



Beacon Educates, Empowers, and Engages at 2017 NAMI Convention

The theme of this year’s National Alliance on Mental Illness (NAMI) National Convention, held June 28-July 1 in Washington DC, was “educate, empower and engage.” Led by Vice President of Recovery and Wellness Clarence Jordan and Maryland Engagement Center CEO Lisa Kugler Psy.D., Beacon’s team of peers, clinicians, and marketing staff did just that.

Hill Day

To kick off the event, NAMI convened a Hill Day visit, arranging for convention attendees to travel to the Capitol Building to meet with their senators, representatives, and congressional staffers. Like many attendees, Jordan and other Beacon staff met with their respective representatives.

He reminds us that the “legislative process is dependent upon constituent feedback,” particularly in areas “regarding mental health coverage for more people and greater access to care, at a lower price.”

August 2017

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“Sharing our stories with elected representatives in this venue carries a great deal of importance,” he said. “It’s an opportunity for our consumers, family members, and providers to see us advocate for better access to behavioral health care.”

The Welcome Center

For the 16th consecutive year, Beacon sponsored the Welcome Center, which serves as a hub for the convention’s consumer attendees. The Welcome Center provided a place of respite and support for those who may have felt overwhelmed or anxious by the conference. Beacon staffed the center with peer specialists and clinicians who offered a ready smile and keen listening skills to help attendees talk through their feelings. The team also coordinated access to a licensed psychiatrist during the event, who provided counseling as needed.

A young first-time attendee from California shared her experience at the Welcome Center, saying “I was immediately greeted with a hug.” After talking with Mr. Jordan; Jackie Pettis, Prevention, Education and Outreach Manager; and Lorna Lizotte, Wellness and Recovery Program Operations Manager, she said, “I walked out of there a brand new person.”

Lisa Kugler also helped Welcome Center visitors who were distressed, saying “I was able to go back to my roots as a psychologist and apply listening and de-escalation skills to be, for a very short period of time, an active co-participant with individuals on their recovery journey.”

In addition, the Welcome Center team educated attendees about Beacon’s culture of recovery and peer support programs via our [Peer Video](#) and tip sheets explaining the value of peer and family support and the Stamp Out Stigma campaign.



At the Welcome Center Sweet 16 Cake Cutting. From L to R: Mary Giliberti, NAMI President and several Beacon members of the Welcome Center team: Marie Betulia, Mekale Holmes, Tanya Thomas, Lisa Kugler, Jo Allen, Sharon Jones, Mary Jo Capitani, Erika Sharillo, Jessica Dubey, Jackie Pettis, and Clarence Jordan.

16-Year Partnership

NAMI President Mary Giliberti was on hand to help Beacon celebrate it’s “Sweet 16” marking the 16th year Beacon has sponsored and staffed the Welcome Center. “I enjoy coming here,” she said at Beacon’s cake-cutting ceremony. “It’s just an amazing service that you provide to us and we count on it each and every year.”

“From the bottom of my heart, I want to say a heartfelt thank you.”

“Sharing our stories with elected representatives in this venue carries a great deal of importance,” he said. “It’s an opportunity for our consumer, family members, and providers to see us advocate for better access to behavioral health care.”



Mr. Jordan has a mutual respect for NAMI, saying “I can’t emphasize enough what this relationship means. NAMI inspires and motivates our Beacon employees across the company.” He acknowledged the commitment many of Beacon staff make at the local level adding that an increasing number of employees participate in their local NAMI affiliates and are being elected to their local Boards.

Exhibiting with a Purpose

Beacon was also a NAMI Convention exhibitor; our booth featured information about Beacon’s [Zero Suicide white paper](#), which was a polarizing topic among convention-goers. Also at the booth, Beacon displayed a vibrant poster showcasing our participation in local NAMIWalks and the [Awesome Beacon Bike Ride](#). In total, Beacon and its employees helped raise \$167,000 in donations and sponsorships directly benefitting NAMI over the past year.

The 2018 NAMI National Convention will be held June 27-June 30 in New Orleans. We hope to see you there. ■

Beacon Presents at Open Minds Institute

Early last month, Beacon participated in two sessions at the [OPEN MINDS Strategy & Innovation Institute](#). The focus of the 2017 institute, which hosts professionals from health and human service organizations from across the country, is to help organizations develop collaborative partnerships with the payers, health systems, and care management organizations that drive the value in our nation’s health care delivery system.

Alyssa L. Rose, JD/MSW, Director, Network Strategy, was a panelist for the breakout session: *Finding New Opportunities with Health Plans: How to Market to Managed Care*. This workshop explored how provider groups can secure and optimize innovative service agreements with health plans to provide fast and flexible access to quality care. Alyssa shared [Beacon’s provider partnership model](#) that emphasizes collaboration over the more traditional ‘transactional’ business model approach to provider management. A key takeaway from her presentation was that providers should conduct self-



“Participating providers are encouraged to post the Member Rights and Responsibilities statement in their offices or waiting rooms or distribute the statement to members at their initial visit.”

assessments to maximize their capacity to provide on-demand behavioral health services.

Paul M. Duck, Vice President, Strategy and Development, was part of a session that explored innovative readmission prevention programs. His [presentation](#) focused on Beacon’s emerging value-based payment models and our in-hospital and transition to community program interventions designed to help prevent readmissions to inpatient care for behavioral health and substance use issues. Many providers gave feedback that they would like to become more engaged with companies like Beacon to reduce readmission rates and better manage total medical expenditures. Paul also participated in a town hall discussion on the innovative proposals payers look for from provider partners in our current market, the challenges in developing partnership models, and future health care innovations. ■

Member Rights and Responsibilities

Beacon annually evaluates and distributes Member Rights and Responsibilities. As part of our organization’s integration process, we developed a new Member Rights and Responsibilities Statement for the entire company.

Beacon’s new Member Rights and Responsibilities Statement is available in English and Spanish for download on [Beacon’s Provider Handbook page](#). Participating providers are encouraged to post the statement in their offices or waiting rooms or distribute the statement to members at their initial visit.

As always, Beacon is committed to respecting our members’ rights and responsibilities. We support providers to ensure that members have a right to:

- Receive information about the organization, staff members’ names, services covered, practitioners and providers, and member rights and responsibilities.
- Have information about their diagnosis and treatment kept confidential. However, sometimes the law requires Beacon to release such information. Beacon will only release information to others about their diagnosis and treatment if they, or their legal guardian, sign a form allowing such a release.
- Be treated with respect and recognition of their dignity and right to privacy.

- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or the care it provides.
- Make recommendations regarding the organization’s member rights and responsibilities policies.
- Have anyone they choose speak for them in their contacts with Beacon.
- Receive timely care consistent with their need for care.
- Know the facts about any charge or bill they receive, no matter who is making payment.

Members have a responsibility to:

- Provide information (including past treatment records) that Beacon or their provider may need to plan their treatment.
- Learn about their condition and work with their provider to develop a plan for their care.
- Follow plans and instructions for care that they have agreed on with their practitioners.
- Help obtain such items as approvals for out-of-network payment for treatment and referrals.
- Notify Beacon and their provider of changes, such as address due to a move or phone number change.

To print Beacon’s Member Rights and Responsibilities in English or Spanish, visit the [Provider Handbook](#) page and scroll to Appendices. ■

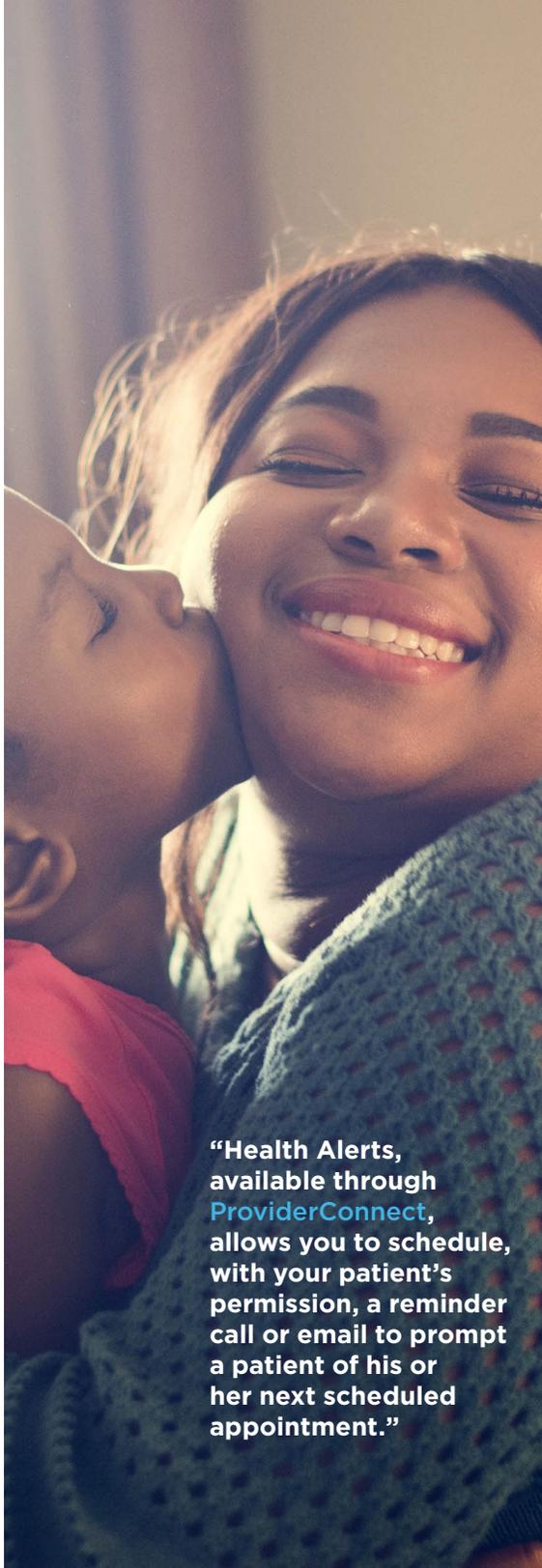
ProviderConnect Resources for Members—Health Alerts

We recognize the importance of assisting members with managing their own care coordination. Competing time and demands can make it difficult for anyone to prioritize and remember to focus on their own individual health needs. To help with this, Beacon developed the Health Alerts functionality within [ProviderConnect](#) to allow our providers to work with their patients and set up reminders for appointments and medications.

Health Alerts allows you to schedule, with your patient’s permission, a reminder call or email to prompt a patient of his or her next scheduled appointment. The member gets a reminder email or call two days prior to their appointment. Similarly, Health Alerts allows for up to four daily medication reminders to be set up to help members remember to take their medications. A refill reminder can also be set for timely refilling of prescriptions so members are not left without their medications.

To access Health Alerts, log in to ProviderConnect and look for the “Enter Member Reminders” on the homepage.





“Health Alerts, available through **ProviderConnect**, allows you to schedule, with your patient’s permission, a reminder call or email to prompt a patient of his or her next scheduled appointment.”

After verifying the member’s eligibility and other information, you can then coordinate reminders on the subsequent screen and document contact information as appropriate. Here, appointments can be set up for your next session. In addition, reminders for other appointments, such as with their PCP, can be set up. A similar screen and process is available for the member to manage their own reminders through MemberConnect, our member-facing web portal.

Enter Member Reminders

→ How would you like to receive your Appointment and Medication reminders?
 Phone Email

Email Address: Validate Email Address:

*Preferred Time of Day for Reminders:
 *Time Zone:

Phone #: Ext:

→ Appointment Reminders
 (After Clicking SAVE another reminder can be added.)

Provider Name: Provider Type:

Appointment Date (MMDDYYYY): Appointment Time (hh:mm): AM PM

Physician Name	Appointment Date	Appointment Time
No records found.		

→ Medication Reminders
 (After Clicking SAVE another reminder can be added.)

Medication Name:

Medication and Refill Reminder Medication Reminder Only

I am supposed to take this medication at the following time(s):
 (enter up to 4 times)

Reminder Time1: Reminder Time2: Reminder Time3: Reminder Time4:

Days Supply: Last Date Filled (MMDDYYYY):

Together, we can collaborate to provide the best support to our members around their care experience. Health Alerts is just one of the tools that we offer to work toward that end. ■

Reminder: Preferred Laboratory—Quest Diagnostics®

We are proud to partner with Quest Diagnostics as our preferred laboratory. When laboratory testing is considered medically necessary, we strongly encourage Beacon providers, groups, and facilities to refer members to Quest as their first choice for all plans that offer a covered benefit for laboratory services. This is a potential cost-saving opportunity for our members through reduced or eliminated deductibles, co-payments, and/or co-insurance.



Quest Diagnostics is a national, preferred laboratory with more than 2,200 convenient patient service centers. It's easy for members to access convenient testing locations. Quest offers more than 3,500 tests—from routine blood tests to complex genetic and molecular testing—to meet the diverse needs of our members. Our goal is to help you get the information you need to provide the best care possible.

Quest also makes it easier to schedule medically necessary appointments. Members can schedule lab testing online through Quest. To find a location and schedule an appointment, please direct your members to visit www.QuestDiagnostics.com/Ezappointment or they can call 866.MYQUEST(866-697-8378).

To verify if a member has a covered benefit for laboratory services, providers should check eligibility and benefits in [ProviderConnect](#) or call customer service as indicated by the phone number for behavioral health located on the member's medical ID card. ■

Intensive Case Management Program

Intensive Case Management (ICM) is defined as a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating options and services to meet an individual's behavioral health needs. Communications and available resources are used in conjunction with other strategies to achieve optimum member outcomes.

The ICM Program offers the member assistance pre- and post-discharge in coordination with medical managed care delivery systems to provide individualized case management services—including patient safety education and monitoring—and disease-specific educational materials.

The ICM team targets members based on high-risk criteria or diagnostic categories. Conditions identified with high-risk safety needs include individuals who meet the following criteria:

- Multiple inpatient admissions and/or emergency room visits; consider multiple admissions for other Higher Levels of Care and rapid readmissions
- Members with a diagnosis of bipolar disorder or major depressive disorder and/or co-occurring medical condition



“If you have a patient that you would like to refer to case management, you may do so via [ProviderConnect](#).”

- Members with a history of inpatient or outpatient non-compliance
- Complex comorbid behavioral and medical health conditions, including but not limited to: diabetes, asthma, heart disease/cardiac issues, obesity, HIV, or pregnancy at risk for or diagnosed with postpartum depression or psychosis
- Special vulnerable population segments (with no evidence of ongoing treatment support to resolve potential issues associated with their condition):
 - Pregnant women with substance use disorders
 - Children 5 years old or younger with a bipolar diagnosis
 - Children 10 years old or younger with inpatient admission
- High utilizers: Members in the top one to five percent of overall behavioral health service utilization for service population
- New and/or unstable (recent in the past six months) high-risk diagnosis (such as eating disorder, schizophrenia, schizoaffective, or dissociative identity disorder); admission to inpatient/higher level of care or a new diagnosis; and no indication of ongoing treatment or supportive services subsequent to the discharge or the indication of a new diagnosis
- Medical Care Coordination/Integrated Care: Members with health issues including chronic pain and possible behavioral health concerns are referred for screening and service coordination as needed
- Members hospitalized for a medical condition that have a co-existing substance use disorder when referred by clinical staff

Cases are referred to ICM from a variety of sources, including medical rounds, health plans, providers, data analysis, or member/family self-referrals.

If you have a patient you would like to refer to case management, you may do so via [ProviderConnect](#). After logging in, click the “Enter Case Management Referral” link on the home page and then follow the prompts to complete a brief referral request. Beacon clinicians will review the request and follow up with the member as appropriate. ■

Provider Treatment Record Documentation

Beacon's Quality Management Departments conduct annual audits of patient treatment records. These audits mirror behavioral health best practice standards as a contractual obligation for all Beacon providers.

The record is an essential tool for patient care in a time of increasing documentation requirements for providers. It is used by providers to manage patient care, communicate with other providers, and monitor progress toward patient treatment goals. The old adage "if it isn't documented, it wasn't done" continues to be a standard of regulatory agencies today.

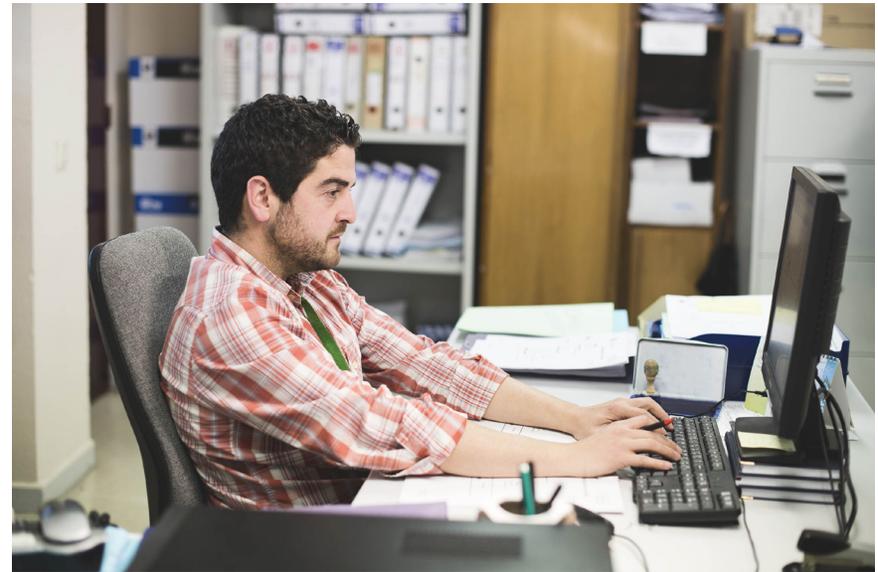
National Committee for Quality Assurance (NCQA) Guidelines for Medical Record Documentation state: "Consistent, current, and complete documentation in the medical record is an essential component of quality patient care."

Key components of documentation include:

- All entries are legible, signed, and dated
- A complete patient history and assessment, including past and current health status
- Coordination of care with medical and other behavioral health providers, including all required releases
- Treatment plans, including goals, barriers, interventions, and progress
- Behavioral health screenings
- Patient education and understanding of the plan of care

The treatment record should be maintained in a manner that is current, comprehensive, detailed, and organized. Documentation assists providers in assessing progress, barriers, and revising the plan of care as needed. It is also evidence of care provided, care coordination, and patient involvement in the treatment process.

Requirements and expectations are set forth in your provider contract and noted in Beacon's [Provider Handbook](#). Beacon has adopted treatment record documentation standards to assure that records are maintained in an organized format, which permits effective and confidential patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment. For additional information and resources, visit the [provider section of our website](#). ■



Claim Process Improvement Program: Paper Claim Rejections

Over recent months, we have shared details about Beacon’s Mailroom Paper Intake project, which creates a centralized and standardized intake capability for incoming paper claims. With the assistance of our vendor partner, FIS Global, Beacon’s goal is to increase the data quality of claims entry, improve process efficiency, and shorten claims processing and turnaround time.

How does this change affect providers?

By following CMS and industry claims submission standards, claims are screened to ensure that clean, complete claims are adjudicated in the most efficient manner. If a claim fails to meet screening standards, it will be rejected up front and returned to the submitter with a letter of explanation and reference number. Rejected claims need to be resubmitted within timely filing guidelines and pass screening guidelines to be processed successfully.

Beacon is aware that some providers are experiencing an increase in rejections due to the new process. We encourage all providers to submit claims electronically to save time, postage, and support our E-Commerce Initiative. Rejected paper claims can be resubmitted electronically as well.

For more information about electronic claim submission options through Beacon Health Options, visit our website’s [ProviderConnect](#) page.

If you are contracted through Beacon Health Strategies, select the state and health plan from the [Provider Login](#) screen to access eServices resources available for that plan. Below, we have included a reference list of rejection messages and corresponding required data fields for the CMS-1500 and UB-04 claim forms.

CMS-1500 Required Fields:

Field #	Field name in table/file	FIS Rejection Message
1a	Insured’s ID Number	Missing patient ID number
2	Patient’s Name (LName, FName, MInitial)	Missing patient name
3	Patient’s Birth Date (MM, DD, YY)	Missing patient date of birth
4	Insured’s Name (LName, FName, MInitial)	Missing member name
11a	Insured’s Date of Birth (MM, DD, YY)	Missing member date of birth
21a	Diagnosis 1	Missing diagnosis code
24a	Service From	Missing service start date
24a	Service To	Missing service end date
24b	Place of Service (POS)	Missing place of service
24d	CPT/HCPCS	Missing procedure code
24e	Diag Point	Missing diagnosis pointer
24f	Charges	Missing line charged amount
24g	Days or Units	Missing units or days
24j	Rendering Provider ID	Missing Rendering Provider NPI
25	SSN or E/N	Missing federal tax ID number
28	Total Charge	Missing total charges
33	Billing Address	Missing provider billing address
33a	Billing NPI	Missing billing provider NPI

“Rejected claims need to be resubmitted within timely filing guidelines and pass screening guidelines to be processed successfully.”

UB-04 Required Fields:

Field #	Field name in table/file	FIS Rejection Message
1	Name	Missing provider name
1	Address	Missing provider address
1	City	Missing provider city
1	ST	Missing provider state
1	Zip	Missing provider zip
4	TOB	Missing type of bill
5	Fed Tax No	Missing federal tax number
6	Statement Covers Period From	Missing service start date
6	Statement Covers Period Through	Missing service end date
8a	Patient Last Name	Missing patient last name
8b	Patient First Name	Missing patient first name
10	Patient Birthdate	Missing patient date of birth
12	Admission Date	Inpatient claim missing admission date
13	Admission Hr	Inpatient claim missing admission hour
14	Admission Type	Missing admission type
15	Admission SRC	Missing admission source code
16	Admission DHR	Missing discharge hour
17	Discharge Stat	Missing discharge status code
35	Occurrence Spam From	Missing occurrence start date
36	Occurrence Spam Through	Missing occurrence end date
39-41	Value Amount	Missing value amount
42 (1-22)	Revenue Code	Missing revenue code
44 (1-22)	HCPCS/Rate/HIPPS	Missing HCPCS code
45 (1-22)	Service Date	Missing service date
46 (1-22)	Service Units	Missing units or days
47 (1-22)	Service Charges	Missing service charges
56	NPI	Missing Billing Provider NPI
58	Insured's Name	Missing insured's name
60	Insured's ID	Missing insured's ID
67 (A-Q)	Diagnosis Code	Missing diagnosis code
69	Admit Diag	Missing admitting diagnosis
76	Attending Provider NPI	Missing attending provider NPI

Additional helpful tips:

- **Diagnosis Code:** Place the diagnosis code as far left as possible within the box.
- **Referring Provider:** If referring provider is an individual, use Last Name, First Name, and Middle Initial. Middle initial is optional. If referring provider is a facility, provide the facility's full name.
- **Patient Relationship to Insured:** When insured is different from patient and "Self" has been selected as the relationship, the system will make the insured's name the same as the patient's name.
- **Insured's ID:** This field should contain insured's ID and no additional information.

If you have questions about a specific claim rejection, contact the customer service department based on the member's benefit plan. If you need technical assistance related to electronic claim submission, contact our EDI Helpdesk at 888-247-9311 Monday through Friday between 8 a.m. and 6 p.m. ET or email e-supportservices@beaconhealthoptions.com.

Please use this information to take full advantage of Beacon's claim process improvement program. We'll provide more updates and best practices in future editions of this newsletter. ■

Annual Provider Handbook Review and Revision

Beacon has completed our annual review and revision of the Beacon Health Options (former ValueOptions) commercial **Provider Handbook**. This handbook outlines Beacon's standard policies and procedures. Providers are encouraged to carefully review the handbook and visit any relevant network-specific pages to verify applicable policies and procedures.

An extension of the provider agreement, the Provider Handbook includes business guidelines, such as policies and procedures for individual providers, affiliates, group practices, programs, and facilities. Together, the provider agreement, addenda, and the Handbook outline the requirements and procedures applicable to participating providers in the Beacon network(s).

Questions, comments, and suggestions regarding the Provider Handbook should be directed to Beacon's National Provider Service Line at 800-397-1630, Monday through Friday, from 8 a.m. to 8 p.m. ET. ■

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:

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

Annual Provider Satisfaction Survey

In the spirit of continual growth, we formally ask for feedback from our provider partners through provider satisfaction surveys; this process generally takes place annually during the fourth quarter, with some client-specific surveys occurring throughout the year. We use your feedback to make improvements in your experience with Beacon.

As we gear up to begin this year's survey, we wanted to highlight a few findings from the 2016 survey and discuss some further steps we are taking to act on your feedback.

- Overall provider satisfaction with Beacon is high and holding steady. In both 2015 and 2016 surveys, 89% of respondents said they were somewhat or very satisfied with Beacon. This is an improvement from 2014's rate of 86% overall satisfaction. We continue to work with our providers to ensure the rate stays as high as it possibly can be. Additionally, 86% of providers who were surveyed indicated that the service provided by Beacon has either stayed the same or improved from 2015 to 2016.
- Fully two-thirds of the providers who called our customer service line reported that we solved their issues or answered their questions on the first call; that's a statistic we can be proud of. It's our aim to get it right the first time when we receive a call from one of our providers.
- A vast majority of providers rate us as excellent or good for claims, specifically regarding overall quality (78%), timeliness (78%), and accuracy (82%).

We do have areas for improvement that you told us about and we hear you loud and clear! In 2017, we are working to improve the quality and timeliness of our communications so you are always well-armed to best serve your Beacon Health Options members. We recognize that only one in ten of you have used any of our web-based provider education options, so we'll make sure to remind you about the topics and timing of these trainings and webinars.

We're kicking off the 2017 Provider Satisfaction Survey project internally, and data collection will begin during the fourth quarter. The team has our provider network's best interest in mind and coordinates schedules to collect survey responses based on what works best for our busy providers. Initially, we reach out via email with an invitation to participate in the survey. Those who prefer to complete the survey at their own pace are provided an opportunity to do so using an online link. In addition, the team is equipped to reach out so providers can complete the interview telephonically if that is their preference.

If you receive an invitation to participate from our vendor partner, Fact Finders, we encourage you to take the time to respond in a thoughtful manner. Your feedback is invaluable to us as we work to improve our service to all our providers. ■





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:

- [The 2017 NAMI National Convention: Behind the Booth](#)
- [Suicide's common tale: 'If only I had spoken with him'](#)
- [Dealing with LGBT consumers' anxiety this LGBT Pride Month](#)
- [Sharing a suicide story: Recovery is in the telling](#)
- [Plugging into mental health care: Digital mental health in Colorado](#)

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

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

ProviderConnect Resources

We encourage providers to use our online resources—and we have many. Our website contains a wealth of knowledge, including video tutorials, network-specific pages, compliance information and our online portal, ProviderConnect. There is no cost to use ProviderConnect, and most times, you can input or upload information for requests directly through the portal, saving postage, time, and the environment!

Educational tools, such as our recently updated ProviderConnect User Guide, forms, and webinars are accessible on our [ProviderConnect resource 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.

On a monthly basis, we offer webinars to review ProviderConnect functionality. Topics vary from a high-level overview, designed for new providers or first-timers still getting used to the portal, to in-depth demonstrations of claim submission and authorizations for those who would like a more detailed look at how ProviderConnect can streamline your administrative processes. To register for an upcoming session, visit our [Webinar page](#) or the last page of this newsletter. ■

Webinar Opportunity: Giving Value Back to our Providers

If you are new to the Beacon Health Options (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 review our webinar schedule on the last page and register to join us for our quarterly “Giving Value Back to the Provider” webinar. We have two sessions scheduled for early September and encourage you or your administrative office staff to register for the one that best fits your schedule.

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. ■

Webinars

Overview of ProviderConnect

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

- [Thursday, September 14, 2017 1-2 p.m. ET](#)

Authorizations in ProviderConnect

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

- [Tuesday, August 8, 2017 1-2 p.m. ET](#)
- [Wednesday, October 11, 2017 1-2 p.m. ET](#)

ProviderConnect Claims

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

- [Tuesday, September 19, 2017 2-3 p.m. ET](#)

ProviderConnect Tips and Tricks

Reviews hot topics and recent enhancements related to ProviderConnect.

- [Wednesday, October 4, 2017 2-3 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, September 7, 2017 2-4 p.m. ET](#)
- [Friday, September 8, 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, August 16, 2017 2-3 p.m. ET](#)
- [Wednesday, September 13, 2017 1-2 p.m. ET](#)
- [Thursday, October 12, 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. ■