



Tri-State/Mid-Atlantic Region: 2018 Quality Updates

The Beacon Health Options (Beacon) Tri-State/ Mid-Atlantic Region is committed to being a center for excellence in developing and coordinating quality programs for members through our partnerships with you, our facilities and practitioners. We are committed to meeting or exceeding standards set forth by oversight bodies such as the National Committee for Quality Assurance (NCQA). These clinical and service activities require your knowledge, input, and cooperation.

Behavioral Health Screening Programs

Beacon maintains behavioral health screening programs. These programs are aimed at wellness and prevention by providing outreach, assessment, referral, education, and self-help strategies.

The areas of focus for MVP Health Care members are Depression and Co-Occurring Bipolar and Alcohol Use Disorders.

Depression Identification and Management Program

This program addresses four major aspects of successful depression management: identification, education, access to services and care management. The Depression Identification and Management program targets those members who have possible depression based on the PHQ-9 screening tool, members who have been recently diagnosed and/or members who are currently receiving treatment for depressive disorders. Members can also self-refer to the program. The program will assist members in accessing care, provide a timely assessment by a trained clinician, educate members on treatment options and provide educational materials. All members in the program will also be offered a referral to a behavioral health specialist. Those members with more complex needs will be considered for placement in the Intensive Case Management (ICM) program.

Adult Co-Occurring Bipolar and Alcohol Use Screening and Stabilization Program

The impact of alcohol use on persons with a bipolar disorder can be significant and result in poorer outcomes. Managed by the Intensive Case Management team, this screening program targets members with a bipolar disorder who may have a coexisting alcohol use disorder. Members are screened using the Alcohol Use Disorders Identification Test (AUDIT). Identified members are assisted with education, support and treatment needs.

For more information and educational materials, go to the Beacon website at beaconhealthoptions.com. If you think a patient of yours would benefit from these programs, please call 877-390-9652 to speak with a clinician. Members can access these programs by phone or online.

Utilization Management Programs

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 the 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 agencies to ensure member needs are met.



Practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions and other levels of care.

Criteria: Beacon’s medical necessity criteria, also known as clinical criteria, are based on nationally recognized resources, including but not limited to, those publicly disseminated by the American Medical Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the Substance Abuse and Mental Health Services Administration, the American Society of Addiction Medicine (ASAM), MCG (formerly known as Milliman Care Guidelines), and the Center for Medicaid and Medicare. For management of substance use services, Beacon uses ASAM criteria. The criteria are available for your review in your provider handbook or on our website at: [Medical Necessity Criteria](#). For New York State substance use services, Beacon uses the LOCADTR tool as required by New York State OASAS.

Quality improvement activities

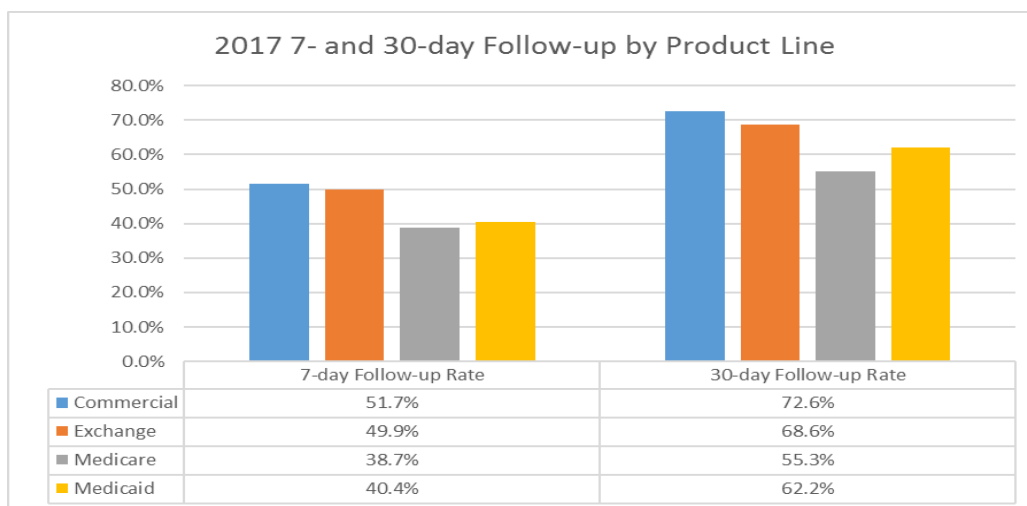
The Tri-State Region has several ongoing Quality Improvement Activities (QIAs) addressing clinical, patient safety, and service areas. QIA highlights are:

Improving Ambulatory Follow-up after Hospitalization for Mental Illness

This QIA is designed to increase the rate of follow-up for all Beacon members discharged from inpatient care. An outpatient follow-up visit with a mental health practitioner after discharge ensures that the gains made during hospitalization are not lost, and has been shown to reduce the duration of disability and the likelihood of re-occurrence.

Beacon has clinical quality indicators to measure whether a member is seen for a follow-up appointment within seven (7) and thirty (30) calendar days after being discharged from an acute level of care.

Follow-up rates are measured using HEDIS^{®1} FUH specifications. The chart below shows 7 and 30-day follow-up rates for the Tri-State Region in 2017.



¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



The following steps are in place to improve follow-up rates:

- Daily monitoring by clinical staff
- Communication with facilities to improve discharge planning
- Targeted outreach to facilities with lower follow-up rates
- Review of network expansion opportunities
- Requests for signed release of information from members to allow coordination with non-network providers.

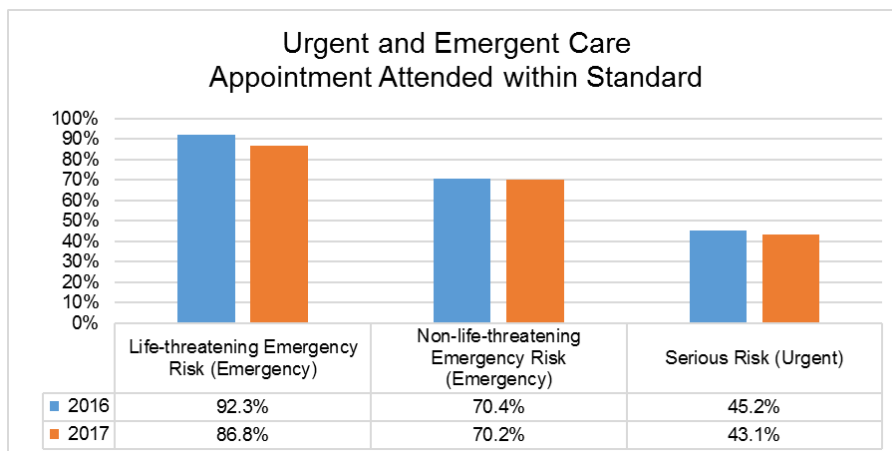
In 2018, data analysis, barrier analysis, and identification of appropriate interventions will continue.

Improving Assessment and Follow-up for Members Seeking a Referral for Treatment

This QIA focuses on ensuring appropriate triage for members who call for a referral. Accurate assignment of Risk Rating is crucial to ensuring member safety and appropriate care. Risk is determined from a triage conducted by a Clinical Care Manager (CCM). The triage includes an assessment of the following areas: problems that led to the call; active drug or alcohol abuse; threat of harm to self or others; co-occurring medical conditions. Beacon seeks to ensure member safety through appropriate care in a timely manner for all of its members.

Beacon measure the percentage of Risk Rated urgent or emergent referrals with confirmed member attendance within the Beacon policy timeframes (48 hours for urgent; 6 hours for non-life threatening emergent, and immediate for emergent).

The table below shows the percent of Tri-State Region members with confirmed attendance within the policy timeframe in 2016 and 2017.



The following ongoing interventions are designed to increase member attendance:

- Ongoing and new hire staff training regarding risk rating assessment and documentation
- Daily review of urgent and emergent cases by a QM reviewer
- Clinical staff training regarding substance use issues
- Complex cases review with clinical supervisors and medical directors to address specific barriers on a case by case basis
- Wellness checks to members to serve as reminders, update information and provide education on the importance of obtaining necessary care



View MVP Health Care Formulary Information

MVP Health Care members and prescribing providers can view the MVP Health Care formulary at the following web address: [MVP Health Care formulary](#), and click on pharmacy.

Member Experience

The Tri-State Region conducts an annual member experience survey to determine a member's level of satisfaction with the service we provide. Member surveys are used to evaluate the quality of care from its network of providers and the quality of service from the region.

Members who have used services within the previous year are surveyed on key aspects of service in 2017, Tri-State Region members responded:

- **Overall Satisfaction** Overall satisfaction with Beacon services was 90.4%.
- **Appointment Availability** 84.0% of members received their first appointment as soon as desired.
- **Provider Quality** 85.5% of members rated the overall quality of their provider positively.
- **Cultural Competence** 96.3% of members said their provider met their cultural, religious, and language needs.

Financial Incentives

Beacon does not provide rewards or incentives, either financially or otherwise, to any individuals involved in conducting utilization review or outpatient outlier management for denials of coverage or service, or inappropriately restricting care. Utilization-related decisions are based on the clinical needs of the members, 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.

Clinical Practice Guidelines

Beacon's Clinical Practice Guidelines (CPG) reflect evidence-based practices. Treatment guidelines are adopted from nationally recognized sources such as the American Psychiatric Association (APA) and American Association of Child and Adolescent Psychiatry (AACAP). The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

Promoting provider adherence to clinical practice guidelines is an integral component of the Tri-State Region Quality Management Program. The Tri-State Region Quality Management Department performs treatment record reviews and collects data related to adherence to clinical practice guidelines from those reviews. Reviews in 2017 noted the following adherence to clinical practice guidelines:

Measures

Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) compliance is measured by adherence to two indicators of the treatment guidelines. There were 101 records reviewed for the 2017 review. The average scores were above 80 percent for the three most recent years.



ADHD			
Indicator	2015	2016	2017
Record reflects active involvement of family/primary caretakers in the assessment and treatment of patient unless contraindicated	97%	87%	87%
Co-morbid problems are assessed upon initial evaluation and at least annually	99%	100%	93%
Average Scores	98%	91%	91%

Bipolar Disorder

Bipolar Disorder compliance is measured by adherence to two indicators of the guidelines. There were 117 records reviewed for the 2017 review. The average scores were above 80 percent for the three most recent years.

Bipolar Disorder			
Indicator	2015	2016	2017
Mood symptoms and suicidality are assessed at every visit	74%	83%	98%
Co-morbid problems are assessed upon initial evaluation and at least annually	92%	97%	100%
Average Scores	82%	90%	99%

Major Depressive Disorder

Major Depressive Disorder compliance is measured by adherence to two indicators of the guidelines. There were 332 records reviewed for the 2017 review. The average scores were above 80 percent for the three most recent years.

Major Depressive Disorder			
Indicator	2015	2016	2017
Mood symptoms and suicidality are assessed at every visit	89%	76%	92%
Co-morbid problems are assessed upon initial evaluation and at least annually	96%	92%	97%
Average Scores	96%	90%	95%

Beacon Clinical Practice Guidelines can be found on the [Clinical Practice Guidelines](#) page on our website.

If you have any questions or need assistance, please feel free to call Beacon’s MVP Customer Service Department at 877-390-9652. The team is available between 8 a.m. and 8 p.m. ET, Monday through Friday.



Member Rights and Responsibilities

MEMBER RIGHTS

Company and Provider Information

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

Respect

- You have the right to be treated with respect, dignity, and privacy regardless of race, gender, veteran status, religion, marital status, national origin, physical disabilities, mental disabilities, age, sexual orientation, or ancestry.
- You have a right to receive information in a manner and format that is understandable and appropriate. You have the right to oral interpretation services free of charge for any Beacon materials in any language.
- You have the right to be free from restraint and seclusion as a means of coercion, discipline, convenience, or retaliation.

Complaints

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

Confidentiality

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

Claims and Billing

- You have the right to know the facts about any charge or bill you receive.

Member Input

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

Access to Care, Services, & Benefits

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



Member Rights and Responsibilities	
MEMBER RESPONSIBILITIES	
<ul style="list-style-type: none"> You have the responsibility to provide information, to the best of your ability, that Beacon or your provider may need to plan your treatment. You have the responsibility to learn about your condition and work with your provider to develop a plan for your care. You have the responsibility to follow the plans and instructions for care you have agreed to with your provider. You are responsible for understanding your benefits, what's covered and what's not covered. You are responsible for understanding that you may be responsible for payment of services you receive that are not included in the Covered Services List for your coverage type. 	<ul style="list-style-type: none"> You have the responsibility to notify your health plan and/or Beacon and your provider of changes such as address changes, phone number change, or change in insurance. If required by your benefit, you are responsible for choosing a primary care provider and site for the coordination of all your medical care. You are responsible for contacting your Behavioral Health Provider, if you have one, if you are experiencing a mental health or substance use emergency.
<p>View more information about Beacon's member rights and responsibilities:</p> <p style="text-align: center;"> Click here for Member Rights and Responsibilities: English Click here for Member Rights and Responsibilities: Spanish </p>	

Complex Case Management (Intensive Case Management)

Beacon offers an Intensive Case Management (ICM) program to address the health needs of our most complex and highest risk members. We identify potential participants through our predictive model analytics and through real time referrals from providers and from care team members based on established criteria. Criteria for referral may include:

- Multiple IP or ER admissions
- Complex co-morbid behavioral and medical health conditions
- Significant suicidal or homicidal risk
- Multiple unsuccessful Substance Abuse treatment attempts
- Repeated high risk behaviors
- Complex psychiatric cases
- New and unstable high risk diagnosis

Once a member is identified, ICM staff will outreach to the member, explain the benefits of the program, determine what they would like to accomplish to experience better health, provide a comprehensive assessment of their health and psychosocial needs, and develop a member centric plan of care to address their stated goals. Overall program goals and activities include:

- Experience a healthy and satisfying life
- Understand personal health care needs and self-care strategies
- Develop personalized goals based on the individual's needs
- Experience the benefit of coordination of behavioral health care with other health care services
- Overcome specific challenges affecting health

Access resources available for the individual and care givers

Close coordination with treating providers is a key ingredient for a successful outcome within the ICM program. We identify which providers the member is currently working with and communicate the ICM care plan as well as ongoing progress.



When necessary, we contact the provider to adjust the care plan to better meet the member's needs. We also identify service gaps and coordinate connections to new services. To be effective in this process, we welcome input from the treating provider and view our role as a supplement to your primary treatment. We look forward to working with you and the members we serve who are receiving case management services.

If you think a patient of yours would benefit from the ICM programs, please see the Beacon ProviderConnect Web portal to refer a member to ICM. You may also call Beacon at 877-390-9652 to speak with a clinician.

Provider Information Updates

Treatment Records: Documenting the Care You Provide

Providers of mental health and substance abuse services face ever increasing requirements for documentation. A recent provider treatment record audit revealed trends that suggest you may not be receiving credit for the care you do. For example:

- Do you ask your patients to sign release forms so you may speak to primary care physicians and other mental health specialists for coordination of care purposes?
- Do you ask your patients for written consents for medications?
- Do you document your patients understanding of the medications they are taking?
- Do you obtain written consents from patients/ guardians to contact the patient's school to collaborate on treatment plans?
- Coordination of care and patient education are essential parts of patient care and of the treatment record. By documenting these elements, you will not only meet the requirements, your records will show all of the care you provide.

Member Self-Management Tools

We invite you to access our Achieve Solutions web site to view interactive self-management tools you may share with your patients. These include:

- ✓ [Healthy weight maintenance](#)
- ✓ [Smoking and tobacco use cessation](#)
- ✓ [Encouraging physical activity](#)
- ✓ [Healthy eating](#)
- ✓ [Managing stress](#)
- ✓ [Avoiding at-risk drinking](#)
- ✓ [Identifying psychiatric symptoms through self-assessment](#)
- ✓ [Recovery and resiliency](#)
- ✓ [Treatment monitoring](#)

For information on these and other topics, please visit our website: beaconhealthoptions.com. We appreciate your time and look forward to your feedback regarding these links to self-management tools and/or other recommendations.