beacon health options

Valued Provider eNewsletter

Enroll with Payspan to Improve Cashflow

Working with paper checks places a large administrative burden on your practice. You wait for the check to arrive, then find time to take it to the bank for deposit. That's why we want you to know about our partner, Payspan®.

Payspan, a multi-payer adjudicated claims settlement service, delivers electronic payments and electronic remittance advice, based on your preferences. With Payspan, you stay in control of your bank accounts, file formats, and accounting processes.

There are many benefits to using Payspan:

- Use Payspan's self-service, high-security website for free
- Access your remittance data 24 hours a day

May 2018

Provider Handbook • **Read More**

Contact Information • **Read More**

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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

- Have payments deposited automatically in the bank account of your choice
- Receive email notifications immediately upon payment
- Download an 835 file to use for auto-posting purposes

We are launching a campaign to register all network providers with Payspan. Choose the registration method that works best for you:

- Click the Payspan link through **ProviderConnect**
- Visit Payspan's Login and Registration **page**
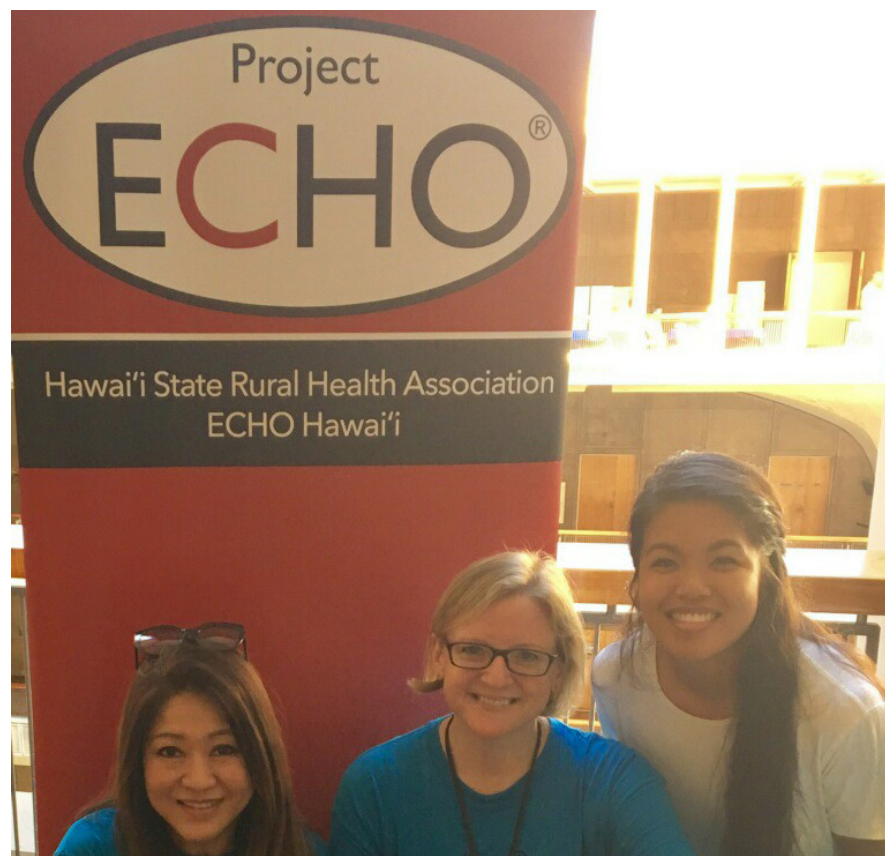- Call Payspan at 877-331-7154

If you have been receiving checks:

- Locate the Registration Code and PIN from the payment stub of a paper check—this will be your "Reg Code."
- You will continue to receive physical checks until each Registration Code and PIN are on file with Payspan.
- Enroll each service address/pay-to combination that you have active with Beacon for all your payments to be issued EFT. If your information with Beacon changes or you update or add an address, contact Payspan to add the new information to their file.

Unable to locate your Registration Code? Email **corporatefinance@beaconhealthoptions.com** for assistance. ■

Beacon meets with Hawaii State Legislators at Mental Health Awareness Day

In March, staff from Beacon's Hawaii office participated in a Mental Health Awareness day at the capitol in Honolulu. Beacon was one of many health plans and behavioral health providers to share information and demonstrate our commitment to mental health in Hawaii.

From left, Minako Johnston, Kari Welch, and Bianca Calio met with Hawaii's state legislative leaders at Mental Health Awareness Day in March.

Additionally, we spoke with members of the state Senate and House of Representatives about what we do with HMSA (Hawaii Medical Services Association), Beacon's sole client and the largest health plan in Hawaii. We were especially grateful to speak with Rep. John Mizuno about our work. Rep. Mizuno is the chair of both the House Human Service committee and Health and Human Service Committee/National Asian American Caucus.

Working with the University of Hawaii's John A. Burns School of Medicine, Beacon has led numerous presentations for Project ECHO Hawaii. Project ECHO is the Extension for Community Healthcare Outcomes, originated at the University of New Mexico. Last year's topics included suicide, medication-assisted treatment, and asthma and the behavioral health condition. For 2018, Beacon has presented transgender 101 and an overview of anorexia. Project ECHO Hawaii hosts webinars with a different behavioral health topic every Tuesday. Find a schedule on the Project ECHO Hawaii site. ■

Underutilized Best Practice for SMI: Long-Acting Injectables

The research is unequivocal: People with serious mental illness (SMI) are at significant risk for relapse and psychiatric hospitalization, primarily related to non-adherence of prescribed oral medications. Treatment research is equally compelling: long-acting injectable antipsychotic (LAI-AP) medications represent a highly effective intervention yet an underutilized treatment for people with SMI.

Beacon strongly recommends that psychiatric prescribers use a shared decision-making process and systematically offer an LAI-AP as a first-line treatment to most individuals requiring long-term antipsychotic treatment.

The types of antipsychotics are:

- **First-Generation Antipsychotic (FGA)**: Targets symptoms of psychosis, delivered orally.
- **Second-Generation Antipsychotic (SGA)**: Targets symptoms of psychosis and helps address extrapyramidal side effects of FGAs, delivered orally. Metabolic side effects require monitoring.
- **Long-Acting Injectable (LAI) Antipsychotic Drugs**: Long-acting medication targets psychosis, administered intramuscularly with a one- to four-week effective period. Options include:
    - FGA LAI—Haldol Decanoate (Haloperidol), Prolixin Decanoate (Fluphenazine)
    - SGA LAI—Risperdal Consta (Risperidone), Invega Sustenna/Trinza (Paliperidone), Zyprexa Relprevv (Olanzapine pamoate), Abilify Maintena (Aripiprazole), Aristada (Aripiprazole lauroxil)

Beacon strongly recommends that psychiatric prescribers use a shared decision-making process and systematically offer an LAI-AP as a first-line treatment.

The primary advantages for selecting LAI-APs over oral alternatives include:

- Solves the need for daily administration
- Provides immediate notification of non-adherence with administration transparency and "natural alerts"
- Addresses partial adherence or overt non-adherence
- Reduces risk of unintentional or deliberate overdose
- Lowers relapse rates and rebound symptoms
- Improves individual and physician satisfaction
- Facilitates regular contact with mental health care team

Considerations to be addressed when using LAI-APs are:

- Slow dose titration, and delayed disappearance of severe side effects with less flexibility of dose adjustment requiring advance planning
- Pain at the injection site can occur
- Transport to outpatient clinics may be needed or home visits by community nurses
- Perception of stigma, requiring education
- Price differentials, possible subsidy needed

Treatment takeaways for LAI-AP are:

1. LAI-APs represent a strongly recommended, evidence-based treatment intervention for schizophrenia, schizoaffective disorder and bipolar disorder
2. LAI-APs should be considered and systematically proposed for maintenance antipsychotic treatment, including for those individuals who are not non-adherent
3. Second-line LAI-AP SGAs are recommended as a monotherapy to prevent manic recurrence or in combination with a mood stabilizer to prevent depressive recurrence in bipolar disorder
4. Shared decision-making improves patient acceptance and understanding of LAI-AP benefits
5. When switching to an LAI-AP, prescribers need to consider two scenarios: switching from an oral AP and switching from another LAI-AP
6. Medication administration involves provider reminders to the patient regarding the injection date as well as steps to take to prevent local LAI-AP administration complications
7. Beacon provides coordination support to address administration challenges

For more information about LAI-APs, refer to Beacon's **paper** on the topic. ∎

Introduction to the Intensive Case Management Program

Beacon's Intensive Case Management (ICM) program offers assistance to members, pre- and post-discharge, in coordination with medical managed-care delivery systems, disease-specific educational materials, and individualized case management services including patient safety education and monitoring.

The ICM team targets members based on high-risk criteria or diagnostic categories. We include both adults and children as we identify conditions with high-risk needs.

Conditions identified with high-risk safety needs include individuals who meet the following criteria:

- Multiple inpatient admissions and/or emergency room visits; consider multiple admissions for other Higher Levels of Care and rapid readmissions
- Members with a diagnosis of bipolar disorder or major depressive disorder and/or co-occurring medical condition
- Members with a history of inpatient or outpatient non-compliance
- Complex comorbid behavioral and medical health conditions, including but not limited to: diabetes, asthma, heart disease/cardiac issues, obesity, HIV, or pregnancy at risk for or diagnosed with postpartum depression or psychosis
- High utilizers: Members in the top one to five percent of overall behavioral health service utilization for service population
- New and/or unstable (recent in the past six months) high-risk diagnosis (such as eating disorder, schizophrenia, schizoaffective, or dissociative identity disorder); admission to inpatient/higher level of care or a new diagnosis; and no indication of ongoing treatment or supportive services subsequent to the discharge or the indication of a new diagnosis
- Medical Care Coordination/Integrated Care: Members with health issues including chronic pain and possible behavioral health concerns are referred for screening and service coordination as needed
- Members hospitalized for a medical condition that have a co-existing substance use disorder when referred by clinical staff

- Special vulnerable population segments (with no evidence of ongoing treatment support to resolve potential issues associated with their condition):
    1. Pregnant women with substance use disorders
    2. Children 5 years old or younger with a bipolar diagnosis
    3. Children 10 years old or younger with inpatient admission

If you have a client you would like to refer to case management, you may do so via ProviderConnect. After logging in, click the "Enter Case Management Referral" link on the home page and then follow the prompts to complete a brief referral. Beacon clinicians will review the request and follow up with the member as appropriate. ■

Serving Those who Serve: Helping Military Couples Stay Connected Across the Miles

All couples have their share of stressors, but with deployments and long-distance duty assignments, military couples face additional strain. As a provider, you can help military couples build stronger bonds, in spite of frequent separations.

Remind military couples in your practice that it takes commitment to make things work. Encourage them to try these suggestions.

Stay connected

Certain assignments might be trickier than others for frequent contact. If possible:

- Stay in touch with texting, FaceTime, phone calls, email, photos, videos, and letters.
- Consider using the **Love Every Day** app to connect in new ways and rekindle the romance.

- Schedule online dates. Play internet games or tour a museum website together.
- Schedule intimate phone or email chats with lit candles and background music.
- Memorize the time difference so they can relate to each other—is the other working, sleeping, relaxing?
- Keep up-to-date on the other's location. Know the current weather and news.

Remain open

Not only is frequent communication important, but so are openness and honesty. Encourage them to:

- Ask each other what they need or want. Don't try to mind-read or guess.
- Acknowledge their feelings. One partner may feel angry and the other sad about the separation. Accept each other's feelings, as well as their own.

Remind military couples in your practice that it takes commitment to make things work.

- Work through worry together. Either partner may envision a catastrophe every time the service member leaves for a military assignment. They can team up to overcome the worry habit.
- Avoid reading between the lines. Everyone has different communication styles and expectations. For example, will they both welcome frequent calls, texts, and emails, or will that seem like a subtle form of pressure? Tone and attitude are especially hard to convey via email or text.
- Let the partner explain why a call, text, or email hasn't been returned promptly; don't jump to conclusions.
- Communicate their expectations regarding fidelity and then let trust rule.

Reconnect after separation

No matter how eagerly they awaited a reunion, most couples find that living together after a long absence requires a readjustment. These tips may help:

- Allow time to adjust when they reunite. It may be awkward at first. If they've been apart a long time, they may think their partner seems different.
- Both of them probably will have developed routines on their own and will need time to transition to a new or restored flow as a couple.
- Don't misread jet lag or combat fatigue in the returning partner as a relationship problem.
- It's easy to romanticize each other across the miles, wiping out memories of annoying habits. Allow each other lots of space to be human.

If military couples in your care need more resources, encourage them to check out the MemberConnect site to find relationship articles, videos, quizzes and more.

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. ∎

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
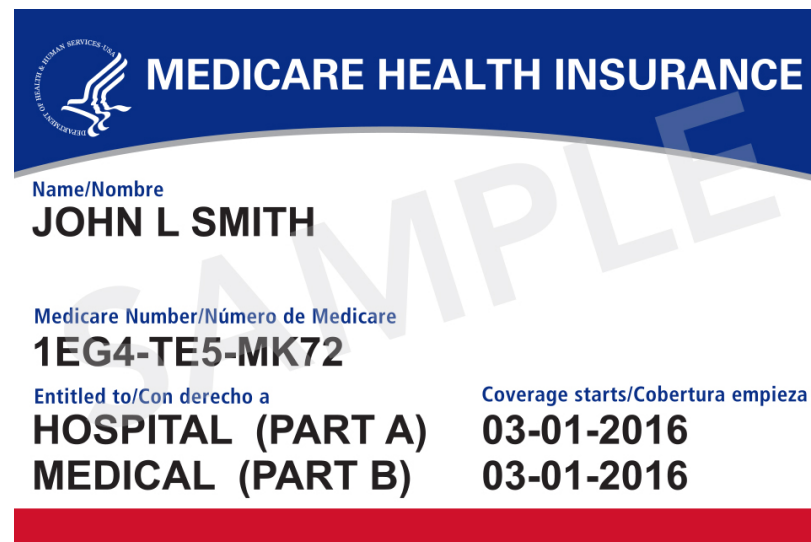- Routine office visits: within ten business days

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**. ◼

New Medicare Cards Are in the Mail

The Centers for Medicare and Medicaid Services (CMS) began mailing new Medicare cards in April. 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, visit the **CMS Medicare Card Providers** page. ◼

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**. ■

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:

- Bridging Access Challenges for Maternal Mental Health in California
- Telehealth for Autism Treatment: Improved Efficacy, Health, and Cost
- 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

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	
Billing/Claims/eServices	
This webinar will cover billing and claims, how to bill Beacon, and how to use the eServices portal.	
Wednesday, May 16, 2018 from 3-4 p.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.	
Thursday, May 10, 2018 from 2-3 p.m. ET	Register Now!
Managed Care 101	
We will cover the basic terminology and provide general guidance on how to work with Beacon.	
Tuesday, May 15, 2018 from 3-4 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.	
Thursday, May 17, 2018 from 2-3 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.	
Wednesday, May 9, 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, May 16, 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, June 5, 2018 1-2 p.m. ET**

Authorizations in ProviderConnect

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

- **Thursday, June 7, 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.

- **Tuesday, July 10, 2018 1-2 p.m. ET**

ProviderConnect Tips and Tricks

Review hot topics and recent enhancements related to ProviderConnect.

- **Thursday, June 28, 2018 1-2 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**. ■