



## Beacon Recognizes National Minority Mental Health Awareness Month

Despite advances in health equity, disparities in mental health care persist. The Agency for Healthcare Research and Quality (AHRQ) reports that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality care. Poor mental health care access and quality contribute to poor mental health outcomes, including suicide, among racial and ethnic minority populations.

## July 2018

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### Contact Us:

Ideas and suggestions for future editions?

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

Not have internet access and need a hard copy?

Call: 800-397-1630

The U.S. Department of Health and Human Services Office of Minority Health has designated July as National Minority Mental Health Awareness Month and, according to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- Over 70 percent of Black/African American adolescents with a major depressive episode did not receive treatment for their condition.
- Almost 25 percent of adolescents with a major depressive episode in the last year were Hispanic/Latino.
- Asian American adults were less likely to use mental health services than any other racial/ethnic groups.
- In the past year, nearly one in ten American Indian or Alaska Native young adults had serious thoughts of suicide.
- In the past year, one in seven Native Hawaiian and Pacific Islander adults had a diagnosable mental illness.

Raising awareness about mental illness and its effects on racial and ethnic minority populations has been a sustained effort in many communities. This year, the National Alliance on Mental Illness (NAMI) will promote the theme of “**CureStigma**” throughout all awareness events, including Minority Mental Health Awareness Month.

While it is generally accepted that there are no race-specific treatments for mental illness in minority populations, there are differences in the ways individuals within these communities express signs and symptoms. **Mental Health America** (MHA) includes information on its website describing how some members of minority populations might express the symptoms of mental illness.



Faith can play an important role in raising awareness and helping individuals access care so that recovery can be effective. The **Congregational Health Network** (CHN) has gained national recognition in bridging the health care divide. For the past five years, the CHN has conducted quarterly courses in Mental Health First Aid, free to all participating network affiliates.

Raising awareness is only part of the problem surrounding mental illness in minority communities. Improving access to care requires understanding and innovation. Rather than taking a deficit-based approach to this problem, a more collaborative approach to emotional fitness and well-being works best. This is how the strength-based approach of the “**Emotional Fitness Centers**” was formed.

Beacon encourages providers to make use of the resources listed above and share with members as practical. We value the individualized care you provide to all of our members, including those who are part of minority populations.



**We strongly encourage providers to work directly with Beacon regarding complaints and grievances so we can specifically address and rectify the issue at the source.**

For more information about resources presented here from the U.S. Department of Health and Human Services Office of Minority Health, visit the National Minority Mental Health Awareness [webpage](#). ■

## How Participating Providers Can Submit Complaints and Grievances

Beacon takes seriously the complaints and grievances submitted by participating providers. We would like to remind providers of the complaints and grievances process, as defined in the [Provider Handbook](#). Additionally we strongly encourage providers to work directly with Beacon regarding complaints and grievances so we can specifically address and rectify the issue at the source.

Participating provider complaints regarding issues other than those related to the terms of the provider agreement and/or performance under the provider agreement should be directed to the Beacon National Provider Services Line at 800-397-1630, Mon. through Fri., between 8 a.m. and 8 p.m. ET or in writing to:

Beacon Health Options, Inc.  
Attn: Provider Complaint Department  
P.O. Box 989  
Latham, NY 12110

Beacon will acknowledge receipt of participating provider complaints, investigate, and notify the participating provider verbally or in writing of the proposed resolution to the complaint, along with the procedure for filing a grievance should the participating provider not be satisfied with the proposed resolution. See the [Provider Handbook](#) for more details. ■

## Serving Those who Serve: Help Military Families Cope with Letdown after a Move

Military families in your care may have to make Permanent Change of Station (PCS) moves several times in the service member's career. Some may adjust quickly and thrive in their new home, but others may feel out of sorts or let down, even if they love the new assignment.

If service members or military family members continue to feel unsettled after moving, remind them that:

- **Their feelings are a normal response to a life change.** Life changes can alter the body's chemistry. Meeting deadlines, packing, and keeping up with numerous details can keep stress hormone levels high, energizing them for the tasks at hand. After the move, the body will work its way back to its normal resting levels. This switch back to lower stress hormone levels may cause them to feel tired, irritable, anxious, and/or sad for a few days or weeks.
- **Change can mean loss.** Changes in location, job, schools, etc. can bring exciting opportunities, but can also be accompanied by the loss of familiar routines and close connections with friends, neighbors, and colleagues. If they feel let down after a move, they may be grieving subtle or substantial losses. They need to allow themselves time to mourn the changes that mean loss to them.

To help military families cope with letdown, encourage them to:

- **Establish routines** in their new location that resemble what they had before they moved, if possible.
- **Take care of themselves** by getting plenty of rest, eating well, and exercising regularly.
- **Keep in touch** with long-distance family and friends.
- **Explore the new area** to find parks, museums, libraries, or other places of interest.
- **Make new connections** with neighbors, co-workers, classmates, etc.

Ask military families in your care if they are building a new support network of friends. Whether they have instant community on an installation or are adjusting to a new location off base, these tips can help them make more connections and feel better:



- Call the Family Center on base and ask about the Morale, Welfare and Recreation (MWR) Program.
- Find groups and/or classes in the new area such as book clubs, scrapbooking groups, runners clubs, art classes, etc.
- Explore a new hobby as a way to get to know people.
- Consider joining the local gym or YMCA.
- Attend local services and get to know members of their religious faith.
- Research volunteer options in the new community.
- Encourage the children to connect online with other military children (ages six to 17) through [Military Kids Connect](#).

With a little effort and with your support, the whole family can adjust well to the move.

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



Unable to locate your  
Registration Code to register  
for PaySpan? Email  
[corporatefinance@  
beaconhealthoptions.com](mailto:corporatefinance@beaconhealthoptions.com) for  
assistance.

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](mailto:mosproviderrelations@militaryonesource.com). ■

## Enroll with Payspan to Improve Cashflow

Working with paper checks places a large administrative burden on your practice. You wait for the check to arrive, then find time to take it to the bank for deposit. That's why we want you to know about our partner, Payspan®.

Payspan, a multi-payer adjudicated claims settlement service, delivers electronic payments and electronic remittance advice, based on your preferences. With Payspan, you stay in control of your bank accounts, file formats, and accounting processes.

There are many benefits to using Payspan:

- Use Payspan's self-service, high-security website for free
- Access your remittance data 24 hours a day
- Have payments deposited automatically in the bank account of your choice
- Receive email notifications immediately upon payment
- Download an 835 file to use for auto-posting purposes

We are launching a campaign to register all network providers with Payspan. Choose the registration method that works best for you:

- Click the Payspan link through [ProviderConnect](#)
- Visit Payspan's Login and Registration [page](#)
- Call Payspan at 877-331-7154

If you have been receiving checks:

- Locate the Registration Code and PIN from the payment stub of a paper check—this will be your “Reg Code.”
- You will continue to receive physical checks until each Registration Code and PIN are on file with Payspan.
- Enroll each service address/pay-to combination that you have active with Beacon for all your payments to be issued EFT. If your information with Beacon changes or you update or add an address, contact Payspan to add the new information to their file.

Unable to locate your Registration Code? Email [corporatefinance@beaconhealthoptions.com](mailto:corporatefinance@beaconhealthoptions.com) for assistance. ■

## 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 data elements required to be considered a clean claim and can pass the 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 Sept. 30, 2018. 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 with which many of our



providers partner to submit claims on their behalf. Thorough testing occurred to minimize claims that cannot be processed. If Change Healthcare is your submitter, no action is necessary from you at this time; all processes remain the same.

### **If you submit claims through another clearinghouse or billing service:**

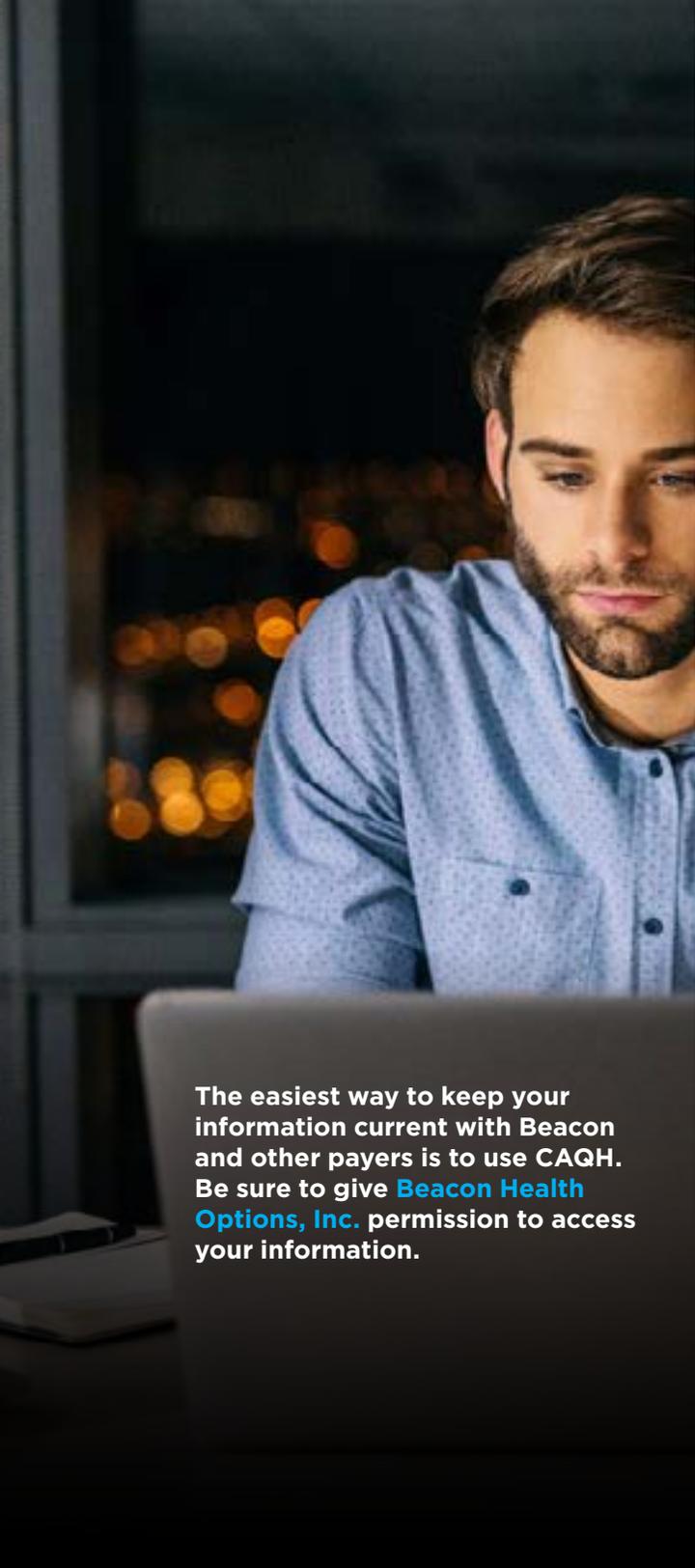
After the Change Healthcare pilot, other clearinghouses and billing services will gradually move to the new application. No action from you is necessary at this time. We are in the process of working directly with your clearinghouse or billing service. We will share our new Companion Guides with them and engage in a thorough testing process to assure that the impact of the new edits is known and they can adjust accordingly to limit claims that cannot be processed.

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

We will send additional communication over the next couple of months providing instructions on how to engage with Beacon in testing your claims submission. We will provide our new Companion Guides and access to our online testing application, CollabT. A support team will be available to answer your questions and walk you through the testing process.

### **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.



**The easiest way to keep your information current with Beacon and other payers is to use CAQH. Be sure to give [Beacon Health Options, Inc.](#) permission to access your information.**

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](mailto:e-supportservices@beaconhealthoptions.com). ■

## Register for CAQH ProView Today

CAQH ProView™ is an industry standard solution to capture and share health care self-reported information that 1.4 million health care providers use today—more than 90 percent of Beacon individual providers are already registered. All Beacon network providers are encouraged to register to reduce the credentialing timeline and improve directory accuracy.

CAQH ProView can help save time and frustration. Use the intelligent workflow design to enter information once in the provider profile. Select and authorize organizations to receive the information. Using CAQH ProView, you can submit to multiple health care organizations in every state.

According to CAQH, this reduces provider administrative costs by more than 4.6 million worker hours and \$135 million per year.

- Store data electronically, eliminating paper submission. Upload supporting documents directly to improve the quality and timeliness of completed applications.
- Maintain control of information with enhanced security features.
- Register with the system even before a health plan initiates the application process.
- Available at no cost to providers.

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](mailto:providerhelp@proview.caqh.org). ■

## Enrollment Required for Continued Medicaid Network Participation

Beginning in 2018, the Centers for Medicare and Medicaid Services (CMS) requires 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 not 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.

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

**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 above table to get more information about the state(s) where you are licensed.

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.

If you have any additional questions about this initiative, please contact Beacon's National Provider Services Line Monday through Friday between 8 a.m. and 8 p.m. ET at 800-397-1630. ■



## Colorado Providers: Register for Documentation Training

Beacon's Quality Department is responsible for quality of care, auditing, performance measurement, data reporting, and ensuring contract requirements are met. The quality team, along with Provider Relations, is invested in helping you succeed as a Health First Colorado (Medicaid) provider.

Provider chart and claims audits evaluate compliance with federal and state documentation standards and verify the various elements needed for each claim submitted. Medicaid documentation is more detailed than other insurance companies may require. Beacon's Provider Handbook includes a section on documentation standards.

The Quality Team can work with you in advance of any future audit to start your Medicaid documentation off on the right foot. The Beacon approach to audits is to work cooperatively with providers to achieve solutions and to provide education and individual assistance, as needed. However, if solutions cannot be found, or if you do not have documentation for each claim, it may be necessary to ask for a refund of monies paid to you.

Beacon has put together a collection of educational and training materials to help providers submit accurate documentation: forms, templates, PowerPoint presentations, tip sheets, and other ways to help. We can also answer questions or provide personal consultation. Contact Provider Relations at [COProviderRelations@beaconhealthoptions.com](mailto:COProviderRelations@beaconhealthoptions.com).

Beacon's Auditing Team will host in-person documentation training in Greeley and Fort Morgan in early August. Choose the event that best meets your needs:

Wednesday, Aug. 8, 2018	Thursday, Aug. 9, 2018
<b>Centennial Mental Health</b> 821 E. Railroad Ave. Fort Morgan CO, 80701	<b>North Range Behavioral Health</b> 1300 N. 17th Ave. Greeley, CO 80631
Time: 9 a.m. to 4 p.m.	Time: 9 a.m. to 4 p.m.
<a href="#">Click here</a> to register for this training	<a href="#">Click here</a> to register for this training

For any questions concerning this event, please contact Jeremy White, Quality Manager, at [Jeremy.white@beaconhealthoptions.com](mailto:Jeremy.white@beaconhealthoptions.com). ■



## New York Providers: MVP Migration Delayed

Beacon is continuing to take steps to streamline processing of claims for all MVP product lines to make it easier for providers to do business with Beacon. In order to ensure a more user-friendly experience, we have decided to delay this transition.

Beacon previously discussed changes effective July 1, 2018, but due to this delay, we are now advising providers continue to use current processes for eligibility and benefits verification, obtaining authorizations, and claims submission for **MVP Medicaid Managed Care, Essential Plan, Child Health Plus, and Harmonious Health Care Plan (HARP)** until further notice:

- If you currently submit electronically through a clearinghouse, continue to do so
- If you recently migrated to our single Beacon payer ID, follow your current process
- If you currently submit directly through eServices, continue to do so
- If you currently submit claims via paper, use the below mailing address:

Beacon Health Options  
Attn: MVP Claims  
P.O. Box 1866  
Hicksville, NY 11802

Continue to follow existing claim submission processes for MVP Commercial and MVP Medicare Plans.

If you have any questions, call our customer service department at 877-390-9652 between 8 a.m. and 8 p.m. ET, Monday through Friday. ■

## 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:

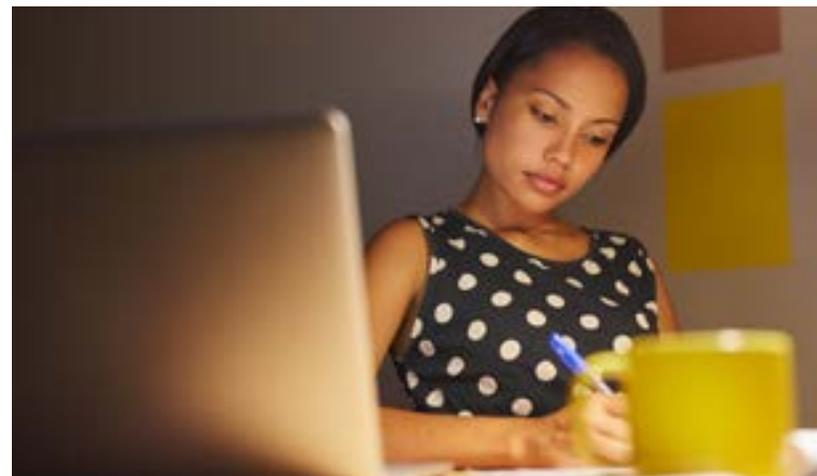
If a member has a:	They must be seen:
Life-threatening emergency	immediately
Non-life-threatening emergency	within six hours
Urgent needs	within 48 hours
Routine office visit	within 10 business days

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](#). ■

## Keep Your Demographic and Appointment Availability Information Current

To assure that we are able to contact you with important updates and notifications, to provide accurate referrals for members seeking services, and to stay compliant with Centers for Medicaid and Medicare Services (CMS) and other regulations, we require all providers to keep their demographic data current.

As outlined in the Beacon [Provider Handbook](#), you must contact us when any of your demographic, contact or availability information changes. This includes mailing, billing and email addresses, appointment availability, office hours, licensure, etc. This is important for several reasons which impact your practice, including but not limited to:



- Accurate addresses for referrals and claims payment
- Prompt notification of recredentialing deadlines
- Member access to information in provider directories

### Universal Updates via CAQH

The easiest way to keep your information current with Beacon and other payers is to use CAQH. CAQH is a universal, independent, non-profit entity that many payers work with to streamline information updates and the credentialing process for providers. Practitioners may review, update, and attest to the accuracy of their demographic and other information online using CAQH.

Registering for CAQH is easy. Go to the [CAQH ProView](#) page to obtain a CAQH ID and complete the CAQH application. Be sure to give **Beacon Health Options, Inc.** permission to pull your application. If you already have a CAQH ID, you will be periodically prompted to attest that your information is current. Take a minute to make any updates and complete the attestation today. ■



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:

- [Drug diversion: The crime that affects everybody](#)
- [The Many Faces of Stigma](#)
- [Who cares for the caregiver?](#)
- [Mental Illness and Violence—Challenges and Solutions](#)
- [Honoring Mental Health Awareness Month: What Does the Future Look Like?](#)
- [Bridging Access Challenges for Maternal Mental Health in California](#)
- [Telehealth for Autism Treatment: Improved Efficacy, Health, and Cost](#)

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

Below is our New York team's monthly webinar schedule. Many of these sessions are general enough for any provider to attend; however, some of the information is specific to New York State contracts and lines of business. Registration for all webinars is required.

NYC Webinars	
<b>Adverse Incidents Reporting</b>	
This is an overview cover adverse incidents, types of incidents to report, and how to report them. We will also discuss potential quality of care issues.	
Thursday, July 26, 2018 from 11 a.m.-12 p.m. ET	<a href="#">Register Now!</a>
<b>Billing/Claims/eServices</b>	
This webinar will cover billing & claims information, how to bill Beacon, how to use our online eServices portal.	
Tuesday, July 24, 2018 from 11 a.m.-12 p.m. ET	<a href="#">Register Now!</a>
<b>ProviderConnect Overview</b>	
This is an overview of ProviderConnect, including claims submission, reports, and authorization requests.	
Tuesday, July 24, 2018 from 2-3 p.m. ET	<a href="#">Register Now!</a>
<b>Follow-up After Hospitalization/HEDIS Measure Overview</b>	
This webinar will cover new HEDIS measures for follow up after hospitalization.	
Thursday, July 26, 2018 from 12-1 p.m. ET	<a href="#">Register Now!</a>
<b>Beacon Provider Orientation</b>	
This is an overview of Beacon Health Options, authorizations, and QMP/HARP, HCBS, PROS/ACT and billing: for providers new to Beacon and Managed Care	
Wednesday, July 25, 2018 from 11 a.m.-12 p.m. ET	<a href="#">Register Now!</a>

For any New York-specific provider training questions, email [nyptrainings@beaconhealthoptions.com](mailto:nyptrainings@beaconhealthoptions.com). ■

## Webinar Schedule

In addition to the webinars below, various contracts may also 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, August 7, 2018 1-2 p.m. ET](#)
- [Tuesday, September 11, 2018 1-2 p.m. ET](#)

### Authorizations in ProviderConnect

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

- [Wednesday, August 15, 2018 2-3 p.m. ET](#)
- [Thursday, October 18, 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.

- [Wednesday, September 12, 2018 1-2 p.m. ET](#)



### Giving Value Back to the Provider

This quarterly orientation and refresher webinar provides an overview of our administrative, procedural, and technical systems. In addition, we review Fraud, Waste, and Abuse; program integrity, documentation requirements, and audit preparation.

- [Thursday, September 6, 2018 from 2-4 p.m. ET](#)
- [Friday, September 7, 2018 from 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](#). ■