



Beacon Represents At NatCon 2017

Beacon is a proud supporter of the National Council for Behavioral Health (NatCon) and sponsored the Welcome Reception for its 2017 annual conference held last month in Seattle. Like our many trusted behavioral health providers, Beacon shares the National Council's mission to advance the delivery of integrated care.

This year's theme, *The Intersection of Innovations and Action*, explored important trends facing our health care delivery system today: addiction treatment, emerging clinical practices, services for children and families, support for people who are involved in the justice system, crisis response, trauma-informed care, and the valuable impact of peer support.

To hear more about Beacon's mission, click the image above.

May 2017

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Contact Us:

Ideas and suggestions for future editions?

PRcommunications@beaconhealthoptions.com.

Do not have internet access and need a hard copy?

Call: 800-397-1630



Bradley Lerner, Beacon's Associate General Counsel and Director of Parity Compliance, was featured as a panelist in the Policy track. Not for parity beginners, the *Parity: Lessons Learned* workshop provided information to increase participants' knowledge to support parity implementation in their communities and recognize parity-compliant application of non-quantitative treatment limitations in plan designs.



Dr. Emma Stanton, Beacon's Associate Chief Medical Officer, authored our latest white paper, *We Need to Talk About Suicide*, which promotes the Zero Suicide framework as a best practice approach to suicide prevention. Dr. Stanton joined Dr. Anita Everett, SAMHSA's Chief Medical Officer, to present *Suicide Prevention: Roles and Responsibilities*. Beacon's Vice President of Wellness and Recovery, Clarence Jordan, opened the presentation by sharing his own personal journey of recovery and lived experience.



The main goal of the presentation was to shift the mindset that suicide is the consequence of another co-occurring mental health condition. Drs. Stanton and Everett discussed the need for change at the national, state, community, and practice level and how the seven pillars of Zero Suicide can help identify and treat suicidal behavior disorder. Finally, they offered real-world advice for participants on implementing a Zero Suicide strategy.

Beacon also participated in the electronic poster session. Bonni Hopkins, PhD, Beacon Connecticut's AVP, Analytics & Innovation, co-presented with Jessica Deflumer-Trapp, MA, LPC, Clinical Manager for the Connecticut Department of Mental Health and Addiction Services. The poster, *Caring for the Whole Person: Connecticut's Behavioral Health Home Model*, highlighted our clinical dashboard, which provides findings and lessons learned, including characteristics of enrolled members, results from our Integrated Practice Assessment Tool, utilization data, and preliminary outcome data and success stories. ■



“If you were unable to join Zero Suicide webinar, you can access the materials by clicking on the [White Paper](#) section of [Beacon Lens](#).”

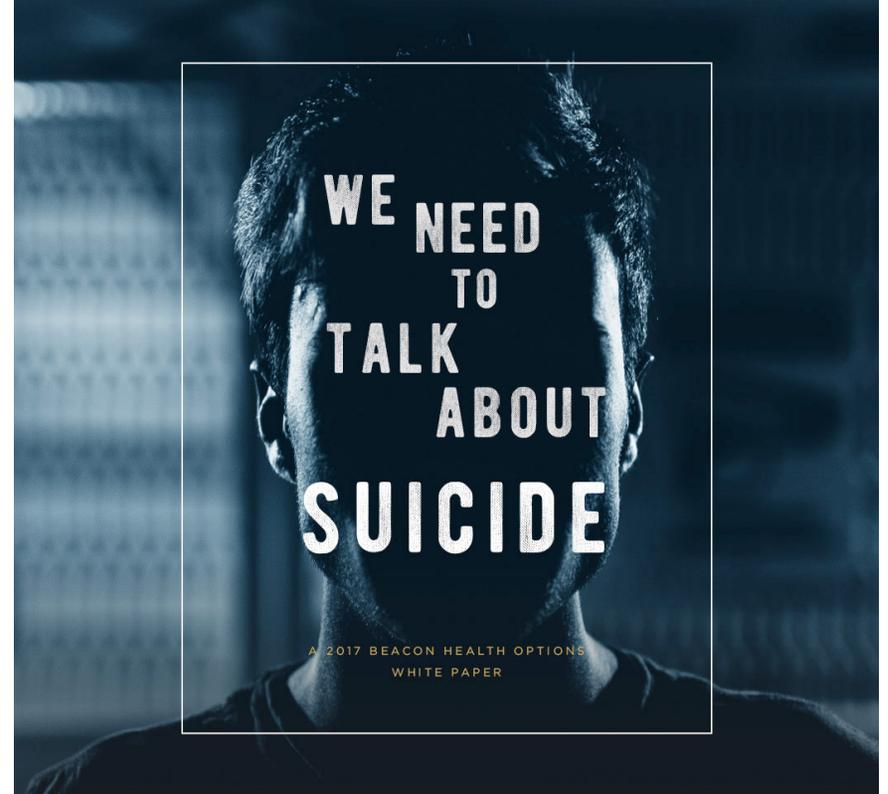
Aiming For ‘0’: Beacon Initiates A Zero Suicide Campaign

The story around suicide becomes only more alarming. While overall mortality rates are on the decline, suicide rates are on the rise in the United States, increasing by 24 percent from 1999 to 2014. With more than 40,000 suicide deaths annually, it is the 10th leading cause of US deaths, surpassing those from homicides, car accidents and AIDS. The emotional toll, of course, can’t be quantified.

It is because of this alarming story that Beacon chose to write a white paper on suicide, released in February, entitled [We Need to Talk About Suicide](#). Proposing the Zero Suicide model as the evidence-based solution to revolutionizing suicide prevention and treatment, the paper offers best practices around the model’s seven prongs: lead, train, identify, engage, treat, transition, and improve.

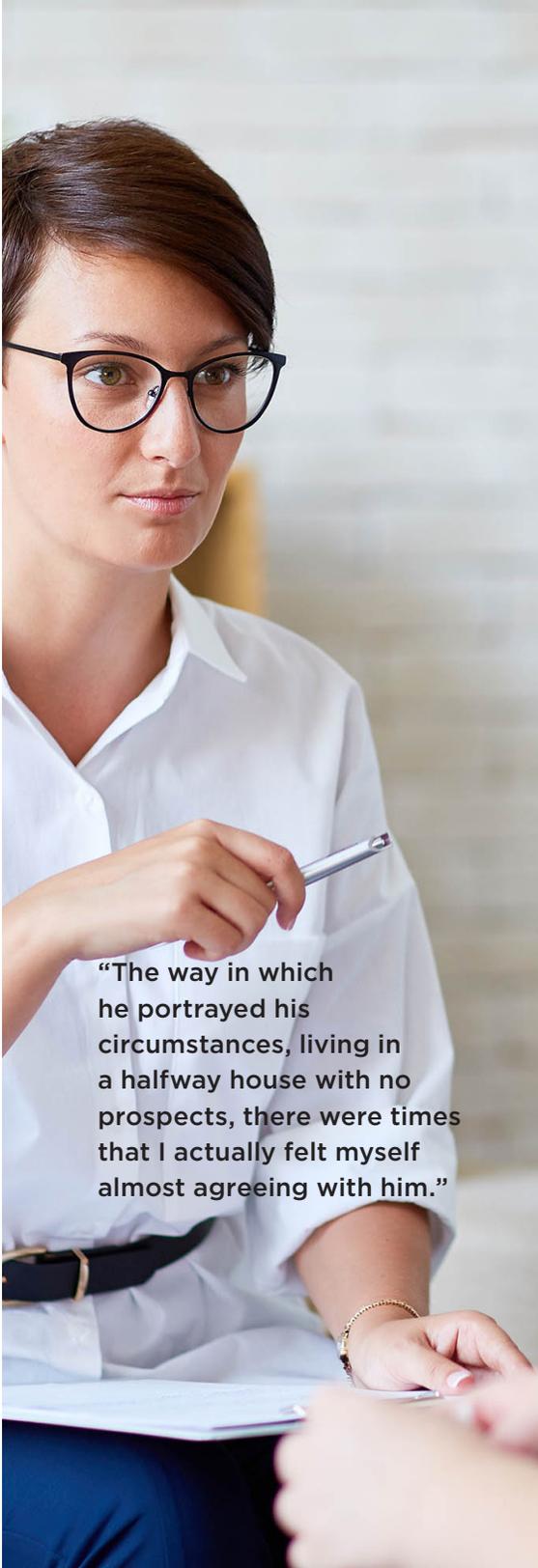
Beacon takes action

Beacon is initiating its own companywide Zero Suicide campaign, starting with workforce training and establishing a leadership culture around suicide prevention and treatment. We are offering [Mental Health First Aid \(MHFA\)](#) training to all employees and



inviting people at our service and engagement centers to become Zero Suicide champions. Additionally, we have called on employees to share their personal suicide stories as a blog post, a video, a newsletter article, or simply in conversation with friends and coworkers. Indeed, Beacon’s CEO Tim Murphy has shared his own story about suicide in a [video on Beacon Lens](#).

The employee response to Beacon’s Zero Suicide initiative has been overwhelmingly positive. People have already started to share their suicide stories. Many are volunteering to become Zero Suicide champions and to be trained in MHFA. We encourage our provider partners to consider their own suicide prevention and treatment initiatives. To learn how Beacon can help you to do so,



“The way in which he portrayed his circumstances, living in a halfway house with no prospects, there were times that I actually felt myself almost agreeing with him.”

please contact your [Regional Provider Relations Team](#) or Provider Partnership representative.

Note: If you were unable to join Zero Suicide webinar, you can access the materials by clicking on the [White Paper section of Beacon Lens](#). ■

Fear And Self-Doubt: A Clinician’s Story

Robert McAlonan, Manager Provider Relations, Cypress CA

What is the natural response to a patient’s hopelessness? For me, it’s trying to find any possible positive perspective as an alternate solution to offer that person who sees the world only as meaningless. That effort can lead to a conundrum. What happens, when, as a therapist, I struggle to find that positive perspective? This transference of hopelessness can be great.

As a social worker in a Personalized Recovery-Oriented Services program in Brooklyn, NY several years ago, I worked with clients who were seriously mentally ill. Arguments, physical fights, psychotic episodes, and 911 calls were commonplace.

One particular client had a profound effect on me. He was the first person at the clinic every day and faithfully attended groups and individual sessions. but was not one to participate much. Generally, he stayed to himself. During the eight months I worked with him, he was hospitalized several times for suicidal intent. Extremely depressed, he had a history of substance use and no social support system. At every weekly session, he stated he wanted to die.

I felt his hopelessness, and was filled with insecurity, fear, and self-doubt in my ability to help. The way in which he portrayed his circumstances, living in a halfway house with no

HEDIS (The Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA).



prospects, there were times that I actually felt myself almost agreeing with him. Maybe he was right. Maybe it was pointless and killing himself was a decent option. Although I knew I couldn't truly help him, I tried my best, even visiting him in the psychiatric hospital during Christmas to offer some hope. A few months later, he killed himself.

I continued to struggle with fear and self-doubt when sitting in a room with a person who was suicidal. When I was a clinical director, this was a consistent topic of clinical supervision so I know it is a common concern, especially for new clinicians. Indeed, most providers need education in this area. Beacon's Zero Suicide white paper, [We Need to Talk About Suicide](#), and resulting campaign is an excellent place to start. ■

HEDIS® Change: Follow-Up After Hospitalization For Mental Illness

NCQA announced changes to the HEDIS 2018 Follow-Up After Hospitalization (FUH) Measurement for Mental Illness, effective Jan. 1, 2017. Same-day aftercare appointments, including same-day bridge

or day-of-discharge visits, cannot be counted toward the seven-day aftercare visit. This extends to all visit types provided on the day of discharge from inpatient treatment (including PHP, IOP, or ECT).

An encounter on the date of discharge after hospitalization should be viewed as an intervention designed to support a member during the period of transition from inpatient care. Any same-day intervention would increase the likelihood for a member to receive timely FUH aftercare in the days to follow. As a result, in order to meet the parameters and increase quality of care to our Beacon members, FUH aftercare visits are defined as visits that occur between days one and seven after a member's discharge date.

Effective discharge planning ensures continuous and coordinated quality behavioral health care treatment for members following discharge from an acute care facility. Timely follow-up after an inpatient psychiatric hospitalization promotes continuity of behavioral health care and supports the return to baseline functioning in a less restrictive level of care. These factors are key in facilitating

therapeutic gains and successful outcomes. Beacon is here to support efforts to increase transitional care resources for members by:

- Facilitating discussion about member resources
- Assisting with accessing and scheduling follow-up appointments
- Managing referrals for Case Management, if clinically appropriate

If you have additional questions while reviewing member benefits and eligibility, contact the Customer Service department associated with the member's benefit plan. ■

Claims Process Improvement Program: Mailing Address Changes

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

1. **Front-end Claims (Mailroom):** Beacon will improve paper claims intake through transition to a centralized shared-service process.
2. **Data-Driven Management:** Beacon will implement improved data-driven management techniques to enhance metrics for claims processing and operations.
3. **EDI/Data Exchange:** Beacon will improve the intake and processing of electronically submitted claims through

the implementation of a single gateway for front-end claims intake for all Beacon submitters. In addition, we will implement a centralized, shared-service process for validating and managing the exchange of data between Beacon and our trading partners.

4. **Payment Integrity and Claims Analysis:** Beacon has engaged Nokomis Health to provide us with analytical services related to payment integrity and claims analysis. Nokomis employs an analytical claims engine - ClaimWise™ - to conduct this analysis and identify claims paid contrary to national and industry standards.

Update: Mailing Address Changes Effective Immediately

Recently, we sent official notice of a change in some post office box mailing addresses. While Beacon encourages providers to submit correspondence via electronic means whenever possible, we recognize that some providers still use paper submission.

As we've discussed in recent newsletters, Beacon entered into a partnership with FIS Global, a US-based company, to help us leverage technology and industry-standard tools to shorten claims processing times and increase data quality. The intended outcome is to receive and enter all incoming paper claims via a single, standardized process, improving turnaround time and efficiency.

In January, as part of the Mailroom Paper Intake project, some post office boxes were closed and new post office boxes were opened, with many of the closed post office boxes consolidated to a single new address. A forwarding order is in place through the US Postal Service to forward all mail received to the new post office boxes

until January 2018, unless otherwise indicated on the envelope. Beacon has communicated this change to clients and providers, and is now working to update all company correspondence and phone scripts to reflect the new addresses over the course of this year.

On the right is a list of the closed and new post office boxes. Please review this information and update your records accordingly. If the old post office box you use is not found in this table, it means the address has not changed at this time.

If you have any questions regarding this communication, you may email your [Regional Provider Relations Team](#) or contact our National Provider Services Line at 800-397-1630, between 8 a.m. and 8 p.m. ET, Monday through Friday. ■

Closed PO Boxes	New PO Boxes	Department or Client Name
Post Office Boxed originally housed in Latham, NY 12110		
PO Box 850	PO Box 1850 Hicksville, NY 11802-1850	Beacon Health Options, Inc. Attn: Department, Client, or Contact Name
PO Box 1950		
PO Box 1347		
PO Box 1830		
PO Box 1920		
PO Box 1860		
PO Box 803		
PO Box 399		
PO Box 870		
PO Box 1408		
Post Office Boxed originally housed in Wixom, MI		
PO Box 930829	PO Box 1854 Hicksville, NY 11802-1854	Beacon Health Options, Inc. Attn: Department, Client, or Contact Name
PO Box 930321		
Post Office Boxed originally housed in Latham, NY 12110		
PO Box 1290	PO Box 1852 Hicksville, NY 11802-1852	ValueOptions of California Attn: Department, Client, or Contact Name
PO Box 129	PO Box 1851 Hicksville, NY 11802-1851	Beacon Health Options, Inc. Attn: Department, Client, or Contact Name
NOTE: If the address you use for appeals is not listed here, the address has not changed.		



“Educational tools such as user guides, forms, and webinars are accessible on the ProviderConnect page.”

ProviderConnect Resources

This month, we'd like to highlight where you can access Beacon's online ProviderConnect resources. When we completed the transition to www.beaconhealthoptions.com, these resources were consolidated and are now located in one place. We encourage you to visit the site, click on “Beacon Health Options (Formerly ValueOptions) Providers,” and “ProviderConnect.”

Educational tools such as user guides, forms, and webinars are accessible on the ProviderConnect page. From there, you can log into the portal or continue exploring the website by accessing the navigation bar on the right side of the page and the dropdowns across the top. As mentioned in previous communications, if you have the ProviderConnect URL bookmarked, that link will not change. ■

Webinar Opportunity: Giving Value Back To Our Providers

If you are new to the Beacon (formerly ValueOptions) provider network or looking for a refresher course on Fraud, Waste, and Abuse to make sure you remain compliant within your practice, then we invite you to join us for our quarterly *Giving Value Back to the Provider* webinar series. We have two sessions scheduled for early June and encourage you or your administrative office staff to register for one.

In addition to program integrity, this presentation will provide a company overview and explanation of various processes, such as credentialing and clinical operations. We'll share recent initiatives and ongoing activities as well as review electronic resources available to our provider community.

To register for one of our upcoming sessions, simply click one of the links below:

Register Today!

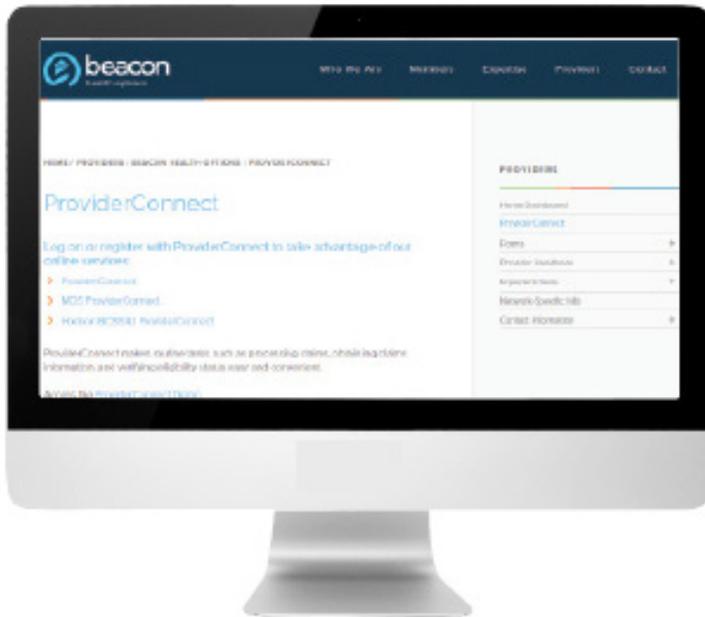
Thursday, June 1, 2017 from 2-4 p.m. ET

Friday, June 2, 2017 from 11 a.m. -1 p.m. ET

Recredentialing With Beacon

In an effort to streamline processes for our provider community, Beacon has made changes to our provider network structure which will make recredentialing with Beacon easier. Providers who are credentialed with both Beacon Health Strategies and former ValueOptions will now only need to recredential once every three years for Beacon Health Options.

Providers are still encouraged to participate with Council of Affordable Quality Healthcare® (CAQH). However, Beacon will continue to offer one universal application for all providers who choose not to utilize CAQH. In addition, providers have the option to submit their recredentialing application online using our [ProviderConnect](#) portal.



According to Beacon’s [Provider Handbook](#), “recredentialing for participating providers is required every three years, or such shorter period of time where required by a specific state law or regulation. The process for recredentialing begins approximately three months prior to the end of the initial credentialing cycle or the preceding recredentialing cycle, as applicable.”

Providers are notified via automated phone call when the recredentialing process begins. Additional reminders are sent via email, fax, or mail. Further outreach occurs when necessary to ensure that providers complete the recredentialing process within the allotted timeframe and avoid disenrollment. ■

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:

- Life-threatening emergency - immediately
- Non-life-threatening emergency - within six hours
- Urgent needs - within 48 hours
- Routine office visits - within ten business days

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

Webinars

Overview of ProviderConnect

Intended for providers and office staff becoming familiar with ProviderConnect for the first time.

- [Tuesday, May 16, 2017 2-3 p.m. ET](#)

Authorizations in ProviderConnect

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

- [Wednesday, June 7, 2017 2-3 p.m. ET](#)

ProviderConnect Claims

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

- [Thursday, July 13, 2017 1-2 p.m. ET](#)

ProviderConnect Tips and Tricks

Reviews hot topics and recent enhancements related to ProviderConnect.

- [Thursday, July 6, 2017 1-2 p.m. ET](#)

Giving Value Back to the Provider

Introduces and discusses the new exciting initiatives for providers and familiarizes you with administrative, procedural, and general information about Beacon.

- [Thursday, June 1, 2017 2-4 p.m. ET](#)
- [Friday, June 2, 2017 11 a.m.-1 p.m. ET](#)

Introduction to On Track Outcomes

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

- [Wednesday, May 17, 2017 1-2 p.m. ET](#)
- [Wednesday, June 14, 2017 1-2 p.m. ET](#)
- [Tuesday, July 11, 2017 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](#).

Note: Various contracts may offer specific trainings and resources. Visit our [Network Specific Info](#) page to learn more.

Looking for a Beacon Health Strategies plan? Visit our [Provider Login](#) page and enter the state and health plan to access resources.