



## Happy Holidays and Reminder from Beacon Health Options

As we approach the holiday season, Beacon wishes our providers, facilities, office staff, and group practices a safe holiday season and a very happy and prosperous new year.

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

## December 2017

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### Contact Us:

Ideas and suggestions for future editions?

[PRcommunications@beaconhealthoptions.com](mailto:PRcommunications@beaconhealthoptions.com).

Do not have internet access and need a hard copy?

Call: 800-397-1630

## On Track Improves Client Outcomes in Maryland School Programs

At the 22<sup>nd</sup> annual Conference on Advancing School Mental Health, Beacon and a provider group presented the results of a two-year pilot project using Beacon's On Track Outcomes program in nine school-based mental health programs in Maryland.

Sonny Phipps, Beacon's Program Manager in Healthcare Economics, leads efforts for the On Track Outcomes program. He presented along with Family Services Inc.'s Dr. Larry Epp, Director of School Mental Health Services and the Linkages to Learning Program, and Scott Birdsong, Strategic Partnerships and Grants Officer. On Track uses an evidence-based practice known as feedback-informed treatment, which gives clinicians real-time data on how much their clients are improving, offers sophisticated predictive analytics, and provides suggestions on how to improve treatment.

Family Services began using On Track in a pilot over the 2014-2015 school year. They found that 84 percent of students were significantly or somewhat improved over the course of the school year. A client satisfaction survey found that, in the first two years, over 90 percent of students were helped by treatment and experienced improved behavior in the classroom.

Feedback-informed treatment refers to the practice of providing psychotherapy treatment that is informed by repeated administrations of patient-reported treatment outcomes. On Track uses the brief Client Feedback Form, which is completed by the client during the course of receiving counseling services. The sophisticated algorithms built into On Track are able to predict—with high accuracy—which clients are most at risk for treatment failure.



*(L-R: Sonny Phipps, Larry Epp, Scott Birdsong)*

The On Track Outcomes program relies on research-based clinical decision tools that provide psychotherapists with timely warnings when a client's deviation from an expected treatment response foretells possible poor outcomes. Clinicians can view their client's outcomes data using the web-based Clinician's Toolkit, which contains the analyzed results for their clients. Using the Toolkit, it is possible to monitor change during the course of treatment in comparison to normative benchmarks.

As reported in Lambert et al's article, "Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions," research also shows a positive effect on communication between clients and providers, which may allow for more trust and engagement in treatment. The data suggest that clients who had a poor initial response to treatment eventually had positive outcomes, provided that they remained engaged in treatment.

Family Services Inc. offers prevention, early intervention, treatment, and community support resources in Maryland's Montgomery and Prince George's counties.



**He believes that he and his colleagues are set to “graduate a generation of dentists way ahead of where we are today.”**

They have offered school-based mental health services through their Linkages to Learning program for 21 years. Maryland’s public mental health system operates in conjunction with Beacon Health Options.

Interested in seeing On Track for yourself? Visit the [On Track Outcomes resource page](#) on our website. ■

## **Oral Surgeon Fights to Change How His Profession Deals with Addiction**

Substance use disorders (SUDs) are among the biggest issues in behavioral health today. With a strong focus on the current opioid epidemic, we’d like to highlight a recent article from our [Expertise](#) section. We invite you to learn more about the five topics Beacon knows best: autism, mental health, workplace health and performance, substance use disorder, and recovery.

Opioid prescription rates for dentists are [higher than any other specialty](#). These prescription opioids—the amount in the public arena and their addictive characteristics—have been attributed as a major cause of the opioid epidemic. Because more than 12 percent of all opioid prescriptions are written through dentists’ offices, those patients have had the ability to amass large inventories of these opioids.

One oral surgeon aims to change this trend at the specialty level. After an overdose tragedy befell his family, Dr. Omar Abubaker has changed his prescription practices and taken this shift into the classroom. As a professor at Virginia Commonwealth University in Richmond, VA, Dr. Abubaker teaches his students about pain duration and pain management, and non-narcotic pain relievers that serve as an alternative to opioids. He believes that he and his colleagues are set to “graduate a generation of dentists way ahead of where we are today.”

Through a reassessment in education and policy, an overall change in prescription practices across all specialties can reduce the stream of opioids. Beacon promotes this approach to alternative and non-opioid pain management methods, as well as the retooling of training across all disciplines in order to inform providers how they can do their part to stem this epidemic.

While this not a panacea to solve the opioid epidemic by itself, when combined with education, research, treatment, and supportive (non-punitive) legislation, this change is effective, important, and welcomed.

Read Dr. Abubaker's full story on [STAT](#). ■

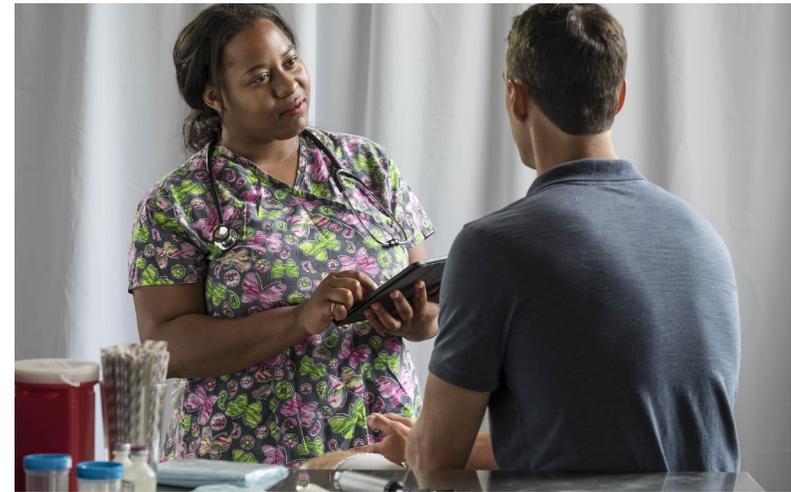
## Improving Member Engagement in Medication-Assisted Treatment (MAT)

Beacon monitors practitioner availability routinely to ensure a comprehensive and highly accessible network is available to Beacon members. In some regions, monitoring has revealed:

- Members in small communities have less access than those in larger market areas.
- Members do not have access to practitioners who provide medication-assisted treatment (MAT) at pertinent junctures. Pertinent junctures are defined as transitions of care, step-down from inpatient to a lower level of care, step up to a higher level of care, or discharge to outpatient for community-based care.

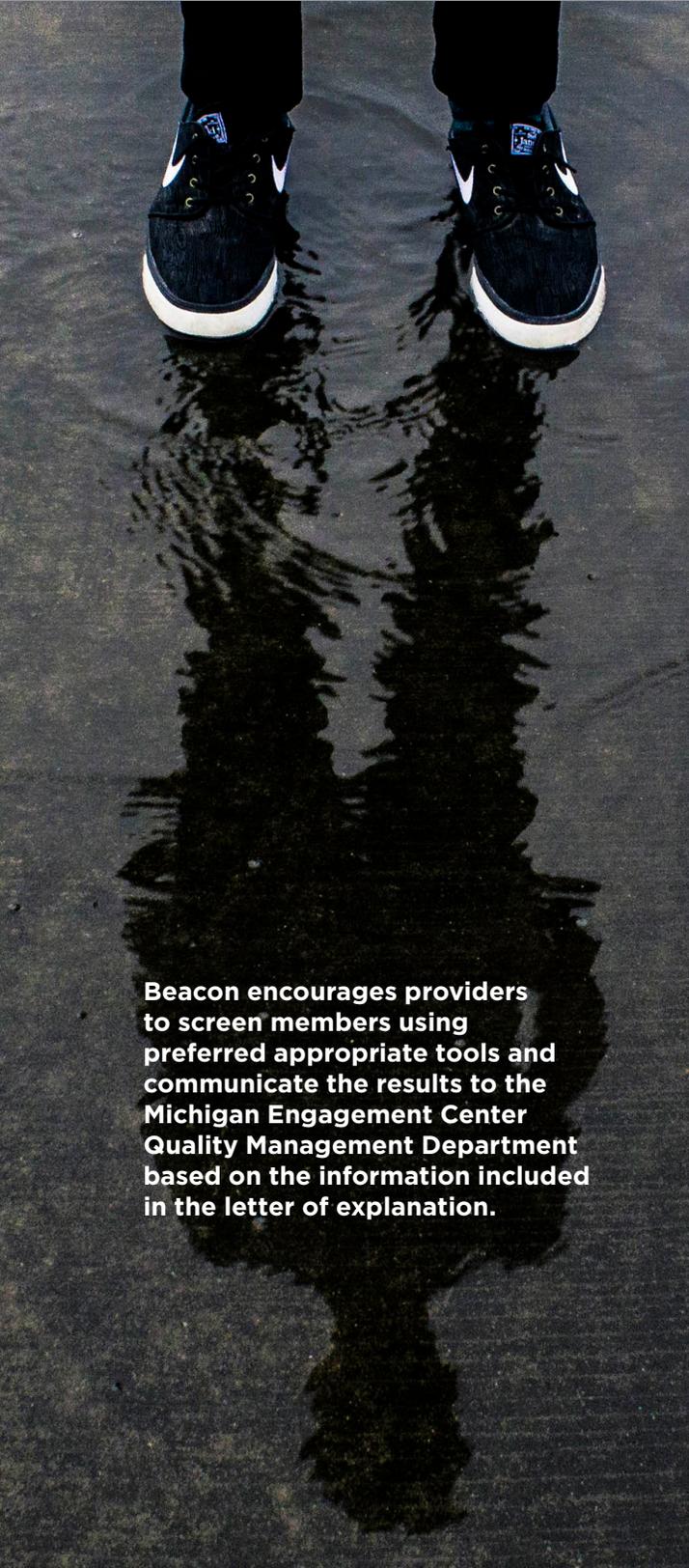
MAT, an evidence-based treatment for opioid and alcohol addiction, can be highly effective as part of a program that includes behavioral, cognitive, and other recovery-oriented interventions for all affected Beacon members. MAT is cost-effective and leads to better outcomes, including:

- Decreased use of acute services
- Improved functionality of treated individuals
- Decreased crime and legal expense associated with untreated addiction



These factors, in addition to appropriate medication compliance, may have an impact on overall member perception of treatment, care and satisfaction. Specific MAT prescriptions for opioid use disorder (OUD) could include methadone and buprenorphine (Suboxone® and Subutex®), oral naltrexone (ReVia®), and injectable naltrexone (Vivitrol®). MAT prescriptions for alcohol disorders could include: disulfiram, naltrexone, and acamprosate.

Access to MAT is an area of concern. Various Beacon initiatives, including [Project ECHO](#), aim to improve access for individuals with complex care issues. In addition, our Quality Management department in the North Carolina Engagement Center began developing and tracking quality improvement activities to target the access and utilization of network practitioners for MAT. Quality initiatives will be implemented and analyzed to ensure the provider networks and services are accessible to members. Quality improvement activity includes exploring barriers and interventions to connecting members and providers, as well as assisting with appointments to those services as clinically appropriate.



**Beacon encourages providers to screen members using preferred appropriate tools and communicate the results to the Michigan Engagement Center Quality Management Department based on the information included in the letter of explanation.**

**Source info:**

- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)'s website](#)
- [CDC article: Increases in Drug and Opioid-Involved Overdose Deaths](#)
- [National Institute on Drug Abuse article: Drug Facts: Heroin](#)
- [National Institute on Drug Abuse article Drugs of Abuse: Opioids](#) ■

## Screening and Referral Programs at Beacon

Screening and referral programs help identify members who would benefit from outreach and early intervention. In addition to being required for NCQA accreditation, Beacon believes that identifying co-occurring issues helps providers develop more meaningful treatment plans for their patients, which subsequently leads to better outcomes.

Based on feedback from our provider partners who serve on the Quality Management Committee, Beacon encourages the use of specific screening tools. The following two articles discuss screening and referral activity taking place in the market area managed by our Michigan Engagement Center. While the recommended tools are not specific to this market, providers who see members managed by this engagement center may receive additional screening program information.

### **Adult Co-Occurring Opioid Use Disorder and PTSD Screening and Referral Program**

Beacon is implementing the Adult Co-Occurring Opioid Use Disorder and Post-Traumatic Stress Disorder (PTSD) Screening and Referral Program to supplement efforts to mitigate the nationwide opioid crisis. We used scientific literature to assist in selecting the target population most vulnerable to opioid dependence and most prone to relapse. Individuals diagnosed with opioid use disorder (OUD) are among the most at-risk of those with substance use disorders. Individuals with post-traumatic stress disorders (PTSD) are among the most difficult to identify and treat of those suffering from psychiatric conditions.

The complexities of these disorders are compounded when they are co-occurring. Individuals recovering from PTSD or OUD may relapse due to PTSD symptoms of hyper-arousal or of re-experiencing the impulse to use opioids for their numbing and/or anesthetizing effects.

Members with chronic pain are vulnerable to both disorders; therefore, the objectives of this screening program are to:

1. Identify the presence of a co-occurring OUD or PTSD diagnosis in adult members with a previous primary diagnosis of one or the other, but not both
2. Identify members with chronic pain with either or both diagnoses
3. Facilitate the provision of evidence-based treatment for members identified with a previously undiagnosed co-occurring PTSD or OUD

According to SAMHSA TIP 57, “The relationship between PTSD and substance use disorders is thought to be bidirectional and cyclical: substance abuse increases trauma risk, and exposure to trauma escalates substance use to manage trauma related symptoms.”

Our major goal is to screen all adult members with these specified diagnoses. We believe that there are several advantages to coordinating the screening with our providers, including:

- Members are able to complete the screening with someone they know.
- Providers are able to exercise some clinical discretion regarding methods of screening and assessment.
- Providers may have completed screening prior to this notification, which helps to offset duplicate screening.
- Provider/member relationship is a vehicle for increased support, explanation of treatment options, and informed consent, should the screening produce a positive score.
- Communication between member and provider is more

efficient, productive, and starts the process of recovery faster.

Beacon offers educational materials to both providers and members about identified diagnoses. We recommend providers use validated test instruments such as the PTSD Checklist 5 (PCL-V) and the NIDA Modified ASSIST (Quick Screen V1.0). When applicable, Beacon offers these tools to providers with a letter of explanation. Both of these tools also include a “pre-screening” element: the pre-screen outcome will determine if further administration is necessary. For example, the absence of a traumatic event in a member’s life would preclude further administration of the PCL-V, while absence of any drug use would make further completion of the NIDA Modified ASSIST irrelevant.

All members with an identified diagnosis also receive an introductory letter that explains the rationale for co-occurring disorder screening. The letter informs the member that their provider may ask them screening questions.

Beacon senior clinical staff will conduct screening directly with the member if the provider is unable to assist. Examples include:

- The member is not actively engaged in treatment with an outpatient or intensive outpatient provider.
- The provider does not respond to Beacon efforts to coordinate the screening required for this program.

In the event of a positive screening or discovery of a new PTSD or OUD diagnosis, we would like to know how the provider and member plan to address it. Beacon is available to assist if providers need additional referral sources.



## **Kaiser Permanente of Colorado Depression Screening for Adolescents in Primary Care**

Beacon remains concerned about the rate of major depressive disorder and suicide in teens. For almost a decade, our Michigan Engagement Center has been collaborating with primary care physicians (PCPs) in coordination with the Kaiser Permanente Health Plan of Colorado to provide a screening and referral program.

Beacon encourages PCPs to complete the screening tool with their patients to support the goal of the program, which is to identify serious depression as early as possible and mitigate longer-term consequences of untreated depression. Depending on the results of the screening tool, the PCP may give their patient Beacon's toll-free number. If the PCP works in a Kaiser clinic, their staff will often contact Beacon's care manager to reach out to the member to provide referrals to a behavioral health provider.

We appreciate all of our providers who continue to accept new members as you help support our efforts to ensure our members live their lives to the fullest potential. In addition, we especially thank our Colorado providers as their efforts also support this valuable screening and referral program. ■

## **Claims Process Improvement Program: Mailing Address Changes**

Earlier this year, we communicated changes regarding post office box mailing addresses for paper claims submissions. While Beacon strongly recommends that providers submit claims and correspondence via electronic means, we recognize that some providers still use paper submission. The forwarding period for these address changes is slated to end in January 2018; therefore, we wanted to send a year-end reminder to encourage providers to update their files as necessary.

As in earlier newsletter articles, 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. This will result in a single, standardized process to receive and enter all incoming paper claims, improving turnaround time and efficiency.

In January 2017, as part of the Mailroom Paper Intake project, some post office boxes were closed and new post office boxes were opened. Additionally, many of the closed boxes were consolidated to a single new address. Please see the listing of closed and opened boxes below.

Closed PO Boxes	New PO Boxes	Department or Client Name
Post Office Boxes originally housed in Latham, NY		
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 1800		
PO Box 1408		
Post Office Boxes 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 Box originally housed in Latham, NY		
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
<b>NOTE: If the address you use is not listed here, the address has not changed.</b>		

A forwarding order is in place through the US Postal Service to send all mail to the new boxes until January 2018, unless otherwise indicated on the envelope. Beacon has already communicated this change to clients and providers, and is currently working to update all company correspondence and phone scripts to reflect the new addresses.

Please review this information and update your records accordingly. If the old post office box you use is not found in this table, the address has not changed.

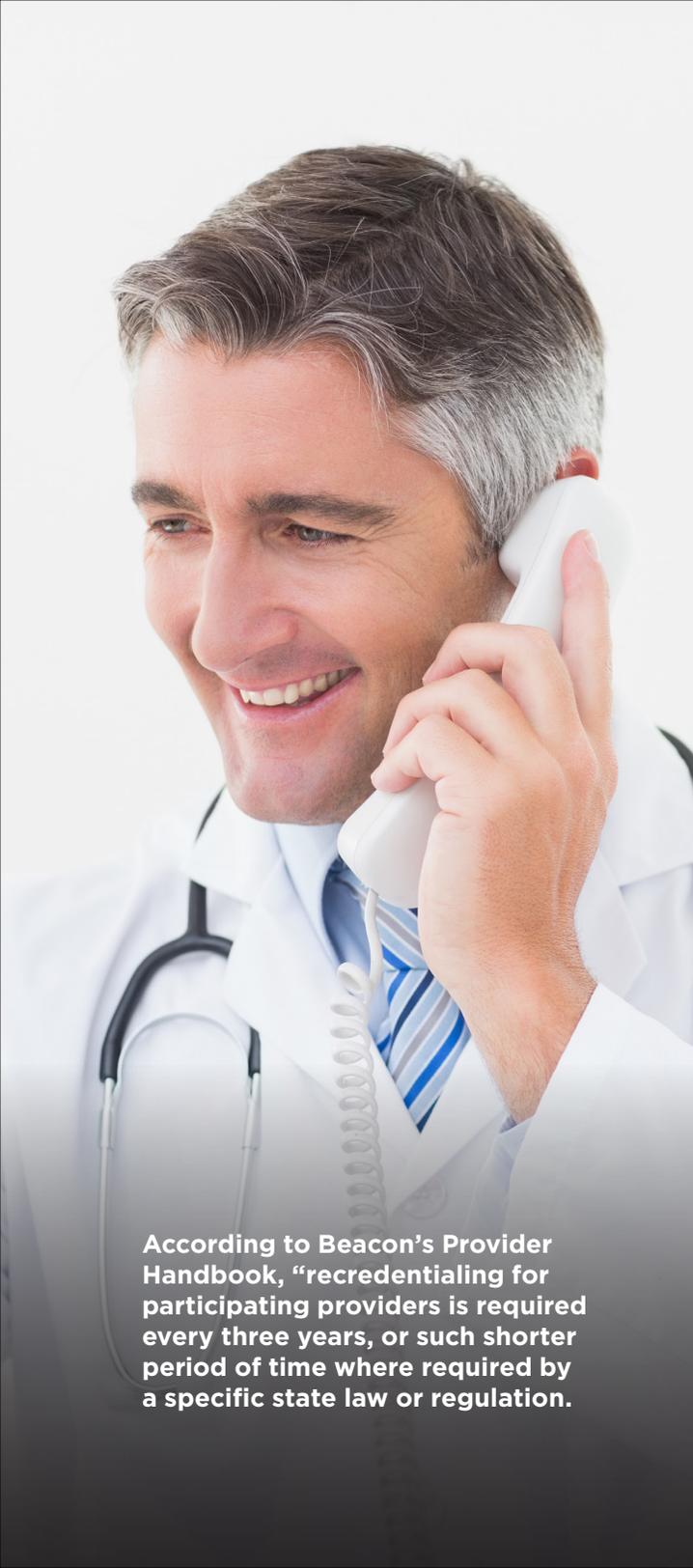
If you have any questions, email your Regional Provider Relations Team or contact the National Provider Services Line at 800-397-1630, between 8 a.m. and 8 p.m. ET, Monday through Friday. ■

## Disclosure of Ownership Form

Beacon requires credentialing and recredentialing for all participating providers, including individual practitioners and organizations. Credentialing (and recredentialing) is a requirement not only for Beacon network participation, but also required by state and federal laws. Failure to submit a completed application with all required documents will result in denial of participation or termination from Beacon's network.

The Disclosure of Ownership form is included as a standard document for any paper application generated by Beacon. Providers who subscribe to Council of Affordable Quality Healthcare® (CAQH) are encouraged to submit their CAQH ID when requested and forward any pertinent supporting documentation as needed to fulfill credentialing requirements.

The Disclosure of Ownership form is one example of required supporting documentation necessary to complete the credentialing/rec credentialing process. This form is required for participation with any EAP or government line of business (Medicaid, Medicare, US Coast Guard or Military OneSource).



**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."**

Certain information regarding ownership and control is required by the Centers for Medicaid and Medicare Services (CMS) and included on the Disclosure of Ownership form. CMS requires proof that Beacon is not contracted with an entity that has been excluded from any federal or state health programs, or with an entity that is owned or controlled by an individual who has been convicted of a criminal offense, has had civil monetary penalties imposed against them, or has been excluded from participation in Medicare or Medicaid.

The Disclosure of Ownership form is located under the Credentialing section on Beacon's [Administrative Form page](#). If providers are unable to upload supporting documentation through CAQH, Beacon recommends submitting it as part of supplemental credentialing materials or sending via fax to 866-612-7795. ■

## 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 encouraged to participate with CAQH. However, Beacon will continue to offer one universal application for all providers who choose not to utilize CAQH. In addition, many providers have the option to submit their recredentialing applications 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

According to Beacon's Provider Handbook, participating providers are expected to maintain established office hours and appointment access. Beacon's provider contract requires that the hours of operation of all of our network providers be convenient to the members served and are not discriminatory. For example, hours of operation may not be different for commercially insured members vs. public fee-for-service-insured individuals.

Except as otherwise required by a specific client and/or government-sponsored health benefit program, participating providers are required to maintain the following standards of availability for appointments:

- 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 "Appointment and Availability Standards" section of the [Provider Handbook](#). ■

## 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

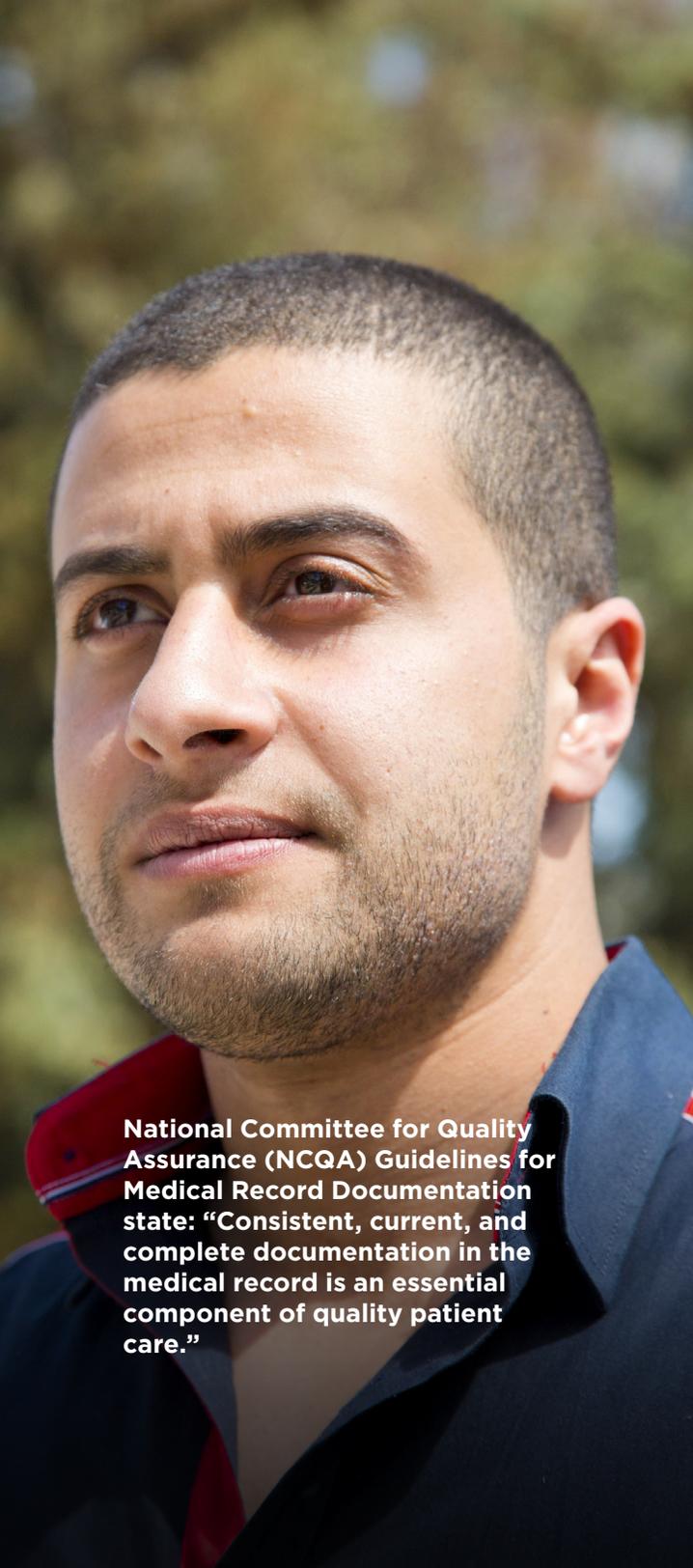
increasing documentation requirements for providers. It is used by providers to manage patient care, communicate with other providers, and monitor progress toward patient treatment goals. The old adage "if it isn't documented, it wasn't done" continues to be a standard of regulatory agencies today.



**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 (includes electronic signature)
- 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



**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.”**

- Treatment plans with measurable goals/objectives, barriers, interventions, and progress
- Behavioral health screenings where applicable
- 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 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](#).

**Coming soon:** Beacon's new Provider Record Review Tool (PRRT) will be introduced in 2018. The content of this medical record audit tool will be similar to what is in place today, with a focus on integrating the audit tool with Beacon's operating systems. This will create efficiencies in conducting and communicating results of medical record reviews. More information will be shared in upcoming newsletters. ■

## New Business

### Dominion Energy

Beacon is pleased to announce that we will begin offering a three-session EAP model to Dominion Energy members effective January 1, 2018. Dominion Energy is headquartered in Richmond, VA and is one of the nation's largest producers and transporters of energy. Approximately 16,000 employees invest in the communities where they live and work and by practicing responsible environmental stewardship wherever they operate.

## GlobalHealth



Effective January 1, 2018, Beacon is entering into an agreement with GlobalHealth to provide behavioral health services for GlobalHealth members in Oklahoma.

As Beacon currently supports other commercial and Medicare Advantage members in Oklahoma, you will have the opportunity to deliver behavioral health services to GlobalHealth members as well. By doing so, please be aware there are specific referral, authorization, and claim procedures associated with this agreement.

Credentialed Beacon providers will receive direct telephonic outreach from Beacon and GlobalHealth to refer GlobalHealth members needing behavioral health services. We strongly encourage all Beacon providers to conduct all routine transactions, such as member eligibility and authorization review, via Beacon's online ProviderConnect portal. In addition, participating providers should submit claims electronically through ProviderConnect either through direct claims submission or via batch claim submission to achieve claims processing efficiency.

If providers are unable to electronically submit claims for GlobalHealth, paper claims for services rendered by participating providers with dates of service on or after January 1, 2018, can be mailed to Beacon at:

Beacon Health Options  
PO Box 1850  
Hicksville, NY 11802-1850

Additional questions regarding GlobalHealth claims should be directed to Beacon's customer service department at the following numbers based on the member's benefit plan:

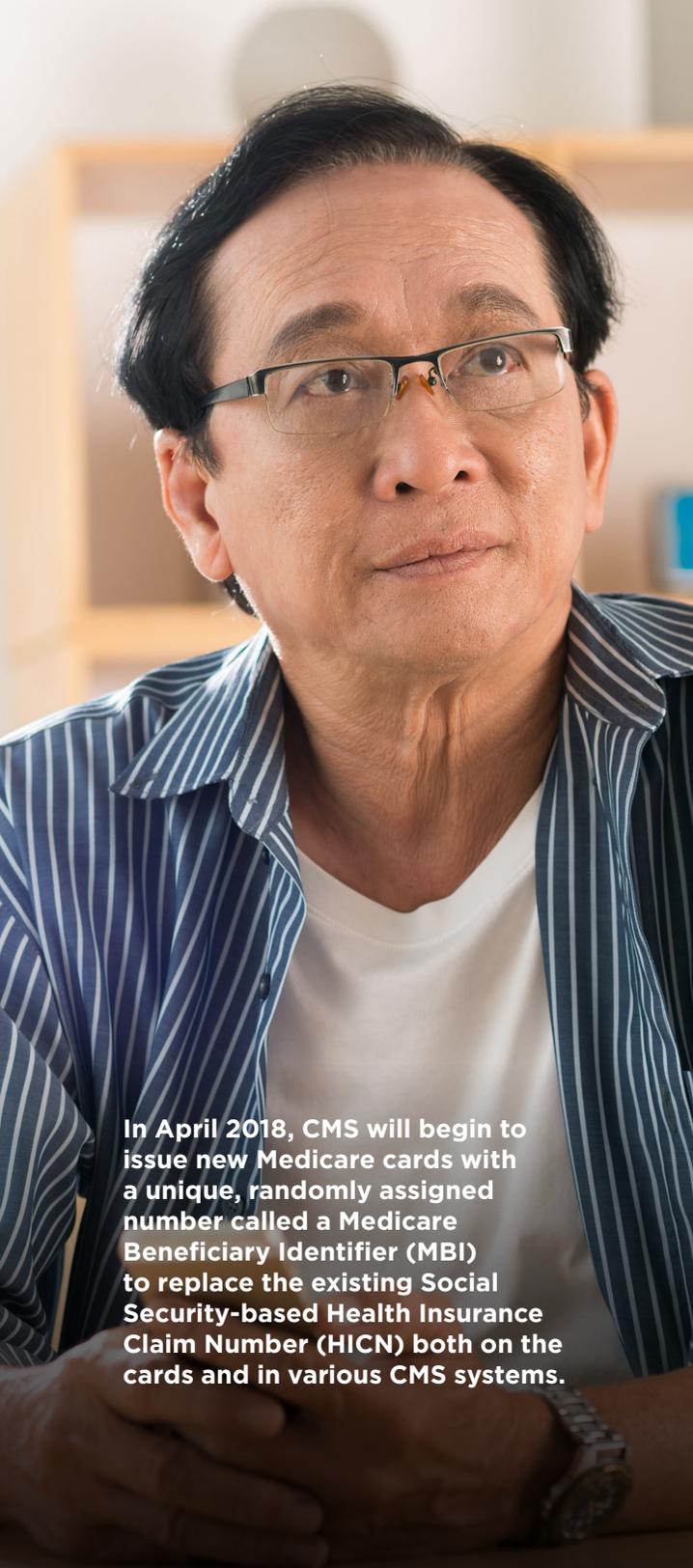
- Federal Employee Health Benefit (FEHB): 888-434-9201
- Medicare: 888-434-9202
- Commercial: 888-434-9203
- State: 888-434-9204

Please refer to our [ProviderConnect Resource page](#) for more information about our electronic portal. 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 to [e-supportservices@beaconhealthoptions.com](mailto:e-supportservices@beaconhealthoptions.com). ■

## New Medicare Cards: Three Ways to Get Ready

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative, the Centers for Medicare and Medicaid Services (CMS) aims to prevent fraud, fight identity theft, and protect essential program funding, as well as the private health care and financial information for Medicare beneficiaries in our nation.

CMS will issue new Medicare cards with a new unique, randomly assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems. Medicare beneficiaries received information about the new card in the *2018 Medicare and You* handbook, which was mailed to all Medicare households in October. New cards to people with Medicare benefits will be mailed starting in April 2018. All Medicare cards will be replaced by April 2019.



**In April 2018, CMS will begin to issue new Medicare cards with a unique, randomly assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems.**

Providers and beneficiaries will both be able to use secure CMS look-up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN for billing purposes to further ease the transition.

Therefore, even though your systems will need to be able to accept the new MBI format by April 2018, you can continue to bill and file health care claims using the Medicare beneficiary's HICN during the transition period. Beacon encourages you to work with your billing vendor to make sure that your system will be updated to reflect these changes as well.

Beginning in April 2018, Medicare members will come to your office with new cards in hand. Beacon is committed to sharing important CMS information to help your office get ready for new Medicare cards and MBIs.

Here are three steps you can take today to help your office or health care facility get ready:

1. Go to CMS's provider [website](#) and [sign up](#) for the weekly MLN Connects® newsletter.
2. Verify all of your Medicare patients' addresses. If the addresses you have on file are different from the Medicare address you get on electronic eligibility transactions, ask your patients to contact [Social Security](#) and update their Medicare records.
3. Be sure to [test your system changes](#) and work with your billing office staff to be sure your office is ready to use the new MBI format.

Beacon will continue to work closely to keep you informed of this initiative. To learn more, visit [CMS.gov](#). ■



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:

- [Measurement-based Care Leads to Improved Outcomes, Resource Efficiency](#)
- [Payer Consensus: A New Era for Substance Use Disorder Treatment](#)
- [Teach your Children Well](#)
- [Catching Up to an Opioid Crisis: Innovation, Access](#)
- [Beacon’s ‘Triple Aim’: Camaraderie, Advocacy, Health](#)
- [‘Did you hear about Frank?’](#)

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](mailto:beaconlens@beaconhealthoptions.com). Together, let’s lead the conversation on behavioral health! ■

## New York Providers: Webinar Opportunities

Our New York team has been busy with regional provider education activities, so we are sharing their monthly webinar schedule. Registration for all webinars is required. We encourage any of our New York providers to click the dates below to register for topics of interest:

NYC November Webinars	
Follow Up after Hospitalization/2017 HEDIS Measure Overview	
This webinar will cover the new 2017 HEDIS measure for follow up after hospitalization.	
Thursday, December 14, 2017 at 11:30 a.m. ET	<a href="#">Register Now!</a>
Beacon Provider Orientation	
This webinar will provide information about Beacon Health Options, authorizations, general overview of QMP/HARP, HCBS, PROS/ACT and billing and is designed for providers new to Beacon and Managed Care.	
Wednesday, December 20, 2017 at 2 p.m. ET	<a href="#">Register Now!</a>
Managed Care 101	
This webinar is for providers new to Managed Care. We will cover the basic terminology and provide general guidance on how to work with Beacon Health Options.	
Wednesday, December 20, 2017 at 10 a.m. ET	<a href="#">Register Now!</a>
Adverse Incident Reporting	
This webinar will cover adverse incidents, types of incidents to report, and how to report them. We will also discuss potential quality-of-care issues.	
Thursday, December 14, 2017 at 3 p.m. ET	<a href="#">Register Now!</a>

While many of these webinars are general enough for any provider to attend, some of the information is specific to the contracts and lines of business in the state of New York; therefore, they are recommended for New York providers. For any New York-specific provider training questions, please email [nyprtrainings@beaconhealthoptions.com](mailto:nyprtrainings@beaconhealthoptions.com). ■

## Beacon Commercial Webinars

### Overview of ProviderConnect

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

- [Wednesday, January 17, 2018 1-2 p.m, ET](#)

### Authorizations in ProviderConnect

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

- [Thursday, December 14, 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.

- [Thursday, January 18, 2018 1-2 p.m, ET](#)

### ProviderConnect Tips and Tricks

Reviews hot topics and recent enhancements related to ProviderConnect.

- [Thursday, December 21, 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. ■