beacon health options
Valued Provider eNewsletter

MAY YOUR DAYS BE MERRY & BRIGHT

HAPPY HOLIDAYS AND A HEALTHY NEW YEAR
FROM ALL OF US AT BEACON

beacon health options

Contact Us:

Ideas and suggestions for future editions? PRcommunications@beaconhealthoptions.com. Not have internet access and need a hard copy? Call: 800-397-1630

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. ■

Simplifying Online Access: Website Updates

To improve your experience with our website, Beacon has made changes to our provider website pages and portals.

What's changing? Provider Dashboard

A new, single path for providers to access their information is the Beacon Health Options Provider page.

From here, providers can visit the Network-Specific Info page to access information for each plan.
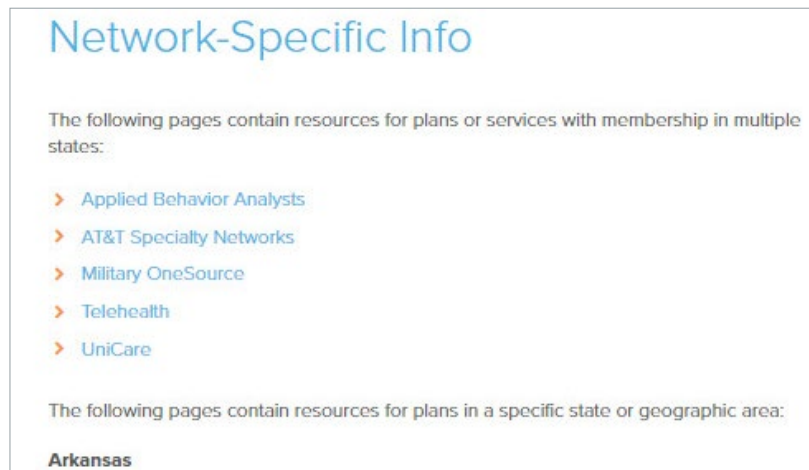

General Information

All general information, such as provider portals, forms, and tools, will be accessible through the Provider Dashboard and the Provider Menu. This menu is present on the right side of every page within the Providers' area of the website.

Provider Portal Login

Following login using ProviderConnect or eServices credentials, users will have a single point of entry and Beacon URL to access the provider portals. This is the first step toward unifying our provider portal experience.
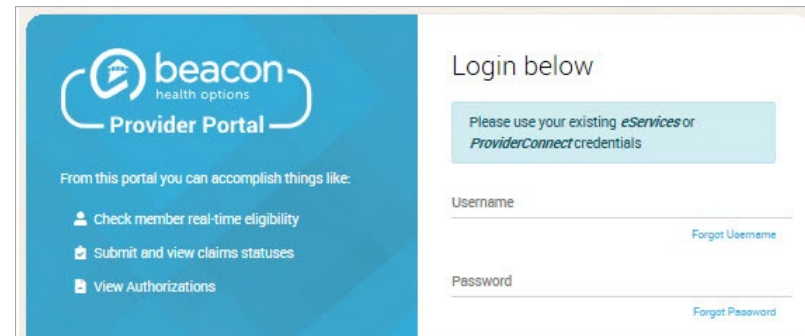
Note: This login experience may not change for certain plans, based on contractual relationships with Beacon.

Online Pre-Certification

Beacon is improving the process to obtain pre-certification for mental health higher level of care services. We are in the process of expanding online access to include most plans on both eServices and ProviderConnect.

We are continually working to improve your experience with Beacon and with our website. Please watch for upcoming webinars that will provide step-by-step instructions for how to use our provider portals. ■

ABA Providers: New CPT Codes Coming

In September, the American Medical Association (AMA) announced the release of the 2019 Current Procedural Terminology (CPT®) code set, including codes for Applied Behavior Analysis (ABA). These new AMA Category I codes will become effective Jan. 1, 2019.

In previous use were the temporary Category III codes, instituted to establish unique codes for ABA. Payers will no longer be able to use the Category III codes beginning Jan. 1.

As of 2019, most T-codes will no longer exist, replaced by a new set of permanent codes with the following characteristics:

- Eight Category I codes (97151–97158) will replace the Category III codes.
- Two modified codes remain in Category III (0362T and 0373T, for extreme behavior), but are rarely used.
- All codes are now in 15-minute increments, where the old codes ranged from untimed to 60 minutes each.
- The add-on code structure was removed.

For those affected networks, Beacon will provide updated guidance to reflect the new coding structure. Note, some health plans or states may follow a different adoption timeline for the Category I codes.

Organizations including the Association of Professional Behavior Analysts (ABPA), Association for Behavior Analysis International (ABAI), Behavior Analyst Certification Board (BACB), and Autism Speaks consulted with the AMA to develop the new codes.

Upcoming Webinar: ABA 2019 CPT Code Changes

Beacon invites you to join us for one of our upcoming ABA 2019 CPT Code Change webinars.

The webinar is available in three sessions for your convenience:

- Tuesday, Dec. 18 from 9 to 10 a.m. ET
- Wednesday, Dec. 19 from 3 to 4 p.m. ET
- Thursday, Dec. 20 from 1 to 2 p.m. ET

CPT® is a registered trademark of the American Medical Association. ■

New CPT Codes for Psychological Testing Coming Soon

Beginning in January 2019, the AMA will have new CPT codes for psychological and neuropsychological testing services. The codes reflect differences between test administration and scoring performed by a psychologist or neuropsychologist versus the same services performed by a technician, as well as a new code for computer-based test administration.

Codes 96101 through 96103 and 96118 through 96120 will no longer be accepted for claims with dates of service after Dec. 31, 2018. Please refer to the AMA's 2019 CPT Code Book for all valid codes and associated coding guidelines.

APA Practice Central has a webpage with more details about the coding changes, as well as a tip sheet describing each code. ■

Serving Those Who Serve: When a Loved One Is Deployed During the Holidays

Deployment can be rough on families any time of year. But it can be especially hard during the holidays when everyone seems to be spending time with the ones they love.

If you work with families who are struggling with a loved one's deployment, there are ways you can help them bridge the distance and enjoy the holidays.

Share the festivities

Encourage families you work with to celebrate the holidays creatively with their deployed loved one. Here are some suggestions:

- Arrange a video call during the holiday celebrations. Be flexible about it, though. Time differences and work schedules may mean sharing Christmas dinner preparations or even cleanup instead of the meal itself.
- Send a copy of a holiday movie or book to your loved one. If possible, enjoy the movie or book together over video call.
- Send your deployed loved one a favorite home-made holiday treat.
- Send photos and videos of school concerts, holiday pageants, a driving tour of your neighborhood holiday lights, etc.
- Send emails or letters detailing the big and little events of your celebrations. How did the latkes taste? Did the kids help make the cookies? Who had the best reaction when unwrapping a gift?

Practice self-care

The holidays can add stress to already busy lives. You may find that parents you work with try to do too much to make up for their partner's absence. Suggest they slow down by doing the following:

- Don't accept every invitation or request. Choose only what fills you with holiday spirit. Ignore what will drain you.
- Volunteer as a family at a local soup kitchen or other cause that helps others. This will take the focus off what you're missing and put it on what you have to give.
- Spend time with other military families whose loved one is also deployed. Talking with others who are in the same situation can be very comforting.
- Be mindful of what you have to be thankful for. Holding close all that is good in your life will ease the pain of missing your deployed loved one. Create a holiday tradition of listing your blessings and all of the good things that happened in the past year.

With your support, military families can feel closer to their deployed loved ones, enjoy the holiday season, and look forward to the time when they are together again.

Providers can learn more about military culture by accessing the Center for Deployment Psychology's comprehensive military culture online course for health care professionals.

If you are interested in providing non-medical counseling to military service members and their families through Military OneSource, please email us at mosproviderrelations@militaryonesource.com. ▪

Resources for Clinical Performance Improvement with HEDIS Measures

The National Committee for Quality Assurance (NCQA) develops and maintains a set of performance measures in the managed care industry referred to as Healthcare Effectiveness Data Information Set (HEDIS®). The HEDIS measures allow consumers to compare health plan performance to national or regional benchmarks.

Several measures relate to behavioral health, and Beacon network providers play a key role in improving outcomes for our shared members.

To support our providers' commitment to quality care, Beacon's Clinical Quality department has developed a series of informative fliers focused on key behavioral health HEDIS measures, which are relevant to practical aspects of direct consumer care and outcomes.

Beacon's website offers a number of relevant provider resources related to HEDIS and quality improvement. To learn more, visit our Clinical Tools page.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). ▪

Up-to-Date Information Keeps You in Contact with Beacon

There are many important reasons to keep your demographic, contact, and availability information complete and up to date with Beacon. For example:

- Sending referrals and claims payment
- Providing member access to information through provider directories
- Giving notice of recredentialing deadlines
- Complying with your provider handbook or manual

Recently Beacon has introduced a few outside vendors who can help simplify the process of checking and updating information. Read more about CAQH and Morpace.

CAQH ProView™

Beacon has recently transitioned to a new recredentialing workflow that maximizes the use of CAQH ProView. What this means for the 97 percent of Beacon providers currently using CAQH to manage practice information is a more transparent recredentialing process. Beacon will only reach out if your CAQH ProView application is expired or missing information, or if you have not registered with CAQH.

This will lead to a more streamlined process, less paperwork for you to complete, and a reduction in inquiries for your administrative information. You can save even more time by keeping your CAQH ProView profile complete and up to date.

If you are not already using CAQH, create a ProView account.

Be sure to give *Beacon Health Options* permission to pull your application. For questions related to CAQH ProView, please email providerhelp@proview.caqh.org.

Morpace

Beacon has partnered with Morpace, Inc. (Morpace), a global research and consulting firm, to assist with a variety of Beacon's survey-related projects. In addition to administering our member and provider satisfaction surveys, Morpace manty ages audits to evaluate provider directory data accuracy.

Morpace conducts telephone audits at least quarterly with providers to measure accuracy of the data housed in Beacon's systems that populate our provider directories, such as practice location, phone number, appointment availability, and whether providers are accepting new referrals.

Morpace reaches out to providers to participate in surveys to confirm information on file, as well as help provide Beacon with information to make corrections when necessary. This audit is one step toward transforming our business to drive improved provider directories that positively impact the member experience and ensure we remain compliant with regulatory and client contracts.

The audits began in September 2018. Providers may be contacted once per year, typically via email with an option to call a toll-free number as well.

If you are contacted by Morpace, please take the time to respond. Your feedback is important to allow us to determine overall accuracy of the data in our directories. Thank you for your participation. ■

ProviderConnect Downtime Dec. 14-15

Throughout the year Beacon conducts routine maintenance on our provider portals in an effort to enhance your experience. ProviderConnect and Military OneSource ProviderConnect will be unavailable Dec. 14-15, 2018, to perform standard maintenance.

While system downtime occurs on the weekends to minimize interruption to normal operations, we do regret any inconvenience you may experience during this process. We look forward to serving you better through these scheduled enhancements. ■

ProviderConnect and Military OneSource ProviderConnect will be unavailable Dec. 14-15, 2018, to perform standard maintenance.

Document Standards and Payment Integrity

Providers are responsible for following all requirements under federal and state regulations, publications, and bulletins that are pertinent to member care. Providers have a responsibility to submit complete and accurate claims and ensure that documentation fully supports billed charges and claims submitted.

Beacon's Payment Integrity Department may review medical records to validate that charges are supported by documentation. Therefore, providers may receive communications and documentation requests to verify claims submissions and payment accuracy.

For more information about Payment Integrity, review our Resource Document entitled *Payment Integrity: Provider Documentation Standards* located on our **Provider Handbook page**. This topic will also be covered in our December *Giving Value Back to the Provider* webinar. ■

Go Green: Register for Electronic EOPs

Beacon will expand its Go Green efforts to include all plans serviced by Beacon's provider network by the end of January 2019. To standardize the way providers receive payment notification, we will move to electronic remittance advice and discontinue printing and mailing Explanation of Payments (EOPs), also known as Provider Summary Vouchers (PSVs), for all providers.

Many of our providers are already receiving EOPs and PSVs electronically, and the goal is for all of our providers to Go Green. Beacon is fully supporting a Go Green initiative with our payment reimbursement vendor, Payspan®. The solution enables online accessibility to remittance advice and straightforward reconciliation of payments to reduce costs, speed secondary billings, and improve cash flow.

If you have already registered to receive electronic EOPs or PSVs and electronic funds transfer (EFT), we want to thank you and no action is required. However, if you are still receiving paper remittance advice in the mail, we strongly encourage you to **register with Payspan**. To receive your EOPs and PSVs in 2019, you must register.

Electronic EOPs and PSVs are available for download and printing from the Payspan website. This applies to providers receiving either paper checks or EFT. However, if you are not currently registered for EFT, this is also the perfect time to take action and skip trips to the bank to cash checks.

To register for Payspan, either:

- Visit Payspan's **Login and Registration page**
- Call Payspan at 877-331-7154

Once you have registered, you will experience many benefits offered by Payspan:

- Access to Payspan's self-service portal 24/7 to review your remittances and reconcile your accounts.
- Receive notice immediately upon payment.
- Choose multiple bank accounts for deposit if desired. No need to limit to a single account.
- No longer worry about a lost check in the mail.
- Mailbox Routing: Route remittance advice images to a free mailbox.

If you still receive paper checks:

- Locate the Registration Code and PIN on the physical paycheck stub.
- You will continue to receive physical checks until each Registration Code and PIN are on file with Payspan.

- Enroll each plan and/or service address/pay-to combination that you have active with Beacon so that all your payments can be issued via EFT. If your information with Beacon changes, or you update or add an address, contact Payspan to add the information to their file.

Again, please do not delay; register to receive your electronic Explanation of Payments and Provider Summary Vouchers today. ∎

Changes to Electronic Claims Submission

Beacon has begun upgrading our electronic claims submission application, including the implementation of new claims edits. These edits are in line with industry standards and designed to ensure claims submitted to Beacon have all required data elements and can pass the Health Insurance Portability and Accountability Act (HIPAA) standards published by Centers for Medicare and Medicaid Services (CMS). Our objective is to have all submitters migrated to the new submission application by the end of fourth quarter. See below for how the next steps may impact you.

If you submit through Change Healthcare as your clearinghouse:

We recently launched a pilot of the new submission process with Change Healthcare, a large clearinghouse used by many providers. We conducted testing to minimize claims issues. If Change Healthcare is your clearinghouse, you may hear from them about any changes required.

If you submit claims through another clearinghouse or billing service:

After the Change Healthcare pilot, other clearinghouses and billing services will gradually move to the new submission process. No action from you is necessary at this time.

We are in the process of working directly with your clearinghouse or billing service. We will share our new Companion Guides with them and engage them in a thorough testing process to ensure they can adjust accordingly to limit claims issues.

If you submit electronic claims directly to Beacon via an 837 file (without a clearinghouse or billing service):

In August, we began migrating the first phase of direct submitters. We are in contact with many providers to assist with the new process and troubleshoot any issues. We continue to communicate with others to get them ready for the migration process. As a reminder, our upgraded claims submission process includes the implementation of new claims edits.

These edits are in line with industry standards and designed to ensure claims submitted to Beacon have all of the required data elements and pass HIPAA standards published by CMS. Additionally, once your claims have been submitted through the new application, you will receive industry standard response files, 277CA and 999, instead of the non-standard responses you receive today. Please make sure that any required changes to your systems are in place to accept the response files. We encourage you to review our new Companion Guide to ensure that your claims are compliant.

If you submit claims via single claims data entry on a Beacon website:

No action is necessary at this time. Single claims data entry is not in scope for this initiative and there will be no changes to how your claims are submitted.

beacon lens

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:

- Retail therapy: The best health care is local
- Culturally sensitive trauma-informed care: Healing the mind through the heart
- Two Beacon programs help to shape American health care landscape
- One of the toughest endeavors: Changing health behavior
- I feel your pain: Suicide's impact on the mental health professional
- Treating substance use disorders with web-based technologies

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! ∎

We are pleased to have the opportunity to collaborate with you as we implement this important new process. We will work closely with you to assure the transition goes as smoothly as possible. Should you have questions or concerns, please feel free to reach out to our EDI Helpdesk at 888-247-9311 or e-supportservices@beaconhealthoptions.com. ∎

Enrollment Required for Continued Medicaid Network Participation

In 2018, the Centers for Medicare and Medicaid Services (CMS) required that all providers participating in Medicaid managed care networks be formally enrolled with state Medicaid programs.

In order to provide services to Medicaid members, providers must be enrolled with their state Medicaid program. The Medicaid provider enrollment process ensures appropriate and consistent screening of providers and program integrity. Providers must take steps to continue to provide services to Medicaid members:

Already have an active Medicaid Provider Identification Number from the state in which you are licensed? You do not need to take any action to enroll.

Not enrolled with your state Medicaid program and don't have an active Medicaid Provider Identification Number? You must contact your state to enroll. Historic participation in Beacon's Medicaid network does not equate to being enrolled with your state. You must be enrolled in your state's program, in addition to your participation in Beacon's network.

At one time you were a Medicaid provider, and your enrollment has lapsed? You must contact the state to become re-enrolled.

You must maintain your Medicaid enrollment. If you are not enrolled with the Medicaid program on a date of service, your claim may be denied and you may be terminated from the Beacon or other Medicaid plans' networks.

If you are applying to Beacon's Medicaid network as a new provider, you are required to provide your valid and active Medicaid Provider Identification Number as part of the initial credentialing process.

Each state's enrollment process is different. Please use the links in the table on the following page to get more information about the state(s) where you are licensed.

Medicaid Enrollment		
Click the state name to go to that state's enrollment page		
Arkansas	California	Colorado
Connecticut	District of Columbia	Florida
Georgia	Hawaii	Illinois
Kentucky	Maryland	Massachusetts
Michigan	New Hampshire	New Jersey
New York	North Carolina	Pennsylvania
Rhode Island	Tennessee	Texas
Washington	West Virginia	

You may receive notification of this requirement from multiple managed care entities. You only need to submit a single Medicaid enrollment application with your state.

You may be asked by Beacon or another managed care entity to provide evidence of your submission, so we encourage you to retain a copy of the application. ■

Appointment Access Reminder

As set forth in 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 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 access standards:

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

Beacon expects providers to maintain appropriate standards for appointment access. Additional information is outlined in the "Appointment and Availability Standards" section of the **Provider Handbook**. ■

Cultural Competency Webinar Available

Did you know, Beacon offers a cultural competency training resource at no cost to all providers? Visit the **Webinar page** of our website to review the Cultural Competency Training webinar deck and learn about:

- Culture and cultural competence
- The benefits of clear communication
- How to address health care for various subcultures and populations in the U.S.
- Strategies for working with seniors and people with disabilities
- How to access interpretation services and written materials in alternative languages and formats

Beacon encourages you to learn more about how to better serve your patients; however, this may not meet certain plan-specific training requirements. Beacon does not offer continuing education credit for this resource. ■

Webinar Schedule

In addition to the webinars below, various contracts and health plans may also offer specific trainings and resources. Visit our **Network Specific Info** page to learn more.

ProviderConnect Overview

Intended for providers and office staff learning about ProviderConnect for the first time.

- **Wednesday, Jan. 9, 2019 from 1-2 p.m. ET**

ProviderConnect Authorizations

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

- **Wednesday, February 6, 2019 1-2 p.m. ET**

ProviderConnect Tips and Tricks

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

- **Tuesday, Jan. 8, 2018 1-2 p.m. ET**

eServices Overview

Designed to provide an introduction and overview of how to register, use, and submit claims and authorizations through the eServices platform for those health plans that use this portal.

- **Thursday, Dec. 20, 2018 1-2 p.m. ET**
- **Wednesday, Jan. 16, 2019 1-2 p.m. ET**

Authorizations in eServices

Designed for providers and office staff who submit authorizations through eServices for Mental Health Acute Psychiatric Services (Inpatient), Mental Health Partial Hospitalization (PHP), and Intensive Outpatient (IOP) levels of care.

- **Tuesday, Dec. 18, 2018 10-11 a.m. ET**
- **Wednesday, Dec. 19, 2018 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**. ■