beacon
health options

Valued Provider eNewsletter

Beacon Launches HEDIS® Measure on Dependence Treatment

Beacon works on a variety of initiatives to raise awareness of the importance of early detection and intervention for members with alcohol and drug use disorder. One key tool in this process is the National Committee for Quality Assurance's (NCQA) HEDIS®* Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) measures. This measure helps to guide our efforts to measure the quality and effectiveness of the care provided.

The IET measure specifically focuses on initiation and engagement in Alcohol and Other Drug (AOD) treatment by assessing whether providers identify and engage members in need of AOD treatment and if the identified members start and continue treatment.

Contact Us:

Ideas and suggestions for future editions? PRcommunications@beaconhealthoptions.com. Not have internet access and need a hard copy? Call: 800-397-1630

What is the HEDIS IET Measure?

The percentage of adolescent and adult members with a new episode of AOD abuse or dependence who received the following:

- **Initiation of AOD Treatment.** The percentage of members who initiate treatment through an inpatient AOD admission; outpatient visit; intensive outpatient encounter; or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of the diagnosis.
- **Engagement of AOD Treatment.** The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.

Improving the HEDIS IET Score

Early identification of substance use disorder issues can help your patients avoid future drug-related illnesses and deaths, improving quality of life. Here are some recommendations:

- **Screen:** Make sure to incorporate substance use disorder (SUD) screening upon intake and upon yearly treatment plan review, at a minimum.
  - Use the **CAGE-AID (CAGE Adapted to Include Drugs)** to screen for drug use among patients
  - Use the **Alcohol Use Disorder Identification Test (AUDIT)** to screen for alcohol issues
- **Document:** If SUD is identified, be sure to continue to document *and include the diagnosis code on any subsequent claims submitted.*
- **Follow up:** When SUD 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 34 days, with one of the three within the first 14 days.*

- **Educate:** It's important to educate patients on the effects of substance use and on the treatment options that exist for them in their community.

New: Telehealth

Telehealth is real-time interaction via audio and video telecommunication. The telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction. Telehealth visits billed with the telehealth modifier 95 or GT will meet the IET measure. Providers must have telehealth services explicitly included in their Provider Services Agreement to be able to bill for this service.

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). ∎

Serving Those Who Serve: Help Those Who Lost a Loved One to Suicide

Death by suicide can be devastating for the people left behind, and military families are more likely than those in the general population to experience such a loss. On average, 13.3 per 100,000 people take their own lives in the U.S. Among active duty service members, that rate is 20.2 per 100,000; 24.7 among reserves; and 27.1 among National Guard members.

The risk for veterans is even higher. Veterans make up just 8.5 percent of the U.S. population, yet account for 18 percent of all adult suicide deaths in this country.

The suicide of a loved one brings out complex emotions that can complicate the grieving process. If you are helping a military family who has lost a loved one to suicide, they may feel:

- **Guilt** for not being able to prevent the death
- **Anger** at their loved one for abandoning them, at themselves for missing warning signs, and at others who they believe may have had a role in the suicide
- **Confused** by unanswered questions
- **Rejected** by their loved one

Your clients may also have symptoms of depression and trauma, especially if they witnessed the suicide or found the body. Common reactions include:

- Nightmares
- Flashbacks
- Difficulty concentrating
- Loss of interest in usual activities

In addition, survivors may be haunted by painful memories instead of fond memories. They may look at photos or videos and wonder whether their loved one was truly happy or whether the smile hid despair. They may question everything they thought about their relationship. Your clients may also fear that their loved ones will be remembered for the way they died rather than for their military service and other accomplishments.

You can help your military families in the following ways:

- **Reassure them that the suicide is not their fault.** Most people who die by suicide are severely depressed. This affects their problem-solving skills and robs them of optimism.
- **Prepare them for unhelpful comments from well-intentioned people.** People may say the loved one is "in a better place," reassure the bereaved that they'll marry again, or advise them to "stay strong." These comments may make your clients feel worse. Help them focus on the sentiment behind the words rather than the words themselves.
- **Encourage them to talk about their loved one.** They may not reach out for the support they need because of the social stigma around suicide, but remaining silent about their experience will make it much harder to move forward.
- **Help your clients tap into their social support systems.** They need understanding people to talk with, lean on, help with household chores and meals, and more.
- **Encourage your client to join a support group.** Being with others who have lost loved ones to suicide can be especially comforting and healing.

Finally, remind your clients that there is no "right" way to grieve. Nor is there a time limit. A suicide can take years to process. Grief can reemerge at any time, especially during holidays and other significant dates. By seeking the help they need and understanding their own grief, your clients will heal.

If you know of someone experiencing a mental health crisis or thoughts of suicide, help is available 24/7 through the National Suicide Prevention Lifeline at 800-273-TALK (8255), or **visit their website to chat online**.

Learn more about Beacon's commitment to suicide prevention by reviewing our white paper, **We Need to Talk about Suicide**.

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**. ■

Maintaining an Accurate Provider Directory

It is of utmost importance that Beacon members are able to rely on the information available in our provider directories to allow for easy access to care. 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 will begin in September 2018. Providers may be contacted once per year, typically via email with an option to call a toll-free number as well.

Regardless of whether you are contacted, we remind you that you are required to keep your demographic and appointment availability information current with Beacon. The best way to do this is through CAQH. See the article on page 10 for more details on CAQH.

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

Introduction to Payment Integrity

Beacon's Payment Integrity department works to achieve the functions set out by Beacon's Payment Integrity Center of Excellence. The objective of the Payment Integrity Center of Excellence is to ensure claims accuracy, payment accuracy and administration, compliance, coordination of benefits and subrogation, and process improvements.

The broad functions of Payment Integrity include investigating and recovering improper payments from system errors, coding and billing compliance, coordination of benefits (COB), retrospectively termed-member eligibility, provider negative balances, investigative analysis, and identification of potential fraud, waste, and abuse.

Payment Integrity works closely with Beacon's Special Investigation Unit (SIU) to investigate and recover fraudulent payments.

Providers are responsible for following all requirements under federal and state regulations, publications, and bulletins that are pertinent to the treatment and services provided. Providers have a responsibility to submit complete and accurate claims and ensure that documentation fully supports billed charges and claims submitted.

Beacon's Payment Integrity department may review medical records, where appropriate, to validate that charges are supported by documentation. Therefore, providers may receive communications and documentation requests to verify claims submissions and payment accuracy.

For more information about Payment Integrity, review our Giving Value Back to the Provider webinar content. To access the slides and a recording, visit our Webinar Archive. ■

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 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. 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. ∎

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	

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. ∎

Enroll with Payspan to Improve Cashflow

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

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

There are many benefits to using Payspan:

- Have payments deposited automatically in the bank account of your choice
- Use Payspan's self-service, high-security website for free
- Access your remittance data 24 hours a day
- Receive email notifications immediately upon payment
- Download an 835 file to use for auto-posting purposes

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

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

If you have been receiving checks:

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

If your information with Beacon changes or you update or add an address, contact Payspan to add the new information to their file.

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

If you have any additional questions about this initiative, please contact Beacon's National Provider Services Line Monday through Friday between 8 a.m. and 8 p.m. ET at 800-397-1630. ■

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 Sept. 30, 2018. 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, ou 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):

On Aug. 24, 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. ∎

Stop the Paperwork and Register for CAQH ProView Today

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's network providers are encouraged to register to reduce the credentialing timeline and improve directory accuracy.

CAQH ProView can help save time and frustration. Using the intelligent workflow design offers multiple advantages:

- Stop manually completing and sending Beacon-specific credentialing applications.
- Provide information one time to CAQH for all participating health plans and payers.
- Complete credentialing and recredentialing faster.
- Upload supporting documents directly to improve the quality and timeliness of completed applications.
- Update practice and credentialing information for multiple payers in a single place.
- Maintain control of information with enhanced security features.
- 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**. ■

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**. ■

Keep Your Demographic and Appointment Availability Information Current

To assure that we are able to contact you with important updates and notifications, to provide accurate referrals for members seeking services, and to stay compliant with Centers for Medicaid and Medicare Services (CMS) and other regulations, we require all providers to keep their practice information current.

As outlined in the Beacon **Provider Handbook**, you must contact us when any of your demographic, contact or availability information changes. This includes mailing, billing and email addresses, appointment availability, office hours, licensure, etc. This is important for several reasons which impact your practice, including but not limited to:

- Accurate addresses for referrals and claims payment
- Prompt notification of recredentialing deadlines
- Member access to information in provider directories

Universal Updates Via CAQH

The easiest way to keep your information current with Beacon and other payers is to use CAQH. CAQH is a universal, independent, non-profit entity that many payers work with to streamline information updates and the credentialing process for providers. Practitioners may review, update, and attest to the accuracy of their demographic and other information online using CAQH.

If you already have a CAQH ID, you will be periodically prompted to attest that your information is current. Take a minute to make any updates and complete the attestation today. ◼

Colorado Providers: Welcome to the RAE

Over the summer, Health First Colorado (Colorado Medicaid) changed its structure to integrate behavioral and physical health care services. This transitioned members into a Regional Accountable Entity (RAE) with a whole-health focus. The changes allow Medicaid members in Colorado to receive integrated, coordinated care, creating an enhanced member and provider experience.

In Region 4, Health Colorado, Beacon has partnered with Valley-Wide Health Systems, Inc., Health Solutions, San Luis Valley Behavioral Health Group, SolvistaHealth, and Southeast Health Group. In Region 2, Northeast Health Partners, Beacon serves with Sunrise Community Health, Salud Family Health Centers, Centennial Mental Health Center, Inc., and North Range Behavioral Health.

In both regions, Beacon serves as the Administrative Service Organization (ASO) and works diligently with the regional organizations, the state of Colorado, and our primary care and behavioral health providers through the transition. As with any pivot of services, we are addressing unexpected challenges, refining processes, and increasing communication with our providers.

Beacon recognizes that it is only through working with exceptional professionals like you that we can succeed in making high-quality physical and behavioral health care more available to Health First Colorado members. We are committed to communicating with our network and providing the resources needed to navigate the changes.

We recommend you sign up for Beacon's Provider Alerts to receive important updates about the regional organizations and Health First Colorado. Send an email to **COProviderRelations@ beaconhealthoptions.com** with the subject line "Sign up for Provider Alerts." You can also view self-paced trainings and find additional information in the Providers section of our regional websites, **www. healthcoloradoRAE.com** and **www.northeasthealthpartners.org**. ◼

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.

Overview of ProviderConnect

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

- **Wednesday, November 7, 2018 1-2 p.m. ET**

Authorizations in ProviderConnect

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

- **Thursday, October 18, 2018 1-2 p.m. ET**

ProviderConnect Claims

Designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

- **Wednesday, November 14, 2018 1-2 p.m. ET**

ProviderConnect Tips and Tricks

Designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

- **Thursday, October 4, 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, September 20, 2018 1-2 p.m. ET**
- **Thursday, October 25, 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. ∎

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:

- 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
- Drug diversion: The crime that affects everybody
- The Many Faces of Stigma
- Who cares for the caregiver?
- Mental Illness and Violence – Challenges and Solutions

You can subscribe for email notifications for the blog by visiting the site directly. We look forward to your commentary.

If you have a topic suggestion, email: beaconlens@beaconhealthoptions.com. Together, let's lead the conversation on behavioral health! ∎

New York Providers: Webinar Opportunities

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

Adverse Incidents Reporting

This is an overview cover adverse incidents, types of incidents to report, and how to report them. We will also discuss potential quality of care issues.

- **Tuesday, September 25, 2018 11 a.m.-12 p.m. ET**

Follow-up After Hospitalization/HEDIS Measure Overview

This webinar will cover new HEDIS measures for follow up after hospitalization.

- **Tuesday, September 25, 2018 12-1 p.m. ET**

Managed Care 101

We will cover the basic terminology and provide general guidance on how to work with Beacon.

- **Thursday, September 20, 2018 2-3 p.m. ET**

ProviderConnect Overview

This is an overview of ProviderConnect, including claims submission, reports, and authorization requests.

- **Thursday, September 20, 2018 11 a.m.-12 p.m. ET**

PROS/ACT Billing Overview

This webinar will provide an overview of PROS and ACT, authorization requirements, and how to bill for these services..

- **Thursday, September 13, 2018 2-3 p.m. ET**

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