



## Taking Care During a Tumultuous Time

Wildfires in the West. Hurricanes in the Atlantic. Earthquakes in Central America. We know that severe weather strikes year-round, but rapidly changing and extreme weather conditions are especially frequent during the summer and fall months. Our thoughts and prayers go out to our providers, members, staff, and their families who have been affected by any of these events, especially Hurricanes Harvey, Irma, and Maria and the western wildfires in the past month or so.

Beacon supports disaster recovery by providing onsite critical incident response services, developing action plans for response and recovery, assisting members with housing and emergency supports, and coordinating health and financial resources. In addition, our providers are often the quiet front line of defense during natural disasters. Working late nights and overtime hours, as well as acting as a stable environment for members while their own lives are in a state of uncertainty is a common reality for many of our providers in the days, weeks, and months following any disaster.

## October 2017

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### Contact Us:

Ideas and suggestions for future editions?

[PRcommunications@beaconhealthoptions.com](mailto:PRcommunications@beaconhealthoptions.com).

Do not have internet access and need a hard copy?

Call: 800-397-1630

We wish to acknowledge you, our providers, and remind you to take great care as well. If you need to adjust your office hours, we encourage you to update your information on [ProviderConnect](#). If you will be out of the office and not accepting referrals for an extended period of time, please let us know by submitting the Leave of Absence/Out-of-Office Notification form (located on our [Administrative Forms](#) page). As always, if you have questions, need assistance, or are unable to access our online resources, please contact our National Provider Service Line at 800-397-1630. We have representatives available Monday through Friday between 8 a.m. and 8 p.m. ET.

Beacon has resources to help members prepare and cope with stressful events such as those we have all seen in the news recently. These items are gathered on the [Disasters and Traumatic Events](#) page of our member resource hub, Achieve Solutions. We encourage you to visit the site as well and take advantage of any resources for your own self-care. ■



## Integrating Treatment Transparency to Support Whole-Person Patient Care

As shared in a recent press release, Beacon announced our support for the bipartisan OPPTS Act, or Overdose Prevention and Patient Safety Act of 2017. One of the goals of this legislation is to better align existing confidentiality protections as they relate to health care treatment, payment, and operations. Currently, under the Code of Federal Regulations, Part 2, substance use disorder (SUD) information is not permitted to be shared with a patient's entire medical team unless the patient has given written consent to each of those providers.

So what does this mean to you, as a Beacon provider? If this legislation passes, it will make integration efforts between behavioral health and medical providers less cumbersome. For example, it will allow a dentist to consider alternate treatment options for pain up front for a patient with a history of substance use. Medical professionals need to see the bigger picture so they can provide better patient care—we wouldn't expect a surgeon to remove an appendix without reviewing lab results—so we must do justice to individuals receiving SUD services as well. By allowing this information to be more transparent, providers will have access to the proper information to act in the best interest of their patients.

Dr. Hal Levine, Beacon Health Options Chief Medical Officer urges Congressional leaders to approve this legislation as soon as possible, saying, "The current segregation of SUD treatment records can be harmful and possibly deadly. If a doctor cannot review a patient's treatment history before prescribing opioids or other drugs, it can lead to a relapse for a person in recovery, and worst-case scenario, an overdose or death."

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Dr. Levine added, “We are in the midst of the one of the worst SUD crises our nation has ever known. We need to use every tool available to effectively treat heroin and opioid misuse so it can no longer devastate families and destroy communities. Passing [the OPPS Act] is an important step toward achieving that goal.”

To read the full press release, visit Beacon's [Newsroom](#). ■

## 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](#). ■

## 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 makes it easier to schedule approved appointments. Members can schedule lab



testing online through Quest. To find a location and schedule an appointment, please direct your patients to visit [www.QuestDiagnostics.com/Ezappointment](http://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 are encouraged to check eligibility and benefits through [ProviderConnect](#) or call customer service based on the phone number for behavioral health located on the member's medical plan ID card. ■

## Claims Process Improvement Program: Project Overview

Part of Beacon's strategy for continuous improvement is a transformative Claims Process Improvement (CPI) program, which is well underway for 2017. The program includes changes to several work streams designed to improve our provider experience:

- **Front-End Claims (Mailroom):** Transition to a centralized shared-service process is well underway. While we encourage providers to submit claims via electronic means, we also recommend to always verify claims mailing addresses prior to sending paper claims
- **Data-Driven Management:** Beacon is implementing improved data-driven management techniques to enhance metrics for claims processing and operations.
- **EDI/Data Exchange:** Beacon is improving the intake and processing of electronically submitted claims through the implementation of a single gateway for front-end claims intake for all Beacon submitters. In addition, we will be implementing a centralized, shared-service process for validating and managing the exchange of data between Beacon and our trading partners.
- **Payment Integrity and Claims Analysis:** Beacon has engaged Nokomis Health to provide us with analytical services related to payment integrity and claims analysis. Nokomis employs an analytical claims engine—ClaimWise™—to conduct this analysis and identify claims paid contrary to national and industry standards. As a result of these payment integrity efforts, providers may receive communications and documentation requests to verify claims submissions and payment accuracy. Additionally, Beacon may adjust claims errors identified as overpayments.

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](mailto:e-supportservices@beaconhealthoptions.com). ■



**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.**

## 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 from you 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.

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](#). ■

## 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 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](#). ■

## Project ECHO (Extension for Community Healthcare Outcomes)

- Every day 91 Americans die from an opioid overdose (CDC).
- The economic impact of prescription opioid misuse is estimated at \$78.5 billion annually (CDC).
- Emergency department and inpatient care for opioid poisonings is over \$20 billion (CDC).
- Employers lose \$10 billion a year due to opioid-related absenteeism and lost productivity (ASAM).
- Health care costs are twice as high for workers addicted to opioids.





**Our goal is to increase overall provider and support staff competency and confidence in using MAT to treat patients with opioid use disorder.**

Medication-assisted treatment (MAT) is a proven, evidenced-based practice that can be life-saving for people with opioid use disorder (OUD). MAT combines the use of medication with proven behavioral therapies, such as psychotherapy or cognitive behavioral therapy, to provide a holistic approach to overcoming opioid dependence.

Adherence and access to MAT are key levers for long-term retention and recovery. When patients adhere to MAT, it can decrease cravings, help prevent relapse, reduce all-cause mortality, and improve other health outcomes.

Despite the effectiveness of MAT, few people have access to this proven therapy. Given the quick, dramatic rise in opioid misuse, there is a significant gap between the number of individuals with OUD and current treatment capacity. A major driver of current MAT underutilization is the lack of providers with specialty training who are approved and willing to treat those with OUD. Among those approved, many physicians often prescribe MAT to many fewer patients than they are able to treat.

Beacon hopes to bridge that gap as an official Project ECHO partner. Project ECHO supports and educates MAT prescribers so they gain valuable experience and ultimately treat more patients with OUD. Beacon's evidence-based approach to managing OUD includes MAT, community support, and other recovery-oriented interventions. With more people adhering to MAT, we can help reduce the all-cause mortality rate.

### **The Beacon Solution—Project ECHO**

Project ECHO is a telementoring platform that links specialists with non-specialists through virtual clinics, where the specialists mentor participants and share their knowledge through case-based learning and guided practice. Non-specialists include primary care providers, psychiatrists, nurse practitioners, physician assistants, and other community-based clinicians.

This “hub-and-spoke” learning model enables primary care providers and other clinicians to develop the skills needed to treat patients with complex, chronic conditions, such as opioid addiction, within their own communities.

As a Project ECHO hub, Beacon focuses specifically on medication-assisted treatment for OUD. A key advantage of MAT is that it can be prescribed in primary care settings as well as specialty substance use disorder treatment programs. Our goal is to increase overall provider and support staff competency and confidence in using MAT to treat patients with opioid use disorder.

We are pleased to announce that Beacon has launched two teleECHO clinics on the East Coast. We plan to launch two additional teleECHO clinics in other markets by January 2018.

The most important downstream effect for members, their families, and our clients is that **MAT can help reduce all-cause mortality.** ■

## ASAM and the Treatment of Opioid Use Disorder

Opioid addiction continues to be a growing public health problem with significant medical and financial ramifications. Opioid addiction, along with other drug addiction, is now viewed as a chronic disease, requiring an evidence-based recovery management approach to increase the likelihood of sustained recovery. The American Society of Addiction Medicine (ASAM) has developed the National Practice Guideline to provide information on evidence-based treatment of opioid use disorder. This guideline is the first to address all the FDA-approved medications available to treat addiction involving opioid use and opioid overdose. It was developed to assist physicians or other prescribing professionals in the decision-making process for prescribing pharmacotherapies to patients with opioid use

disorder. The intent is to educate, promote safe and quality prescribing, and encourage quality treatment and recovery practices.

This ASAM Practice Guideline is intended to aid clinicians with clinical decision-making and patient management. The Practice Guideline strives to identify and define clinical decision-making junctures that meet the needs of most patients in most circumstances. Prescribing physicians are encouraged to continue their medical education regarding evidence-based treatment of opioid use disorder and to continue training and consultations with certified specialist. Below is an outline of topics reviewed in the ASAM National Practice Guideline:

- Assessment and diagnosis of opioid use disorder
- Treatment options
- Treating opioid withdrawal
- Methadone
- Buprenorphine
- Naltrexone
- Psychosocial treatment in conjunction with medications for the treatment of opioid use disorder
- Special populations: Pregnant women
- Special populations: Individuals with pain
- Special populations: Adolescents
- Special populations: Individuals with co-occurring psychiatric disorders
- Special populations: Individuals in the criminal justice system
- Naloxone for the treatment of opioid overdose

ASAM offers a pocket guide, phone and tablet apps, a PowerPoint presentation, webinars, tool kits, and more.



**“We’re taking this step to protect our seniors from fraudulent use of Social Security numbers, which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma.**

For more information, visit <http://www.asam.org/practice-support/guidelines-and-consensus-documents/npg> for a complete guideline and related products. As mentioned earlier in the newsletter, 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. ■

## **New Medicare Cards: Three Ways for Health Care Providers to Get Ready**

Medicare is taking steps to remove Social Security numbers from Medicare cards. 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.

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 will get 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 starting in 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 where providers will be able to use either the MBI or the HICN for billing purposes to further ease the transition.

While your systems will need to be able to accept the new MBI format by April 2018, 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.

Beginning April 2018, Medicare members will come to your office with new cards in hand. Beacon is committed to share important CMS information to help your office get ready for new Medicare cards and MBIs.

Here are three steps you can take today to help your office or healthcare 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](#) and update their Medicare records.
3. 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: <https://www.cms.gov/Medicare/New-Medicare-Card/index.html>. ■

## Beacon's Expertise Section Gets a Makeover

If you've been keeping up with the [Expertise](#) section on Beacon's website—the place where you can read up on the latest news, information, and research going on in behavioral health today—you may have noticed some changes. That's because in August, we launched a new and improved Expertise structure to make the section easier than ever to navigate. You'll still find the same great content, all in a simplified, more intuitive format.

Expertise still focuses on the five topics Beacon knows best: autism, mental health, substance use disorder, recovery, and workplace health and performance. And under each topic, you'll now find three easy-to-use navigational categories to help you explore:

### Learn the Issues

In this section, we present the latest news and commentary going on in a particular topic—from pressing health issues like the [nationwide opioid crisis](#), to [what's new in legislation](#) and [technology innovations](#), and even real-world cultural insights from individuals in our own communities (would you believe [Sesame Street is changing the way we see autism?](#)).

Whether you're a novice who wants to learn the basics of a particular topic, or you're a seasoned expert just looking for the latest news, Learn the Issues will educate you on what you need to know about your topic today.

### What the Data Says

As a clinician, you understand how important it is to have a foundation for the decisions you make each day. What the Data Says presents the evidence base that shapes Beacon's own viewpoints. Here you'll find [clinical studies](#), [reports](#), and information about today's [proven best practices](#) that inform Beacon's work, as well as the work of our trusted clinical partners.

You'll also find some of Beacon's own outcomes, like those from our [ABA Care Management model](#), which we use to measure the impact of our work and demonstrate our own justification for the effectiveness of our programs and services.

### What Beacon is Doing

You've learned the issues and what the data says—so how is Beacon actually working to make a difference within each topic?



**Expertise** still focuses on the five topics Beacon knows best: autism, mental health, substance use disorder, recovery, and workplace health and performance.

What Beacon is Doing answers exactly that by giving you insights into our innovative programs, services, and initiatives, showing you all the ways Beacon is working to deliver better behavioral health care for the people we all serve.

You can learn about Beacon's [solutions for children with autism](#), as well as the [support services we deliver for their caregivers](#). You can also learn what Beacon is doing in response to the nationwide opioid crisis, like our [partnership in Project ECHO](#), which is revolutionizing the way non-specialty providers treat opioid use disorders. You can even see how Beacon puts advocacy into action on the legislative level, [helping shape national parity policy in Washington](#).

We invite you to explore the Expertise section—now easier than ever to navigate—to see all that it has to offer, and check back regularly for new content and resources. ■

## **HEDIS® Measure Review: Initiation and Engagement of AOD Treatment (IET)**

Beacon has been working on a variety of initiatives to raise awareness about National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS) measure objectives, which guide our efforts in measuring the quality and effectiveness of the care provided. The IET measure specifically focuses on initiation and engagement in Alcohol and Other Drug (AOD) treatment.

### **What is the HEDIS IET measure?**

1. Initiation of AOD Treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis.
2. Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

### **What are the best practices regarding this HEDIS measure?**

Early identification of substance use issues can help your patients avoid future drug-related illnesses and deaths, improving quality of life.

Here are some recommendations:

- **Screen:** Incorporate substance use screening upon intake and upon yearly treatment plan review, at a minimum. Many times substance use goes undetected simply due to not asking the question!
- **Document:** If a substance use concern is identified, be sure to document it and code it on any claims submitted. Often, practitioners are reluctant to use an SUD diagnosis for fear of stigmatizing a patient who has discussed his or her struggles with substances. The lack of labeling a diagnosis, however, prevents other clinicians from working with a patient in a coordinated manner, ultimately resulting in less effective care.
- **Follow-up:** When an SUD concern is identified, it's very important to schedule appropriate follow-up treatment. For newly diagnosed patients, in particular, it is recommended that you schedule three follow-up appointments within the first 30 days.
- **Educate:** It's important to educate about the benefits of community substance use treatment options. ■

## Medicare Advantage Providers: Reminder about Annual CMS Training Requirements

The Centers for Medicare and Medicaid Services (CMS) requires providers receiving reimbursement under Medicare Advantage (Part C) or Pharmacy (Part D) to complete the CMS version of Compliance Training. The training is required to be completed within 90 days of hire for new employees and annually thereafter for all employees.

CMS developed its own web-based compliance training to reduce potential duplicative training required of providers by the multiple organizations with whom they contract. This training has been updated for 2017.

Providers may download, view, or print the content of the CMS standardized training modules from the CMS website to incorporate into their organization's existing compliance training materials and systems. The CMS training content cannot be modified; this ensures the integrity and completeness of the training. However, an organization can add to the CMS training to cover topics specific to their organization.

CMS will accept either the Medicare Learning Network (MLN) system-generated certificates of completion or an attestation confirming that the organization has completed the appropriate compliance and Fraud, Waste, and Abuse (FWA) training. Attestations must include language specifying the entity complies with CMS compliance and FWA training requirements.

Training	Link
Download a copy of the Compliance Training	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/Downloads/MedCandDGenComp-download.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/Downloads/MedCandDGenComp-download.pdf</a>
Download a copy of the Fraud, Waste, and Abuse training*	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/Downloads/CombMedCandDFWAdownload.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Products/Downloads/CombMedCandDFWAdownload.pdf</a>

\*Please note, providers will have met the FWA training and education requirements if they have met the FWA certification requirement through:

- Accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); or
- Enrollment in Medicare Part A (hospital) or B (medical) Program. ■



**If you have erroneously billed an individual enrolled in the QMB program, recall the charges (including referrals to collection agencies) and refund the invalid charges paid by the patient.**

## 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 coinsurance, 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 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 the invalid charges paid by the patient.

Beacon encourage 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 Oct. 3, 2017, use new QMB information in the Remittance Advice (RA)
- Starting Nov. 4, 2017, use new QMB data and information in HETS

There will be more details in next month's newsletter 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 coinsurance is available here: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>. ■

## New York Providers: Webinar Opportunities

Did you know that we have dedicated provider training resources for particular states and contracts here at Beacon? This is especially helpful when there are multiple contracts in one state, specific lines of business or provider types, or if a contract follows different rules from standard Beacon business. If you are a provider in Maryland, Georgia, California, or New York, you are probably very familiar with your training team.

This month, we'd like to highlight our New York City office and share 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:

- Adverse Incident Reporting: **Thursday, October 26, 2017 at 10 a.m. ET**

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.

- Follow Up after Hospitalization/2017 HEDIS Measure Overview: **Wednesday, October 25, 2017 at 10 a.m. ET**

This webinar will cover the new 2017 HEDIS measure for follow up after hospitalization.

- Managed Care 101: **Wednesday, October 25, 2017 at 11 a.m. ET**

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.

- Beacon Provider Orientation: **Thursday, October 12, 2017 at 2:30 p.m. ET**

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.

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, are recommended for New York providers. For any New York-specific provider training questions, please email [nyptrainings@beaconhealthoptions.com](mailto: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 network providers be enrolled with State Medicaid programs. The Medicaid provider enrollment process is 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.



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:

- [‘Did you hear about Frank?’](#)
- [Momentum – Beacon’s progress bringing Zero Suicide to life](#)
- [And the diagnosis is...](#)
- [Substance use: An old problem requires new solutions](#)
- [From misdiagnosis to stability: A story of struggle, of hope](#)
- [The 2017 NAMI National Convention: Behind the Booth](#)

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](mailto:beaconlens@beaconhealthoptions.com). Together, let’s lead the conversation on behavioral health! ■

**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 CHP 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. Please go to: <https://www.emedny.org/info/ProviderEnrollment/index.aspx> and navigate to your provider type to print and review the Instructions and the Enrollment form. At this website, 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 additional questions about this initiative, please contact Beacon National Provider Service Line at 800-397-1630 or email Provider Relations at [newyorkservicecenter@beaconhealthoptions.com](mailto:newyorkservicecenter@beaconhealthoptions.com). ■

## California Providers: ValueOptions Of California, Inc.

While many of our contracts have assumed the name of our merged organization, Beacon Health Options, there are certain tightly regulated business entities that will retain their contractual name of either Beacon Health Strategies or ValueOptions. In an effort to educate our provider community, we’d like to share more about some of our business in the state of California.

ValueOptions of California is a wholly owned subsidiary of Beacon Health Options and a specialized health care service plan licensed under the California Knox-Keene Act to provide mental health or substance use disorder or mental disorder (MHSUD) and employee assistance program (EAP) services. As a Knox-Keene plan, ValueOptions of California is regulated by the Department of Managed Health Care (DMHC).

To learn more about ValueOptions of California, the clients it serves, important forms, and access to the Provider Handbook, please visit [www.valueoptionsofcalifornia.com](http://www.valueoptionsofcalifornia.com). ■

## Webinars

### 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.

- [Wednesday, October 11, 2017 1-2 p.m. ET](#)
- [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.

- [Thursday, October 12, 2017 1-2 p.m. ET](#)
- [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. ■