

NORTHEAST REGION

2020 QUALITY UPDATES

The Beacon Health Options (Beacon) Northeast Region is committed to being a center for excellence in developing and coordinating quality programs for enrollees through our partnerships with you, our facilities and practitioners. We are committed to meeting or exceeding standards set forth by oversight bodies, such as the National Committee for Quality Assurance (NCQA). These clinical and service activities require your knowledge, input and cooperation.

Behavioral Health Screening Programs

Beacon maintains behavioral health screening programs. These programs are aimed at wellness and prevention, by providing outreach, assessment, referral, education, and self-help strategies.

The three areas of focus for Empire Plan enrollees are: Depression, ADHD, and Eating Disorders. These programs use clinically validated screening tools to screen for a behavioral health issue in need of treatment. For more information on these programs, as well as educational materials, go to Beacon's Empire Plan website [Achieve Solutions site](#) under *Quick Links*.

If you think a patient of yours would benefit from these programs, you may call Beacon at (877) 7-NYSHIP [(877) 769-7447]. Select option 3, then option 3 again, and then option 6, to speak with a clinician. Enrollees can access these programs directly by phone or online.

Depression Identification and Management (Major Depressive Disorder/MDD):

This program addresses four major aspects of successful depression management: identification, education, access to services and care management. The Depression Identification and Management program targets those enrollees who have possible depression based on the PHQ-9 screening tool, enrollees who have been recently diagnosed and/or enrollees who are currently receiving treatment for depressive disorders. Enrollees can also self-refer to the program. The program will assist enrollees in accessing care, provide a timely assessment by a trained clinician, educate enrollees on treatment options and provide educational materials. All enrollees in the program will also be offered a referral to a behavioral health specialist. Those enrollees with more complex needs will be considered for Beacon's Intensive Case Management (ICM) program.

ADHD Management (Attention Deficit Hyperactivity Disorder):

This program targets children up to 18 years of age who may have undiagnosed ADHD, or who have been diagnosed, but may benefit from additional support. The Beacon website contains educational information and a screening tool (ADHD Rating Scale-IV: Home Version) to help enrollees with any concerns or questions they may have regarding any behaviors their child may be exhibiting. The program offers educational materials and referrals to appropriate providers.

Eating Disorder Management (Anorexia Nervosa, Binge Eating, Bulimia Nervosa):

The goals of the Eating Disorder Management program are to assist enrollees in receiving appropriate care, provide a timely diagnostic evaluation, educate enrollees on treatment options, provide educational materials, and provide referrals to appropriate providers. The overall benefit of our program is enhanced coordination of care and resources for our enrollees who have been diagnosed with an eating disorder; ultimately resulting in healthier outcomes for the enrollees. Enrollees can access this program directly by phone or online to discuss any

questions or concerns regarding eating disorders. They are able to obtain educational materials, brochures and complete a brief screening titled “What’s Your Eating Attitude?” Those enrollees with more complex needs will be considered for Beacon’s Intensive Case Management (ICM) program.

Utilization Management Programs

Beacon is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well-being of the enrollees. We are committed to supporting individuals in becoming responsible participants in their treatment.

Decisions: Utilization management clinicians are appropriately licensed behavioral health care professionals who work cooperatively with practitioners and agencies to ensure enrollee needs are met. Practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions and other levels of care.

Criteria: Effective March 1, 2020, Beacon uses InterQual® criteria for management of mental health services. A live telephonic review is required for inpatient mental health services for all NY State Empire Plan adult members. In line with NYS regulatory changes, Beacon has implemented a 14-day Notification of Admission (NOA) process for inpatient mental health Children’s services. The NOA process is limited to New York In-network providers who complete the notification within two business days of admission. For New York State substance use (SUD) services, Beacon uses the LOCADTR tool and follows the 28-day NOA process, as required by New York State OASAS. Beacon uses ASAM criteria for any SUD cases outside of New York.

Quality Improvement Activities

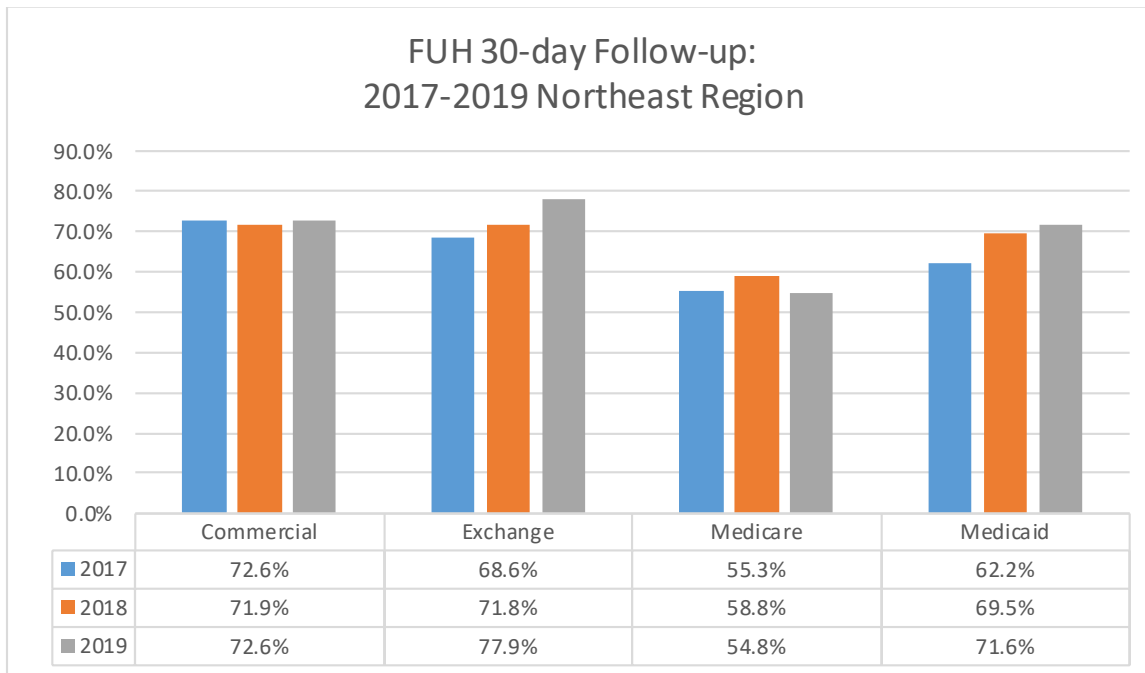
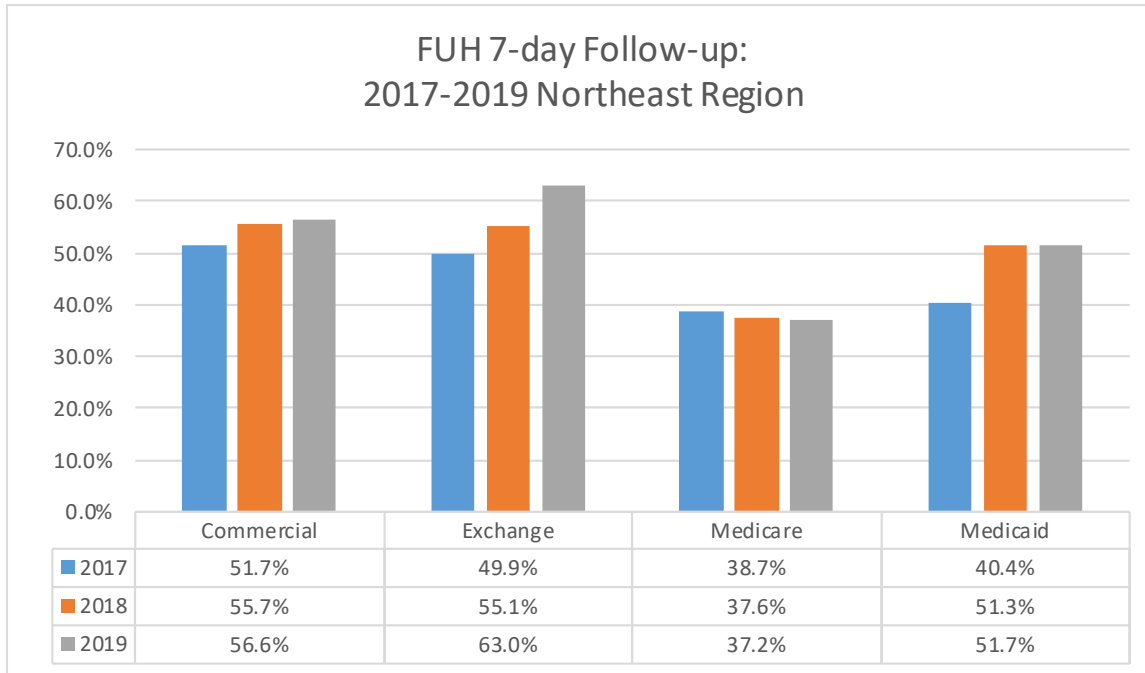
The Northeast Region has several ongoing Quality Improvement Activities (QIAs) addressing clinical, patient safety and service areas. QIA highlights are presented below.

Improving Ambulatory Follow-up after Hospitalization for Mental Illness:

This QIA is designed to increase the rate of follow-up for all Beacon members discharged from inpatient psychiatric care. An outpatient follow-up visit with a mental health practitioner after discharge ensures that the gains made during hospitalization are not lost, and has been shown to reduce the duration of disability and the likelihood of re-occurrence.

Beacon has clinical quality indicators to measure whether a member is seen for a follow-up appointment within seven (7) and thirty (30) calendar days after being discharged from an acute level of care.

Follow-up rates are measured using the HEDIS FUH specifications. The charts below show 7 and 30-day follow-up rates for the Northeast Region from 2017 to 2019.



Interventions in place to improve follow-up rates include:

- Aftercare coordinators assist members with obtaining appointments and removing any barriers to attendance
- Communication with facilities to improve discharge planning
- Field-based case managers speak to members while they are inpatient
- Review of network expansion opportunities.

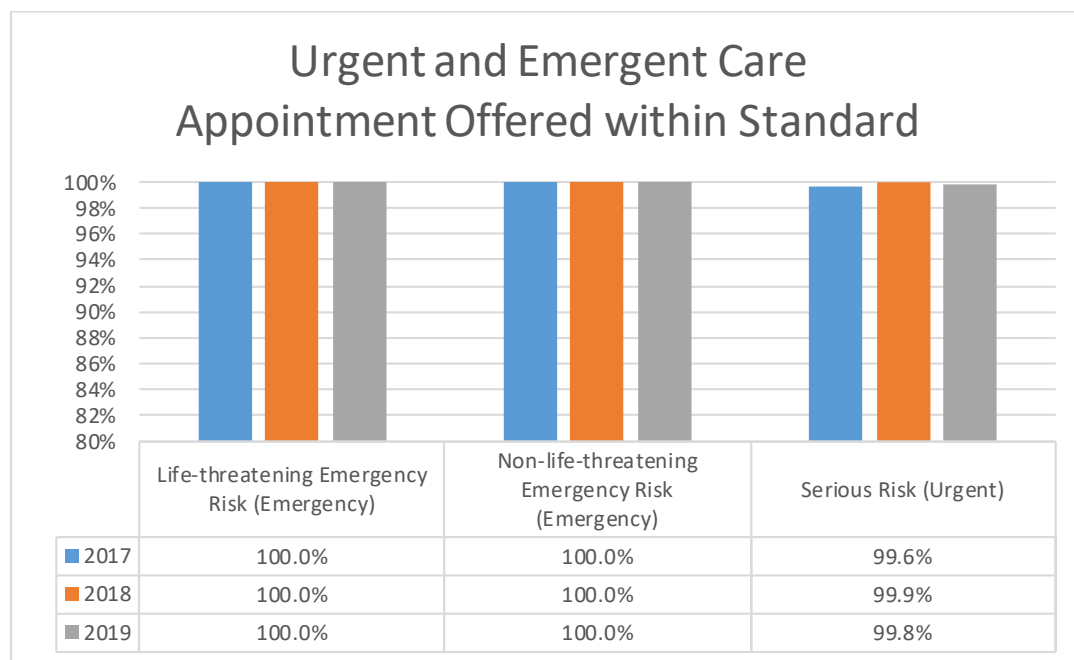
In 2020, data analysis, barrier analysis, and identification of appropriate interventions will continue.

Improving Assessment and Follow-up for Members Seeking a Referral for Treatment:

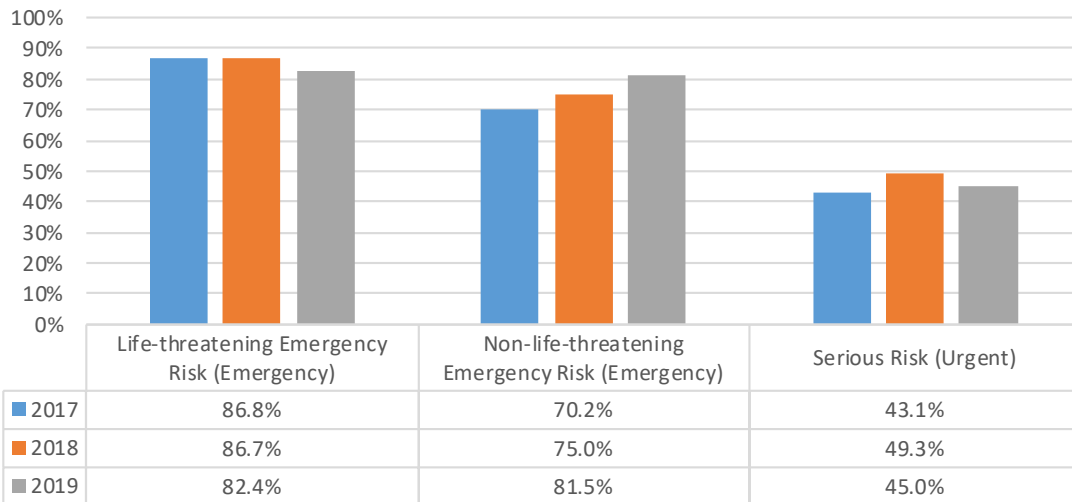
This QIA focuses on ensuring appropriate triage for members who call for a referral. Accurate assignment of Risk Rating is crucial to ensuring member safety and appropriate care. Risk is determined from a triage conducted by a Clinical Care Manager (CCM). The triage includes an assessment of the following areas: problems that led to the call; active drug or alcohol abuse; threat of harm to self or others; and co-occurring medical conditions. Beacon seeks to ensure member safety through appropriate care in a timely manner for all of its members.

Beacon measures the percentage of risk rated urgent or emergent referrals with confirmed member attendance within the Beacon policy timeframes (48 hours for urgent; 6 hours for non-life threatening emergent, and immediate for emergent).

The tables below shows the percentage of Northeast Region members with appointments offered, and with confirmed attendance, within the policy timeframes in 2017 through 2019.



Urgent and Emergent Care Appointment Attended within Standard



One hundred percent (100%) of members who call with an emergent need, and over 99.5% of those who call with an urgent need, are offered an appointment within the required timeframe. The rate of attendance for Northeast Region members increased from 2018 to 2019 for non-life-threatening emergencies; it decreased for life-threatening emergencies and for urgent appointments. The workgroup explored reasons that a member may not have attended the offered appointment. These may include: the member's choice to wait longer in order to see a specific provider; successful de-escalation of the member's situation via the intervention of the clinician phone call; or member may not perceive themselves at risk, even though the clinician rates them as such.

The following ongoing interventions are designed to increase enrollee attendance:

- Ongoing and new hire staff training regarding risk rating assessment and documentation
- Daily review of urgent and emergent cases by clinical supervisory/quality staff
- Clinical staff training regarding substance use issues
- Complex case review with clinical supervisors and medical directors to address specific barriers on a case by case basis
- Wellness checks to enrollees to serve as reminders, update information and provide education on the importance of obtaining necessary care

View Empire Plan Formulary Information

New York State Empire Plan enrollees and prescribing providers can view the Empire Plan Drug Formulary at the following web addresses:

- ❖ The 2019 formularies for Active Empire Plan Employees & Student Employee Health Plan as well as Excelsior Plan are at the following link: [CVS/Caremark](#)
- ❖ MEDICARE Rx Prescription drug plan: The 2019 formularies for Medicare eligible retirees are at the following link: [Silver Script Medicare Rx prescription drug plan](#)
- ❖ Providers can call 877-7NYSHIP (877-769-7447), Option 4, for the Empire Plan Prescription Drug Program.

Member Experience

The Northeast Region conducts an annual member experience survey to determine enrollees' level of satisfaction with the service we provide. Member surveys are used to evaluate the quality of care from its network of providers and the quality of service from the region.

Enrollees who have used services within the previous year are surveyed on key aspects of service. In 2019, Northeast Region members responded:

- **Overall Satisfaction** Overall satisfaction with Beacon services was 90.6%.
- **Appointment Availability** 73.8% of members received their first appointment within 10 business days.
- **Provider Quality** 91.6% of members were satisfied with their counseling or treatment.
- **Cultural Competence** 87.0% of members said their provider met their cultural, religious and language needs.

Financial Incentives

Beacon does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review for denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the enrollees, benefit availability, and appropriateness of care. Objective, scientifically-based criteria and treatment guidelines, in the context of provider or enrollee-supplied clinical information, guide the decision-making process.

Clinical Practice Guidelines

Beacon's Clinical Practice Guidelines (CPG) reflect evidence-based practices. Treatment guidelines are adopted from nationally recognized sources such as the American Psychiatric Association (APA) and American Society of Addiction Medicine (ASAM). The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

Promoting provider adherence to clinical practice guidelines is an integral component of the Quality Management Program. The Northeast Region Quality Management Department performs treatment record reviews and collects data related to adherence to clinical practice guidelines from those reviews. Reviews in 2019 noted the following adherence to clinical practice guidelines:

Measures

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) compliance is measured by adherence to two indicators of the treatment guidelines. There were 80 records reviewed for 2019. The average scores were above 80 percent for the three most recent years.

ADHD			
Indicator	2017	2018	2019
Record reflects active involvement of family/primary caretakers in the assessment and treatment of patient unless contraindicated	87%	91%	86%
Co-morbid problems are assessed upon initial evaluation and at least annually	93%	92%	93%

Major Depressive Disorder

Major Depressive Disorder compliance is measured by adherence to two indicators of the guidelines. There were 74 records reviewed for 2019. The average scores were above 80 percent for the three most recent years.

Major Depressive Disorder			
Indicator	2017	2018	2019
Mood symptoms and suicidality are assessed at every visit	92%	86%	89%
Co-morbid problems are assessed upon initial evaluation and at least annually	97%	93%	96%

Beacon Clinical Practice Guidelines can be found on our website: [Clinical Practice Guidelines](#).

If you have any questions or need assistance, please feel free to call the National Provider Services Line at 1-800-397-1630. The Provider Services Line is available between 8 a.m. and 8 p.m. ET, Monday through Friday.

Member Rights and Responsibilities

MEMBER RIGHTS

Company and Provider Information

- You have the right to receive information about Beacon's services, benefits, practitioners, providers, member rights and responsibilities and clinical guidelines.

Respect

- You have the right to be treated with respect, dignity, and privacy regardless of race, gender, veteran status, religion, marital status, national origin, physical disabilities, mental disabilities, age, sexual orientation, or ancestry.
- You have a right to receive information in a manner and format that is understandable and appropriate. You have the right to oral interpretation services free of charge for any Beacon materials in any language.
- You have the right to be free from restraint and seclusion as a means of coercion, discipline, convenience, or retaliation.

Complaints

- You have the right to make complaints (verbally or in writing) about Beacon staff, services or the care given by providers.
- You have a right to appeal if you disagree with a decision made by Beacon about your care. Beacon administers your appeal rights as stipulated under your benefit plan.

Confidentiality

- You have the right to have all communication regarding your health information kept confidential by Beacon staff and contracted providers and practitioners, to the extent required by law.

Claims and Billing

- You have the right to know the facts about any charge or bill you receive.

Member Input

- You have the right to have anyone you choose speak for you in your contacts with Beacon. You have the right to decide who will make medical decisions for you if you cannot make them. You have the right to refuse treatment, to the extent allowed by the law.
- You have the right to be a part of decisions that are made about plans for your care. You have the right to talk with your provider about the best treatment options for your condition, regardless of the cost of such care, or benefit coverage.
- You have the right to obtain information regarding your own treatment record with signed consent in a timely manner and have the right to request an amendment or correction be made to your medical records.
- You have the right to a copy of your rights and responsibilities. You have a right to tell Beacon what you think your rights and responsibilities as a member should be.
- You have the right to exercise these rights without having your treatment adversely affected in any way.

Access to Care, Services, & Benefits

- You have the right to know about covered services, benefits, and decisions about health care payment with your plan, and how to seek these services. You have the right to receive timely care consistent with your need for care.

Member Rights and Responsibilities

MEMBER RESPONSIBILITIES

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| <ul style="list-style-type: none">• You have the responsibility to provide information, to the best of your ability, that Beacon or your provider may need to plan your treatment.• You have the responsibility to learn about your condition and work with your provider to develop a plan for your care. You have the responsibility to follow the plans and instructions for care you have agreed to with your provider.• You are responsible for understanding your benefits, what's covered and what's not covered. You are responsible for understanding that you may be responsible for payment of services you receive that are not included in the Covered Services List for your coverage type. | <ul style="list-style-type: none">• You have the responsibility to notify your health plan and/or Beacon and your provider of changes such as address changes, phone number change, or change in insurance.• If required by your benefit, you are responsible for choosing a primary care provider and site for the coordination of all your medical care.• You are responsible for contacting your Behavioral Health Provider, if you have one, if you are experiencing a mental health or substance use emergency. |
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View more information about Beacon's member rights and responsibilities:

[Click here for Member Rights and Responsibilities: English](#)
[Click here for Member Rights and Responsibilities: Spanish](#)

Complex Case Management (Intensive Case Management)

Beacon offers an Intensive Case Management (ICM) program to address the health needs of our most complex and highest risk enrollees. We identify potential participants through our predictive model analytics and through real time referrals from providers and from care team members, based on established criteria. Criteria for referral may include:

- Multiple IP or ER admissions
- Complex co-morbid behavioral and medical health conditions
- Significant suicidal or homicidal risk
- Multiple unsuccessful Substance Abuse treatment attempts
- Repeated high risk behaviors
- Complex psychiatric cases
- New and unstable high risk diagnosis

Once an enrollee is identified, ICM staff will outreach to the enrollee, explain the benefits of the program, determine what they would like to accomplish to experience better health, provide a comprehensive assessment of their health and psychosocial needs, and develop a patient-centric plan of care to address their stated goals. Overall program goals and activities include:

- Experience a healthy and satisfying life
- Understand personal health care needs and self-care strategies
- Develop personalized goals based on the individual's needs
- Experience the benefit of coordination of behavioral health care with other health care services
- Overcome specific challenges affecting health

Access resources available for the individual and caregivers

Close coordination with treating providers is a key ingredient for a successful outcome within the ICM program. We identify which providers the enrollee is currently working with and communicate the ICM care plan, as well as ongoing progress. When necessary, we contact the provider to adjust the care plan to better meet the enrollee's needs. We also identify service gaps and coordinate connections to new services. To be effective in this process, we welcome input from the treating provider and view our role as a supplement to your primary treatment. We look forward to working with you and the enrollees we serve who are receiving case management services.

If you think a patient of yours would benefit from the ICM programs, please see the Beacon ProviderConnect Web portal to refer an enrollee to ICM. You may also call Beacon at (877) 7-NYSHIP [(877) 769-7447, option 3, to speak with a clinician.

Provider Information Updates

Treatment Records: Documenting the Care You Provide

Providers of mental health and substance abuse services face ever-increasing requirements for documentation. A recent provider treatment record audit revealed trends that suggest you may not be receiving credit for the care you do. For example:

- Do you ask your patients to sign release forms so you may speak to primary care physicians and other mental health specialists for coordination of care purposes?
- Do you ask your patients for written consents for medications?
- Do you document your patients understanding of the medications they are taking?
- Do you obtain written consents from patients/ guardians to contact the patient's school to collaborate on treatment plans?

Coordination of care and patient education are essential parts of patient care and of the treatment record. By documenting these elements, you will not only meet the requirements, your records will demonstrate all of the care you provide.

Member Self-Management Tools

We invite you to access our Achieve Solutions website to view interactive self-management tools you may share with your patients. These include:

- ✓ [Healthy weight maintenance](#)
- ✓ [Smoking and tobacco use cessation](#)
- ✓ [Encouraging physical activity](#)
- ✓ [Healthy eating](#)
- ✓ [Managing stress](#)
- ✓ [Avoiding at-risk drinking](#)
- ✓ [Identifying psychiatric symptoms through self-assessment](#)
- ✓ [Recovery and resiliency](#)
- ✓ [Treatment monitoring](#)

For information on these and other topics, please visit our website, www.achievesolutions.net/empireplan. We appreciate your time and look forward to your feedback regarding these links to self-management tools and/or other recommendations.