# beacon health options
# Valued Provider eNewsletter

### In this Issue:

## Contact Us:

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

## Simplifying Online Access: Website Updates

To improve your experience with our website, Beacon will begin making changes to our provider website pages and portals in the coming months.

**What's changing? Provider Dashboard**

**Current experience:** Providers use two channels to obtain information, based on how they are contracted with Beacon.

**New experience:** The separate drop-down options will be removed. The new, single path for providers to access their information will be the **Beacon Health Options Provider page**.

**Current experience:** Legacy Beacon Health Strategies providers must select their state and plan from a menu to enter a plan's "microsite environment."

**New experience:** This menu will be removed. From the existing Beacon Health Options Provider page, providers will be able to access a direct link for each plan's page (select Network-Specific Info).

### 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.
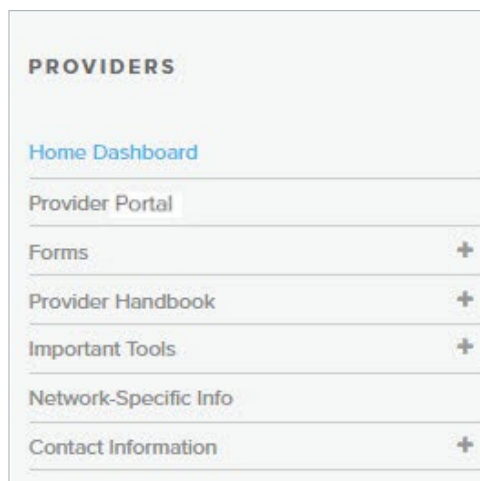
### Provider Portal Login

### Current experience:

Providers log in separately to either eServices or ProviderConnect to access member information, demographic data, or claims submission functionality.

**New experience:** Following login, you 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.
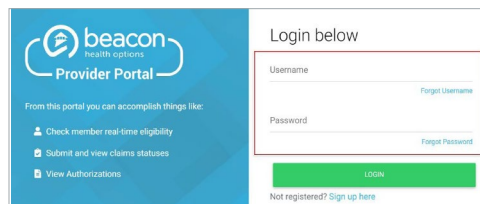
Note: This login experience may not change for certain plans, based on contractual relationships with Beacon.

### Coming Soon: Online Pre-Certification

Beacon is improving the process to obtain pre-certification for mental health higher level of care services. In the coming months, we will expand 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: Coding Changes Go Live Jan. 1, 2019

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.

> **Encouraging caregivers in your practice to take care of themselves, communicate openly with their loved ones, and make use of resources can help alleviate the stress of caregiving.**

For those affected networks, Beacon will send amendments and rate sheets 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.

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

## 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. ■

## Serving Those Who Serve: Care for the Military Caregiver

Although taking care of an injured or ill service member can be enriching and fulfilling, it can also be emotionally and physically challenging. Encouraging caregivers in your practice to take care of themselves, communicate openly with their loved ones, and make use of resources can help alleviate the stress of caregiving.

**What caregivers may face**

Though their situations and duties may differ, caregivers commonly experience the following realities:

• The hardships of caregiving can, at times, produce negative emotions such as guilt, depression, and anger.
• Sometimes caregivers are so deeply concerned about the well-being of the person for whom they are caring, they forget their own needs.

Caregiving may be putting too much stress on caregivers if they have any of the following symptoms:

- Feeling overwhelmed or exhausted
- Sleeping too much or too little
- Gaining or losing significant weight
- Frequent headaches, bodily pain, or other physical problems
- Misuse of alcohol or drugs

**What caregivers can do**

Some steps caregivers can take to deal with stress and maintain health include:

- Seek out the support they need from family, friends, or support groups. Their local installations may have information on groups in their area. They can also join other military caregivers in **online forums** and **Peer 2 Peer forums** sponsored by the Department of Defense.
- Decrease expectations of themselves: taking one day at a time, not feeling guilty, and knowing that it's OK if they can't do everything.
- Use humor and maintain a positive attitude.
- Increase others' involvement by enlisting the help of friends and family, hiring someone to clean the house, or asking grandparents to watch the kids occasionally.
- Eat right, exercise regularly, and get adequate rest.
- Avoid drinking alcohol as a way to cope with the stress of caregiving.
- Take time to relax with hobbies, sports, books, music, a soothing bath, etc.
- Maintain a social life—friends are not only a source of support, but also a source of stress-busting fun.
- Find a retreat specifically for military caregivers or families of wounded warriors.
- Consider using respite care.

Remind caregivers that they probably can't do everything that they'd like to in a day, a week, etc. Encourage them to figure out what's most important to them and what they must do immediately. Put off things that can wait. Consider writing two lists: things that must be done immediately and things that can wait. Focus only on the list of priorities and let the other items go for now.

**Resources for caregivers**

Caregivers in your care are in the right place, talking to a professional who can help them manage stress. A few additional resources that provide support to caregivers are:

- **Wounded Warrior Project**
- **Department of Defense Caregiver Resource Directory**
- **National Military Family Association**
- **Operation Homefront's Hearts of Valor**
- **Operation Family Caregiver**
- **Military OneSource**

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 credentialing 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 will manage audits to evaluate provider directory data accuracy.

Morpace will conduct quarterly telephone audits 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 will reach 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. ∎

## NY Providers: New Measures Focus on Follow-up After Discharge from Facilities

Behavioral health aftercare is a key factor in reducing hospital readmissions and improving patient outcomes. Research shows that ambulatory follow-up care helps ensure that a patient transitions successfully to the community, reinforces gains made during an inpatient hospitalization, and assists providers in monitoring the effectiveness of medications. Recently, New York State (NYS) implemented new measures to focus on aftercare follow-up, specifically regarding patients discharged from inpatient substance use disorder treatment facilities.

The standard of care is for any patient discharged from inpatient substance use treatment to be connected to a lower level of care provider within 14 days of discharge. Both NCQA and the NYS Department of Health have quality measures in place to ensure that managed care organizations and providers are implementing appropriate discharge plans and aftercare follow-up for patients. This has become an increased focus across the nation due to the epidemic of opioid use and overdoses.

Patient outcomes can be positively influenced with improved discharge planning and aftercare follow-up. As a provider, you can assist with this process and ensure patients are screened at intake and every follow-up appointment.

If you identify a patient as having a substance use disorder, document this on any claims submitted and discuss follow-up treatment with the patient. Providing education and resources with your patients will help ensure they connect with appropriate treatment.

Please visit the **Expertise section of our website** to learn more about how Beacon partners with providers to serve patients with substance use disorder. ■

## 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. ■

## Documentation 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.

**Upcoming Webinar: Giving Value Back to our Providers**

Beacon invites you to join us in our upcoming *Giving Value Back to the Provider* webinar. This quarterly orientation and refresher webinar provides an overview of our administrative, procedural, and technical systems, as well as a review of fraud, waste, abuse, payment integrity, documentation requirements, and audit preparation.

The webinar is available in two sessions for your convenience:

- **Thursday, Dec. 6 from 2 to 4 p.m. ET**
- **Friday, Dec. 7 from 11 a.m. to 1 p.m. ET** ■

## Go Green: Register for Electronic EOPs

Effective Jan. 1, 2019, Beacon Health Options will expand its Go Green efforts to include all plans serviced by Beacon's provider network. 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 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 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 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, 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 application. No action from you is necessary at this time.

# 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:

- Culturally sensitive trauma-informed care: Healing the mind through the heart
- Two Beacon programs help to shape American healthcare 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
- Telehealth: A virtual technology for improved access, convenience and more

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 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):**

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 data elements required to be considered clean claims and pass HIPAA standards published by CMS. Additionally, once your claims are being 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.

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

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 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 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.

| 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 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. ■

## How to Submit a Complaint or Grievance

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 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 Provider Handbook for details. ■

## 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.

### Giving Value Back to the Provider

Provides an overview of our administrative, procedural, and technical systems.

- Thursday, December 6, 2018 2-4 p.m. ET
- Friday, December 7, 2018 11 a.m.-1 p.m. ET

### ProviderConnect Overview

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

- Wednesday, November 7, 2018 1-2 p.m. ET

### ProviderConnect Authorizations

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

- Wednesday, December 12, 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, November 29, 2018 1-2 p.m. ET
- Thursday, December 20, 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. ■

## New York Providers: Webinar Opportunities

Our New York team frequently hosts provider education activities, and we invite you to find their monthly webinar schedule online.

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 is required for all webinars. ■