



Go Green with Beacon Health Options

Effective Jan. 1, 2019, Beacon Health Options will expand its Go Green efforts to include all plans serviced by Beacon's provider network. To standardize the way providers receive payment notification, we will move to electronic remittance advice and discontinue printing and mailing Explanation of Payments (EOPs), also known as Provider Summary Vouchers (PSVs), for all providers.

Many of our providers are already receiving EOPs and PSVs electronically, and the goal is for all of our providers to Go Green. Beacon is fully supporting a Go Green initiative with our payment reimbursement vendor, Payspan®. The solution enables online accessibility to remittance advice and straightforward reconciliation of payments to reduce costs, speed secondary billings, and improve cash flow.

October 2018

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Contact Information • [Read More](#)

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Contact Us:

Ideas and suggestions for future editions?

PRcommunications@beaconhealthoptions.com.

Not have internet access and need a hard copy?

Call: 800-397-1630

If you have already registered to receive electronic EOPs or PSVs and electronic funds transfer (EFT), we want to thank you and no action is required. However, if you are still receiving paper remittance advice in the mail, we strongly encourage you to [register with Payspan](#). To receive your EOPs and PSVs in 2019, you must register.

Electronic EOPs and PSVs are available for download and printing from the Payspan website. This applies to providers receiving either paper checks or EFT. However, if you are not currently registered for EFT, this is also the perfect time to take action and skip trips to the bank to cash checks.

To register for Payspan, either:

- Visit Payspan's [Login and Registration page](#)
- Call Payspan at 877-331-7154

Once you have registered, you will experience many benefits offered by Payspan:

- Access to Payspan's self-service portal 24/7 to review your remittances and reconcile your accounts.
- Receive notice immediately upon payment.
- Choose multiple bank accounts for deposit if desired. No need to limit to a single account.
- No longer worry about a lost check in the mail.
- Mailbox Routing: Route remittance advice images to a free mailbox.

If you still receive paper checks:

- Locate the Registration Code and PIN on the physical paycheck stub.
- You will continue to receive physical checks until each Registration

Code and PIN are on file with Payspan.

- Enroll each plan and/or service address/pay-to combination that you have active with Beacon so that all your payments can be issued via EFT. If your information with Beacon changes, or you update or add an address, contact Payspan to add the information to their file.

Again, please do not delay; register to receive your electronic Explanation of Payments and Provider Summary Vouchers today. ■

Serving Those Who Serve: Assistance Dogs and Emotional Support Animals

If you've ever felt comforted by being with your pet, you know how special the connection between human and animal can be. In fact, science backs up the healing properties of pets. Studies show that interacting with a friendly animal lowers blood pressure and reduces anxiety.

If you work with military families who might benefit from a pet, either for emotional support or as a service dog trained to help with a disability, here are some things to know.

The differences between an emotional support animal and an assistance dog

While both types of animals provide comfort, an assistance dog is trained in specific tasks to help someone with a disability. Only dogs, and in certain cases, miniature horses, can be assistance animals as defined by the Americans with Disabilities Act (ADA).

Assistance dogs can be trained to do the following and more:

- Guide people who are blind

Only dogs, and in certain cases, miniature horses, can be assistance animals as defined by the Americans with Disabilities Act (ADA).



- Turn lights on and off
- Push elevator and handicap buttons
- Retrieve dropped items
- Alert their hearing-impaired person to important sounds, such as dropped keys or someone calling their name
- Alert their human to an oncoming seizure
- Provide balance for those who are unstable on their feet
- Calm a person with post-traumatic stress disorder (PTSD) during an anxiety attack, or perform other duties, such as providing a physical barrier from crowds

The ADA gives people with assistance dogs the right to bring their animal into public places, such as restaurants, buses, and supermarkets.

Emotional support animals can be any species of animal that eases mental health symptoms, such as anxiety or depression. They don't have special training and are not allowed in public places. However, airlines will allow some types of emotional support animals on commercial flights. They're also allowed into housing that otherwise bans pets. In both cases, their owner may need a note from a doctor or mental health professional.

Help military families decide whether a service animal is right for them

Ask your military family to consider the following:

- They may have the dog for 15 or more years. Can they give the dog the daily exercise and attention it needs to thrive?
- They may have to pay thousands of dollars for an assistance dog. Many organizations that train and place assistance dogs do not charge veterans. Some provide them for free to people who are disabled. Others expect civilian clients to pay outright or raise funds for their dogs.
- It costs money to care properly for a dog. Costs include paying for food, supplies, equipment, and boarding as well as routine and emergency veterinary care. The Veterans Administration (VA) will cover veterinary care and equipment for veterans who are approved for assistance dogs. The VA does not cover the cost of caring for emotional support animals, nor does it approve assistance dogs whose sole purpose is to help with PTSD.

- Assistance dogs require ongoing training. These dogs are highly trained when they are placed. They will quickly lose their skills and develop bad habits if the training is not kept up. Emotional support animals should have basic obedience training, too.

How to find an assistance dog

Emotional support animals can be found through shelters, breeders, or rescue centers. As long as they are good companions, it should not matter where they come from. That's not the case with assistance dogs. Often, assistance dogs are specially bred for their job and they are always individually trained to perform certain tasks. There are no federal or state licensing requirements to train assistance dogs. So, if your military family decides on an assistance dog, their next step is to find a trustworthy organization. They can start by checking out the following associations.

For guide dogs:

- [International Guide Dog Federation](#)
- [National Association of Guide Dog Users](#)

For assistance dogs:

- [Assistance Dogs International](#)

Before settling on a provider, recommend that your military family look for the following:

- A long track record of training and placing assistance dogs for people with disabilities similar to theirs
- A thorough application process to match them with the best dog for their needs
- A period when the person and assistance dog are trained to work together as a team

- Ongoing support after training

By helping your military families think through their decision, they will be ready for the life-changing benefits of having an assistance dog or emotional support animal.

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. ■

Update: Ordering Drug Testing for Substance Use

Beacon recognizes drug testing as valuable and necessary in the assessment and management of individuals with substance use conditions. However, inappropriate drug testing causes enormous costs to individuals and payers of care. Some examples of inappropriate testing are routine use of large standard test panels, confirmation testing for all positive and negative qualitative test results, and repeated testing of positive results without consideration of the drug's detection window.

The 2018 update to Beacon's drug testing medical necessity criteria included recent evidence-based practice standards supporting "smarter" drug testing. Smarter testing includes use of random testing versus standard scheduled testing and testing based on clinical indication. Ordering providers should document drug-testing rationale indications and test results should be incorporated into treatment decisions.

If laboratory services do not appear to meet clinical criteria, Beacon will initiate a medical necessity medical record review from the ordering provider and request documentation of orders for lab testing. Requisitioned or ordered tests by providers must meet Beacon's medical necessity criteria for NMNC 6.605.03 Substance Use Laboratory Testing for Drug and Alcohol Use. To access this document, visit our website's [Medical Necessity Criteria page](#) and scroll to IV. Substance Use Programs, Outpatient Services.

Note: If you are a facility provider billing for inpatient services, your lab expenses should be included in your per diem rate and should not be billed separately.

Preferred Laboratory

For many Beacon members, Quest Diagnostic is the preferred laboratory. When laboratory testing is considered medically necessary, we strongly encourage Beacon providers to use Quest Diagnostics as first choice in plans where laboratory testing is a covered benefit. This is a potential cost-saving opportunity for our members through reduced or eliminated deductibles, co-pays, and/or co-insurance.

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.

To find a Quest Diagnostics location and schedule an appointment, please direct your clients to visit questdiagnostics.com or call 866-MYQUEST (866-697-8378). ■

Up-to-Date Information Keeps You in Contact with Beacon

There are many important reasons to keep your demographic, contact, and availability information complete and up to date with Beacon. For example:

- Sending referrals and claims payment
- Providing member access to information through provider directories
- Giving notice of recredentialing deadlines
- Complying with your provider handbook or manual


Recently Beacon has introduced a few outside vendors who can help simplify the process of checking and updating your information. Read more about CAQH and Morpace.

CAQH ProView

CAQH ProView™ is an industry standard solution to capture and share health care self-reported information that 1.4 million health care providers use today—more than 90 percent of Beacon individual providers are already registered. All Beacon network providers are encouraged to register to reduce the credentialing timeline and improve directory accuracy.

Using the intelligent workflow design offers multiple advantages:

- Provide information one time to CAQH for all participating health plans and payers.
- Upload supporting documents directly to improve the quality and timeliness of completed applications.
- Maintain control of information with enhanced security features.



If you are contacted by Morpace, please take the time to respond. Your feedback is important to allow us to determine overall accuracy of the data in our directories.

- Register with the system even before a health plan initiates the application process.
- Available at no cost to providers.

If you are not already using CAQH, [create a ProView account](#).

Be sure to give “Beacon Health Options” permission to pull your application. For questions related to CAQH ProView, please email providerhelp@proview.caqh.org.

Morpace

Beacon has partnered with [Morpace, Inc.](#) (Morpace), a global research and consulting firm, to assist with a variety of Beacon’s survey-related projects. In addition to administering our member and provider satisfaction surveys, Morpace will manage audits to evaluate provider directory data accuracy.

Morpace will conduct quarterly telephone audits with providers to measure accuracy of the data housed in Beacon’s systems that populate our provider directories, such as practice location, phone number, appointment availability, and whether providers are accepting new referrals. Morpace will reach out to providers to participate in surveys to confirm information on file, as well as help provide Beacon with information to make corrections when necessary. This audit is one step toward transforming our business to drive improved provider directories that positively impact the member experience and ensure we remain compliant with regulatory and client contracts.

The audits began in September 2018. Providers may be contacted once per year, typically via email with an option to call a toll-free number as well.

If you are contacted by Morpace, please take the time to respond. Your feedback is important to allow us to determine overall accuracy of the data in our directories. Thank you for your participation. ■

Beacon Partners with HMS to Improve Payment Integrity

Beacon has implemented new measures as part of our ongoing commitment to ensure our claims adjudication processes are robust, accurate, and supportive of enhancing provider compliance.

To support these efforts, Beacon has engaged with a third-party liability identification and recovery service vendor, Health Management Systems, Inc. (HMS).

HMS will assist Beacon by reviewing Coordination of Benefits (COB) calculations, assuring proper documentation exists to support payment, and recovering overpayments on improperly paid claims.

Beacon's payment integrity efforts may identify payment errors from the following major claim edit types:

National Correct Coding Initiative (NCCI): procedure-to-procedure edits that define pairs of HCPCS/CPT codes that should not be reported together

Medically Unlikely Edits (MUE): units-of-service edits that define the number of units of service per HCPCS/CPT code that is unlikely to be correct

Other Edits for Improperly Coded Claims: regulatory or level of care requirements for correct coding

Examples of claims edits can include but are not limited to the following:

- Invalid procedure and/or diagnosis codes
- Invalid code for place of service
- Invalid modifier for code or modifier not appropriate
- Edits for state-specific Medicaid codes
- Diagnosis code that does not support procedure
- Add-on codes reported without a primary procedure code
- Charges not supported by documentation based on review of medical records
- Claims from suspected fraudulent activities of providers and members that warrant additional review and consideration

- Services provided by a sanctioned provider or provider whose license has been revoked or restricted
- Incorrect fee schedule applied, claim repriced at wrong amount
- Duplicate claims paid in error
- No authorization on file for service that requires prior authorization

If Beacon determines that payment recovery is necessary, providers will be notified prior to any claims adjustments. ■

Enrollment Required for Continued Medicaid Network Participation

Beginning in 2018, the Centers for Medicare and Medicaid Services (CMS) requires that all providers participating in Medicaid managed care networks be formally enrolled with state Medicaid programs.

In order to provide services to Medicaid members, providers must be enrolled with their state Medicaid program. The Medicaid provider enrollment process ensures appropriate and consistent screening of providers and program integrity. Providers must take steps to continue to provide services to Medicaid members:

Already have an active Medicaid Provider Identification Number

from the state in which you are licensed? You do not need to take any action to enroll.

Not enrolled with your state Medicaid program and not have an active Medicaid Provider Identification Number? You must contact your state to enroll. Historic participation in Beacon's Medicaid network does not equate to being enrolled with your state. You must be enrolled in your state's program, in addition to your participation in Beacon's network.

At one time you were a Medicaid provider, and your enrollment has lapsed? You must contact the state to become re-enrolled.

You must maintain your Medicaid enrollment. If you are not enrolled with the Medicaid program on a date of service, your claim may be denied and you may be terminated from the Beacon or other Medicaid plans' networks.

If you are applying to Beacon's Medicaid network as a new provider, you are required to provide your valid and active Medicaid Provider Identification Number as part of the initial credentialing process.

Each state's enrollment process is different. Please use the links in the above table to get more information about the state(s) where you are licensed.

You may receive notification of this requirement from multiple managed care entities. You only need to submit a single Medicaid enrollment application with your state.

Medicaid Enrollment		
Click the state name to go to that state's enrollment page		
Arkansas	California	Colorado
Connecticut	District of Columbia	Florida
Georgia	Hawaii	Illinois
Kentucky	Maryland	Massachusetts
Michigan	New Hampshire	New Jersey
New York	North Carolina	Pennsylvania
Rhode Island	Tennessee	Texas
Washington	West Virginia	

You may be asked by Beacon or another managed care entity to provide evidence of your submission, so we encourage you to retain a copy of the application. ■

Changes to Electronic Claims Submission

Beacon has begun upgrading our electronic claims submission application, including the implementation of new claims edits. These edits are in line with industry standards and designed to ensure claims submitted to Beacon have all data elements required to be considered a clean claim and can pass the HIPAA standards published by Centers for Medicare and Medicaid Services (CMS). Our objective is to have all submitters migrated to the new submission application by the end of fourth quarter. See below for how the next steps may impact you.

If you submit through Change Healthcare as your clearinghouse:

We recently launched a pilot of the new submission process with Change Healthcare, a large clearinghouse with which many of our providers partner to submit claims on their behalf. Thorough testing occurred to minimize claims that cannot be processed. If Change Healthcare is your submitter, you may hear from them about any changes required.

If you submit claims through another clearinghouse or billing service:

After the Change Healthcare pilot, other clearinghouses and billing services will gradually move to the new application. No action from you is necessary at this time. We are in the process of working directly with your clearinghouse or billing service. We will share our new Companion Guides with them and engage in a thorough testing process to assure that the impact of the new edits is known and they can adjust accordingly to limit claims that cannot be processed.

If you submit electronic claims directly to Beacon via an 837 file (without a clearinghouse or billing service):



We strongly encourage providers to work directly with Beacon regarding complaints and grievances so we can specifically address and rectify the issue at the source.

In August, we began migrating the first phase of direct submitters. We are in contact with many providers to assist with the new process and troubleshoot any issues. We continue to communicate with others to get them ready for the migration process. As a reminder, our upgraded claims submission process includes the implementation of new claims edits. These edits are in line with industry standards and designed to ensure claims submitted to Beacon have all of the data elements required to be considered clean claims and pass HIPAA standards published by CMS. Additionally, once your claims are being submitted through the new application, you will receive industry standard response files, 277CA and 999, instead of the non-standard responses you receive today. Please make sure that any required changes to your systems are in place to accept the response files. We encourage you to review our new Companion Guide to ensure that your claims are compliant.

If you submit claims via single claims data entry on a Beacon website:

No action is necessary at this time. Single claims data entry is not in scope for this initiative and there will be no changes to how your claims are submitted.

We are pleased to have the opportunity to collaborate with you as we implement this important new process. We will work closely with you to assure the transition goes as smoothly as possible. Should you have questions or concerns, please feel free to reach out to our EDI Helpdesk at 888-247-9311 or e-supportservices@beaconhealthoptions.com. ■

How to Submit a Complaint or Grievance

Beacon takes seriously the complaints and grievances submitted by participating providers. We would like to remind providers of the complaints and grievances process, as defined in the [Provider Handbook](#). Additionally we strongly encourage providers to work directly with Beacon regarding complaints and grievances so we can specifically address and rectify the issue at the source.

Participating provider complaints should be directed to the Beacon National Provider Services Line at 800-397-1630, Mon. through Fri., between 8 a.m. and 8 p.m. ET, or in writing to:

Beacon Health Options, Inc.
Attn: Provider Complaint Department
P.O. Box 989
Latham, NY 12110

Beacon will acknowledge receipt of participating provider complaints, investigate, and notify the participating provider verbally or in writing of the proposed resolution to the complaint, along with the procedure for filing a grievance should the participating provider not be satisfied with the proposed resolution. See [Provider Handbook](#) for details. ■

Appointment Access Reminder

As set forth in 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 access standards:

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

Beacon expects providers to maintain appropriate standards for appointment access. Additional information is outlined in the "Appointment and Availability Standards" section of the [Provider Handbook](#). ■

Colorado Providers: C-PAC Open to All Ages

Beacon is pleased to announce the expansion of the Colorado Psychiatric Access & Consultation (C-PAC) program. Previously this program was only available to children under the age of 21—it is now available to all ages.

C-PAC is a unique program that gives primary care prescribers (PCPs) quick, free access to a phone consult with a board-certified psychiatrist. This service is open to all primary care practices that currently accept Medicaid members. The consultation service is not limited to Medicaid members, however; we are "payer blind" and can provide C-PAC services to any patient, with any type of insurance or no insurance at all.

There is never a charge to the prescriber, the practice, or the patient. C-PAC is funded by Northeast Health Partners and Health Colorado, with administrative management provided by Beacon Health Options. During the last calendar year, we provided C-PAC services to more than 1,600 patients in Colorado.

For patients needing referrals or resources for behavioral health treatment, C-PAC staff assist with accessing a network of behavioral health specialists and navigating complex behavioral health systems.

Additionally, C-PAC staff provide free behavioral health trainings to PCP offices and regularly check in with practice staff to answer questions and address concerns. We also provide resources for behavioral health screenings and assessment tools to augment your practice. Our administrative staff will also follow up with PCP offices regarding client referrals.

C-PAC services and consultations are available Monday through Friday, 8 a.m. to 5 p.m., excluding federal holidays.

To enroll in the C-PAC program or for questions, please contact Elizabeth Richards at

Elizabeth.Richards@beaconhealthoptions.com. ■

Texas Providers: Wraparound Training Website Updated for Texas Mental Health TCM Providers

Mental health targeted case management (TCM) providers are required to complete wraparound training to provide intensive targeted case management. In response to concerns brought by providers and health plans about accessing information on wraparound training, Texas Health and Human Services Commission (HHSC) announced that the Texas Center of the National Wraparound Implementation Center has updated its website to include more detailed information and the training for wraparound care. [Find the Texas Center online](#). ■

Michigan Providers: FCA-US Michigan Members Have Access to Mobile Intensive Crisis Stabilization Services


Mobile crisis stabilization services are a professional behavioral health intervention benefit for individuals who are in a mental health or substance use crisis, available to all Fiat Chrysler Automobiles (FCA) employees who reside in southeast Michigan. These services allow a patient in crisis to be addressed clinically at the point of crisis, at home or in the workplace, and serve as an alternative to emergency room referral or an overnight inpatient admission. They assure for the patient's safety and clinical stability.



The intervention engages the patient over a longer time than is offered in an emergency room setting. This leads to more sustained engagement in care, reducing avoidable admissions to hospital inpatient or emergency department in the future.

Services are available for delivery at a time when the treating outpatient provider does not offer clinical services. Mobile crisis services can be deployed to the patient's home or worksite seven days a week between the hours of 7 a.m. and midnight.

Access to mobile crisis stabilization services begins when a patient, family member, or provider calls Beacon at 800-346-7651 and requests to speak with a care manager about mobile crisis intervention services. Beacon's care manager will ask the caller a series of questions that will allow the Beacon clinician to assess risk for the patient. They will initiate the process of deploying a mobile crisis intervention team to come to the patient's location within one hour of the call.



To view previous webinar slides and recordings, visit our [Webinar Archive](#). For additional trainings and information, view our [Video Tutorials](#).

When onsite, the mobile crisis stabilization team will conduct a face-to-face assessment to assure that higher 24-hour level of care is still deemed inappropriate, as well as stabilizing the patient and reducing the acute emotional crisis. After the crisis is reduced and safety restored, treatment will be offered at a partial hospitalization level program close to where the patient resides. Beacon care managers, in concert with the mobile crisis stabilization team, work to assure that the patient completes the medically necessary partial hospitalization level of care and is successfully transitioned to and engaged in a traditional outpatient program.

All services are covered under the FCA member's medical plan with applicable member cost share, depending on the member's medical plan and level of care treatment. ■

Webinar Schedule

In addition to the webinars below, various contracts may also 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.

Giving Value Back to the Provider

Provides an overview of our administrative, procedural, and technical systems.

- [Thursday, December 6, 2018 2-4 p.m. ET](#)
- [Friday, December 7, 2018 11 a.m.-1 p.m. ET](#)

ProviderConnect Overview

Intended for providers and office staff learning about ProviderConnect for the first time.

- [Wednesday, November 7, 2018 1-2 p.m. ET](#)



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:

- **One of the toughest endeavors: Changing health behavior**
- **I feel your pain: Suicide's impact on the mental health professional**
- **Treating substance use disorders with web-based technologies**
- **Telehealth: A virtual technology for improved access, convenience and more**
- **AI in behavioral health care: When artificial intelligence became real**
- **July: It's more than an observance of mental health awareness**
- **NAMI Conference 2018: Helping people make connections**

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! ■

ProviderConnect Authorizations

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

- **Thursday, October 18, 2018 1-2 p.m. ET**
- **Wednesday, December 12, 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, November 14, 2018 1-2 p.m. ET**

eServices Overview

Designed to provide an introduction and overview of how to register, use, and submit claims and authorizations through the eServices platform for those health plans that use this portal.

- **Thursday, October 25, 2018 1-2 p.m. ET**
- **Thursday, November 29, 2018 1-2 p.m. ET**
- **Thursday, December 20, 2018 1-2 p.m. ET**

To view previous webinar slides and recordings, visit our [Webinar Archive](#). For additional trainings and information, view our [Video Tutorials](#). ■

New York Providers: Webinar Opportunities

Our New York team frequently hosts provider education activities, and we invite you to find their [monthly webinar schedule](#) online.

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 is required for all webinars. ■