



***Recovering Lives* Documentary Premieres on BeaconHealthOptions.com**

“He can do wonderful things, and I want to just give him that opportunity. I want him to have a normal life.”

“Once she hit the age of 13, instead of calling the ambulance, they were going to call the police and lock her up. And I did not want her to get caught up in the criminal system.”

“I almost talked myself into believing that this was the person I was going to be...an alcoholic, drug-using person. And in some kind of strange denial, I thought that that was my destiny.”

In the powerful new documentary *Recovering Lives*, we follow the journeys of three Beacon members receiving support for mental health and substance use disorders: there's Michael, an adolescent on the autism spectrum; Christina, a teenager with complex care needs; and Vincent, a man in recovery from opioid use disorder.

Told through a series of moving vignettes, these three member stories are a small snapshot of the nearly 800,000 individuals and families in Connecticut's Medicaid program, where Beacon administers services as part of the Connecticut Behavioral Health Partnership (CT BHP).

February 2018

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Contact Information • [Read More](#)

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Contact Us:

Ideas and suggestions for future editions?

PRcommunications@beaconhealthoptions.com.

Do not have internet access and need a hard copy?

Call: 800-397-1630

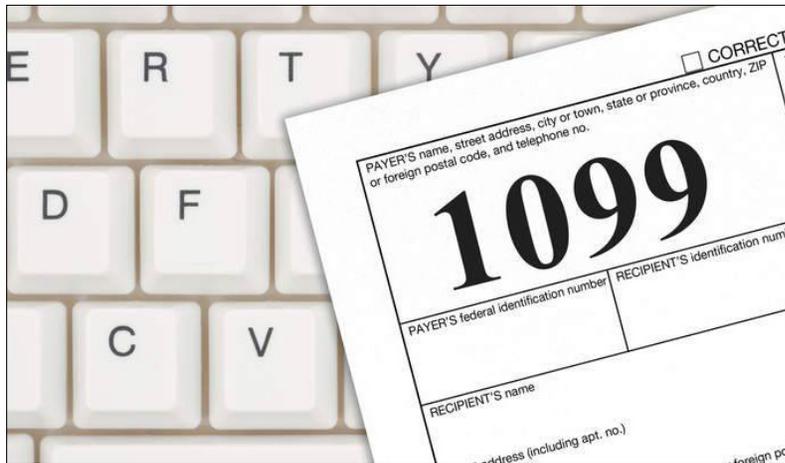
In addition to showing the real and sometimes complex experiences of the people we serve, *Recovering Lives* gives viewers a glimpse into the work Beacon does each day—from intensive care coordination to providing peer support—and why these interventions are so critical for members and their families. Just as importantly, you'll see the relationships behind these evidence-based interventions, and hear from a few of the Beacon staffers working first-hand to connect members with the services and support they need to get back to their communities.

To watch the documentary, visit our [Expertise page](#). ■

Form 1099 on the Way

It's tax season!

Beacon mailed IRS Forms 1099 MISC and INT by the end of January 2018 to providers who were issued total payments of \$600 or more in 2017.



Please note: Beacon has many different legal entities. Providers may receive multiple forms if total payments of \$600 or more were issued from different legally recognized entities within our organization.

Each form was sent in a separate envelope, and all were mailed by January 31, 2018.

If you have questions, please contact our 1099 Hotline at 703-390-4936. This is a voice mailbox monitored by our Finance Department, and all calls will be returned within three business days. ■

Contact Beacon for Licensure Updates

We want to take a moment to remind our network to notify Beacon of any change in your practice, in accordance with the timeframes established in your provider agreement and our [Provider Handbook](#). This is particularly important to maintain continuity of member treatment if transition of care is necessary.

For example:

- Any licensure action which may impact member care must be reported to Beacon within five calendar days of the effective date of the action
- Expiration, non-renewal, decrease in required malpractice or professional liability coverage must be reported 30 days prior to the change
- A move or practice expansion to another state, which often requires credentialing activities to verify licensure and liability coverage before members can be seen in that state
- Any changes in practice patterns, such as coverage arrangements, hours of operation, and/or changes in ownership must be provided to Beacon in advance of such changes

Beacon is pleased to continue our partnership with the Council for Affordable Quality HealthCare (CAQH) as a resource to help providers maintain accurate information. However, contacting CAQH does not automatically notify all carriers of a change and is not sufficient, especially concerning licensure or legal actions which could affect member care. ■



The industry currently has maintained or produced a limited number of guidelines that meet the new standards for guideline rigor and transparency.

Annual Notice: Clinical Practice Guidelines

In recent years, the process of developing clinical practice guidelines has undergone significant re-evaluation by national professional organizations including the American Medical Association and the Institute of Medicine. With an eye toward increasing rigor and improving transparency, these organizations have articulated principles that form the foundation for new standards of guideline development. The [American Psychiatric Association](#) (APA) and the [American Academy of Child and Adolescent Psychiatry](#) (AACAP) have both published statements on their websites in support of these new standards.

Historically Beacon and its legacy companies adopted clinical practice guidelines published by the APA, AACAP and other professional organizations. This was based on their reputation as primary contributors and developers of guidelines representing acceptable standards of care at the time of origination.

Related to the continued evolution of clinical practice guideline development calling for higher standards of evidence, the industry currently has maintained or produced a limited number of guidelines that meet the new standards for guideline rigor and transparency. Accordingly, Beacon has reviewed and adopted the following guidelines that meet those standards:

- The American Psychiatric Association [Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia](#)
- The American Psychiatric Association [Practice Guidelines for the Psychiatric Evaluation of Adults](#)
- The ASAM National [Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#)
- The ASAM Consensus Statement [Appropriate Use of Drug Testing in Clinical Addiction Medicine](#)
- CDC [Guideline for Prescribing Opioids for Chronic Pain](#) – United States, 2016 (adopted by Beacon as treatment recommendation for primary care or pain specialty practitioners).

Clinical practice guidelines that were developed prior to the implementation of the revised guideline development standards and previously adopted by Beacon are provided below. Although not meeting the highest evidentiary formulation standards, these guidelines still contain information that continues to be clinically relevant. For example, some of the guidelines may recommend specific treatment interventions without adequately addressing the sufficiency of the evidence to support the recommendation. Continued use of the guidelines is warranted because resultant positive clinical contribution outweighs the fact that the summaries of the supporting research may have lacked adequate transparency related to the process of ranking the studies necessary to meet today's standards of guideline development. Practices represented in these guidelines often are validated as the community standard of care but the rigorous scientific research confirmation is still in process.

In sum, we find the CPGs being utilized represent the best clinical information we have at this time. Until such time that updated information is developed, the CPGs are appropriate for use where applicable.

Clinical practice guidelines from the American Psychiatric Association (APA) for:

- Acute Stress Disorder and Post-Traumatic Stress Disorder
- Treating Panic Disorder
- Treating Panic Disorder (quick reference)
- Assessing of Suicide Risk (third guideline)
- Eating Disorders
- Eating Disorders (watch)
- Major Depression

- Treatment of Patients with Schizophrenia
- Treatment of Patients with Schizophrenia (watch)
- Treating Schizophrenia (quick guideline)
- Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia
- Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia (summary)



Clinical practice guidelines from the American Academy of Child and Adolescent Psychiatry (AACAP) for:

- Assessment and Treatment of Children and Adolescents with Anxiety Disorders
- Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder
- Assessment and Treatment for Children-Adolescents with Autism Spectrum Disorder
- Eating Disorders
- Assessment and Treatment of Children and Adolescents with Depressive Disorders



Beacon finds the Clinical Practice Guidelines being utilized represent the best clinical information we have at this time.

- Assessment and Treatment of Children and Adolescents with Bipolar Disorder
- Assessment and Treatment of Children and Adolescents with Schizophrenia
- Assessment and Treatment of Children and Adolescents with Substance Use Disorders

American Academy of Pediatrics (AAP) Secondary Supplemental for:

- Clinical Practice for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents
- Clinical Practice Pathways for Evaluation and Medication Choice for Attention-Deficit/Hyperactivity Disorder Symptoms in Autism Spectrum Disorders
- Management of Children with Autism Spectrum Disorders
- Identification and Evaluation of Children with Autism Spectrum Disorders

National Institute for Health and Care Excellence (NICE) Secondary Guidelines

- Panic Disorder Overview
- Bipolar Disorder: Assessment and Management Clinical Guideline

Clinical practice guidelines from the Canadian Psychiatric Association (CPA) for:

- Generalized Anxiety Disorder in Adults

Clinical practice guidelines from the Department of Veterans Affairs Department of Defense (VA/DoD) for:

- Management of Bipolar Disorder (BD) in Adults
- Management of Substance Use Disorders (SUD)

Clinical practice guidelines from the Substance Abuse and Mental Health Services Administration (SAMHSA) for:

- SAMHSA TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders
- SAMHSA TIP 43: Medication-Assisted Treatment for Opioid Addiction
- SAMHSA TIP 40: Suboxone

American Society of Addiction Medicine (ASAM) for:

- Appropriate Use of Drug Testing in Clinical Addiction Medicine

- National Use of Medications in the Treatment of Addiction Involving Opioid Use
- Use of Medications in the Treatment of Addition involving Opioid Use Synopsis

Beacon adopts guidelines based on clinical best-practices, national review including journal articles, outcomes research, provider advisory feedback, and related practice guidelines (sources attached to each guideline). Practice guidelines are available on the Beacon website in the [Provider Handbook](#) section. ■

Member Rights and Responsibilities

Following is the annual notice of Member Rights and Responsibilities.

Company and Provider Information

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

Respect

- Members 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.
- Members have a right to receive information in a manner and format that is understandable and appropriate.
- Members have the right to oral interpretation services free of charge for any Beacon materials in any language.
- Members have the right to be free from restraint and seclusion as a means of coercion, discipline, convenience, or retaliation.

Member Input

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

Complaints

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

To print the Beacon members' rights and responsibilities, visit our [Provider Handbook page](#) and scroll down to Appendices.



Confidentiality

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

Access to Care, Services, & Benefits

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

Claims and Billing

- Members have the right to know the facts about any charge or bill they receive.

MEMBER RESPONSIBILITIES

- Members have the responsibility to provide information, to the best of their ability, that Beacon or their provider may need to plan their treatment.
- Members have the responsibility to learn about their condition and work with their provider to develop a plan for their care. Members have the responsibility to follow the plans and instructions for care they have agreed to with their provider.
- Members are responsible for understanding their benefits, what's covered and what's not covered. Members are responsible for understanding that they may be responsible for payment of services they receive that are not included in the Covered Services List for their coverage type.
- Members have the responsibility to notify their health plan and/or Beacon and their provider of changes such as address changes, phone number change, or change in insurance.
- If required by their benefit, members are responsible for choosing a primary care provider and site for the coordination of all their medical care.
- Members are responsible for contacting their behavioral health provider, if they have one, if they are experiencing a mental health or substance use emergency.

To print the Beacon members' rights and responsibilities, visit our [Provider Handbook page](#) and scroll down to Appendices. ■

Claims Process Improvement Program: Project Overview

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

- **Front-End Claims (Mailroom):** Beacon is transitioning to a centralized shared-service process. We recommend verifying mailing addresses prior to sending any paper correspondence.
- **Data-Driven Management:** Beacon is implementing improved data-driven management techniques to enhance metrics for claims processing and operations.
- **EDI/Data Exchange:** Beacon is improving the intake and processing of electronically submitted claims through the implementation of a single gateway for front-end claims intake for all Beacon submitters. In addition, we will be implementing a centralized, shared-service process for validating and managing the exchange of data.
- **Payment Integrity and Claims Analysis:** Beacon is engaging in payment integrity and claims analysis efforts. Providers may receive communications and documentation requests to verify claims submissions and payment accuracy. Additionally, Beacon may adjust claims errors identified as overpayments.

If you have questions about a specific 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. ■

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 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.



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 Kennedy Forum Illinois: Mental Health Justice](#)
- [Serious Mental Illness and Cancer: Treatment Outside the Box](#)
- [Stronger Support for Americans who Risk their Lives for Ours: Changes for Veterans](#)
- [Half the Battle: My Story of Bipolar Disorder in an Already Sober World](#)
- [Measurement-based Care Leads to Improved Outcomes, Resource Efficiency](#)

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! ■

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](#). ■

Have You Checked Your Demographic Information?

To maximize business potential and assist Beacon in providing accurate referrals for members seeking services, we ask all providers to maintain accurate demographic data. As outlined in our [Provider Handbook](#), we ask you to contact us with any demographic or appointment availability changes in advance, whenever possible and practical. Most information—such as specialty, gender, office hours, proximity, appointment availability, and licensure—can be easily updated through the "Update Demographic Information" section on [ProviderConnect](#).

Beacon will send reminders like this throughout the year. This is in no way to advise that information is inaccurate. Our goal is to provide a steady reminder to review often and update as necessary, to ensure information reflected in our online directory is accurate.

As a Centers for Medicare and Medicaid Services (CMS) Qualified Health Plan, Beacon must follow all requirements set forth by CMS, including communicating with providers as necessary to ensure compliance. These requirements are beneficial for our entire provider network and support a key Beacon strategic goal, which is to deliver superior customer service.

Beacon verifies demographic data through various channels. While information may be accurate with us, if something is outdated with the Council for Affordable Quality Healthcare® (CAQH), for example, your update there will ensure that everything stays consistent.

If you have made an update within the last quarter and your information is current, no action regarding this reminder is necessary. If you take no action, it will be considered confirmation that your information is up to date and accurate.

If you have any questions or need assistance updating your demographic data, contact our National Provider Service Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or email your [Regional Provider Relations team](#). ■

New Medicare Cards: Three Ways to Get Ready

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative, CMS aims to prevent fraud, fight identity theft, and protect essential program funding, as well as the private health care and financial information of 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.

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.

Beginning in April 2018, Medicare members will come to your office with new Medicare 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. ■



Providers will learn about various system functionality, as well as administrative updates.

New York Providers: Webinar Opportunities

Our New York team has been busy with provider education activities, so we are sharing their monthly webinar schedule. Many of these sessions are general enough for any provider to attend; however, some of the information is specific to contracts and lines of business in the state of New York. Registration for all webinars is required.

NYC January/February Webinars	
PROS/ACT Billing Overview	
Overview of PROS and ACT, authorization requirements, and how to bill for those services	
Tuesday, February 20, 2018 from 12-1 p.m. ET	Register Now!
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, March 22, 2018 from 11 a.m.-12 p.m. ET	Register Now!
Managed Care 101	
We will cover the basic terminology and provide general guidance on how to work with Beacon.	
Wednesday, March 21, 2018 from 3-4 p.m. ET	Register Now!
Beacon Provider Orientation	
This webinar will provide information about authorizations, QMP/HARP, HCBS, PROS/ACT, and billing, and is designed for providers new to Beacon and Managed Care.	
Thursday, March 8, 2018 from 11 a.m.-12 p.m. ET	Register Now!
HCBS and HARP Billing Overview	
This webinar will provide an overview of HARP and Home and Community Based Services, authorization guidelines, and billing for these services	
Thursday, February 15, 2018 from 11 a.m.-12 p.m. ET	Register Now!
Follow Up after Hospitalization/HEDIS Measure Overview	
This webinar will cover new HEDIS measures for follow up after hospitalization.	
Thursday, March 22, 2018 from 3-4 p.m. ET	Register Now!

For any New York-specific provider training questions, please email nyptrainings@beaconhealthoptions.com. ■

Beacon Commercial Webinars

The following webinars are designed for providers contracted with Beacon's commercial network. These sessions will review our ProviderConnect system and support efforts to educate providers about our electronic resources. Providers will learn about various system functionality, as well as administrative updates.

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

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

Overview of ProviderConnect

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

- [Tuesday, February 13, 2018 1-2 p.m, ET](#)

Authorizations in ProviderConnect

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

- [Wednesday, February 14, 2018 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, March 13, 2018 1-2 p.m. ET](#)

ProviderConnect Tips and Tricks

Reviews hot topics and recent enhancements related to ProviderConnect.

- [Thursday, March 29, 2018 1-2 p.m. ET](#)

Giving Value Back to the Provider

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

- [Thursday, March 1, 2018 2-4 p.m. ET](#)
- [Friday, March 2, 2018 11 a.m.-1 p.m. ET](#)

To view previous webinar slides and recordings, visit our [Webinar Archive](#). For additional trainings and information, view our [Video Tutorials](#). ■