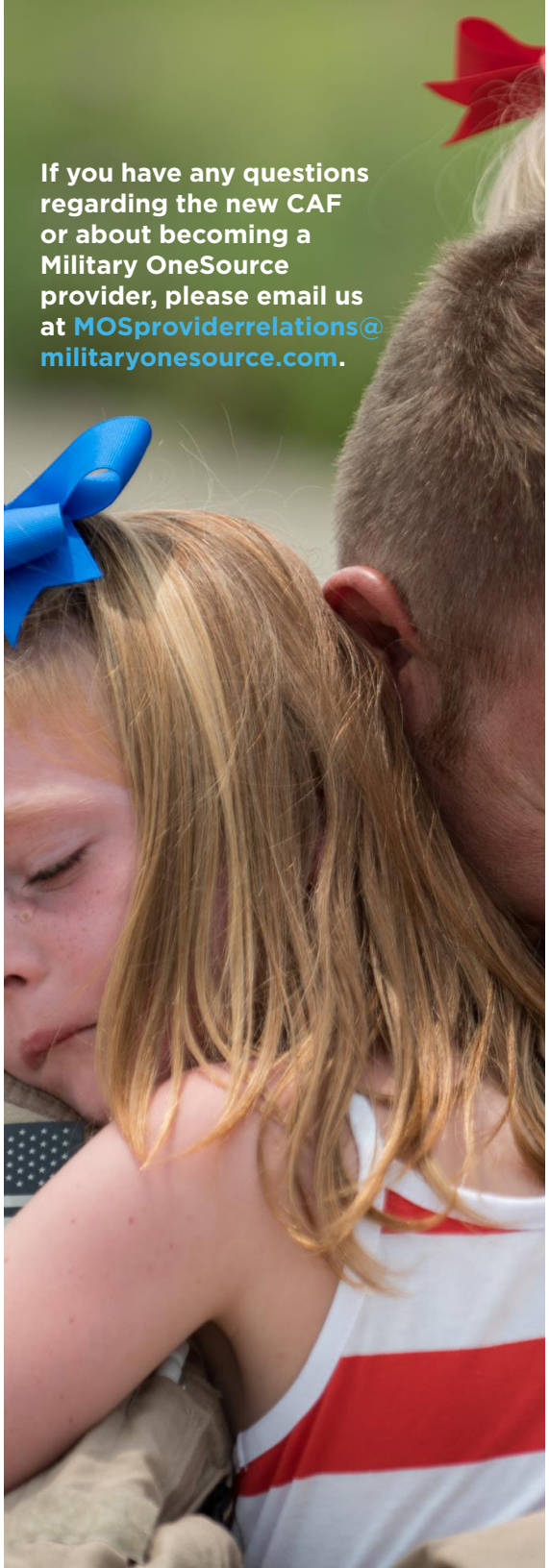
- Personal and family history of obesity, diabetes, dyslipidemia, hypertension, or cardiovascular disease
- Height and weight
- BMI calculation (Weight in pounds/(Height in inches^2)) x 703
- Waist circumference (at umbilicus)
- Blood pressure
- Fasting plasma glucose
- Fasting lipid profile

Ongoing monitoring and recommendations include:

- Baseline screening and regular monitoring for metabolic syndrome
- Consideration of metabolic risks when starting second generation antipsychotic medication
- Patient, family, and caregiver education
- Referral to specialized services when appropriate
- Discussion of medication changes with patient and family

Our 2016 North Carolina Engagement Center (NCEC) annual provider treatment record audit review reflected that overall compliance for medical management indicators related to bipolar disorder and schizophrenia guidelines did not meet the 80 percent threshold; however, statistics are improving.

Clinical Adherence Guideline	2014 Overall Score	2015 Overall Score	2016 Overall Score
Metabolic Monitoring of Bipolar	40%	54%	70%
Metabolic Monitoring of Schizophrenia	57%	42%	73%



Beacon will continue to evaluate and educate our provider community about the importance of screening for metabolic syndrome. Additional resources related to Metabolic Syndrome Monitoring, including monitoring forms, are available on our **NCEC Network-Specific page**. The Center for Disease Control and Prevention (CDC) also has a **Body Mass Index (BMI) Calculator** available on their website. ■

Military OneSource: Billing Process Changes

Beacon regularly reviews materials and modifies content, processes, and procedures when necessary to promote best practices so our providers can provide the best care to their patients. Effective June 26th, our Military OneSource contract implemented a revised Case Activity and Billing Form (CAF). Providers are always encouraged to submit this data electronically through the **Military OneSource ProviderConnect** portal; however, the form is also included with every Military OneSource authorization packet.

What's changed?

The content has been streamlined to be more user-friendly and to reduce the likelihood of missed responses. In order to accomplish this, we removed several items from the old form and reorganized the order of the questions. We hope that this reduces the number of CAFs returned due to missing or incomplete data.

In addition to reducing the total number of questions, we also halved the number of assessed problem response options. This will make choosing a Z-code issue easier and less time consuming. While reducing the number of assessed problem choices, we added an assessed problem category question to identify the general type of issue being addressed in counseling.

Military OneSource is conducting a study of the program's overall efficacy. To accomplish this task, we added two questions to the initial assessed problem section. Per the instructions recently distributed to Military OneSource providers, responses to the following two questions should be included on the CAF submission when appropriate:

Prior to the first and final sessions, ask:	At the final session, ask:
Thinking about this problem before you connected with me for non-medical counseling, how would you rate the severity of your problem?"	"How is your ability to address the issue as compared to when we started counseling?"
Participant Response Options: • Low • Moderate • Severe • Very severe • Do not know • Participant did not respond • Provider deemed question inappropriate	Participant Response Options: • Improved • Same • Lower • Participant did not respond • Provider deemed question inappropriate • NA

Note: This study is NOT designed to evaluate individual providers, but instead to get an overall measure of the program's effectiveness. Responses will not affect any provider ratings or status.

Finally, we are pleased to announce that Military OneSource has extended the CAF submission deadline from within 15 days from the date of service to within 30 days of the date of service. We hope that this reduces the administrative burden and makes it easier to comply with Military OneSource CAF submission requirements.

If you have any questions regarding the new CAF or about becoming a Military OneSource provider, please email us at MOSproviderrelations@militaryonesource.com. ■

Achieve Solutions: Beacon's Member Resource Hub

This month, we wanted to share a member resource with our provider community in hopes that it helps support the work you do with our members on a daily basis. Beacon's award-winning, member-focused website, **Achieve Solutions**, was developed with our members in mind. Through engaging, timely content on a broad range of topics, we offer members easy-to-use tools and resources to help them and their family members make informed decisions about their care.

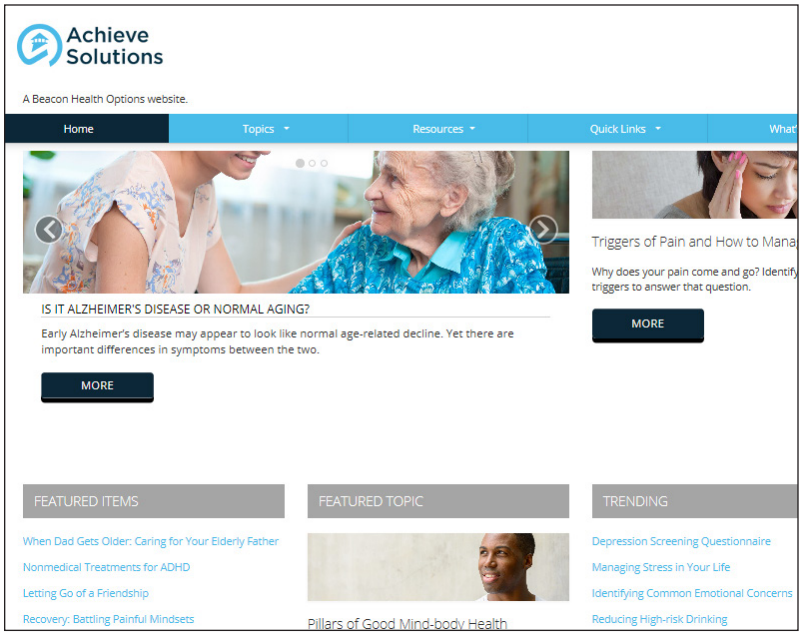
Beacon members can visit Achieve Solutions to:

- Find credible information on depression, anxiety, stress, relationship issues, addiction, and work/life balance
- Take self-assessments and trainings
- View videos and webinars
- Listen to audio files
- Find behavioral health care providers and community resources

A variety of topics and content

Information on Achieve Solutions includes a wide range of behavioral and medical health issues and covers topics such as:

- Depression
- Heart Health
- Marriage
- Recovery Support
- Stress Management
- Suicide Prevention



Credible information members can trust

Members can trust that the content on Achieve Solutions is current and accurate. Content is developed in collaboration with Beacon's clinical team and is written so it is easy to understand. All content undergoes a stringent peer review process prior to publishing and is then reviewed annually or biannually.

We encourage you to access this site often, and refer Beacon members to visit it, too. For more information, check out Achieve Solutions at **www.achievesolutions.net/achievesolutions/en/healthresources/Home.do**. ■

Provider Treatment Record Documentation

Beacon's Quality Management Departments conduct annual audits of patient treatment records. These audits mirror behavioral health best practice standards as a contractual obligation for all Beacon providers.

The treatment record is an essential tool for patient care in a time of increasing documentation requirements for providers. It is used by providers to manage patient care, communicate with other providers, and monitor progress toward patient treatment goals. The old adage "if it isn't documented, it wasn't done" continues to be a standard of regulatory agencies today.

National Committee for Quality Assurance (NCQA) *Guidelines for Medical Record Documentation* state: "Consistent, current, and complete documentation in the medical record is an essential component of quality patient care."

Key components of documentation include:

- All entries are legible, signed, and dated
- A complete patient history and assessment, including past and current health status
- Coordination of care with medical and other behavioral health providers, including all required releases
- Treatment plans, including goals, barriers, interventions, and progress
- Behavioral health screenings
- Patient education and understanding of the plan of care

The treatment record should be maintained in a manner that is current, comprehensive, detailed, and organized. Documentation assists providers in assessing progress, barriers, and revising the plan of care as needed. It is also evidence of care provided, care coordination, and patient involvement in the treatment process.

Requirements and expectations are set forth in your provider contract and noted in Beacon’s **Provider Handbook**. Beacon has adopted treatment record documentation standards to assure that records are maintained in an organized format, which permits effective and confidential patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment. For additional information and resources, visit the **provider section of our website**. ■

Attention-Deficit Hyperactivity Disorder (ADHD)

ADHD is the most common behavioral disorder in children. The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) concur that up to 11 percent of school-age children experience ADHD, with rates increasing by three percent per year on average. Though typically diagnosed by first grade, symptoms can be exhibited as early as three years of age and can persist into adulthood. This chronic neuro-behavioral disorder, left untreated, can potentially lead to development of other co-morbid conditions. At the very least, a child with untreated ADHD may struggle to achieve his or her full academic potential. The Centers for Disease Control and Prevention (CDC) also identifies these children as “at-risk” for accidental injury secondary to the key symptoms of impulsivity and inattention.

Beacon has been working on a variety of initiatives to raise awareness about NCQA HEDIS ADHD measures, which guide our efforts in measuring the quality and effectiveness of care. These ADHD measures specifically focus on follow-up care for children who are prescribed ADHD medication.

What are the HEDIS ADHD Specification measures?

- The percentage of members 6-12 years of age with an initial prescription dispensed for ADHD medication and had one follow-up visit with the prescribing practitioner within the first 30 days (initiation phase).
- At least two follow-up visits within nine months following the initiation phase (continuation and maintenance phase).

What is the relevance of these measures?

According to the NCQA *State of Health Care Quality 2016 Report*:

- ADHD is one of the most common mental disorders affecting children.
- When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration.
- To ensure proper management, it is important that children be monitored by a pediatrician with prescribing authority.
- Studies suggest there is an increased risk for substance use disorders in adolescents if left untreated.

It is important to note that once a diagnosis is made, Beacon's **Clinical Practice Guidelines** recommend regular follow-up for pharmacologic treatments during the initial and continuation phases of treatment.

Additional resources include a publically accessible **ADHD Toolkit**, developed by the National Initiative for Children's Healthcare Quality in conjunction with the AAP. This toolkit provides a variety of tools for providers to use for ADHD assessment and management. In addition, resources for ADHD are available on **Beacon's PCP Toolkit**. ■

Reminder: Preferred Laboratory—Quest Diagnostics®

We are proud to partner with Quest Diagnostics as our preferred laboratory. When laboratory testing is considered medically necessary, we strongly encourage Beacon providers, groups, and facilities to refer members to Quest as their first choice for all plans that offer a covered benefit for laboratory services. This is a potential cost-saving opportunity for our members through reduced or eliminated deductibles, co-pays, and/or co-insurance.

Quest Diagnostics is a national, preferred laboratory with more than 2,200 convenient patient service centers. It's easy for members to access convenient testing locations. Quest offers more than 3,500 tests—from routine blood tests to complex genetic and molecular testing—to meet the diverse needs of our members. Our goal is to help you get the information you need to provide the best care possible.

Quest also makes it easier to schedule medically necessary appointments. Members can schedule lab testing online through Quest. To find a location and schedule an appointment, please direct your members to visit **www.QuestDiagnostics.com/Ezappointment** or they can call 866.MYQUEST(866-697-8378).

To verify if a member has a covered benefit for laboratory services, providers should check eligibility and benefits in **ProviderConnect** or call customer service based on the phone number for behavioral health located on the member's medical ID card. ■

Claim Process Improvement Program: Paper Claim Rejections

Over recent months, we have been informing you about Beacon's Mailroom Paper Intake project, which creates a centralized and standardized intake capability for incoming paper claims. With the assistance of our vendor partner, FIS Global, Beacon's goal is to increase the data quality of claims entry, improve process efficiency, and shorten claims processing and turnaround time.

How does this change affect providers?

By following CMS and industry claims submission standards, claims are screened to ensure that clean, complete claims adjudicate in the most efficient manner. If a claim fails to meet screening standards, it will be rejected up front and returned to the submitter with a letter of explanation and reference number. Rejected claims need to be resubmitted within timely filing guidelines and pass screening guidelines to be processed successfully.

Beacon is aware that some providers are experiencing an increase in rejections due to the new process. We encourage all providers to submit claims electronically to save time, postage, and support our E-Commerce Initiative. Rejected paper claims can be resubmitted electronically as well.

For more information about electronic claim submission options through Beacon Health Options, visit our website's **ProviderConnect** page. If you are contracted through Beacon Health Strategies, select the state and health plan from the **Provider Login** screen to access eServices resources available for that plan. Below, we have included a reference list of rejection messages and corresponding required data fields for the CMS-1500 and UB-04 claim forms.

CMS-1500 Required Fields:

Field #	Field name in table/file	FIS Rejection Message
1a	Insured's I.D Number	Missing patient ID number
2	Patient's Name (LName, FName, MInitial)	Missing patient name
3	Patient's Birth Date (MM, DD, YY)	Missing patient date of birth
4	Insured's Name (LName, FName, MInitial)	Missing member name
11a	Insured's Date of Birth (MM, DD, YY)	Missing member date of birth
21a	Diagnosis 1	Missing diagnosis code
24a	Service From	Missing service start date
24a	Service To	Missing service end date
24b	Place of Service (POS)	Missing place of service
24d	CPT/HCPCS	Missing procedure code
24e	Diag Point	Missing diagnosis pointer
24f	Charges	Missing line charged amount

Field #	Field name in table/file	FIS Rejection Message
24g	Days or Units	Missing units or days
24j	Rendering Provider ID	Missing Rendering Provider NPI
25	SSN or E/N	Missing federal tax ID number
28	Total Charge	Missing total charges
33	Billing Address	Missing provider billing address
33a	Billing NPI	Missing billing provider NPI

UB-04 Required Fields:

Field #	Field name in table/file	FIS Rejection Message
1	Name	Missing provider name
1	Address	Missing provider address
1	City	Missing provider city
1	ST	Missing provider state
1	Zip	Missing provider zip
4	TOB	Missing type of bill
5	Fed Tax No	Missing federal tax number
6	Statement Covers Period From	Missing service start date
6	Statement Covers Period Through	Missing service end date
8a	Patient Last Name	Missing patient last name
8b	Patient First Name	Missing patient first name
10	Patient Birthdate	Missing patient date of birth
12	Admission Date	Inpatient claim missing admission date
13	Admission Hr	Inpatient claim missing admission hour
14	Admission Type	Missing admission type
15	Admission SRC	Missing admission source code
16	Admission DHR	Missing discharge hour
17	Discharge Stat	Missing discharge status code
35	Occurrence Spam From	Missing occurrence start date
36	Occurrence Spam Through	Missing occurrence end date
39-41	Value Amount	Missing value amount
42 (1-22)	Revenue Code	Missing revenue code

Field #	Field name in table/file	FIS Rejection Message
44 (1-22)	HCPCS/Rate/HIPPS	Missing HCPCS code
45 (1-22)	Service Date	Missing service date
46 (1-22)	Service Units	Missing units or days
47 (1-22)	Service Charges	Missing service charges
56	NPI	Missing Billing Provider NPI
58	Insured's Name	Missing insured's name
60	Insured's ID	Missing insured's ID
67 (A-Q)	Diagnosis Code	Missing diagnosis code
69	Admit Diag	Missing admitting diagnosis
76	Attending Provider NPI	Missing attending provider NPI

Additional helpful tips:

- **Diagnosis Code:** Place the diagnosis code as far left as possible within the box.
- **Referring Provider:** If referring provider is an individual, use Last Name, First Name, and Middle Initial. Middle initial is optional. If referring provider is a facility, provide the facility's full name.
- **Patient Relationship to Insured:** When insured is different from patient and "Self" has been selected as the relationship, the system will make the insured's name the same as the patient's name.
- **Insured's ID:** This field should contain insured's ID and no additional information.

If you have questions about a specific claim rejection, contact the customer service department based on the member's benefit plan. If you need technical assistance related to electronic claim submission, contact our EDI Helpdesk at 888-247-9311 Monday through Friday between 8 a.m. and 6 p.m. ET or email e-supportservices@beaconhealthoptions.com.

Please use this information to take full advantage of Beacon's claim process improvement program. We'll provide more updates and best practices in future editions of this newsletter.

Demographic Information Review Reminder

To maximize business potential and assist Beacon in 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, appointment availability, 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 and 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. While information may be accurate with us, if something is outdated through the Council for Affordable Quality Healthcare® (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. If you take no action, it will be considered confirmation that current information is up to date and accurate.

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:

If a member has a:	they must be seen:
Life-threatening emergency	immediately
Non-life-threatening emergency	within six hours
Urgent needs	within 48 hours
Routine office visit	within 10 business days

Annual Provider Satisfaction Survey

In the spirit of continual growth, we formally ask for feedback from our provider partners through provider satisfaction surveys; this process generally takes place annually during the fourth quarter, with some client-specific surveys occurring throughout the year. We use your feedback to make improvements in your experience with Beacon.

As we gear up to begin this year's survey, we wanted to highlight a few findings from the 2016 survey and discuss some further steps we are taking to act on your feedback.

- Overall provider satisfaction with Beacon is high and holding steady. In both 2015 and 2016 surveys, 89% of respondents said they were somewhat or very satisfied with Beacon. This is an improvement from 2014's rate of 86% overall satisfaction. We continue to work with our providers to ensure the rate stays as high as it possibly can be. Additionally, 86% of providers who were surveyed indicated that the service provided by Beacon has either stayed the same or improved from 2015 to 2016.
- Fully two-thirds of the providers who called our customer service line reported that we solved their issues or answered their questions on the first call—that's a statistic we can be proud of. It's our aim to get it right the first time when we receive a call from one of our providers.
- A vast majority of providers rate us as excellent or good for claims, specifically regarding overall quality (78%), timeliness (78%), and accuracy (82%).

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:

- **Dealing with LGBT comsumers' anxiety this LGBT Pride Month**
- **Sharing a suicide story: Recovery is in the telling**
- **Plugging into mental health care: Digital mental health in Colorado**
- **The many faces of suicide**
- **National Children's Mental Health Awareness Day spotlights the need for integrated care**

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!

We do have areas for improvement that you told us about and we hear you loud and clear! In 2017, we are working to improve the quality and timeliness of our communications so you are always well-armed to best serve your Beacon Health Options members. We recognize that only one in ten of you have used any of our web-based provider education options, so we'll make sure to remind you about the topics and timing of these trainings and webinars.

We're kicking off the 2017 Provider Satisfaction Survey project internally and data collection will begin during the fourth quarter. The team has our provider network's best interest in mind and coordinates schedules to collect survey responses based on what works best for our busy providers. Initially, we reach out via email with an invitation to participate in the survey. Those who prefer to complete the survey at their own pace are provided an opportunity do so using an online link. In addition, the team is equipped to reach out so providers can complete the interview telephonically if that is their preference.

If you receive an invitation to participate from our vendor partner, Fact Finders, we encourage you to take the time to respond in a thoughtful manner . Your feedback is invaluable to us as we work to improve our service to all our providers. ■

Webinars

Overview of ProviderConnect

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

- **Tuesday, August 1, 2017 1-2 p.m. ET**
- **Thursday, September 14, 2017 1-2 p.m. ET**

Authorizations in ProviderConnect

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

- **Tuesday, August 8, 2017 1-2 p.m. ET**

ProviderConnect Claims

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

- **Thursday, July 13, 2017 1-2 p.m. ET**
- **Tuesday, September 19, 2017 2-3 p.m. ET**

Giving Value Back to the Provider

Introduces and discusses the new exciting initiatives for providers and familiarizes you with administrative, procedural, and general information about Beacon.

- **Thursday, September 7, 2017 2-4 p.m. ET**
- **Friday, September 8, 2017 11 a.m.-1 p.m. ET**

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.

- **Tuesday, July 11, 2017 1-2 p.m. ET**
- **Wednesday, August 16, 2017 2-3 p.m. ET**
- **Wednesday, September 13, 2017 1-2 p.m. ET**

To view previous webinar slides and recordings, visit our **Webinar Archive**. For additional trainings and 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. ■