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Valued Provider eNewsletter

April 2018

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Spotlight: Beacon's Autism Services for Connecticut Medicaid

April is Autism Awareness Month. Autism's prevalence—1 in 68 children, according to the Centers for Disease Control and Prevention—makes it a growing concern for parents and caregivers, educators, employers, health plans, providers, and state regulators.

In Connecticut, where Beacon administers services as part of the Connecticut Behavioral Health Partnership (CT BHP), we began managing autism spectrum disorder (ASD) benefits for Medicaid beneficiaries in January 2015, following the state's mandate for insurance coverage.

What makes our program unique from commercially covered autism services is the support of Beacon's Care Coordinators and Peer Specialists who help members and their families navigate the often challenging delivery system by:

- Helping families gather documentation to determine program eligibility
- Attending Planning and Placement Team and Discharge Planning Meetings
- Coordinating nontraditional services such as pet therapy, housing, food pantry, or transportation
- Creating and updating a local area resource database

Our staff support extends to the provider community as well. Beacon offers monthly provider trainings specific to the care of individuals with autism in a home setting. Through these trainings, we help facilitate timely provider enrollment and authorization processes, thereby reducing client wait times to access services.

We also work with Connecticut Medicaid providers to empower parents and caregivers by teaching them specific skills to prevent maladaptive behaviors that result in hospitalization, and to increase skills across a range of functional domains.

Find additional information about Beacon's ABA services through the Expertise section of our website. If you are a Connecticut provider interested in contracting for Connecticut Medicaid/HUSKY Autism Spectrum Disorders (ASD) Services, visit our CTBHP site. ∎

Medical Necessity Criteria Updates

Beacon completed its annual medical necessity criteria update earlier this year. Medical necessity criteria are available in the Provider Handbook section of our website.

In our ongoing mission to partner with our providers, Beacon updated the criteria for two important reasons: 1) to stay abreast of the evidence base; and 2) to improve the clarity and logic of our descriptions regarding Beacon's authorization determinations that match presenting conditions and treatment needs to the most appropriate level of care.

Beacon bases its criteria on nationally recognized organizations, including the American Medical Association, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, Substance Abuse and Mental Health Services Administration, the American Society of Addiction Medicine, MCG (formerly known as Milliman Care Guidelines), and the Centers for Medicare & Medicaid Services.

In addition to accessing these resources, Beacon clinical specialists conduct an independent review of the latest evidence to determine the best pathway for any given condition. By reflecting this latest evidence in our medical necessity criteria, Beacon's goal is to ensure that our members get the most effective care, while using criteria language that is transparent and as easy to understand as possible.

"We want to be sure that our providers are spending maximum time treating members and minimal time trying to figure out whether a treatment intervention meets our criteria," said Martin Waters, LCSW and Vice President of Clinical Innovation and Thought Leadership. "We think the updated criteria more accurately reflect the evidence base while offering improved clarity for providers. This update helps ensure that members will receive the level of care most likely to improve their wellbeing and long-term recovery." ∎

Documentation shows evidence of care provided, care coordination, and patient involvement in the treatment process.

Piloting Beacon's new Provider Record Review Tool System

In January, Clinical and Quality staff piloted Beacon's new Provider Record Review Tool (PRRT). This updated version of the tool is used to audit provider medical records, which is part of the overall quality assurance process at Beacon. The new review tool will be used starting in the third quarter 2018.

The pilot testing had successful results; it produced positive improvements to the system's technical components, and aided in finalizing the clinical user guide for the tool. The interrater reliability results indicated that the audit tool produced clinically accurate audit scores according to the user's assessments. The system usability testing was beneficial to users and served to enhance the reporting capabilities of the PRRT system.

The PRRT system is intended to replace the current Treatment Record Review (TRR) tool by reinforcing fundamental audit requirements and allowing customization for client-specific audit needs. The content of this medical record audit tool was developed with current best practice standards, and integrates the various audit tools used within Beacon's operating systems. This integrated PRRT system creates a singular database that securely houses record audits across the Beacon enterprise. It has the capability to efficiently conduct provider-specific audits and generate combined aggregate reports as well as detailed results.

The series of audit questions in the PRRT system ensure that the treatment record is properly documented according to regulatory standards of clinical best practice. Documentation assists providers in assessing progress, barriers, and revising the plan of care as needed. It also shows evidence of care provided, care coordination, and patient involvement in the treatment process.

The PRRT system adopts treatment record documentation standards to ensure records include essential components, which promotes confidentiality of patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment. Requirements and expectations are set forth in your provider contract and noted in Beacon's **Provider Handbook**. For additional information and resources, visit the **provider section** of our website. ■

Introduction to Measurement-based Care

Measurement-based care (MBC) is "the systematic administration of symptom rating scales and use of the results to drive clinical decision-making at the level of the individual patient," according to a Psychiatric Services article, "A Tipping Point for Measurement-Based Care." Through symptom rating scales such as Patient Health Questionnaire-9 (PHQ-9), Positive Symptom Rating Scale, and others, clinicians can periodically evaluate response to treatment using objective measures and alter the treatment protocol accordingly in support of positive outcomes. There is growing evidence that measurement-based care results in better outcomes and can integrate well into treatment settings.

Beacon's position, as adopted from The Kennedy Forum Issue Brief, is "All behavioral health providers treating mental health and substance use disorders should implement a system of measurement-based care whereby validated symptom rating scales are completed by patients and reviewed by clinicians during encounters. Measurement-based care will help providers determine whether the treatment is working and facilitate treatment adjustments, consultations, or needed referrals to different intensity of services when patients are not improving as expected." Without measurement-based care, providers may fail to recognize a lack of clinical improvement.

At Beacon, we're embracing the future by embarking on initiatives that promote evidence-based clinical practice to produce better member health outcomes. For example, with several health plan clients, Beacon manages a depression identification program that uses PHQ-9 scores collected by health plan case managers to ensure that members are linked with appropriate care. These screenings are noted in the medical health record, which allows for measuring of behavioral health outcomes.

Additionally, Beacon has built within its care management platform other rating scales that measure depression, alcohol disorders and symptoms of other behavioral health diagnoses.

For additional information, read our full Beacon Lens blog post, "Measurement-based care leads to improved outcomes, resource efficiency." ■

Serving Those who Serve: Preparing Children for a Military Parent's Deployment

Separations are a fact of life for military families, but they can hit children particularly hard. Children may become anxious when a parent leaves, whether it's to a combat zone or a weekend of training with the National Guard. Younger children may become clingy and fearful while older kids may act out, their schoolwork may suffer, and they may have trouble sleeping.

Children fare better in a parent's absence when they know what to expect ahead of time. Here are some tips to pass along to military families who are facing deployment or other separations.

Children fare better in a parent's absence when they know what to expect ahead of time.

- Ask the child about his concerns. The answer will guide your conversation. For example, if the child says he's afraid his parent will be hurt while on deployment, you and the parent can talk with the child about all of the ways military training will help to keep his parent safe.
- Help the parent discuss her role in the military so her child will understand why she has to leave. The child will feel more connected to the parent if she shares some details of the assignment, even if it's only talking in general terms about her part in keeping the country safe. Depending on the child's age, she may be able to share her parent's pride in serving the country.
- Suggest the parent find out what lines of communication will be available during the deployment and help him create a plan for staying in touch. The parent can also remind his children of the other important and supportive people in their lives and how they will stay in close touch with them while dad's away.
- Ask the parent to give the child opportunities to be helpful. Depending on the child's age, she might help her parent pack, draw a picture, or put together special photographs to bring along on the assignment. Another idea is for the parent and child to make lists of happy or funny family moments and exchange them.
- Remind parents to keep teachers or caregivers informed. When these important people in a child's life know a parent is away, they can monitor the child's behavior and emotions and notify the family of any changes. Teachers and caregivers will be better able to respond sensitively to any behavioral or academic issues that arise. And they should also be able to provide extra support for the child during this difficult time.
- Encourage families to make time together quality time. Both the parent and child need plenty of emotional contact and affection during the weeks and days before the parent's departure. Hugs and kisses are very important during this stressful time. Remind parents that even the briefest exchanges of support and love count.

–Adapted from *The Military Parent: Easing Separation Issues*, Workplace Options

Providers can learn more about military culture by accessing the Center for Deployment Psychology's comprehensive military culture **online course** for health care professionals.

If you are interested in providing non-medical counseling to military service members and their families through Military OneSource, please email us at **mosproviderrelations@ militaryonesource.com**. ■

Paper Claim Processing Times Reduced in CPI Program

In February, Beacon reached a milestone in the implementation of our Claims Process Improvement (CPI) program: three more service centers have transitioned to our vendor partner, FIS. We are excited to report that turnaround times to input and process claims have dropped dramatically, to an average of 3.3 days for items received for our Miami, Woburn, and Cypress centers. Turnaround times for items processed by our Latham center are averaging 2.5 days, as that transition was implemented more than a year ago.

Additionally, FIS reports an average of 6.1 percent rejections for the three centers. Note that rejections are not denials, and a rejected claim will be returned to you. You will also receive directions on what was incomplete or incorrect, and how to resubmit the claim.

The goals of this project have been to consolidate and standardize the process for handling paper claims and correspondence across the company; to achieve increased efficiency; to improve staff utilization; to yield a faster turnaround time; and to improve the quality of our service. Ultimately, this project will transform Beacon's entire claim process. We hope that you have already seen the benefit of this project in the form of an improved claim submission experience within your practice.

For more information regarding the program, including a tip sheet for common claim rejection codes, please visit our **CPI Program** page. ■

ProviderConnect: Capabilities and Benefits

Save time and frustration and use our provider portal to conduct business with Beacon online. ProviderConnect is a secure, HIPAA-compliant website that allows participating network providers to conduct online claims and authorization transactions accurately and efficiently, while also providing you with the opportunity to spend more time with who matters most—your clients.

Capabilities

- Verify member eligibility
- Submit claims and demographic updates
- View and submit authorization requests
- Print forms and authorization letters
- Communicate to Beacon via secure online message center
- Access Provider Summary Vouchers
- Complete credentialing and recredentialing applications online
- Upload supporting documents directly to improve the quality and timeliness of completed applications

Beacon's provider contract requires that the hours of operation of all network providers be convenient to the members served.

Benefits

- Reduce paper files, phone calls, labor, and postage expenses and potential errors
- Improve cash flow due to faster claims processing
- Submit claim files from any system that produces 5010 HIPAA formatted 837P or 837I files (and from EDI claims submission vendors)
- Complete multiple transactions in a single sitting

New to ProviderConnect? Visit our Upcoming Webinar **page** to register for one of our upcoming sessions for more information. For additional assistance with ProviderConnect, please contact the EDI Helpdesk at 888-247-9311 from 8:00 a.m. – 6:00 p.m. ET or by email at **e-supportservices@beaconhealthoptions.com**. ∎

Appointment Availability Reminder

According to Beacon's Provider Handbook, participating providers are expected to maintain established office hours and appointment access. Beacon's provider contract requires that the hours of operation of all network providers be convenient to the members served and are not discriminatory. For example, hours of operation may not be different for commercially insured members vs. public fee-for-service-insured individuals.

Except as otherwise required by a specific client and/or government-sponsored health benefit program, participating providers are required to maintain the following standards of availability for appointments:

- Life-threatening emergency: immediately
- Non-life-threatening emergency: within six hours
- Urgent needs: within 48 hours
- Routine office visits: within ten business days

It is expected that Beacon providers maintain appropriate standards for appointment availability. Additional information is outlined in the "Appointment and Availability Standards" section of the **Provider Handbook**. ∎

Have You Checked Your Demographic Information?

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 or appointment availability changes 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.

Beacon will send reminders like this throughout the year. This is in no way to advise that information is inaccurate. Our goal is to provide a steady reminder to review often and update as necessary, to ensure information reflected in our online directory is accurate.

As a Centers for Medicare and Medicaid Services (CMS) Qualified Health Plan, 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 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 with the Council for Affordable Quality Healthcare® (CAQH), for example, your update there will ensure that everything stays consistent.
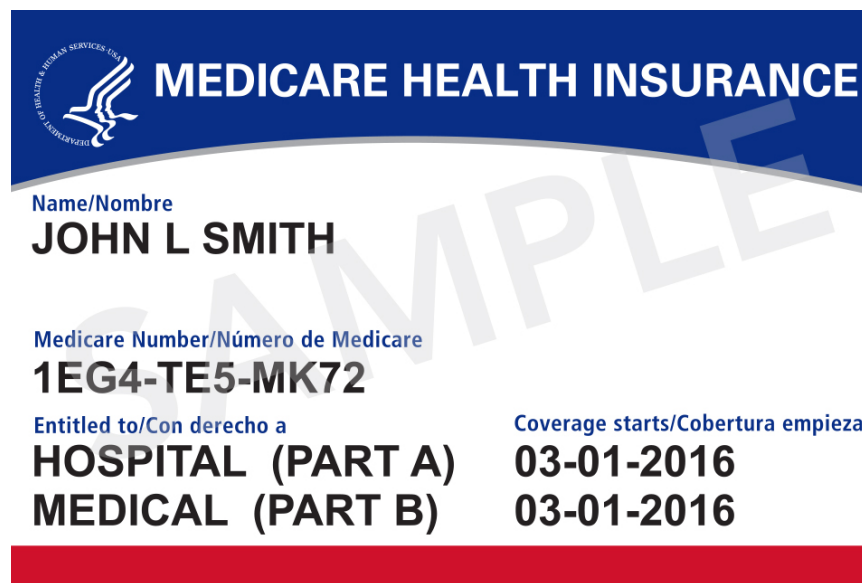
If you have made an update within the last quarter and your information is current, no action regarding this reminder is necessary. If you take no action, it will be considered confirmation that your information is up to date and accurate.

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. ∎

New Medicare Cards Are in the Mail

The Centers for Medicare & Medicaid Services (CMS) began mailing new Medicare cards this month. Below are some key points you will need to know about this mailing process:

- The card will be mailed to the Medicare beneficiary's address on file at the Social Security Administration (SSA).
  - Medicare providers should ask their Medicare patients to contact their local SSA office to ensure their address is current.
- CMS has created a mailing schedule based on geographic location and other factors.

- All 50 states and territories are included in the mailing schedule.
- The mailing schedule consists of seven waves.
- The seven waves are defined in the job aid titled "New Medicare Card Mailing Strategy."

For more information, visit the CMS Medicare Card Providers page. ■

New York Providers: New Rate Code Requirements for Medicaid and HARP

For dates of service on or after May 1, 2018, UB-04 claims for all service levels submitted on an institutional claim form will require a valid New York State rate code to be considered for payment. Currently, valid rate codes are required for claims reimbursed via Ambulatory Patient Group (APG); the requirement now extends to non-APG institutional services as well.

A rate code is a four-digit number assigned by the state of New York upon provider enrollment in Medicaid. Providers enter the appropriate four-digit rate code as a value code preceded by "24" in the header of the claim. This is the historical standard mechanism currently used in Medicaid fee-for-service billing.

If you are unsure which rate code you should be using for a particular service, refer to the following NYS Office of Mental Health and NYS Office of Alcoholism and Substance Abuse Services (OASAS) resource pages:

- Billing Behavioral Health Medicaid Services under Managed Care–Coding Taxonomy Grid
- Ambulatory Patient Group (APG) Rates–Approved APG rate code, NPI, zip code combinations

Below are institutional claims value code requirements. Please refer to the appropriate Beacon Health Options provider billing manual and 837i companion guide for further billing instructions.

Institutional Claims Value Code Requirements

Field Name	Paper Claim	Electronic Claim Loop/Segment/Qualifier		
Value Codes Amounts	Codes Amounts	2300	HI	BE

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:

- Benzodiazepines: The Other Epidemic
- Remembering Daniel: A story told is a story never forgotten
- Probe the system to improve opioid use disorder treatment
- Practical steps to clinical excellence
- The Kennedy Forum Illinois: Mental Health Justice
- Serious Mental Illness and Cancer: Treatment Outside the Box

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! ∎

New York Providers: Webinar Opportunities

Below is our New York team's monthly webinar schedule. Many of these sessions are general enough for any provider to attend; however, some of the information is specific to New York State contracts and lines of business. Registration for all webinars is required.

NYC Webinars	
Depression and Antidepressant Medication Management/HEDIS Measure Overview	
This webinar will cover depression, diagnosis, and treatment, and HEDIS AMM measure.	
Tuesday, April 24, 2018 from 10-11 a.m. ET	Register Now!
Adverse Incident Reporting	
This webinar will cover adverse incidents, types of incidents to report, and how to report them. We will also discuss potential quality-of-care issues.	
Wednesday, April 18, 2018 from 3:30-4:30 p.m. ET	Register Now!
Managed Care 101	
We will cover the basic terminology and provide general guidance on how to work with Beacon.	
Thursday, April 19, 2018 from 11 a.m.-12 p.m. ET	Register Now!
Beacon Provider Orientation	
This webinar will provide information about authorizations, QMP/HARP, HCBS, PROS/ACT, and billing, and is designed for providers new to Beacon and Managed Care.	
Tuesday, April 17, 2018 from 3-4 p.m. ET	Register Now!
PROS/ACT Billing Overview	
This is an overview of PROS and ACT, authorization requirements, and how to bill for these services.	
Thursday, April 12, 2018 from 11 a.m.-12 p.m. ET	Register Now!
Follow-up After Hospitalization/HEDIS Measure Overview	
This webinar will cover new HEDIS measures for follow up after hospitalization.	
Wednesday, April 18, 2018 from 11 a.m.-12 p.m. ET	Register Now!

For any New York-specific provider training questions, please email nyptrainings@beaconhealthoptions.com. ∎

Beacon Commercial Webinars

The following webinars are designed for providers contracted with Beacon's commercial network. These sessions will review our ProviderConnect system and support efforts to educate providers about our electronic resources. Providers will learn about various system functionality, as well as administrative updates.

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

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

Overview of ProviderConnect

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

- **Tuesday, April 10, 2018 1-2 p.m. ET**
- **Tuesday, May 8, 2018 1-2 p.m. ET**

Authorizations in ProviderConnect

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

- **Wednesday, April 18, 2018 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.

- **Wednesday, May 9, 2018 1:30-2:30 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, May 31, 2018 2-4 p.m. ET**
- **Friday, June 1, 2018 11 a.m.-1 p.m. ET**

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