beacon health options Valued Provider eNewsletter

Navigating the Waters to Suicide Prevention and Awareness

September was Suicide Prevention Awareness Month. To recognize this, Jennifer Marino-Kibbee and Judy Schiada, two of Beacon's Zero Suicide champions, developed and presented a webinar with our client partners at Care1st Health Plan in California. Beacon's passion for the topic of suicide prevention—in particular, efforts to destigmatize the conversation—drives us forward in this effort.

Sadly, no one is immune. For every suicide, between six and thirty-two people are affected, according to the Centers for Disease Control and Prevention, creating a far-reaching impact. During the webinar, we shared this and other statistics from our "**We Need to Talk about Suicide**" white paper that demonstrate suicide's prevalence, while also discussing the continued stigma and silence about the topic. We explored the myth that if we talk about suicide, a person is more likely to act on suicidal thoughts. Maybe that misconception is what has led to silence—people don't want to subconsiously contribute to an increased prevalence.

November 2017

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Our presenters shared their personal stake in suicide prevention. As they spoke, they realized how difficult it is to share personal experiences with suicidal ideation, suicide attempts, and death by suicide, despite their role as clinicians. Through that presentation, they realized that the significance of breaking the stigma in our society stems on being able to have an open discussion about suicide.

It's a testament to Beacon's commitment to Zero Suicide that one of our colleagues shared the webinar invitation with colleagues, providers, and clients across the organization. The webinar began as a small, local endeavor, and subsequently expanded to reach more than 200 people over two sessions in September. We encourage more conversations like these, and hope that we will all get better at reducing stigma around suicide and other behavioral health conditions.

Beacon's **Commitment to Suicide Prevention** page features many resources, including materials that support our Zero Suicide initiative. We encourage you to visit the **Mental Health section of our Expertise page** to read the data and learn more about what Beacon is doing. ■

New Business Coming Soon: Beacon Health Options and GlobalHealth

Effective January 1, 2018, Beacon will enter into an agreement with GlobalHealth to provide behavioral health services for GlobalHealth members in Oklahoma.

As Beacon currently supports other commercial and Medicare Advantage members in Oklahoma, providers will have the opportunity to deliver behavioral health services to GlobalHealth members as well. Please be aware this agreement has specific referral, authorization, and claim procedures associated with it.

Credentialed providers in Oklahoma will receive direct telephonic outreach from Beacon and GlobalHealth to refer members who need behavioral health services. We strongly encourage providers to conduct all routine transactions, such as member eligibility and authorization review, via Beacon's online ProviderConnect portal. In addition, participating providers should submit claims electronically through ProviderConnect either through direct claims submission or via batch claim submission to achieve the greatest efficiency in claims processing.

Please refer to our **ProviderConnect Resource page** for more information. Technical questions regarding ProviderConnect can be directed to our EDI Helpdesk at 888-247-9311 between 8 a.m. and 6 p.m. ET, Monday through Friday, or email **e-supportservices@beaconhealthoptions.com**.

Participating providers with dates of service on or after January 1, 2018, who are unable to submit claims electronically may send paper claims for GlobalHealth to Beacon at:

Beacon Health Options
PO Box 1850
Hicksville, NY 11802-1850

> If you have credentialing questions, please feel free to contact our National Provider Service Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or by email to **texasservicecenter@beaconhealthoptions.com**.

Additional questions regarding GlobalHealth claims should be directed to Beacon's customer service department at the following numbers, based on the member's benefit plan:

- Federal Employee Health Benefit (FEHB): 888-434-9201
- Medicare: 888-434-9202
- Commercial: 888-434-9203
- State: 888-434-9204 ■

Results from 2016 Treatment Record Review Audit

Beacon has established a consistent process for reviewing and auditing provider treatment records. We conduct reviews to ensure providers follow best practices in developing treatment plans that reflect a patient's individual treatment.

Beacon has also adopted treatment record documentation standards to ensure records are maintained in an organized format, which promotes confidentiality of patient care and quality review. These requirements are set forth in your provider contract and also noted in your Beacon **Provider Handbook**.

Beacon expects providers to adhere to **Clinical Practice Guidelines** as a best practice when treating their patients. The annual treatment record review process is one way Beacon monitors adherence.

A region-specific audit was conducted and included records from a variety of diagnostic categories:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Major Depressive Disorder
- Schizophrenia
- Substance Use Disorders, including Opioid Addiction

Beacon prioritized this treatment record review based on contractual obligations and regulatory requirements. We conducted reviews using a sample of treatment records. Overall, we audited 620 records, covering 146 practitioners and facilities. Beacon's standard treatment record review requires a score of 80 percent or above to be considered passing.

ADHD: 150 records reviewed (2016 audit)		
Indicator	2015	2016
Record reflects active involvement of family/primary caretakers in the assessment and treatment of patient unless contraindicated	97%	87%
Comorbid problems are assessed upon initial evaluation and at least annually	99%	100%
Average Scores	**98%**	**91%**

Bipolar Disorder: 138 records reviewed (2016 audit)		
Indicator	2015	2016
Mood symptoms and suicidality are assessed at every visit	74%	83%
Comorbid problems are assessed upon initial evaluation and at least annually	92%	97%
Average Scores	**82%**	**90%**

Major Depressive Disorder: 272 records reviewed (2016 audit)		
Indicator	2015	2016
Mood symptoms and suicidality are assessed at every visit	89%	76%
Comorbid problems are assessed upon initial evaluation and at least annually	96%	92%
Average Scores	**96%**	**90%**

This audit included an additional focus on coordination of care activities. For those questions, 39 percent of the records provided evidence of coordination of care with the Primary Care Provider (PCP), and 47 percent provided evidence of coordination of care with the behavioral health care provider.

A signed Release of Information (ROI) enables providers to coordinate and collaborate with each other; 33 percent of records reviewed provided an ROI form to coordinate care with the PCP, and 25 percent contained a signed ROI form to coordinate care with behavioral health. Both are decreases when compared to the previous year. Beacon encourages providers to ensure members sign the ROI.

The 2016 results indicated that when providers complete risk assessments, they help ensure member safety. Beacon has a responsibility to educate providers and share tools, such as the ROI form, that aid in coordination of care. We also encourage providers to use risk assessment tools and safety plans, and provide documentation for reviews.

Best Practice for Documentation

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." Beacon supports best practices in documentation and works with providers to meet this requirement.

The following key components should be included for all medical record documentation:

- All entries are legible, signed, and dated (includes electronic signature)

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."**

- 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
- Evidence of behavioral health screenings
- Patient education and understanding of the plan of care
- The treatment record should be comprehensive, detailed, and organized

These audit results exceeded the treatment record review standard of 80 percent. Beacon will continue to conduct treatment record reviews and share results with providers to ensure adherence to standards. Documentation not only assists providers in assessing progress, barriers, and revising the plan of care as needed, but it also demonstrates evidence of care provided, care coordination, and patient involvement in the treatment process.

Coming Soon

Beacon will introduce the new Provider Record Review Tool (PRRT) in 2018. This will replace the current Treatment Record Review tool. The content of this medical record audit tool will be similar to what is in place today and we will continue to improve it to keep up with standards in best practice, while integrating the audit tool with Beacon's operating systems. This will create efficiencies in conducting and communicating results of medical record reviews. Look for more information in upcoming newsletters. ■

Happy Holidays from Beacon Health Options

As we approach the holiday season, Beacon wishes our providers, facilties, office staff, and group practices a safe holiday season and a very happy and prosperous new year.

We also want to express our appreciation to our provider partners for their participation and cooperation with Beacon's policies, procedures, and quality activities. Although the season brings with it gratitude for services provided, we want to send a gentle reminder that Beacon's employees are not permitted to accept or give gifts. Thank you for your understanding and cooperation with this policy. ■

Claims Process Improvement Program: Paper Claims Update

Beacon's Claims Process Improvement (CPI) project is well underway. In an effort to continuously improve, we've developed a partnership over the course of 2017 with our vendor, FIS Global, to create a more efficient, consistent process to handle the intake of paper claims and correspondence across all of Beacon. Not only does this expedite the processing of such correspondence, but it also increases our compliance as an organization, ensuring that we continue to do our part to reduce health care fraud and abuse and maintain industry standards as a leading behavioral health organization.

In the short term, submitters may see an increase in claim rejections. However, the benefit of these changes is that out-of-compliance claims are caught sooner versus having a denial after the fact—or worse, a recoupment of funds months down the road. Since January, there has been a continuous reduction in rejection rates. We've noticed submissions are now more complete, due in part to education efforts such as communications sent with rejection notices. Thank you for your cooperation.

Claims are processing faster: paper claims are received by FIS, entered into the system, and received by Beacon within four days. Prior to the CPI project, Beacon would receive a paper claim, attempt to process it automatically, and it would fail if there were any issues requiring manual intervention. It would then take a week or more for the claim to even begin to process.

We recognize that we still have room to improve, and we are making strides every day. We appreciate your patience as we work to streamline this process so we can pay you more quickly. Beacon receives claims from credentialed providers, groups, and facilities, as well as members seeing providers not in our network and out-of-network providers submitting claims on behalf of those members.

Here are a few tips to avoid rejections:

- Ensure that correct information is included for the Insured where required; on the current CMS-1500 form, box 11 requires information for the insured (or subscriber) of the policy, which may be different from the member.
- Submit claims on a valid, complete CMS-1500 or UB-04 claim form; invalid or incomplete forms will be rejected.
- Include the NPI of the billing provider in box 33a, even if it is the same as the rendering provider's NPI in another field.

Additional information is outlined in the "Appointment and Availability Standards" section of the Provider Handbook.

If you have any questions regarding a claim submission, please contact Beacon's Customer Service phone number listed on the member's medical ID card. ■

Reminder: ICD-10 Coding Changes

Beacon uses the CMS General Equivalence Mappings (GEMs) as the standard for mapping ICD-10 diagnosis coding. These codes are reviewed and updated by the Centers for Medicare and Medicaid Services (CMS) on a regular basis.

In order to maintain compliance with CMS, Beacon implements changes as we are notified. Find additional information regarding ICD-10, including 2018 ICD-10 GEMs changes that went into effect October 1, 2017, on the **CMS ICD-10** page.

The American Psychiatric Association (APA) has reviewed the 2018 release of ICD-10 and has made updates accordingly. Quick reference guides can be found at the **APA website**. ■

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 of our network providers be convenient to the members served and 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:

- An individual with life-threatening emergency needs is seen immediately.
- An individual with non-life-threatening emergency needs is seen within six hours.
- An individual with urgent needs is seen within 48 hours.
- Routine office visits are available within 10 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 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.**

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 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**. ■

Upcoming Webinar: Giving Value Back to our Providers

New to the Beacon Health Options (formerly ValueOptions) provider network? Looking for a refresher course on Fraud, Waste, and Abuse to make sure you remain compliant within your practice? Then we invite you to join us for our quarterly "Giving Value Back to the Provider" webinar series.

Through this initiative, the Centers for Medicare and Medicaid Services (CMS) aims to prevent fraud, fight identity theft, and protect essential program funding and the private health care and financial information for Medicare beneficiaries in our nation, according to CMS Administrator Seema Verma.

We have two sessions scheduled for early December and encourage you or your administrative office staff to register for the one that best fits your schedule.

In addition to program integrity, this presentation will provide a company overview and explanation of various processes, such as credentialing and clinical operations. We'll share recent initiatives and ongoing activities, as well as review electronic resources available to you, our provider community.

To register for one of our upcoming sessions, simply click one of the links below:

Thursday, December 7, 2017 from 2-4 p.m. ET
Friday, December 8, 2017 from 11 a.m.-1 p.m. ET ■

New Medicare Cards: Three Ways to Get Ready

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative, CMS aims to prevent fraud, fight identity theft, and protect essential program funding and the private health care and financial information for Medicare beneficiaries in our nation, according to CMS Administrator Seema Verma.

CMS will issue new Medicare cards with a new, unique, randomly assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems. Medicare beneficiaries received information about the new card in the *2018 Medicare and You* handbook mailed to all Medicare households in October. New cards to people with Medicare benefits will be mailed beginning April 2018. All Medicare cards will be replaced by April 2019.

Providers and beneficiaries will both be able to use secure CMS look-up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period when providers will be able to use either the MBI or the HICN for billing purposes.

Although your systems will need to be able to accept the new MBI format by April 2018—because Medicare members will come to your office with new cards in hand—you can continue to bill and file health care claims using the Medicare beneficiary's HICN during the transition period. Beacon encourages you to work with your billing vendor to make sure that your system will be updated to reflect these changes as well.

Beacon is committed to sharing important CMS information to help your office prepare for new Medicare cards and MBIs. Here are three steps you can take today to help your office or health care facility get ready:

1. Go to CMS's provider **website** and **sign up** for the weekly MLN Connects® newsletter.
2. Verify all of your Medicare patients' addresses. If the addresses you have on file are different from the Medicare address you get on electronic eligibility transactions, ask your patients to contact **Social Security** to update their Medicare records.
3. Be sure to **test your system changes** and work with your billing office staff to be sure your office is ready to use the new MBI format.

Beacon will continue to work closely to keep you informed of this initiative. To learn more, visit **CMS.gov**. ■

Medicare Providers: Prohibition on Billing QMBs

This article pertains to all Medicare physicians, providers, and suppliers, including those serving beneficiaries enrolled in original Medicare or a Medicare Advantage (MA) plan.

The QMB (Qualified Medicare Beneficiary) Program is a Medicaid benefit that pays Medicare premiums and cost-sharing for certain low-income Medicare beneficiaries. All original Medicare and Medicare Advantage (MA) providers and suppliers—not only those that accept Medicaid—must refrain from charging cost-shares to individuals enrolled in the QMB program for Medicare. Providers who inappropriately bill individuals enrolled in QMB are subject to sanctions.

Providers may bill state Medicaid programs for these costs, but states can limit Medicare cost-sharing payments under certain circumstances. As a reminder, for Medicare-Medicaid Plans (MMP) in the capitated model of the Financial Alignment Initiative (e.g., FIDA) and for Program of All-Inclusive Care for the Elderly (PACE) organizations, please note that co-insurance, copayments, and deductibles are zero for all Medicare A/B services.

Despite federal law, improper billing of individuals enrolled in the QMB program persists. Many beneficiaries are unaware of the billing restrictions (or are concerned about undermining provider relationships) and simply pay the cost-sharing amounts. Others may experience undue distress when unpaid bills are referred to collection agencies. If you have erroneously billed an individual enrolled in the QMB program, recall the charges (including referrals to collection agencies) and refund invalid charges paid by the patient.

Beacon encourages providers to establish processes to routinely identify the QMB status of your patients prior to billing. For those of you who serve patients in original Medicare, you will be able to use upcoming Medicare system changes to identify the QMB status of your patients:

- Starting October 3, 2017, use new QMB information in the Remittance Advice (RA)
- Starting November 4, 2017, use new QMB data and information in HETS

Look for more details in future newsletters about state Medicaid requirements for obtaining payment for Medicare cost-sharing.

CMS's MedLearn Matters article on the prohibition on billing QMBs for Medicare A/B deductibles and co-insurance is available on the **CMS Outreach page**. ■

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

New York Providers: Webinar Opportunities

Our New York team has been busy with regional provider education activities, so we are sharing their monthly webinar schedule. Registration for all webinars is required. We encourage any of our New York providers to click the dates below to register for topics of interest:

NYC November Webinars	
HCBS Overview	
This webinar will provide an overview of HARP and Home and Community Based Services, authorization guidelines, and billing for these services	
Wednesday, December 6, 2017 at 3 p.m. ET	Register Now!
PROS/ACT Billing Overview	
This webinar will provide an overview of PROS (Personalized Recovery Oriented Services) and ACT (Assertive Community Treatment), authorization requirements, and how to bill for these services.	
Thursday, December 7, 2017 at 10 a.m. ET	Register Now!
Follow Up after Hospitalization/2017 HEDIS Measure Overview	
This webinar will cover the new 2017 HEDIS measure for follow up after hospitalization.	
Thursday, December 14, 2017 at 11:30 a.m. ET	Register Now!
Beacon Provider Orientation	
This webinar will provide information about Beacon Health Options, authorizations, general overview of QMP/HARP, HCBS, PROS/ACT and billing and is designed for providers new to Beacon and Managed Care.	
Wednesday, December 20, 2017 at 2 p.m. ET	Register Now!
Managed Care 101	
This webinar is for providers new to Managed Care. We will cover the basic terminology and provide general guidance on how to work with Beacon Health Options.	
Wednesday, December 20, 2017 at 10 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, November 29, 2017, at 3 p.m. ET	Register Now!
Thursday, December 14, 2017 at 3 p.m. ET	Register Now!

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:

- **Teach Your Children Well**
- **Catching up on an Opioid Crisis: Innovation, Access**
- **Beacon's 'Triple Aim': Camaraderie, Advocacy, Health**
- **'Did you hear about Frank?'**
- **Momentum—Beacon's Progress Bringing Zero Suicide to Life**
- **And the Diagnosis is...**

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! ■

While many of these webinars are general enough for any provider to attend, some of the information is specific to the contracts and lines of business in the state of New York; therefore, they are recommended for New York providers. For any New York-specific provider training questions, please email nyptrainings@beaconhealthoptions.com. ■

New York Medicaid Providers: Medicaid Enrollment Required

Effective January 1, 2018, as part of the Medicaid Ordering, Referring, Prescribing (ORP) rule, federal law requires that all Medicaid Managed Care and Children´s Health Insurance Program (CHIP) network providers be enrolled with state Medicaid programs. The Medicaid provider enrollment process aims to ensure appropriate and consistent screening of providers and improve program integrity. Enrollment as a Medicaid provider does not require you to accept Medicaid fee-for-service patients.

If you are not enrolled in New York State Medicaid and have not applied by December 1, 2017, you may be removed from the Beacon Medicaid and CHIP provider network as of January 1, 2018. You will receive a notice from Beacon if we are unable to identify an active New York State Provider Identification number (PID), also known as the MMIS ID, for you. If you receive notices from multiple managed care companies, you need only apply once.

In order to enroll, you will need to complete paperwork and submit it to New York State Medicaid. Visit the New York State Department of Health's eMedNY page to navigate to your provider type. Here you can print and review the **Instructions** and the **Enrollment Form**. You will also find a *Provider Enrollment Guide*, a *How Do I Do It? Resource Guide*, FAQs, and all the necessary forms related to enrollment in New York State Medicaid.

If you have any questions about this initiative, please contact our National Provider Service Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or email Provider Relations at newyorkservicecenter@beaconhealthoptions.com. ■

Webinars

An Overview of ProviderConnect

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

- **Tuesday, November 14, 2017 2-3 p.m. ET**

Authorizations in ProviderConnect

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

- **Thursday, December 14, 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.

- **Wednesday, November 15, 2017 2-3 p.m. ET**

ProviderConnect Tips and Tricks

Reviews hot topics and recent enhancements related to ProviderConnect.

- **Thursday, December 21, 2017 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, December 7, 2017 2-4 p.m ET**
- **Friday, December 8, 2017 11-1 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.

- **Wednesday, November 8, 2017 1-2 p.m. ET**
- **Tuesday, December 5, 2017 2-3 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. ■