



## Beacon Health Options Earns full NCQA Re-Accreditation as a Managed Behavioral Health Organization

We are pleased to share that Beacon has received full accreditation as a Managed Behavioral Health Organization (MBHO) from the National Committee for Quality Assurance (NCQA). Beacon has been NCQA-accredited since 2000.

Valid through October 2020, this most recent accreditation is for Beacon's commercial, Medicaid, Medicare, and Marketplace lines of business and includes Beacon Engagement Centers in:

- Latham, NY
- New York City, NY
- Morrisville, NC
- Newark, NJ
- Linthicum, MD

## January 2018

Provider Handbook • [Read More](#)

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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

NCQA is an independent, not-for-profit organization that accredits and certifies a wide range of MBHOs. A nationally recognized evaluation that purchasers, regulators, and consumers can use to assess managed behavioral health care organizations, the accreditation process evaluates how well a health plan manages all parts of its delivery system—physicians, hospitals, other providers, and administrative services.

Accreditation through NCQA is a voluntary process. Reviews include thorough onsite and offsite evaluations conducted by a team that includes a physician and managed care experts. A national oversight committee of physicians and behavioral health providers analyzes the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards. NCQA grants full accreditation status to those plans with continuous quality improvement programs that meet NCQA's rigorous standards.

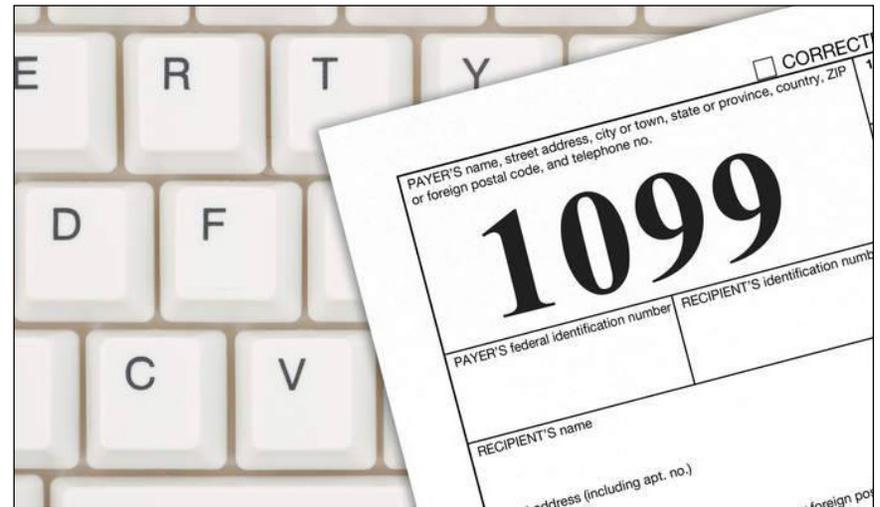
More than 150 standard elements for quality fall under the following categories:

- Quality Management and Improvement
- Utilization Management
- Credentialing and Recredentialing
- Members' Rights and Responsibilities
- Care Coordination

“At Beacon Health Options, we strive to offer high-quality, accessible care and services to our members and clients,” said Beacon Health Options Chief Medical Officer Hal Levine. “We are honored to receive another full accreditation from the NCQA. This achievement reaffirms our commitment to create a work environment that is customer-focused and values continuous improvement companywide.

“We make it our mission to provide innovative solutions for our members so they might live their lives to the fullest potential,” he added. “By accepting nothing but the highest standards of quality for ourselves, we can continue to realize that mission every day.”

Beacon's accredited Engagement Centers serve more than 11.5 million members, 14 health plan clients and one state client, the state of Maryland. ■



## Form 1099 on the Way

It's tax season!

Beacon will mail 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.

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



Each will be sent in a separate envelope, and all will be mailed no later than 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. ■

## Learn about the Utilization Management Program

Beacon strives to enhance the well-being of the people we serve. We see ourselves as an integral part of the communities in which we provide service and understand that many factors affect the state of a person's health. To best serve a given population and ensure the relevant design of appropriate programs and services, we seek to learn from, and work with, individuals in those communities. In managing the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford each individual every opportunity to achieve optimal outcomes.

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 members. 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 provider agencies to ensure member needs are met. We always give providers and practitioners the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

### Criteria:

Beacon utilizes internally developed behavioral health clinical criteria for mental health and substance use based on nationally established clinical practice guidelines, including the American Psychiatric Association, the American Academy of Pediatrics, and the American Society of Addiction Medicine.

Beacon's Corporate Medical Management and Company Quality Control committees assess criteria, and if necessary, revise them annually.

These criteria are available for review in the [Provider Handbook](#). If you are having difficulty accessing our online handbook, please email your [Regional Provider Relations Team](#) or our National Provider Service Line at 800-397-1630, 8 a.m. to 8 p.m. ET, Monday-Friday for assistance.

### **Financial Incentives:**

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



## **Confidentiality, Privacy, and Security of Identifiable Health Information**

Beacon has written policies regarding protected health information (PHI). These policies address disclosure of PHI, restrictions on use of PHI, the ability to amend PHI, and the accounting process for disclosures, as well as internal/external protection of oral, written, and electronic information across the organization.

To read additional information about Confidentiality, Privacy, and Security of Identifiable Health Information, please access our [Provider Handbook](#). To view the Beacon Privacy Statement, visit our [Compliance page](#).

## **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.

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



Contact us with any demographic or appointment availability changes in advance, whenever possible and practical.

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](#). ■

## Claims Process Improvement Program: Mailing Address Reminder

The forwarding period for 2017 mailing address changes ends this month. We wanted to send a final reminder to encourage providers to update their files as necessary to avoid returned mail.

Beacon's partnership with FIS Global, a US-based company, will help us leverage technology and industry-standard tools to shorten claims processing times and increase data quality. A single, standardized process to receive and enter all incoming paper claims will improve turnaround time and efficiency.

As part of the Mailroom Paper Intake project, some post office boxes were either closed or consolidated to a single new address.

Please review the information in the following table and update your records accordingly. If the post office box you use is not listed, the address did not change.

Beacon strongly recommends that providers submit claims and correspondence via electronic means whenever possible and practical.

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

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> ■		

## Receiving Email from Beacon

On a regular basis, Beacon sends various provider communications, such as a monthly newsletter notification. In addition, Beacon also sends time-sensitive notices, credentialing and contracting documentation, and recredentialing reminders that often require action or response.

Our goal is to send communications electronically whenever possible. However, recent feedback suggests that not all of our communications are reaching our providers.



**We recommend you carefully review your contact information, especially phone numbers and email addresses.**

We encourage providers to check their spam or junk folders on a regular basis and be sure to add email addresses that end in @beaconhealthoptions.com to approved sender lists so Beacon emails pass through your email's spam filter.

In addition, if you are receiving communications via fax or postcard and you believe you have a valid email address on file, you may have inadvertently unsubscribed from our emails. We encourage you to [Sign up with Constant Contact today](#). This will allow Beacon to resume sending you email communications through Constant Contact.

Lastly, your data must be valid for us to reach you effectively. An error in an email address or phone number has far-reaching ramifications that disrupt member referrals and administrative processes.

We recommend you carefully review your information, especially phone numbers and email addresses in CAQH and on file with Beacon as part of your regular demographic data review.

Recent errors we have seen fall into two categories: missing or extra information. Specifically, we have found these errors to be the most common.

- Missing .com, .net, .org - name@company
- Misspelling - name@gamil.ocm (instead of gmail or com)
- Missing periods - name@companycom
- Mistyped name - Oconnell appears as oconel@company.com
- Misread name or symbol - name5company.com or nameScompany.com
- Extra @ symbol - name@@company.com
- Extra spaces within address - name company com
- Append wrong or extra end - name@company@gmail.com
- Doubled info - company.comcom ■

## 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. ■





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:

- [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](#)
- [Payer Consensus: A New Era for Substance Use Disorder Treatment](#)
- [Teach your Children Well](#)

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 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	
Thursday, January 18, 2018 from 10:30-11:30 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, January 18, 2018 from 3-4 p.m. ET	<a href="#">Register Now!</a>
Managed Care 101	
We will cover the basic terminology and provide general guidance on how to work with Beacon.	
Tuesday, January 23, 2018 from 3-4 p.m. ET	<a href="#">Register Now!</a>
Thursday, February 8, 2018 from 11 a.m.-12 p.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.	
Thursday, January 11, 2018 from 10-11 a.m. ET	<a href="#">Register Now!</a>
Thursday, February 8, 2018 from 3-4 p.m. ET	<a href="#">Register Now!</a>
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	<a href="#">Register Now!</a>

For any New York-specific provider training questions, please email [nyptrainings@beaconhealthoptions.com](mailto: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 the E-Commerce Initiative for network providers. 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.

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

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