



Managed Care 101

Training will begin at 1:03PM ET

Q 4 2020

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Agenda



1 Beacon Health Options – Who We Are

2 Terminology and Definitions

3 How It Works

4 Codes For Diagnosis

5 Billing Beacon

6 Online Resources & Contact Information

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Chapter

01

“We help people live
their lives to the
fullest potential.”

Our Commitment

Who We Are

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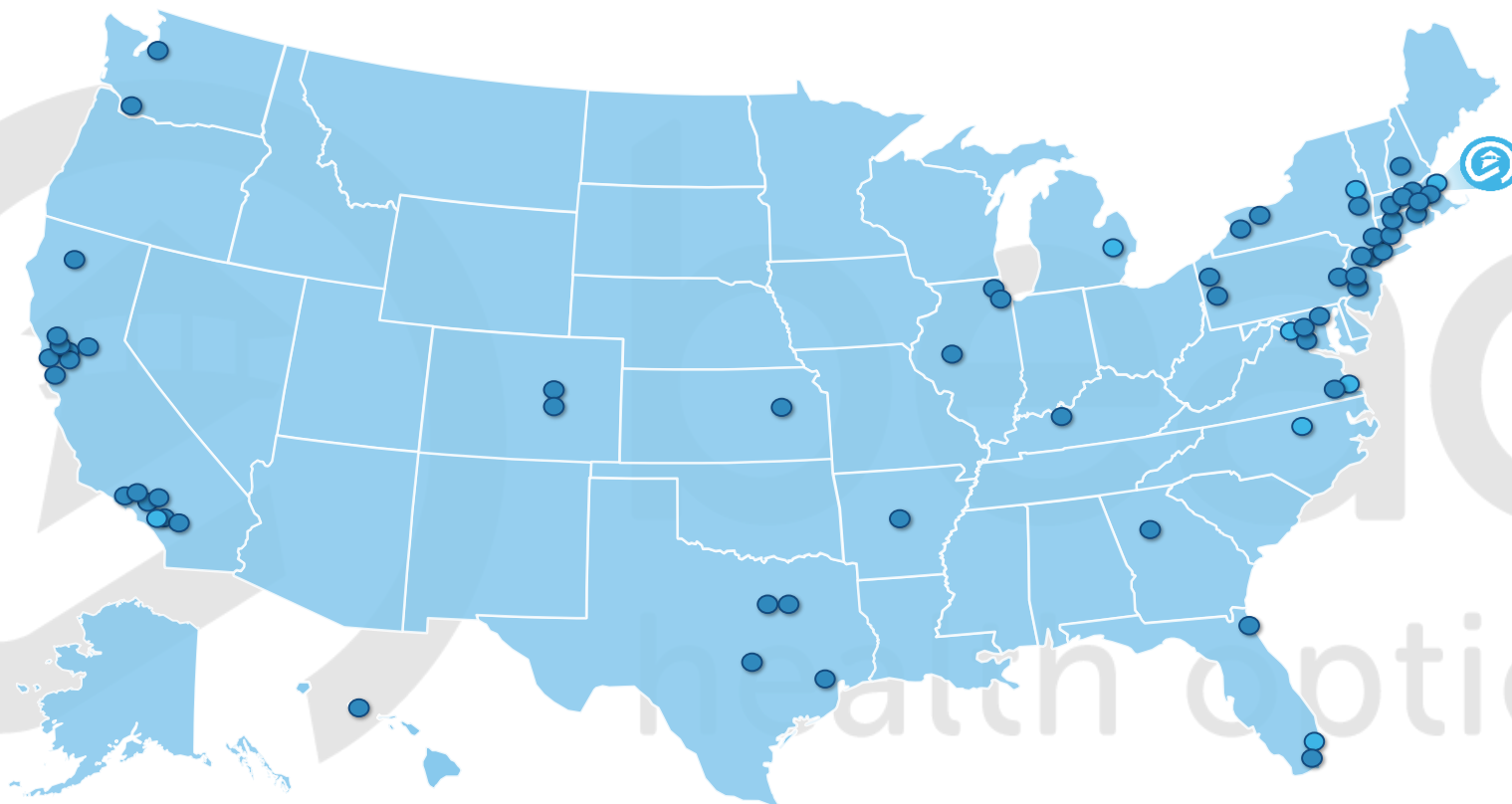
We help people live their
lives to the fullest potential.

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Beacon has a 30-year history providing managed behavioral health care services

- Headquartered in Boston; more than 70 US locations
- 4,500+ employees serving 40 million people across the country
- 180 Employer clients; 43 Fortune 500 companies
- Partnerships with 65 health plans
- Programs serving Medicaid recipients in 24 states and the District of Columbia
- Serving 5.4 million military personnel and their families
- Accreditation by both URAC and NCQA

Beacon Health Options serves more than 40 million members across the country



LOCATIONS



Corporate
Headquarters



Beacon sites

LEADER IN QUALITY

NCQA and URAC accredited

KEY OPERATIONAL AREAS

- Clinical Care
- Utilization Management
- Care Management
- Customer Service
- Information Technology
- Data Analytics
- Reporting
- Administrative Support

LINES OF BUSINESS

- Employer
- Commercial
- Exchange
- Federal
- Medicaid
- Medicare

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Beacon's Core Business

- Mental Health and Substance Abuse Services (MHSA)
- We provide members access to a comprehensive array of treatment and support services for mental health and chemical dependency conditions.
- Inpatient and outpatient treatment options, facilities and programs
- Utilization Management and Care Management to manage care and costs more effectively
- Development and maintenance of provider network through contracting and credentialing
- Intensive Case Management for high-risk members

Chapter

02

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Terminology and Definitions



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Who is Involved?

- Member / Enrollee / Patient: individual receiving services
- Provider: Hospitals, Clinics, Community Mental Health Centers (CMHCs), Individual Practitioners, etc. with whom Beacon contracts to provide the services the member needs
- Managed Care Plan is a type of health insurance contracted with health care providers to provide care for its members.

What is Behavioral Health (BH)?

- Behavioral health is the connection between our behavior and the health and well-being of the body, mind, and spirit
 - Includes (but is not limited to)
 - eating habits
 - drinking
 - physical activity
- Behavior has an impact to physical or mental health, either immediately or over time
- It can also include broader factors such as having to live in an area with high pollution or experiencing high levels of stress over a long period of time
- Our services relate to mental health and substance use specifically

What is Managed Behavioral Healthcare?

- Emerged in the 1980s in an effort to control the rising cost of behavioral healthcare with the rising need for quality behavioral healthcare
- Provides a system of checks and balances to ensure
 - Quality of care
 - Access to providers
 - Accountability for positive outcomes
- Reduces the unnecessary utilization of services
- Contains costs while maintaining high performance
- Goal to ensure cost-effective behavioral health care

Definition of Managed Care

- Any method of health care delivery designed to reduce unnecessary utilization of services, and provide for cost containment while ensuring that high quality of care or performance is maintained
- Provides Cost Effective Health Care through a Managed Care Organization (MCO)

Chapter

03

How It Works

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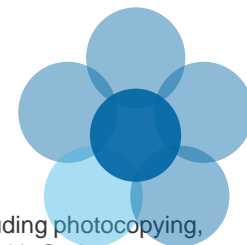
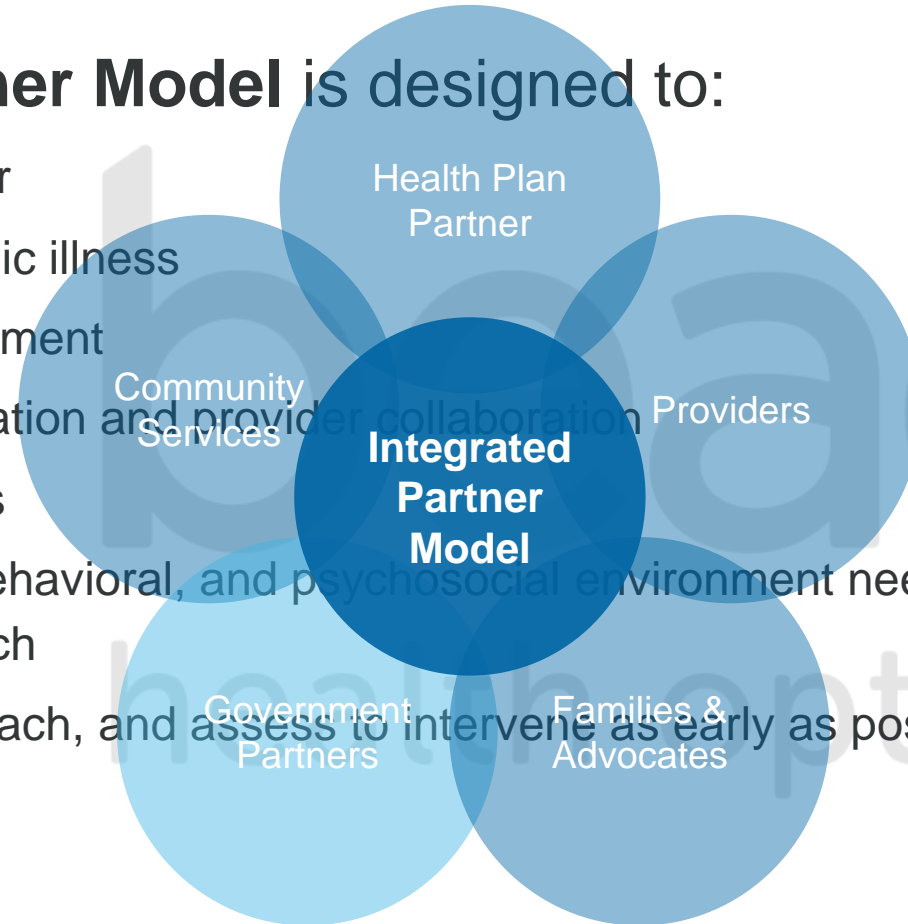
Beacon's Approach

- Beacon's mission is to help people live life to the fullest potential.
- This is done by partnering with our members' health plans to integrate their behavioral health and physical health needs and services to ensure the right care at the right time in the right setting.
 - This approach treats the whole person rather than their diagnosis to prevent fragmented care.

Beacon's Integrated Partner Model Approach

- Our **Integrated Partner Model** is designed to:

- Promote healthy behavior
- Effectively manage chronic illness
- Eliminate barriers to treatment
- Increase service coordination and provider collaboration
- Contain health care costs
- Focus on the physical, behavioral, and psychosocial environment needs of the population, instead of a fragmented “silo” approach
- Proactively identify, outreach, and assess to intervene as early as possible along the wellness/disease continuum



How it Works

- Client hires Beacon to manage the client's behavioral health services
 - Services are carved out to Beacon
- Beacon uses their network of contracted providers (where delegated) to perform the services
- Providers call Beacon to receive authorization to provide services
 - Beacon Utilization Management (UM) clinicians and Physician Advisors (PAs) determine the necessity of the services being requested

How it Works

- In those cases in which there is a question regarding the medical necessity of a service that a provider is requesting, clinicians reach out to Physician Advisors (PA) and Medical Directors (MD) for further guidance and a medical determination
 - Often times this will result in a phone call between the PA/MD and the provider called a peer to peer

How it Works

- Providers are paid via several methods. This list is non-exhaustive:
 - **Fee for Service:** through claim submission – processed through the Claims Department
 - **Bundled Rates:** provider is paid for an episode of care, what the expected cost of that service generally would be
 - **Capitation:** a set amount for each enrolled person assigned to that physician or group of physicians, whether or not that person seeks care
- The Quality department ensures that we are following required approaches to how we service our members and how our providers service our members

Types of Client Partners

- Beacon partners with several types of clients, but primarily with health insurance plans
- These plans may offer one or several different lines of business, including:
 - Commercial insurance
 - Medicaid
 - Medicare
 - Exchange

Commercial Overview

- Also known as “private insurance”
- Member pays in part or in full for the insurance
 - Insurance Premiums: weekly, bi-weekly or monthly payment
- Paying a premium allows access to health services at a lower cost or a co-pay
 - Insurance company pays for a portion of the service
- Employers may be required to offer insurance to their employees
 - Employer pays for a portion of the premium
 - Employee pays the remainder of the premium

Medicare Overview

- Federal government program
- Provides health insurance to individuals
 - aged 65 or older or
 - who are disabled
- Portions of payroll taxes are used to pay for Medicare
- Members of Medicare also pay monthly premiums but at a lower cost (typically) than private/commercial insurance rates.

Medicaid Overview

- Government health insurance program for low-income individuals and families
- Medicaid is considered a social welfare program
- Medicaid members do not pay premiums for the insurance
- Medicaid is funded federally and by state tax programs

Exchange Overview

- Exchanges are organizations that were established under the Affordable Care Act (ACA) to allow for the purchase of health insurance
- Depending on the state, exchanges are open to individuals, small businesses, or both
- Health insurers can decide whether or not to participate in exchanges
- Like Commercial plans, Exchange plans require premiums and/or other cost-sharing to the individual

Coverage

- **Commercial and Exchange:**
 - Varies based on plan
- **Medicare:**
 - **Part A:** Hospital and post-hospital facility charges, including home healthcare
 - **Part B:** Doctors fees, lab costs and outpatient care
 - **Part C:** Medicare Advantage plans
 - **Part D:** Prescription drugs
- **Medicaid:**
 - Basic health care costs: doctor visits and hospital stays
 - Each state decides additional coverage

Chapter

04

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Codes For Diagnosis

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Codes for Diagnosis

- The **Diagnostic and Statistical Manual of Mental Disorders** (DSM) is the standard reference for clinical practice in the mental health field.
 - Published by the American Psychiatric Association (APA).
 - Mental Health Professionals use this manual when working with patients in order to better understand their illness and potential treatment and to help 3rd party payers (e.g., insurance) understand the needs of the patient.
 - The book is typically considered the source of truth for any professional who makes psychiatric diagnoses in the United States and many other countries.
 - Currently using 5th edition (DSM V)

Codes for Diagnosis, continued

- The **International Classification of Diseases (ICD)** is the international standard diagnostic classification system for clinical services.
 - This is the HIPAA compliant coding system that is used for billing and electronic transactions between providers and payers.
 - Includes both medical and behavioral health codes
 - This classification also contains some procedural codes. (procedural codes not used by Beacon)
 - Currently using 10th edition (ICD-10)

Chapter

05

Billing Beacon

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Billing Beacon

- A **Current Procedural Terminology** (CPT) Level I code set is maintained by the American Medical Association (AMA) through the CPT Editorial Panel
 - The CPT code set describes medical, surgical, and diagnostic services
 - It is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes

Billing Beacon

- **Healthcare Common Procedure Coding System (HCPCS) Level II codes** are alphanumeric
 - Primarily include non-physician services such as ambulance services and prosthetic devices, and represent items and supplies and non-physician services not covered by CPT codes
- **Revenue Codes** are used to identify specific accommodations, ancillary services and billing calculations as determined by the National Uniform Billing Committee
 - Revenue Codes are mainly used for billing by Inpatient Facilities

Billing Beacon

- **Modifiers:** provide additional information about a procedure such as who conducted service, how many members were in a group etc.
- **Billing Forms**
 - Outpatient/Professional (CMS1500)
 - Inpatient/Institutional (UB04)

Billing Beacon

For individual practitioners, small practices

- eServices
- ProviderConnect

For multiple claims, high volume

- EDI (Electronic Data Interchange): Direct Submission, multiple claims at a time. ***Requires following 837/997 format file Generator/Translator***
- EDI – Billing Agency Submission: provider submits their claims to a billing agency. Billing agency submits claims to Beacon through EDI Gateway

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06

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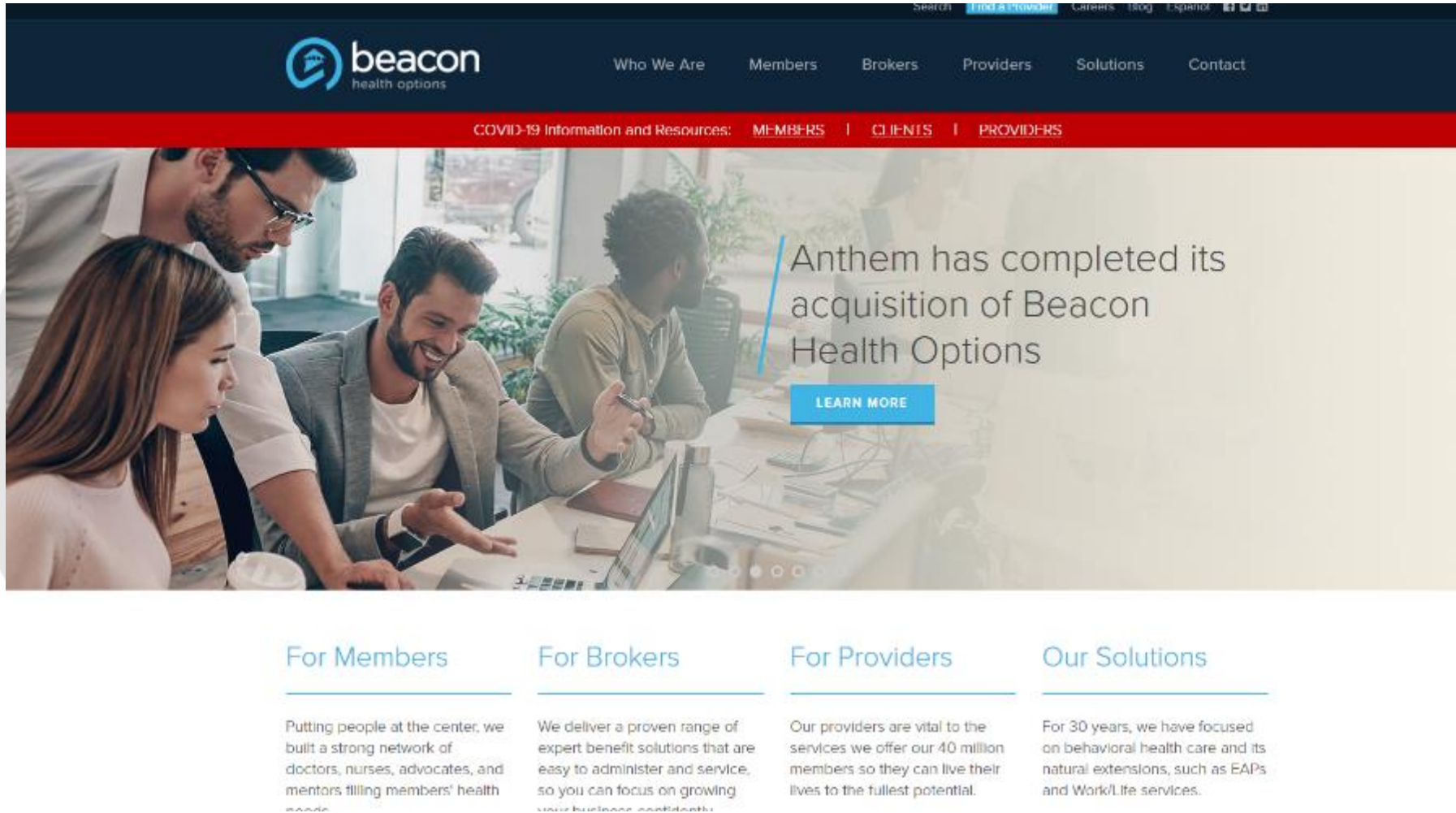
Online Resources & Contact Information



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Resources



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Who We Are | Members | Brokers | Providers | Solutions | Contact

COVID-19 Information and Resources: [MEMBERS](#) | [CLIENTS](#) | [PROVIDERS](#)

Anthem has completed its acquisition of Beacon Health Options

[LEARN MORE](#)

For Members

Putting people at the center, we built a strong network of doctors, nurses, advocates, and mentors filling members' health needs.

For Brokers

We deliver a proven range of expert benefit solutions that are easy to administer and service, so you can focus on growing your business confidently.

For Providers

Our providers are vital to the services we offer our 40 million members so they can live their lives to the fullest potential.

Our Solutions

For 30 years, we have focused on behavioral health care and its natural extensions, such as EAPs and Work/Life services.

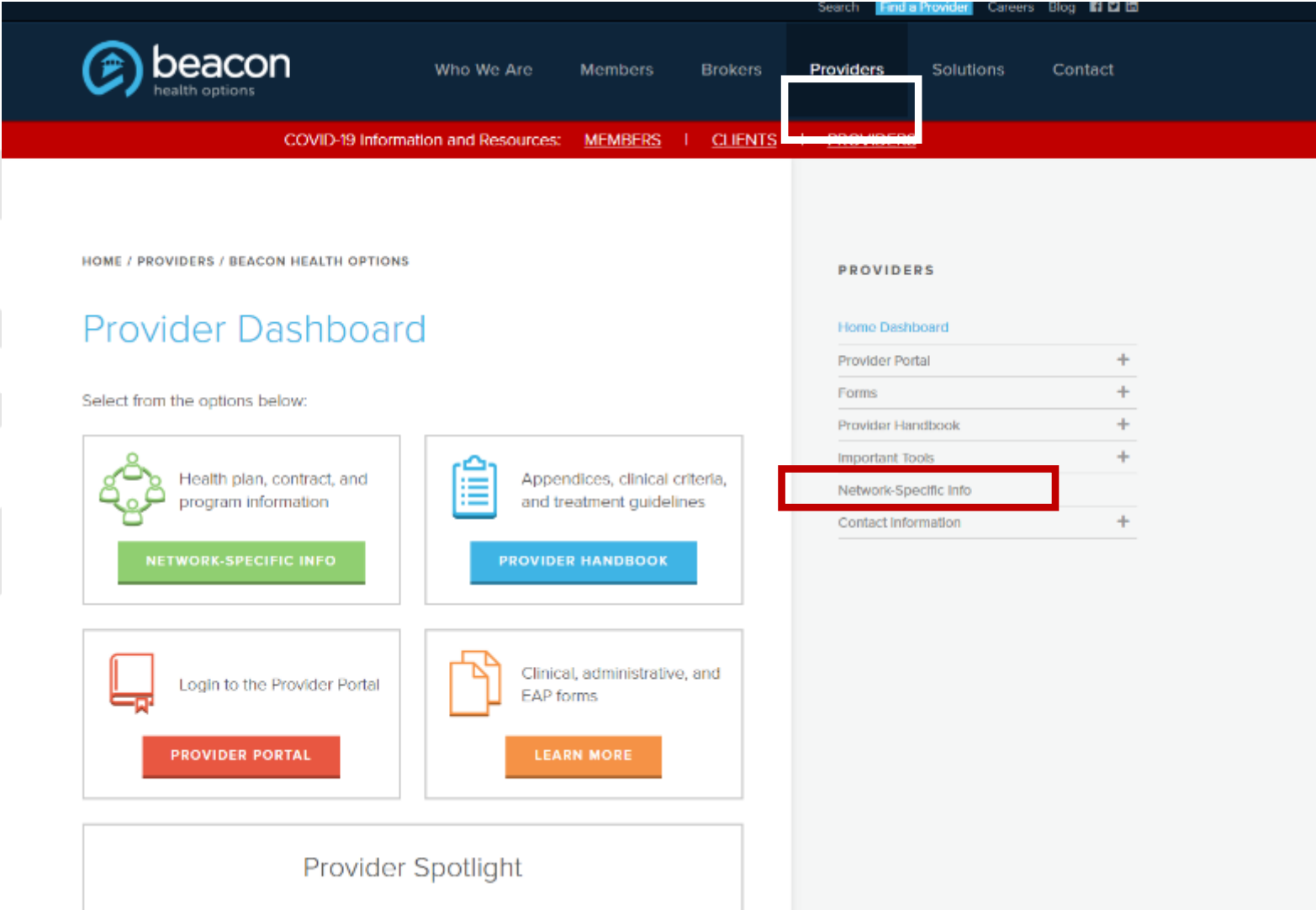


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Beacon Health Options Website



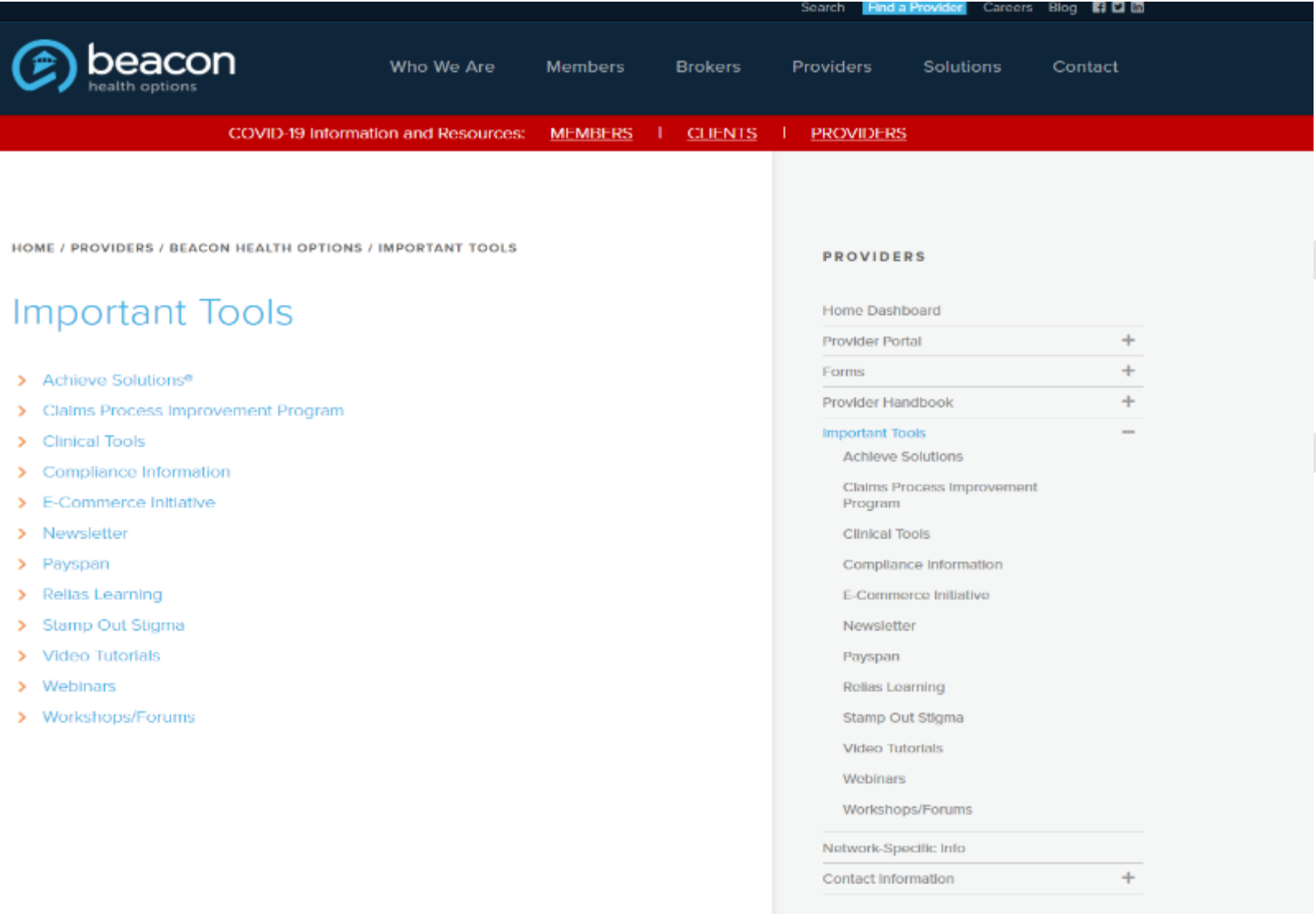
The screenshot displays the Beacon Health Options website. The top navigation bar includes links for Search, Find a Provider, Careers, Blog, Who We Are, Members, Brokers, Providers (highlighted with a white box), Solutions, and Contact. Below this, a red banner contains COVID-19 information and links to MEMBERS, CLIENTS, and PROVIDERS. The main content area is titled "Provider Dashboard" and includes a section "Select from the options below:" with four tiles: "Health plan, contract, and program information" (NETWORK-SPECIFIC INFO), "Appendices, clinical criteria, and treatment guidelines" (PROVIDER HANDBOOK), "Login to the Provider Portal" (PROVIDER PORTAL), and "Clinical, administrative, and EAP forms" (LEARN MORE). A sidebar on the right lists "PROVIDERS" with links to Home Dashboard, Provider Portal, Forms, Provider Handbook, Important Tools, Network-Specific Info (highlighted with a red box), and Contact Information.



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Beacon Health Options Website



The screenshot displays the Beacon Health Options website. The top navigation bar includes links for Search, Find a Provider, Careers, Blog, and social media icons. Below this is a dark blue header with the Beacon Health Options logo and navigation links: Who We Are, Members, Brokers, Providers, Solutions, and Contact. A red banner below the header contains the text "COVID-19 Information and Resources:" followed by links for MEMBERS, CLIENTS, and PROVIDERS. The main content area shows a breadcrumb trail: HOME / PROVIDERS / BEACON HEALTH OPTIONS / IMPORTANT TOOLS. The "Important Tools" section lists various resources with expandable arrows: Achieve Solutions®, Claims Process Improvement Program, Clinical Tools, Compliance Information, E-Commerce Initiative, Newsletter, Payspan, Relias Learning, Stamp Out Stigma, Video Tutorials, Webinars, and Workshops/Forums. A red arrow points to the "Webinars" link. On the right, a "PROVIDERS" sidebar lists links like Home Dashboard, Provider Portal, Forms, Provider Handbook, Important Tools (expanded), and Network-Specific Info.



Post-webinar Survey

Your opinion matters

Please complete a short simple survey at the end of our webinar.

Your honest responses will help us to improve our training.

Thank You

Contact Us



| | Beacon Health Strategies | Beacon Health Options (formerly ValueOptions) |
|--------------------|--|--|
| Website and EDI | eServices Phone: 866-206-6120 eServices@beaconhealthoptions.com Electronic Data Interchange Phone: 888-204-5581 EDI.Operations@beaconhealthoptions.com | EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com |
| PaySpan | PaySpan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com | Unable to locate your registration code? Email: corporatefinance@beaconhealthoptions.com Reply will be received within three business days |
| Provider Relations | National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team | |

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