

A p p e n d i x 1

Handbook Glossary

www.beaconhealthoptions.com

Beacon Health Options, Inc. is formerly known as ValueOptions, Inc.

The following terms used in the *handbook* have the meaning ascribed below unless otherwise defined in the *member's* benefit plan or coverage document, where applicable. In the event of a conflict between the a *member's* benefit plan, the *provider agreement* and this *handbook*, such conflict will resolved by giving precedence in the following order:

1. The Member's benefit plan
2. The Provider Agreement
3. This Handbook

TERM	DEFINITION
Access/Accessibility	The extent to which a <i>member</i> can obtain available and <i>medically necessary</i> services when they are needed. "Services" refers to both telephone access and ease of scheduling an appointment, if applicable. The timeliness within which a <i>member</i> can obtain services within the appointment (i.e., routine appointment within 10 business days, or three to five business days for <i>EAP</i>). This may include telephone availability or appointment availability.
Accreditation	The process by which an accrediting entity or organization recognizes an individual or entity as meeting predetermined standards.
Achieve Solutions	Beacon's Web-based resource that offers information and tools on work/life, legal/financial, behavioral health and health and wellness issues. The site is provided to Beacon clients to share with their employees/ <i>members</i> and also to Beacon staff and <i>participating providers</i> as a resource to aid them in assisting Beacon <i>members</i> .
Administrative Appeal	Appeals related to adverse determinations of an administrative/non-clinical nature (e.g., exhaustion of benefits, limitation of benefits, lack of timely filing, or failure to obtain required authorization or certification) and that do not involve <i>medical necessity</i> review.
Administrative Services Only (ASO)	A client account for which Beacon provides only administrative services, such as network referrals and utilization review.
Adverse Incidents	Occurrences that represent actual or potential serious harm to the well-being of a <i>member/participant</i> or to others by a <i>member/participant</i> who is in active behavioral health treatment/ <i>EAP</i> services, or has been recently discharged from behavioral health treatment/ <i>EAP</i> services. Adverse Incidents should be reported to Beacon within 24 hours of learning of such incident.
American Society of Addiction Medicine (ASAM)	The nation's medical specialty society dedicated to educating physicians and improving the treatment of individuals suffering from alcoholism and other addiction (www.asam.org).

TERM	DEFINITION
Ancillary Service	Any onsite <i>EAP</i> service provided to a worksite. Examples include but are not limited to work/life services, legal/financial services, critical incident response, and training seminars.
Appeal	The process by which a <i>member</i> or a <i>member's</i> legal representative, or a <i>provider/participating provider</i> requests review or reconsideration of an adverse decision.
Assessed Problem	The issue or concern to be addressed as assessed by the <i>EAP</i> affiliate.
Authorization	An authorization represents agreement that the service is <i>medically necessary</i> under Beacon clinical care criteria. Authorization is not a guarantee of payment. Payment is subject to <i>member</i> eligibility, provider licensure/certification and benefit limits at the time services are provided.
Availability	The extent to which an organization geographically distributes practitioners of the appropriate type and number to meet the needs of its membership. This includes the presence of the appropriate types of practitioners, providers and services in locations convenient for members.
Balance Billing	The practice of billing a <i>member</i> patient for the difference between the agreed upon payment rate for <i>covered services</i> in the <i>provider agreement</i> and the <i>participating provider's</i> usual charge for the service.
CMS	The Centers for Medicare & Medicaid Services (CMS) is the federal agency within the U.S. Department of Health and Human Services responsible for the administration of Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
CMS-1500 (formerly known as HCFA-1500)	Standard outpatient billing form for <i>providers/participating providers</i> .
Certification, Certifies, or Certified	The decision of Beacon or its designee to determine whether proposed or rendered treatment is <i>medically necessary</i> . Certification is not a guarantee of payment. Payment is subject to <i>member</i> eligibility, provider licensure/certification and benefit limits at the time services are provided.
Certified Employee Assistance Professional (CEAP)	A voluntary designation obtained through examination indicating the bearer has demonstrated a mastery of the fundamental body of knowledge required to perform <i>EAP</i> functions.
Clean Claim	Unless otherwise defined in the <i>provider agreement</i> , a <i>clean claim</i> is a complete UB-04 or CMS-1500, or their respective <i>HIPAA</i> -compliant electronic alternatives or successor forms, submitted by a <i>provider/participating provider</i> for <i>covered services</i> rendered to a <i>member</i> that has no defect or impropriety (including any lack of any required

TERM	DEFINITION
	<p>substantiating documentation) or particular circumstance requiring special handling that prevents timely payment from being made on the claim and which accurately contains information including, but not limited to:</p> <ul style="list-style-type: none"> ▪ <i>Member</i> patient name and date of birth ▪ <i>Member</i> patient identification number ▪ Date(s) and place of service or purchase ▪ Services and supplies provided ▪ Diagnosis narrative ICD code ▪ Procedure narrative or CPT code ▪ <i>Provider/participating provider</i> name, address and tax identification number ▪ <i>Provider/participating provider</i> license number ▪ <i>Provider/participating provider</i> charges ▪ Other information or attachments reasonably requested by Beacon
Clinical Advisory Committee	A panel of <i>participating providers</i> in a given locality who meet periodically to advise Beacon on matters of clinical policy and quality improvement.
Clinical Appeal	A request by a <i>member</i> , <i>member</i> -designated representative, or <i>provider/participating provider</i> on behalf of a <i>member</i> , to review an adverse <i>medical necessity</i> determination of proposed services.
Clinical Care Manager	<p>Clinicians working with Beacon who:</p> <ul style="list-style-type: none"> ▪ Provide assessments, referrals, and triage ▪ Conduct telephone assessments, collecting sufficient data to make appropriate referral and <i>authorization/certification</i> decisions, including those that require alternate <i>levels of care</i> ▪ Collaborate with <i>providers/participating providers</i> to determine alternate <i>levels of care</i> and to facilitate transfers to network facilities and <i>participating providers</i> whenever possible ▪ Facilitate <i>coordination of care</i> with other care managers to assure continuity of care ▪ Evaluate clinical appropriateness of treatment using professional knowledge within Beacon clinical and work-site guidelines and renders <i>authorization/certification</i> decisions or seeks consultations for non- certification decisions and adverse determinations
Coinsurance	A cost-sharing requirement under a health benefit plan that provides that the <i>member</i> is responsible for payment of a portion or percentage of the

TERM	DEFINITION
	costs of <i>covered services</i> based on an identified fixed percentage or amount.
Commission on Accreditation of Rehabilitation Facilities (CARF)	A private, not-for-profit organization that accredits programs and services (adult day services, assisted living, behavioral health, employment and community services, and medical rehabilitation).
Complaint	An oral or written expression of dissatisfaction by a <i>provider/participating provider, member</i> or his/her/its representative.
Concurrent Review	Review and determination of <i>medical necessity</i> for services by case review while the <i>member</i> is currently in treatment.
Constructive Confrontation	A meeting between an employee, supervisor and, if appropriate, union representative, to discuss deficiencies in the employee's job performance in order to motivate the employee to change behavior and/or improve job performance, as well as to prevent future disciplinary action.
Continued Stay Review	A review to determine if the current place of service is still the most appropriate to provide the <i>level of care</i> required for the <i>member</i> .
Continuous Quality Improvement (CQI)	An approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems. It focuses on the "process" rather than the individual, recognizes both internal and external "customers" and promotes the need for objective data to analyze and improve processes.
Coordination of Benefits (COB)	Process for determining the respective primary or secondary responsibilities of two or more health plans or payors that have some financial responsibility for <i>covered services</i> .
Coordination of Care	The process of coordinating care among behavioral health care providers and between behavioral health care providers and physical health care providers with the goal of improving overall quality of a <i>member's</i> health care.
Co-payment, Copayment, Copay	A fixed dollar amount or amounts for which the <i>member</i> is responsible for a <i>covered service</i> that generally does not vary with the cost of charge of the service.
Council for Affordable Quality Healthcare (CAQH)	A provider datasource intended to collect credentialing data in a single repository that may be accessed by participating health plans and other healthcare organizations.
Council on Accreditation (COA)	An international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. Founded in 1977 by the

TERM	DEFINITION
	Child Welfare League of America and Family Service America, COA partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.
Covered Employee	An individual who has an employment or other direct relationship with a payer and meets eligibility requirements to participate in such payer's health plan or <i>EAP</i> .
Covered Services	<i>Medically necessary</i> mental health and substance abuse services which are covered under the <i>member's</i> benefit plan.
Crisis Intervention	Brief therapeutic interventions, based on Crisis Intervention Theory, offered to persons or families who are incapacitated or severely disturbed by crises or other physical and psychological traumas. Reassurance, suggestion, environmental manipulation, and referrals for medication and hospitalization may be provided as part of the service plan. Differs from critical incident response services, which typically focus on providing assistance to larger groups and communities following traumatic events.
Critical Incident	An event which has a stressful impact sufficient to overwhelm the usually effective coping skills of either an individual or group, and has the potential to interfere with present or future productivity and/or life adjustment of persons exposed to the traumatic event. Such incidents may include: a natural disaster, serious workplace accident, hostage situation or violence in the workplace, or other events in which a person or work group experiences a trauma.
Critical Incident Response Services	A variety of targeted interventions intended to assist individuals, groups and organizations either directly or indirectly impacted by a traumatic event. The structured interventions include the identification and normalization of symptoms, familiarization and education regarding the process of recovery, and, if necessary, referral to appropriate resources.
Cultural Competence	The capacity of the network to address behavioral health needs of <i>members</i> in a manner that is congruent with their cultural, religious, ethnic and linguistic backgrounds.
Current Procedural Technology (CPT)	A medical code set of physician and other services, maintained and copyrighted by the American Medical Association (AMA), and adopted by the Secretary of the Department of Health and Human Services as the standard for reporting physician and other services on standard transactions.
Deductible	Amounts required to be paid by the <i>member</i> for <i>covered services</i> under a health benefit plan annually before benefits become payable.

TERM	DEFINITION
Dependent	In a policy of insurance or other health benefits coverage, a person other than the subscriber eligible for coverage because of a subscriber's contract.
Dependent Care	Refers to work/life programs and policies designed to help employees care for their family members, whether they are young children, adult children with special needs or aging parents.
Designated Employer Representative (DER)	An individual identified by an organization to serve as the lead in ensuring company compliance with all department of Transportation regulations and guidelines. The DER is the primary contact and liaison for all DOT referrals.
Diagnosis (Dx)	A classification for mental health disorders and substance related disorders, which may be defined on as many as five axes. Beacon uses the <i>Diagnostic and Statistical Manual of Mental Disorders, DSM- IV-TR</i> of the American Psychiatric Association as its standard. The ICD-9 is an international version, which includes both medical and mental health diagnoses.
Diagnosis Code	A five-digit DSM-IV TR or ICD-9, or its successor, code that identifies a patient's condition or disease.
Disability Assessors	A network of specially credentialed <i>participating providers</i> who assess <i>members</i> with disability issues that are primarily psychiatric, or who have psychiatric issues that are secondary to physical disabilities. Participation in this network is limited to psychiatrists and doctorate level psychologists.
Disability Management	<p>The process of effectively dealing with employees who become disabled, using services, people, and materials to:</p> <ul style="list-style-type: none"> ▪ Minimize the impact and cost of disability to the employer and the employee ▪ Encourage return to work of an employee with disabilities
Disability Provider Network	The disability provider network is composed of specially credentialed participating providers who deliver services to <i>members</i> who have psychiatric disability related issues or who have psychiatric issues that are secondary to physical disabilities. The network consists of <i>participating providers</i> who deliver assessment and evaluation as well as treatment services.
Disability Treatment Specialist	A network of specially credentialed <i>participating providers</i> who treat <i>members</i> with disability issues that are primarily psychiatric or who have psychiatric issues that are secondary to physical disabilities.

TERM	DEFINITION
Drug-Free Workplace Act	Federal legislation which requires private employers with federal contracts worth \$100,000 or more to take action against employees prosecuted for illegal drug offenses at the workplace. The employer is also required to establish company drug policies and maintain a drug-free environment through employee prevention education and assistance.
Drug Test	A method of detecting and measuring the presence of alcohol and/or illegal drugs in a person's body.
DSM (Most Current Version)	The DSM classification of other conditions that may be a focus of clinical attention.
Dual Diagnosis	Used to describe an individual who has co-occurring psychiatric and substance use disorder diagnoses, developmental disorders and/or medical diagnoses.
Duplicate Claim	A claim with the same member number, date of service, provider and service/procedure as a previously paid claim.
E-Commerce	An initiative aimed at transitioning participating providers from paper-based to electronic processes for all routine transactions.
Electronic Data Interchange (EDI)	The exchange of information and/or routine business transactions between two systems in an electronic format.
Emergency	Unless otherwise defined in the <i>member's</i> coverage document or in the <i>provider agreement</i> , a psychiatric emergency exists when an individual with a defined DSM or ICD (current version) diagnosis is in significant distress, is significantly dysfunctional and is in real and present danger to himself/herself or others. An emergency also exists when there is an immediate and severe medical complication as a consequence of the psychiatric illness or its care. A psychiatric emergency requires immediate direct intervention by a licensed mental health professional who will accept responsibility for emergency evaluation and disposition. A psychiatric emergency does not necessarily require an inpatient <i>level of care</i> but does require adequate security and medical support to evaluate and treat the psychiatric emergency without risk to the individual or others.
Emergent	A situation requiring appointment availability within six hours in which immediate assessment or treatment is needed to stabilize a condition, but there is no imminent risk of harm or death to self or others.
EAP	Employee Assistance Program

TERM	DEFINITION
EAP Affiliate	An independently contracted provider of Beacon who meets all <i>EAP</i> credentialing criteria to provide in-person or onsite <i>EAP</i> services on behalf of Beacon. <i>EAP Affiliate</i> services may include but are not limited to: assessment, brief-focused consultation, or referral for appropriate assessment, treatment, and assistance and/or other organizational and workplace-focused consultative services.
EAP Assessment	A structured process of observation and questions used by the <i>EAP Affiliate</i> to identify, define and prioritize a participant's personal problem(s) and concerns. Information from other sources such as supervisors, family members, schools or other professionals treating the <i>EAP</i> participant may be utilized in the assessment process if available. Assessment is a core component of the <i>EAP</i> scope of practice.
EAP Authorization	Approval by Beacon for a specific number of <i>EAP</i> sessions to be delivered to a participant. Eligibility is confirmed at the time of the referral. <i>EAP</i> authorizations are not dependent on medical necessity criteria that would prevent the claim from being paid once an authorization is issued.
EAP Case	<p>A written and authenticated compilation of information that describes and documents the assessment and present, prospective, and past services to the participant. This record is maintained in either electronic or paper format.</p> <p>The <i>EAP</i> case record is made up of several documents:</p> <ol style="list-style-type: none"> 1. The <i>EAP</i> Case Activity and Billing Form (CAF-1 or CAF-2) 2. The Statement of Understanding (SOU) 3. Release of Information (ROI); if any 4. Standardized assessment and goal-setting forms, if any
EAP Case Management	The provision of <i>EAP</i> services following <i>EAP</i> participant referral to external community organizations and resources for care that may include facilitating, coordination, monitoring and discharge planning.
EAP Committee	A committee within the payer's organization charged with internal marketing of the <i>EAP</i> . The committee is representative of the workplace and offers suggestions to improve the effectiveness of the workplace.
EAP Communication Plan	An annual plan designed to maximize the visibility and workplace acceptance of the <i>EAP</i> . The plan is individualized for each <i>EAP</i> contract and is fully integrated with the payer's internal communication system.
EAP Compliance	An <i>EAP</i> participant's adherence to a plan that is mutually established with an <i>EAP</i> professional for resolving the <i>EAP</i> participant's personal

TERM	DEFINITION
	problems. Compliance can also refer to a participant's adherence to his/her recommended treatment plan.
EAP Core Technology	<i>EAP</i> Core Technology functions are consultation with training of and assistance to work organization leadership, confidential and timely problem identification, use of constructive confrontation, referral of employee clients for diagnosis, consultation to work organizations in establishing and maintaining effective relations with treatment and other service providers, consultation to work organizations to encourage availability of and employee access to employee health benefits, and identification of the effects of <i>EAP</i> services on the work organization and individual job performance.
EAP Design	The structural, logistical, and financial elements necessary for successful <i>EAP</i> operations.
EAP Follow-Up	One or more contacts with an <i>EAP</i> participant to monitor progress and/or the impact of the <i>EAP</i> recommendations or referrals to treatment resources and to determine the need for additional services.
EAP Participant	See Covered Employee.
EAP Participant Satisfaction	A measure of <i>EAP</i> performance based on formal or informal feedback from <i>EAP Participants</i> . Feedback may be given to the medical or human resources department or directly to the <i>EAP</i> . Objective measurement of client satisfaction is obtained from anonymous response surveys that are distributed as standard operating procedure upon closure of a case.
EAP Plan	Any <i>EAP</i> sponsored by a payer that has entered into a contract or other agreement with Beacon to arrange for the provision of certain <i>EAP</i> services.
EAP Referral	The process of linking <i>EAP Participants</i> with appropriate resources to resolve personal problems or concerns.
EAP Self-Referral	A referral made by the employee/ <i>EAP Participant</i> on their own behalf.
EAP Formal Referral	A "formal" recommendation made by the worksite representative for an employee to access <i>EAP</i> services, with no potential job jeopardy for non-compliance. The referral is for an employee who is exhibiting job performance problems and the worksite representative is requesting feedback regarding an employee's compliance with the <i>EAP</i> recommendations. A signed release of information is obtained from the employee to facilitate dialogue with the worksite representative.
EAP Mandatory Referral	A directive by the worksite for an employee to access <i>EAP</i> services with potential job jeopardy for noncompliance. A signed release of information

TERM	DEFINITION
	is obtained from the employee to facilitate dialogue with the worksite representative regarding attendance to the EAP appointment and cooperation with the recommendations as a result of the EAP assessment.
EAP Regulatory Referral	A referral with ties to state or federal regulatory guidelines, such as the Department of Transportation (DOT), Nuclear Regulatory Commission (NRC), or other authorized government agency with potential job jeopardy for noncompliance. The employee holds a safety-sensitive position and is subject to federal rules and mandates related to drug and alcohol use and referral occurs due to violation of these rules.
EAP Supervisory Referral	An action in which an employee having job-performance problems is referred to the <i>EAP</i> by the employee's worksite (supervisory) personnel.
EAP Services	Those services provided to <i>EAP Participants</i> in accordance with the professional and technical <i>EAP</i> standards adopted by and covered under the terms of a specific payer's plan.
EAP Service Plan	A written plan of action based on the assessment of the client's needs and strengths, that identifies the request for service, sets goals, describes a strategy for achieving these goals, and engages in joint problem-solving with the client.
EAP Short-Term Problem Resolution	The process of assisting, when indicated by assessment, an individual or family with the resolution of a problem in a period of time which typically does not exceed two months.
EAP Statement of Understanding (SOU)	<p>A document that explains the parameters of the <i>EAP</i>. The SOU (available in both English and Spanish) includes:</p> <ol style="list-style-type: none"> a. Eligibility criteria b. Financial terms c. Limitations to the <i>EAP</i>'s confidentiality obligations d. The participant's legal rights regarding <i>EAP</i> service use e. Applicable client-specific parameters
EAP Supervisor/Union Training	A formal training session for supervisors, managers and labor representatives (if a unionized work setting) to familiarize them with <i>EAP</i> activities.
EAP Utilization Rate	The percentage derived from the number of active <i>EAP</i> cases divided by the total number of employees over the course of a year. If the reporting period is less than a year, the utilization rate is annualized.

TERM	DEFINITION
Electronic Data Interchange (EDI)	The exchange of information between two systems in an electronic format.
Electroconvulsive Therapy (ECT)	A treatment for depression that uses electricity to induce a seizure.
Encounter	A face-to-face meeting between a <i>member</i> and a <i>provider</i> where services are delivered.
Equal Employment Opportunity Act	Title VII of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991, prohibits discrimination on the basis of race, color, religion, sex or national origin by employers (both public and private) engaged in industry affecting commerce and that have fifteen or more employees.
ERISA	Employee Retirement Income Security Act of 1974 and the rules and regulations promulgated thereunder, each as may be amended from time to time.
Expedited Appeal	Review of denial decision for a <i>member</i> who has received urgent services and has not been discharged from the facility, or when a delay in decision-making might seriously jeopardize life or health of a <i>member</i> . Note: <i>This type of appeal only applies to Level I Clinical appeals. There is no expedited appeal for Level II Clinical appeals.</i>
Fair Hearing	The process of professional peer review of a practitioner <i>provider's/participating provider's</i> professional competency, professional conduct or performance.
Fitness-for-Duty (FFD)	An employer's determination of an employee's ability to function at the workplace. Fitness-for-duty evaluations are not typically considered to be a service provided under the <i>EAP</i> benefits.
Fraud	Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit. Fraud occurs when a <i>provider/participating provider</i> intentionally falsifies information or deceives Beacon, a payor and/or any government sponsored health benefit program.
Grievances	A verbal or written communication from a complainant of dissatisfaction with the outcome of a complaint resolution. Grievances, as herein defined, are not administrative appeals.
Handbook	This Provider Handbook which outlines Beacon's standard <i>policies & procedures</i> and guidelines for participation in provider networks maintained by Beacon.

TERM	DEFINITION
Health & Performance Solutions	The <i>EAP</i> development and operations unit within Beacon.
HHS	The United States Department of Health and Human Services with a goal of protecting the health of all Americans and providing essential human services.
HIPDB	“The Secretary of HHS, acting through the Office of Inspector General (OIG) and the U.S. Attorney General, was directed by the Health Insurance Portability and Accountability Act of 1996, Section 221(a), Public Law 104-191 , to create the Healthcare Integrity and Protection Data Bank (HIPDB) to combat fraud and abuse in health insurance and health care delivery. The HIPDB's authorizing statute is more commonly referred to as Section 1128E of the Social Security Act. Final regulations governing the HIPDB are codified at 45 CFR Part 61. The HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB collects information regarding licensure and certification actions, exclusions from participation in Federal and State health care programs, health care-related criminal convictions and civil judgments, and other adjudicated actions or decisions as specified in regulation.” ¹
HIPAA	The federal Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, each as may be amended from time to time. ²
ICD	The ICD coding system is an international classification system which groups related disease entities and procedures for the purpose of reporting statistical information. Like the CPT, the purpose of the ICD is to provide a uniform language and thereby serve as an effective means for reliable nationwide communication among physicians, patients, and third parties. Currently ICD-9 is the coding system in use, which is expected to be replaced with ICD-10 in the near future.
Inpatient Treatment Report (ITR)	A form used for <i>authorization</i> requests for inpatient and other alternative/higher <i>levels of care</i> .
Interactive Voice Response (IVR)	This system has two primary functions for certain accounts: <ul style="list-style-type: none"> ▪ To register routine outpatient care (for certain accounts) ▪ To verify coverage for outpatient services and to obtain certification guidelines

¹ 'About Us' on the Data Bank website located at www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp

² This includes without limitation its privacy, security and administrative simplification provisions.

TERM	DEFINITION
Lack of Information (LOI)	The absence of information needed to make a <i>medical necessity</i> decision. If there is a Lack of Information (LOI) to make a <i>medical necessity</i> decision, as part of the Peer Review Process, Beacon will notify the <i>provider/participating provider</i> of the required information within specified timeframes depending on the type of request.
Last-Chance Agreement	A signed agreement between an employee whose job is in jeopardy and supervisor or other representative of management. The agreement specifies the performance expectations and other conditions of employment and can require compliance with <i>EAP</i> recommendations.
Legal and Financial Services	Prepaid services that are offered under contract and provided by <i>EAPs</i> through a subcontracting legal/financial services provider. The legal services usually include a half hour consultation at no charge to the <i>EAP participant</i> , and then a reduced fee if self-referred. The financial services usually include a half hour consultation at no charge.
Level of Care	<p>The duration, frequency, location, intensity and/or magnitude of a treatment setting, treatment plan, or treatment modality, including, but not limited to:</p> <ul style="list-style-type: none"> ▪ Acute care facilities ▪ Less intensive inpatient or outpatient alternatives to acute care facilities such as residential treatment centers, group homes or structured outpatient programs ▪ Outpatient visits ▪ Medication management
Medically Necessary or Medical Necessity	<p>Those services or supplies for the treatment of an active mental disorder or substance abuse condition which, consistent with professionally recognized standards of practice, are determined by Beacon to be:</p> <ul style="list-style-type: none"> ▪ Intended to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a diagnosable condition listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) that threatens life, causes pain or suffering, or results in illness or infirmity ▪ Expected to improve an individual's condition or level of functioning ▪ Individualized, specific, and consistent with symptoms and diagnosis, and not in excess of the <i>member's</i> needs. ▪ Consistent with nationally accepted standard clinical evidence generally recognized by mental health or substance abuse care professionals or publications

TERM	DEFINITION
	<ul style="list-style-type: none"> ▪ Reflective of a level of service that is safe, where no equally effective, more conservative, and less costly treatment is available ▪ Not primarily intended for the convenience of the recipient, caretaker, or <i>provider/participating provider</i> ▪ No more intensive or restrictive than necessary to balance safety, effectiveness, and efficiency ▪ Not a substitute for non-treatment services provided for the enrichment of a <i>member's</i> environment such as the provision of custodial or housing services that may otherwise enhance <i>member</i> wellness.
Medical Review Officer	A licensed physician, knowledgeable of substance use disorders and trained in interpretation and evaluation of positive test results, who is responsible for analyzing laboratory results generated by an employer's drug testing program.
MA Member(s)	Those designated individuals eligible for traditional Medicare under Title XVIII of the Social Security Act and the <i>CMS</i> rules and regulations and enrolled in an <i>MA Plan</i> .
MA Plan	One or more plans in the <i>Medicare Advantage</i> program offered or administered by a Medicare Advantage Organization (<i>MAO</i>) and covered under the <i>MAO's</i> contract with Beacon and/or one of Beacon's affiliates.
Medicare Advantage Program or MA Program	The federal Medicare managed care program for Medicare Advantage products run and administered by the <i>CMS</i> , or <i>CMS's</i> successor.
Medicare Contract	An <i>MAO's</i> contract(s) with the <i>CMS</i> , to arrange for the provision of health care services to certain persons enrolled in an <i>MA Plan</i> and eligible for <i>Medicare</i> under Title XVIII of the Social Security Act.
Medication Management Registration Form	A form used for requests for Medication Management services only. In engagement centers/contracts without IVR capability, physicians register outpatient medication management services with Beacon by completing and sending/faxing a Medication Management Registration Form to the appropriate engagement center.
Member	An individual who is eligible for <i>covered services</i> under a benefit plan and for whom premium payments are paid. A <i>member</i> may also be referred to as beneficiary, enrollee, participant (EAP only), or patient.
MemberConnect	A Web-based self-service alternative that compliments IVR. It serves as a 24/7 one-stop shop for <i>members</i> who wish to complete everyday service requests online, such as checking benefits and reviewing claims status.

TERM	DEFINITION
Member Expenses	Those <i>copayments, coinsurance, deductible</i> and/or other cost-share amounts due from <i>members</i> for <i>covered services</i> pursuant to their benefit plan.
Mental Health or Substance Use Disorder Condition or Mental Disorder	<p>A nervous or mental condition that is:</p> <ul style="list-style-type: none"> ▪ A clinically significant behavioral or psychological syndrome or pattern ▪ Associated with: <ul style="list-style-type: none"> ○ A present distress or painful symptom; ○ A disability or impairment in one or more important areas of functioning ○ A significantly increased risk of suffering death, pain disability or an important loss or freedom; and ▪ A condition listed in the Diagnostic and Statistical Manual of Mental Disorders.
NCQA	The National Committee on Quality Assurance is a private, 501(c) (3) not-for-profit organization dedicated to improving health care quality. The NCQA maintains several programs for accreditation, including without limitation one for managed behavioral health organizations or MBHOs.
National Credentialing Committee	Beacon’s internal committee that functions as a peer review body under <i>NCQA</i> standards. The <i>NCC</i> is made up of representatives of all major clinical disciplines and includes network providers. The committee is tasked with making the final decision on Beacon credentialing <i>policies and procedures</i> ; approval, denial and pending status for all applications to join the network; and making decisions on possible <i>provider/participating provider</i> sanctions.
National Practitioner Database (NPDB)	“The National Practitioner Data Bank (NPDB) was established by Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended (Title IV) . Final regulations governing the NPDB are codified at 45 CFR Part 60. In 1987 Congress passed Public Law 100-93, Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act), authorizing the Government to collect information concerning sanctions taken by State licensing authorities against all health care practitioners and entities. Congress later amended Section 1921 with the Omnibus Budget Reconciliation Act of 1990, Public Law 101-508, to add "any negative action or finding by such authority, organization, or entity regarding the practitioner or entity." Responsibility for NPDB implementation resides

TERM	DEFINITION
	with the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (HHS).” ³
National Provider Identifier (NPI)	A unique 10-digit identification number issued to health care providers in the United States by the <i>CMS</i> . The <i>NPI</i> is a single provider identifier that replaces the different identifiers used in standard electronic transactions. <i>HHS</i> adopted the <i>NPI</i> as a provision of <i>HIPAA</i> .
Non-Clean Claim	Any claim requiring information that the plan must go outside of the organization to obtain. This would include claims investigated for Coordination of Benefits (COB), or those that require information only the provider of service can supply. It would not include situations that are internal to the plan such as medical review.
Onsite EAP Services	<i>EAP services</i> which may consist of contractually scheduled hours to provide <i>EAP services</i> to a specific worksite on a regular basis; also may consist of providing situational onsite services, for example, during a reduction in force, an office closing, etc.
Onsite Employee Assistance Professional	An <i>EAP affiliate</i> provider who regularly delivers a defined number of service hours at a customer client’s worksite location on behalf of Beacon.
Organizational Services	<i>EAP services</i> provided to the client organization, including but not limited to onsite services such as critical incident response, educational and topical seminars, training, orientations, and management and organizational consultation.
Outcome Goals	The goals for the changes in a patient’s/ <i>EAP participant’s</i> current and future health status that can be attributed to health care or <i>EAP services</i> that are being provided. The goals are related to a person’s physical health and psychological and social well-being, including psychological symptoms, quality of life, and legal/social consequences.
Outpatient Review	Formerly known as the Outpatient Treatment Report (OTR) or Outpatient Review Form (ORF), this form is a Beacon form used to review outpatient mental health and/or substance abuse treatment. Used for the certification of <i>medically necessary</i> services based on account-specific requirements.
Participating Provider/ Provider	Either an: <ul style="list-style-type: none"> ▪ Appropriately trained and licensed or certified individual practitioner or group of practitioners (psychiatrist, physician, psychologist, psychiatric social worker or other licensed mental health provider),

³ ‘About Us’ on the Data Bank website located at www.npdb-hipdb.hrsa.gov/topNavigation/aboutUs.jsp

TERM	DEFINITION
	<p>hospital, institution, facility, clinic, program, or agency credentialed/re-credentialed by Beacon or its designee that has entered into a <i>provider agreement</i> with Beacon to provide <i>covered services</i> to <i>members</i> at agreed upon payment rates</p> <ul style="list-style-type: none"> ▪ Appropriately trained and licensed or certified individual practitioner (psychiatrist, physician, psychologist, psychiatric social worker or other licensed mental health provider) credentialed/re-credentialed by Beacon or its designee who has entered into a written contractual arrangement with a facility, group, agency, and/or clinic contracted with Beacon to provide <i>covered services</i> to <i>members</i> at agreed upon payment rates.
Pass-Through or Visit	An outpatient visit that does not require treatment <i>authorization</i> . The number of pass-through visits that can occur before registering care varies by <i>payor</i> .
Payor	Any entity that bears the cost for the care or services rendered to a <i>member</i> .
Payor-Specific Requirements	Those requirements included as a part of a specific <i>payer's</i> plan.
Peer Advisor or Peer Reviewer	A licensed psychiatrist, licensed psychologist or master's-level licensed professional who is qualified, as determined by the medical or clinical director, to render a clinical opinion about the medical condition, procedures, and/or treatment under review.
Policies and Procedures	A document that combines one or more policy statements about a particular subject with one or more procedure statements that specify how the policy statement(s) are accomplished. A procedure is the means by which a policy is accomplished.
Pre-Authorization or Pre-Certification Review	A document that combines one or more policy statements about a particular subject with one or more procedure statements that specify how the policy statement(s) are accomplished. A procedure is the means by which a policy is accomplished.
Presenting Problem	The issue or concern for which the <i>EAP participant</i> is seeking assistance through the <i>EAP</i> .
Prevention, Education, and Outreach (PE&O)	Activities designed to assist members who exhibit, or who are at risk for developing, behavioral health disorders, with the goals of decreasing the incidence, prevalence, severity and/or residual effects of their illnesses and improving overall quality of life.

TERM	DEFINITION
Problem Resolution	In self-referrals, problem resolution is the <i>EAP participant's</i> achievement of personal goals developed in collaboration with the <i>EAP</i> professional. In management/supervisor referrals, it is an employee's return to his/her previous level of satisfactory job performance, or termination following continued unsatisfactory job performance.
Professional Development Hours (PDHs)	The unit measurement for continuing education for the Certified Employee Assistance Professional (CEAP) credential, and a means by which the CEAP certification is maintained.
Protected Health Information (PHI)	<i>A member's 'individually identifiable health information'</i> as defined in 45 C.F.R.§160.103 and/or applicable state law, and/or <i>'patient identifying information'</i> as defined in 42 C.F.R. Part 2.
Provider	A practitioner, hospital, facility, or other provider of mental health or substance use disorder services.
Provider Agreement	A contract between Beacon and the <i>participating provider</i> which includes the terms and conditions regarding the parties' contractual relationship and their respective performance and responsibilities.
ProviderConnect	A Beacon Web-based self-service alternative that complements <i>IVR</i> . It serves as a 24/7 one-stop shop for <i>providers/participating providers</i> who wish to complete everyday service requests online. <i>Providers/participating providers</i> may review claims electronically, review claims status, obtain copies of <i>authorization/certification</i> letters, obtain forms, and review their provider profile.
Provider Summary Voucher (PSV)	An online statement for <i>providers/participating providers</i> explaining why a claim was or was not paid.
Psychological Testing	The use of one or more standardized measurement instruments, devices, or procedures including the use of computerized psychological tests, to observe or record human behavior, and which require the application of appropriate normative data for interpretation or classification and includes the use of standardized instruments for the purpose of the diagnosis and treatment of mental and emotional disorders and disabilities, the evaluation or assessment of cognitive and intellectual abilities, personality and emotional states and traits, and neuropsychological functioning.
Quality Assurance/Improvement	A structured system for continually assessing and improving the overall quality of service delivered to <i>members</i> .
Reduction in Force	The process by which a work organization reduces its work force by eliminating jobs, such as closing subsidiaries or departments. This may also be referred to as downsizing.

TERM	DEFINITION
Reentry/Reintegration	The process of helping an employee who was on leave from work in order to receive behavioral health treatment restore relationships in the workplace and reestablish a satisfactory level of job performance.
Retrospective Review	A review of the relevant portion of a medical record provided when permitted under the benefit plan in cases in which the <i>member</i> has been discharged or services were rendered prior to the request for review.
Return-to-Work Agreement	A formal document signed by an employee that delineates specific conditions for being able to return to work, such as drug testing and attendance at an <i>EAP</i> .
Return-to-Work Conference	A meeting designated to facilitate the return to work of an employee who was on leave for the purposes of receiving treatment.
Risk Assessment	The process utilized to determine the level of risk of violence towards oneself, another person(s) and/or property.
Risk Management	A strategy for minimizing a work organization's exposure to health and safety factors that pose a threat of loss to the organization.
Routine	A situation in which an assessment or treatment is required, with no urgency or potential risk of harm to self or others.
Safety-Sensitive Position	A work assignment which entails high safety risk to self, property or the general public, and may be within an industry that is subject to federal regulations requiring compliance with safety regulations.
Self-Referral	A referral for counseling/ <i>EAP services</i> made by the <i>EAP participant/member</i> on their own behalf when an <i>EAP affiliate</i> continues to see an <i>EAP participant</i> under the <i>EAP participant's</i> MHSA benefits following <i>EAP services</i> .
Serious Chronic Condition	Medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration.
Sexual Harassment	As specified in Title VII of the 1964 Civil Rights Acts, as amended in 1972, sexual harassment can be either unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.
Single Fixed Point of Accountability (SFPA)	A provider or agency that coordinates services to enable a child/adolescent to live in the least restrictive environment possible and increase adaptive capabilities.

TERM	DEFINITION
Submitter	Entity (<i>provider/participating provider</i> , billing agent or clearinghouse) responsible for submission of claims to Beacon for adjudication.
Submitter ID	The identification number (ID) that Beacon assigns to uniquely identify the entity that is sending in electronic files, for one <i>provider/participating provider</i> or multiple <i>providers/participating providers</i> . Normally, we will use the Provider ID provided on the EDI electronic claims application and designate it as your Submitter ID. This may also sometimes be referred to as your user ID or login ID.
Substance Use Disorder	A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.
Substance Abuse Professional (SAP)	A professional who meets the qualifications set forth by the Department of Transportation (DOT), evaluates employees who have violated DOT drug and alcohol regulations, and makes recommendations concerning education, treatment, follow-up testing, and aftercare.
Supervisory Training	An essential component of an <i>EAP</i> that educates managers as to what an <i>EAP</i> is, how to refer employees, and the availability of consultation.
Taxonomy Code	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length. The code set is structured into three distinct “levels” including Provider Type, Classification, and Area of Specialization. The Health Care Provider Taxonomy code set allows a single provider (individual, group, or institution) to identify their specialty category. Providers may have one or more than one value associated to them.
TeleConnect	An interactive voice response (IVR) system for <i>members</i> and <i>providers/participating providers</i> enabling rapid, 24/7 self-service resolution of an array of common requests such as claims’ status, authorizations, and forms.
Telmental Health	Mental health and substance use disorder services using two-way, interactive videoconferencing as the modality by which telemental health services are provided.
Threat of Violence	Any situation in which an individual is at risk of inflicting physical harm, either to himself, to another person or to property, or any communication of intent that gives reasonable cause to believe that there is a potential risk of harm.
Topical and Wellness Training	An essential component of an <i>EAP</i> that educates employees, supervisors, human resources professionals and union representatives

TERM	DEFINITION
	on a variety of health, wellness and work/life balance topics to prevent negative workplace impact of these issues and to encourage the health and wellness of employees. Trainings vary in length (typically anywhere from 20 to 90 minutes) and may be delivered onsite, telephonically, or in a Web-based format.
Urgent	A situation in which immediate care is not needed for stabilization, but if not addressed in a timely manner could escalate. Urgent services are to occur within 48 hours.
UB-04	Standard inpatient billing form for <i>providers/participating providers</i> .
Utilization Management (UM)	The process of evaluating the <i>medical necessity</i> , appropriateness and efficiency of health care services against established guidelines and criteria.
URAC	URAC is a non-profit, charitable organization founded in 1990 to establish standards for the health care industry.
W-9 Form	A document used by the Internal Revenue Services (IRS) to validate a tax identification number (either SSN or EIN) and the person or entity it represents. A valid W-9 Form is required for each pay-to vendor.
Website	The Beacon collection of web pages particular to <i>providers/participating providers</i> found at the following URL: www.beaconhealthoptions.com .
Work/Life	A program often offered as part of the <i>EAP</i> , which addresses a variety of services such as child care (including schools, summer care and prenatal care), adult care (including assisted living facilities, housing options and in-home care), adult/child special needs, adult/child education, convenience (including pet care, relocation and vacation planning) and health and wellness. The program seeks to help employees achieve a satisfactory allocation of time between the demands of work and one's personal life.