

December 2016

Spotlight:

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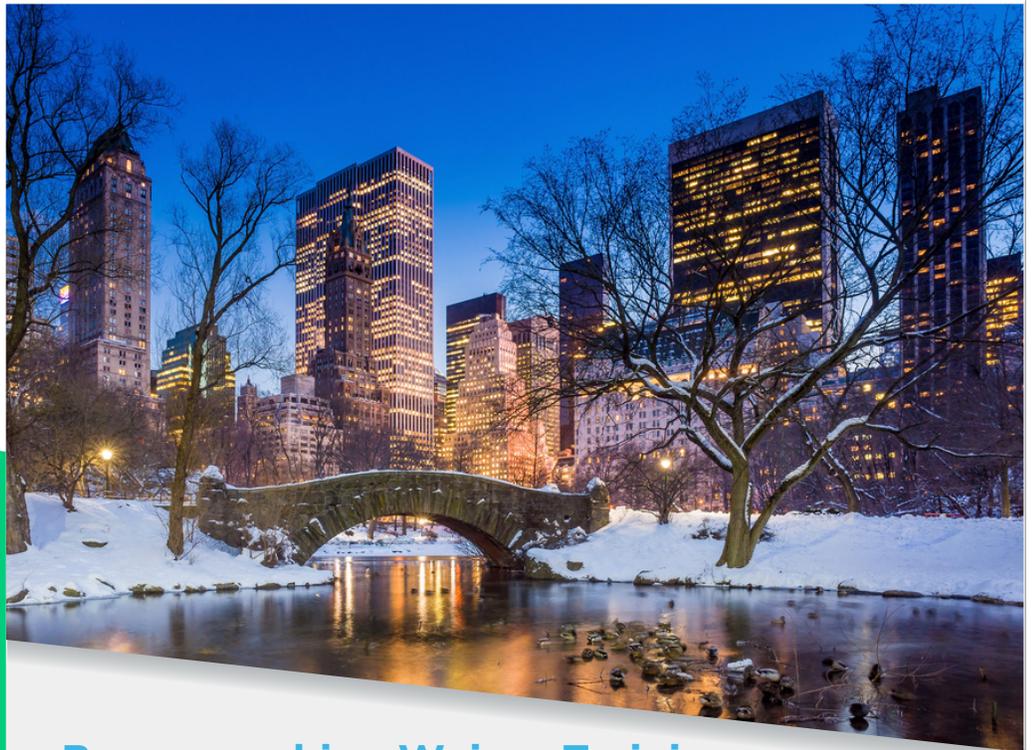
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Please send your comments, ideas, and suggestions for upcoming editions of the Valued Provider eNewsletter to PRcommunications@beaconhealthoptions.com.



Buprenorphine Waiver Training for Substance Use Prescribers

By now we are all aware of the national opioid crisis. According to the Centers for Disease Control, over 1,000 people a day are treated in emergency departments for misusing prescription opioids; in 2012, health care providers wrote 259 million prescriptions for painkillers (enough for every American adult to have a bottle of pills); and every day, around 50 people die from prescription pain pill overdoses in the United States. Yet, did you know that a recent National Institute on Drug Abuse-funded study found that buprenorphine prescribers tend to treat significantly fewer patients per month than the current limits allow? More than 20 percent treated three patients or less and only 9 percent of prescribers treated more than 75 patients. The median monthly census was only 13 patients.

Beacon Health Options (Beacon) encourages in-network practitioners to become buprenorphine waived, and encourages those with existing waivers to treat more patients. Addiction specialists or physicians can become waived to prescribe by completing an eight hour course and obtaining a waiver from the U.S. Drug Enforcement Administration (DEA). Waivered physicians can treat up to 30 patients per month, and after a year can request to treat up to 100 patients; after that point, practitioners can treat 275 patients, according to new reporting requirements issued by the Substance Abuse and Mental Health Services Administration as part of the U.S. Department of Health and Human Services' [Opioid Initiative](#).

Interested in waiver training? Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) is offering [no cost buprenorphine waiver trainings](#).



You should submit your updated DEA certificate to reflect changes to your prescriptive authority on your provider file to Beacon. For assistance, please contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.

Special Note:

On November 16th, The U.S. Department of Health and Human Services (HHS) announced that it is taking steps to expand existing access to medication-assisted treatment (MAT) for opioid use disorders to include nurse practitioners (NPs) and physician assistants (PAs). In preparation, NPs and PAs can now begin taking the required training to prescribe buprenorphine.

According to the communication, “NPs and PAs who complete the required training and seek to prescribe buprenorphine for up to 30 patients will be able to apply to do so beginning in early 2017.” Furthermore, HHS is also “announcing its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30 patient limit for one year, to apply for a waiver to prescribe buprenorphine for up to 100 patients.” Read the full press release, “[HHS takes additional steps to expand access to opioid treatment](#)” for additional information.

Response and Education to the Opioid Crisis

Beacon’s Training Department, in conjunction with the Hazelden Betty Ford Foundation, facilitated a successful webinar event for the Community Response to the Opioid Epidemic on Wednesday, November 16th. The discussion was led by Marty Harding, Director of Training and Consultation at the Hazelden Betty Ford Foundation, and Ashel Kruezkamp, MSN, Emergency Department Nurse Manager at St. Elizabeth Healthcare in Edgewood, KY.

This informative overview drove home the ongoing crisis with opioid addiction that affects many in our country. Harding and Kruezkamp discussed rising heroin and prescription drug misuse among youth and adults alike. They also shared their prevention and intervention work, and how recovery is possible. Both were very gracious with their time, and extended their availability to take questions from the provider audience. We thank them for their dedication in helping us identify and work to overcome an issue that affects not just our community, but so many friends and loved ones as well.

Payment Integrity and Claims Analysis

Beacon is committed to ensuring that its claim adjudication processes are robust and provide a high degree of accuracy. In accordance with the [Provider Handbook](#), providers have a responsibility to submit complete and accurate claims.

Beacon relies on claims edits and investigative analysis processes to ensure Providers are in compliance with applicable coding and billing rules and requirements. Coding standards are outlined by the American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS), state Medicaid agencies, as well as other applicable regulatory and advisory agencies. Providers should not submit or be paid for claims that are contrary to national and industry standards.

“Interested in waiver training? Providers’ Clinical Support System for Medication Assisted Treatment (PCSS-MAT) is offering no cost buprenorphine waiver trainings.”

In 2016, Beacon engaged [Nokomis Health](#) to provide analytical services related to payment integrity and claims analysis. Nokomis Health employs an analytical claims engine called ClaimWise™ to conduct this analysis and identify claims paid contrary to national and industry standards. As a result of these payment integrity efforts, providers may receive communications and documentation requests to verify claims submissions and payment accuracy. Additionally, Beacon may adjust claims errors identified as overpayments.

ClaimWise and 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

Additional information on national coding standards can be found at the following resources:

- [Centers for Medicare and Medicaid Services website](#)
- [American Medical Association: CPT coding](#)
- [National Correct Coding Initiative \(NCCI\), including information on Medically Unlikely Edits \(MUEs\)](#)

If you have any questions about Beacon's payment integrity efforts, please contact Beacon's Provider Customer Service.

Reminder: ICD-10 Coding

Beacon uses the CMS General Equivalence Mappings (GEMs) as the standard for mapping ICD-10 diagnosis coding for our organization. These codes are reviewed and updated by CMS on a regular basis. In order to maintain compliance with CMS, Beacon implements changes as we are notified.

Additional information regarding ICD-10, including 2017 ICD-10 GEMs changes that went into effect October 1, 2016, can be located on the [CMS ICD-10 page](#).



“As a result of these payment integrity efforts, providers may receive communications and documentation requests to verify claims submissions and payment accuracy.”

Appointment Availability Reminder

Beacon uses a variety of mechanisms to measure a member's access to care with participating practitioners. Unless other appointment availability standards are required by a specific client or government-sponsored health benefit program, service availability is assessed based on the following standards for participating practitioners:

- An individual with life-threatening emergency needs to be seen immediately
- An individual with non-life-threatening emergency needs to be seen within six hours
- An individual with urgent needs to be seen within 48 hours
- Routine office visits are available within ten business days

It is expected that Beacon providers maintain appropriate standards for appointment availability. Additional information is outlined in the [Provider Handbook](#).

Notify Beacon Prior to Changes in Practice Information

Any change in your practice must come through Beacon in accordance with the timeframes established in your provider agreement and our [Provider Handbook](#). This is particularly important to maintain continuity of member treatment if transition of care is necessary.

For example:

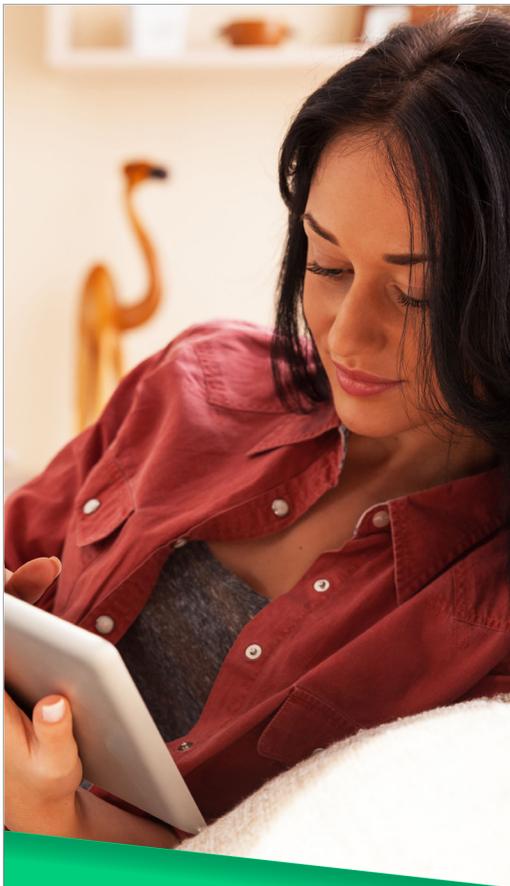
- Any licensure action which may impact member care must be reported to Beacon within five calendar days of the effective date of the action.
- Expiration, non-renewal, decrease in required malpractice or professional liability coverage must be reported 30 days prior to the change.
- A move or practice expansion to another state, which often requires credentialing activities to verify licensure and liability coverage before members can be seen in that state.
- Any changes in practice patterns, such as coverage arrangements, hours of operation, and/or changes in ownership must be provided to Beacon in advance of such changes.

Beacon is pleased to continue our partnership with the Council for Affordable Quality Health Care (CAQH) as a resource to help providers maintain accurate information. However, contacting CAQH does not automatically notify all carriers of a change and is not sufficient, especially concerning licensure or legal actions which could affect member care.

We appreciate the extra effort made to keep Beacon informed. Updates to your practice information can be made via [ProviderConnect](#). For assistance, please contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.



“Contacting CAQH does not automatically notify all carriers of a change and is not sufficient, especially concerning licensure or legal actions which could affect member care.”



“You may receive reminders like these throughout the year. This is in no way to advise that your information is inaccurate; however, it is our hope they serve as a steady reminder to review often and update as necessary.”

Avoiding SPAM: Receiving Email from Beacon

On a regular basis, Beacon sends communications to our providers, including pend notices, credentialing documentation, and recredentialing reminders. Notifications may be time sensitive or require action in some way.

Our goal is to send information electronically whenever possible so it reaches you quickly. This supports our E-Commerce Initiative and also saves on postage costs. However, recent feedback suggests that all of our communications are not reaching our providers.

We encourage providers to check their junk mail folders on a regular basis and be sure to add email addresses that end in @beaconhealthoptions.com to approved sender lists so emails aren't caught in your email's spam filter. This process, often referred to as "whitelisting," is the act of allowing email to be received from a particular domain.

The best process to add [beaconhealthoptions.com](mailto:@beaconhealthoptions.com) as a trusted email domain depends on your email provider. For example, many programs like Yahoo!, Gmail, or AOL may have the option to right-click the email address in the message and add it to your address book, whereas other programs such as Microsoft Outlook have the ability to modify email preferences or options directly through the program itself.

In addition, it is possible that you have unsubscribed to provider communications we send through our vendor partner, Constant Contact. We encourage you to visit [Constant Contact](#) today to submit your email address and update your information to re-subscribe to our mailing list.

Maintaining Accurate Demographic Data

To be compliant with CMS, providers may receive reminders from Beacon regarding maintaining accurate demographic data. We encourage providers to be conscientious regarding any communication which may require action or response, to ensure that Beacon receives the necessary information in a timely fashion.

As we develop our provider network strategy related to the merger of our two organizations, it is crucial that we maintain the most current, up-to-date information on file for our network. This also helps maximize your business potential and assists Beacon with providing accurate referrals for members seeking services. As outlined in our [Provider Handbook](#), we ask providers to contact us with any demographic changes in advance, whenever possible and practical. Most information, such as contact information, website URL, office hours, service, and billing locations can be easily updated through the "Update Demographic Information" section on ProviderConnect. To notify Beacon of a change in gender, specialties, licensure, or patient population seen, an inquiry can be sent through "Provider Details" by viewing provider contact information in the "My Practice Information" section of [ProviderConnect](#).

You may receive reminders like these throughout the year. This is in no way to advise that your information is inaccurate; however, it is our hope that they serve as a steady reminder to review often and update as necessary. Beacon verifies demographic data through various channels, so while your information may be accurate with us, if something is outdated through CAQH, for example, an update with them as well will ensure that everything stays consistent.

If you have any questions or need assistance updating your demographic data, you may contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.

CMS Requirement: Medicare Program Changes

On October 14, 2016, CMS finalized legislation for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA will be accomplished through a Quality Payment Program (QPP) that intends to reward clinicians who provide high-quality care. The QPPs offered to clinicians is the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). MIPS would replace the Physician Quality Reporting System (PQRS) and the APM model would replace the use of Electronic Health Records (EHR).

CMS will be using 2017 as a transition year, allowing eligible clinicians to “pick their pace” in reporting in order to avoid a negative payment adjustment in 2019.

Medicare providers have three options to participate in QPP for 2017:

- **Option 1 - Test the Quality Payment Program:** As long some data is submitted via MIPS, including data after January 1, 2017, providers will avoid a negative payment adjustment. This option is designed to ensure that systems are working and providers are prepared for broader participation in 2018 and 2019.
- **Option 2 - Participate for part of the calendar year:** Choose to submit MIPS data for a reduced number of days. This means the first performance period could begin later than January 1, 2017 and providers could still qualify for a small positive payment adjustment.
- **Option 3 - Participate for the full calendar year:** Practices that are ready to go on January 1, 2017, can submit MIPS data for the full calendar year. This means the first performance period would begin on January 1, 2017.

It's important to keep in mind that not all providers are required to participate in MIPS. CMS instituted a low-volume threshold. If a practice serves fewer than 100 Medicare patients and bills Medicare less than \$30,000 in 2017, MIPS will not apply to them.

For additional information, review the CMS Quality Payment Program page at <https://qpp.cms.gov>.

Medicaid Providers: Help Your Patients Keep Their Coverage

Remind patients to renew their Medicaid eligibility. Several months before coverage ends, Medicaid recipients will receive renewal information from their state department that manages Medicaid eligibility. If the renewal information does not arrive, recipients must contact their local agency that manages Medicaid to request a copy.

For example, in New York State, Medicaid recipients who are enrolled through the NY State of Health Marketplace must recertify through the Marketplace. This can be done by phone by calling 855-355-5777 (TTY: 800-662-1220) or going online at nystateofhealth.ny.gov. For New York City Medicaid recipients, EmblemHealth can help. Emblem's Facilitated Enrollment staff is available to assist. If Medicaid patients have questions about the renewal process or want help completing the renewal application, they can call 888-432-8026.



“Several months before coverage ends, Medicaid recipients will receive renewal information from their state department that manages Medicaid eligibility. If the renewal information does not arrive, recipients must contact their local agency that manages Medicaid to request a copy.”

ProviderConnect Downtime

Throughout the year, in an effort to enhance your experience with the use of ProviderConnect, Beacon conducts routine maintenance to our ProviderConnect application in the form of scheduled enhancements.

ProviderConnect and Military OneSource ProviderConnect will be unavailable December 16-17, 2016 to perform standard maintenance.

During this time, both ProviderConnect and Military OneSource ProviderConnect applications may be unavailable for a period of time. While system downtime occurs on the weekends to minimize interruption to normal operations, we do regret any inconvenience you may experience during this process.

Please visit [Beacon's Provider homepage](#) to check the pop-up message as it will be updated to reflect system availability.

Attention Commercial Providers in Michigan

Effective January 1, 2017, Beacon Health Options will provide managed care services for mental health and substance use disorders for all covered members under Beaumont Health. Beaumont Health was created in 2014 as the result of a merger between Beaumont Hospitals, Oakwood Health Systems, and Botsford Hospital. Beacon will be paying claims for Beaumont Health.

Participating providers are encouraged to use ProviderConnect for claims and authorizations. Claims submitted electronically either through direct or batch claim submission achieve the greatest efficiency in claims processing. Please refer to the ProviderConnect [Helpful Resources](#) page for more information. Technical questions regarding ProviderConnect can be directed to our EDI Helpdesk at 888-247-9311 between 8 a.m. and 6 p.m. ET, Monday through Friday or by email at e-supportservices@beaconhealthoptions.com.

If providers are unable to submit claims electronically for services rendered with dates of service after January 1, 2017, paper claims can be mailed to Beacon at:

Beacon Health Options
PO Box 930321
Wixom, MI 48393-0321

All credentialed providers in the Beacon Commercial Network will be considered participating for Beaumont Health. For questions about claims or authorizations, contact Beacon at 844-794-2705.

“All providers in the Beacon Commercial Network will be considered in network for Beaumont Health.”



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:

- [What does the 2016 election mean for behavioral health?](#)
- [Helping Students with Asperger's Take the Stage](#)
- [Military OneSource: Raising awareness, one bag at a time](#)
- [Feeling anxious about the election? Join the crowd](#)

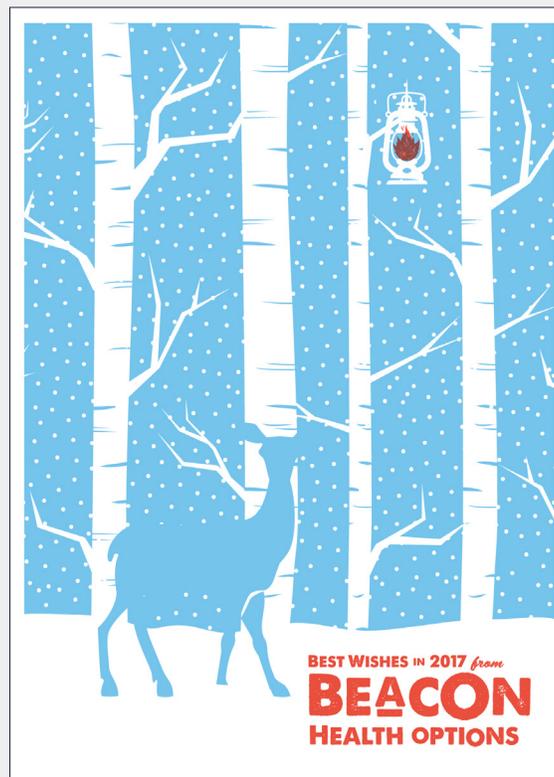
You can subscribe for email notifications for the blog [by visiting the site directly](#). We look forward to your commentary. If you have a topic suggestion, email: beaconlens@beaconhealthoptions.com.

Together, let's lead the conversation on behavioral health!

Happy Holidays and a Reminder from Beacon Health Options

As we approach the holiday season, Beacon wanted to wish our provider network a safe and prosperous holiday season and a very happy new year.

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



Upcoming Webinars

ProviderConnect

These webinars are designed to review our ProviderConnect system and support the E-Commerce Initiative for network providers.

Authorizations in ProviderConnect is designed for providers and office staff who submit authorizations through ProviderConnect.

Authorizations in ProviderConnect		
Tuesday, December 13, 2016	11 a.m.-12:30 p.m. ET	Register Here!

ProviderConnect Tips and Tricks will review hot topics and recent enhancements related to ProviderConnect. Allows for extended Question and Answer time.

ProviderConnect Tips and Tricks		
Tuesday, December 20, 2016	1-2 p.m. ET	Register Here!

Introduction to On Track Outcomes

Provides an overview of this program which is designed to support network providers as they help clients stay “on track” in achieving their goals.

Introduction to On Track Outcomes		
Thursday, December 15, 2016	1-2 p.m. ET	Register Here!
Thursday, January 26, 2017	2-3 p.m. ET	Register Here!

Coming Soon!

Our webinar platform will be fully transitioning from Citrix GoTo to Cisco WebEx by the end of the year. We hope this will enhance your webinar experience, but acknowledge there may be an adjustment period. When accessing a webinar, be sure to review all information carefully and verify system compatibility to avoid technical difficulties.

*You can view previous webinar slides and recordings in our [Webinar Archive](#).
For additional trainings and information, please visit our [Video Tutorials](#) as well as your [Network Specific Page](#).*