The Beacon Health Options (Beacon) North Carolina Engagement Center (NCEC) Commercial Division is committed to being a center for excellence in developing and coordinating quality programs for members through our partnerships with you, our providers and practitioners. We are committed to meeting and exceeding standards set forth by oversight bodies such as NCQA and URAC. These clinical and service activities require your knowledge, leadership, input and cooperation.

The following Quality Activities are key examples of quality improvement initiatives deemed essential by accreditation requirements and the needs identified by our providers and enrollees.

Quality Improvement Activities

**AMBULATORY FOLLOW-UP AFTER ACUTE INPATIENT CARE (FUH)**

Follow-up care after discharge from an acute care setting is vital to optimal clinical outcomes. An outpatient visit with a mental health practitioner post discharge is recommended to insure the patient’s successful transition to the community and that gains made during hospitalization are not lost. Timely follow-up care assists members with integration of treatment plan goals and helps healthcare providers monitor the effectiveness of prescribed medications.

Beacons North Carolina Engagement Center clinical staff continue to work with inpatient facilities to set-up appointments prior to discharge.

The goal of the clinical staff is to assist members in acquiring the first available appointment. The expectation is to have the first appointment within seven days and a follow-up appointment within 30 days after an inpatient discharge.
To insure that appointments are kept, NCEC staff may reach out to either the practitioner office or member directly. Success requires ongoing collaboration between the NCEC, facility, practitioner and member.

Beacon closely monitors ambulatory follow-up rates to increase the rate of follow-up for all members discharged from inpatient care.

Interventions implemented for all clients in prior years continue. Newer interventions include:

- MemberConnect and ProviderConnect was enhanced to allow members to self-refer for case management and to allow provider/practitioner to refer a patient for case management services.
- CareConnect was enhanced to include a Care Transition Sub-module. This module is a mechanism to manage care transitions from higher levels of care to the community with a supportive transition care plan that the member receives at the point of exit.
- Health Alert, an IT application used across Beacon, continues. This tool is intended to increase the aftercare follow-up rates for members post-discharge from an inpatient hospitalization.

Beacons Care Managers and support staff are able to prompt the system to place calls to members post-discharge to remind them of their follow-up appointments.

- Our Provider Collaboration project continues to target high-volume facilities with a history of low follow-up rates for increased vigilance by follow-up coordination related to discharge planning.
- Aftercare coordinator continues to conduct outreach calls to facilitate timely follow-up appointments.

**INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT (AOD)**

According to the 2015 NCQA State of Health Care Quality report, Alcohol and other drug (AOD) dependence is common across many age groups and is one of the most preventable health conditions. There is a continued struggle and need for improvement.

- There were an estimated 23.1 million Americans (8.9 percent) who needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (1 percent) received treatment.
Valued Provider eNewsletter

Abuse of alcohol and illicit drugs total more than $700 billion annually in costs related to crime, lost work productivity, and health care.

Abuse of alcohol, illicit, and prescription drugs contributed to the death of more than 90,000 Americans each year.


Similar to other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. Research studies have consistently demonstrated the overall effectiveness of Alcohol and Other Drug (AOD) treatment in reducing substance use, recidivism, and improving patient functioning in the workplace and community. However, even with all the advantages of AOD disorder treatment, only 35 percent of the people diagnosed with chemical dependency receive any treatment at all. Research shows that people who complete treatment within the continuum of care typically show more improvement. Additionally, success during the acute stage of treatment is associated with lasting improvements when there is continued AOD treatment.

Current and ongoing interventions include:

- Aftercare Coordinator performing follow-up duties: ensuring attendance at appointments, referrals and alternative appointment scheduling, assistance to discharging facility or practitioner, and referral to clinician for complex cases.

- Using Health Alert, an IT system enhancement that facilitates the follow-up care of members by providing an automatic phone reminder of an upcoming appointment.

- Expansion of admission criteria for the Intensive Case Management program to include additional high risk individuals; specifically pregnant women with substance abuse issues and substance abuse patients with medical co-morbidity.

- Case Management outreaching to members discharged from emergency departments with substance abuse issues.

- Facilitating referrals to substance abuse treatment programs/providers; assistance with obtaining appointments.

- Workflow for warm transfers from the Health Plan for members who request additional screening/treatment for potential substance abuse issues.

- Educational articles for clients and staff through Beacon Lens on the Neuroscience of Opioid Addiction and the importance of MAT and therapy.

We help people live their lives to the fullest potential.

The chronic, relapse-prone nature of AOD disorders makes a case for a system of accountability beyond the boundaries of a single treatment episode.

There is evidence that early recognition and intervention have an impact on the success or failure in the treatment of an individual’s AOD disorder. How people manage their recovery following a specific episode of care is as important to the overall success as is the delivery of the care. Therefore, how a system of care organizes its services to support post-treatment sobriety is an important factor in a successful outcome.
• Ongoing collaborative work with Health Plans to target member for initiation and engagement.

Alcohol baseline progress note sample forms are available at:
http://www.valueoptions.com/providers/Network/NCCS_State_Local_Government.htm

IMPROVING SCREENING FOR METABOLIC SYNDROME IN MEMBERS TAKING ANTIPSYCHOTIC MEDICATIONS

Metabolic Syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance and dyslipidemia) that is predictive of both Type 2 Diabetes and cardiovascular disease. Such features are prevalent in people with psychotic disorders who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity, and the metabolic syndrome remains uncertain, but it is clear that people with bipolar, schizophrenia, and other related disorders treated with antipsychotic medication have a high rate of the individual features of the metabolic syndrome and the syndrome itself. (Schizophrenia Bulletin vol. 33, no 6, pp.397-1403). In addition to antipsychotic medication, the negative symptoms of mental illness and vulnerability to stress, specifically in schizophrenia, can lead to a lifestyle that increases the risk for development of metabolic syndrome. (DeHert, et.al, 1999).

Studies suggest that screening rates for metabolic syndrome in individual’s prescribed antipsychotic medication are below those recommended. Considerable evidence indicates that those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.

Reviews of the association between psychotic disorder, metabolic syndrome, diabetes, and antipsychotic drugs conclude that there is a critical need for active, routine physical health screening for patients’ prescribed antipsychotic drugs, including appropriate management of metabolic adverse events associated with psychiatric medications.

Baseline monitoring measures should be obtained before (or as soon as clinically feasible) the initiation of any antipsychotic medication:

• Personal and family history of obesity, diabetes, dyslipidemia, hypertension or cardiovascular disease
• Height and weight
• BMI calculation (Weight in Pounds/(Height in inches x Height in inches) ) x 703
• Waist circumference (at umbilicus)
• Blood pressure
• Fasting plasma glucose
• Fasting lipid profile

Ongoing monitoring and recommendations include:

• Baseline screening and regular monitoring for metabolic syndrome
• Consideration of metabolic risks when starting second generation antipsychotic medication
• Patient, family and caregiver education
• Referral to specialized services when appropriate
• Discussion of medication changes with patient and family

Based on the 2015 North Carolina Engagement Center (NCEC) annual provider treatment record audit review, the overall compliance for Medical Management indicators in 2015 with the threshold of 80 percent was not met for bipolar disorder, and the schizophrenia guidelines.

<table>
<thead>
<tr>
<th>Clinical Adherence Guideline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metabolic Monitoring Management of Bipolar</td>
<td>47.9%</td>
<td>40%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Metabolic Monitoring Management of Schizophrenia</td>
<td>72.2%</td>
<td>56.6%</td>
<td>42%</td>
</tr>
</tbody>
</table>

The NCEC and other provider stakeholders feel this is an important issue to continue to evaluate and educate providers on. Please download a copy of the Metabolic Monitoring form by visiting the link below:
http://www.valueoptions.com/providers/Network/NCCS_State_Local_Government.htm

The Center for Disease Control (BMI) Calculator is viewable at:
http://www.cdc.gov/healthyweight/assessing/bmi/index.html
IMPROVING MEMBER SATISFACTION BY IMPROVING CUSTOMER SERVICE RESPONSE

Beacon is a customer-driven organization and therefore focuses on satisfaction of both internal and external customers as a key quality indicator. The Beacon North Carolina Engagement Center (NCEC) conducts an annual member survey to determine a member’s level of satisfaction with the services we provide. Member surveys are used to evaluate the quality of care from its network of providers and the quality of service from the NCEC during the care delivery process.

NCEC quality management program monitors member satisfaction with Beacon service as well as provider care delivery to members through an external opinion research firm, Fact Finders, Inc. Fact Finders continues to survey members on a regular basis and reports findings bi-annually.

Findings are important qualitative sources of information about member experience for both care and service. We continue to work on this quality initiative to ensure continued treatment success for our members.

The ease of getting through with help reflected a decrease in member satisfaction as well as falling below the established goal of 90 percent. Conversely, 100 percent of member surveys indicating that they felt that the representative would make sure they got the services they needed.

Beacon continues to identify areas to improve. Rigorous staff training and on-going monitoring of staff performance reflect our commitment to provide excellence in service.
IMPROVING ACCESS TO BEHAVIORAL HEALTHCARE PRACTITIONERS FOR MEDICATION ASSISTED TREATMENT

The Beacon Health Options (Beacon) North Carolina Engagement Center (NCEC) monitors practitioner availability quarterly to ensure a comprehensive and highly accessible network is available to all Beacon members. Data indicates small communities are less likely to have the same availability than larger market areas.

To identify network issues, member satisfaction surveys and complaints data are reviewed to measure the member’s experience with practitioner access and availability. Review of data from 2015 and prior year demonstrates that less than 80% of members reported the following: not being able to get an appointment as soon as desired, not offered a first appointment within two weeks of request, and reported travel time to a therapist outside of 30 minutes or less. An interdepartmental quality management committee identified these areas needing improvement.

An additional issue identified is members not having access to medication assisted providers available at pertinent junctures. Pertinent junctures could be defined as: transitions of care, step down from inpatient to LLOC, step up to HLOC or discharge to outpatient for community based care. Specific medication assisted treatment prescriptions would include: Methadone, Buprenorphine, Suboxone, Subutex, Oral Naltrexone (ReVia) and Injectable Naltrexone (Vivitrol) that could be used by members receiving medication assisted therapy.

All of these factors may have an impact on overall member perception of treatment, care and satisfaction.

<table>
<thead>
<tr>
<th>Improving Access</th>
<th>Able to Get an Appt. As soon as Wanted</th>
<th>Offered 1st Appt. w/n two weeks of request</th>
<th>Travel Time to Therapist 30 Min or Less</th>
<th>Member Accessing Service for MAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>78.6%</td>
<td>86.0%</td>
<td>77.5%</td>
<td>0</td>
</tr>
<tr>
<td>2015</td>
<td>78.3%</td>
<td>76.8%</td>
<td>88.4%</td>
<td>0</td>
</tr>
</tbody>
</table>

Quality initiatives and plans will continue to be developed, implemented and analyzed to insure our network and services are accessible to our members. We continue educate providers and members on all available medication assisted treatment options.
Coordination of Care between Behavioral Health Care and Medical Care

Ensuring that patients have been evaluated medically is critical to good patient care. When a patient has multiple providers, communication becomes essential to promote quality health care, ensure safe practice, and prevent potential medical errors or complications. Beacon has initiated activities to help practices improve documentation in this area:

- Forms are available to help you obtain your patient’s authorization to share information with the Primary Care Physicians (PCP). To download a copy of the form visit: [http://www.valueoptions.com/providers/Network/NCOC_Government/Member_release_info_sheet_PHI.pdf](http://www.valueoptions.com/providers/Network/NCOC_Government/Member_release_info_sheet_PHI.pdf)

- Member education tip sheets explaining why this is important may be copied and used in your practice. Copies may be obtained by calling (866)719-6032.

- Identification of best practices. If you or someone in your practice has created a successful system enabling increased coordination of care with PCPs or other Behavioral Health Practitioners, we would like to hear about it. Email all comments to carrie.turner@beaconhealthoptions.com.

What can practitioners/clinicians providing outpatient services do?

- Request a discharge summary and/or continuing care plan from the hospital or treatment facility.

- Contact the patient prior to the first appointment to confirm appointment date and time.

- Schedule two appointments—the first appointment within seven days of discharge.

- Assess the patient thoroughly, including medication and appointment compliance.

- Convey a sense of availability to the patient by including an emergency contact number.

- Keep alternate patient phone numbers, or a phone number of a relative or friend in case of a missed appointment.

- Reach out to the patient after any missed appointments.

- Coordinate/communicate treatment with the member’s psychiatrist, therapist and PCP.

The 2015 Treatment Record Review demonstrates no improvement over the past year.

What can facilities do for the patient upon discharge?

- Ensure the continuing care plan is complete, including the patient’s first appointment with contact information at the next level of care.

- Schedule the first appointment or two with the outpatient provider while the member is present - do not leave scheduling to the patient.

- Fax the continuing care plan to the outpatient provider and the PCP.

- Make certain the discharge review is faxed or phoned into Beacon on the day of discharge so appropriate follow up by Beacon can occur.

- Contact the Beacon care manager for questions and/or for assistance identifying a practitioner.

- Coordinate discharge planning with the assigned Beacon care manager.

- Educate the family on the importance of the members keeping the discharge appointment.
2015 TREATMENT RECORD AUDIT RESULTS

The Quality Management Department of the Beacon Health Options (Beacon) North Carolina Engagement Center conducts an annual audit of patient treatment records. This audit mirrors behavioral health best practice standards as a contractual obligation for all Beacons providers.

These requirements are set forth in your provider contract and noted in the Beacon Provider Handbook. Beacon has adopted treatment record documentation standards to assure that records are maintained in an organized format, which permits effective and confidential patient care and quality review. These standards facilitate communication, coordination and continuity of care, and promote efficient and effective treatment.

The treatment record review standards can be found in the Beacon Provider Handbook online at: http://www.valueoptions.com/providers/Handbook.htm

Beacon measures adherence to Clinical Practice Guidelines for Major Depression, Bipolar Disorders, Schizophrenia, ADHD, Treating Substance use Disorders and Treatment for Opioid Addiction through audited treatment records.

In 2015, 62 Practitioner/Facilities were sent letters requesting treatment records. Fifty-six Practitioners/Facilities returned three or more records each, for a total of 219 records received.

- Of the 56 Practitioners/Facilities reviewed, the average score was 91 percent.
- There was one facility/treatment clinic that fell below the 80 percent standard. A corrective action plan was requested from that Clinic.

Overall compliance for Medical Management indicators in 2015 with the threshold of 80% was not met for Major Depression, Bipolar disorder, and the Schizophrenia guidelines.

<table>
<thead>
<tr>
<th>Clinical Adherence Guideline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>N/A</td>
<td>90.6%</td>
<td>89.4%</td>
</tr>
</tbody>
</table>

Overall compliance for Attention Deficit Hyperactivity Disorder in 2015 with the threshold of 80% was met except for one indicator discussed below.

<table>
<thead>
<tr>
<th>Clinical Adherence Guideline</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating Substance Abuse Disorders</td>
<td>92.9%</td>
<td>77.4%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Medication-Assisted Treatment for Opioid Addition in Opioid Treatment</td>
<td>94.7%</td>
<td>87.8%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Overall compliance for Substance Use in 2014 with the threshold of 80% was not met.

In reviewing the safety questions, 99 percent of records reviewed provided documentation of an assessment for imminent risk of harm, suicidal ideation. Only 39.5 percent submitted a suicide risk assessment screening tool. This was a significant decrease when compared to the previous year.

In reviewing the coordination of care questions, 53 percent provided evidence of coordination of care with the PCP and 85 percent provided evidence of coordination of care with Behavioral Health Care. Only 51 percent of records reviewed provided a signed release of information to coordinate care. This was a decrease when compared to the previous year.

Results for the 2015 record review continues to demonstrate that some providers are not providing evidence of risk assessment and/or safety plans. We encourage use of formal assessment tools as evidence of best practice.
The assessment, treatment, and follow-up of a member’s care are essential in the provision of continuous and appropriate health care services for members who access multiple practitioners for medical and/or behavioral purposes. The American Psychiatric Association Guideline for Treatment of Patients with Major Depressive Disorder, Third Edition states “communication and coordination of treatment are essential. Optimal communication with other health care professionals can improve overall treatment by assuring that medical conditions and psychosocial issues are appropriately addressed. Good communication also decreases the risk that patients will receive inconsistent information about treatment options and risks and benefits. Furthermore, communication among clinicians improves vigilance against relapse, side effects, and risk to self or others.”

Click here to view the APA Guidelines (http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1667485)

Communication between treating providers should be vital in the following circumstances:

- Members who are prescribed medications by their PCP and psychiatrist.
- PCPs who prescribe psychotropic medications.
- Rule out thyroid disorders or other medical conditions in members with symptoms of depression. It is recommended that members have a complete physical examination that includes a full evaluation and appropriate laboratory studies.
- Members who have an underlying medical condition and are being prescribed psychotropic medication by their psychiatrist.
- Failure to improve.
- Sudden change in mental status.

To promote patient safety, baseline monitoring measures should be obtained before or as soon as clinically possible after the initiation of any antipsychotic medication. To view or download the Recommended Monitoring for Patients Taking Second Generation Antipsychotics tip sheet and Metabolic Monitoring form visit:

http://www.valueoptions.com/providers/Network/NCOC_State_Local_Government.htm

The treatment record is an essential tool for patient care in a time of increasing documentation requirements for providers. It is used by providers to manage patient care, communicate with other providers and to monitor progress toward patient treatment goals. The old adage “if it isn’t documented, it wasn’t done” continues to be a standard of regulatory agencies today.

The National Committee for Quality Assurance Guidelines for Medical Record Documentation states, “Consistent, current and complete documentation in the medical record is an essential component of quality patient care” (www.ncqa.org).

Key components of documentation include:

- All entries are legible, signed and dated
- A complete patient history and assessment, including past and current health status
- Coordination of care with medical and other behavioral health providers, including all required releases
- Treatment plans, including goals, barriers, interventions and progress
- Behavioral Health Screenings
- Patient education and patient understanding of the plan of care

The treatment record should be maintained in a manner that is current, comprehensive, detailed and organized. This documentation assists providers in assessing progress, barriers, and revising the plan of care as needed. It is also evidence of care provided, care coordination and patient involvement in the treatment process.

Visit the Beacon Provider Handbook for additional information and resources: www.valueoptions.com/providers.
Beacons clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. Development of the guidelines involves clinicians considered specialists in their respective fields, as well as feedback from practitioners in the community.

Beacon has adopted guidelines from the American Psychiatric Association (APA) for:

- Acute Stress Disorder, Post Traumatic Stress Disorder
- Schizophrenia, Guideline watch and Quick Reference
- Assessing and Treating Suicidal Behaviors
- Panic disorder and Guideline watch
- Bipolar Disorder and Guideline watch
- Major depression
- Obsessive-Compulsive Disorder
- Substance Abuse Disorder and Guideline watch
- Eating Disorders and Guideline watch
- Suicidal Behaviors

Beacon has adopted guidelines from the American Academy of Child and Adolescent Psychiatry (AACAP) for:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Generalized Anxiety Disorder - Adolescents
- Children and Adolescents with Depressive Disorders
- Schizophrenia for Children and Adolescents
- Assessment and Treatment of children and Adolescents

Beacon has adopted guidelines from the Canadian Psychiatric Association for Generalized Anxiety Disorder - Adults.

Beacon has adopted guidelines from SAMHSA for:

- Opioid Related Disorders TIP 43
- Co-occurring related disorders TIP 42
- Suboxone Treatment Guideline (SAMHSA/CSAT TIP 40)
- Substance Use Treatment: Addressing the specific needs of women – Tip 51
- Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities- Tip 29
- Alcohol Pharmacotherapies Into Medical Practice- Tip 49
- Enhancing Motivation For Change in Substance Abuse Treatment- Tip 35
- Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders- Tip 54

Beacon has developed clinical practice guidelines for: Autism Spectrum Disorder and adopted guidelines from the AAP for Management for Children w/ASD and Identification and Evaluation of Children w/ASD.

All Clinical Practice Guidelines are available on the Beacon website:

ADULT CO-OCCURRING BIPOLAR AND ALCOHOL USE SCREENING AND STABILIZATION

The Beacon Health Options North Carolina Engagement Center (NCEC) developed the Adult Co-Occurring Bipolar and Alcohol Use Screening and Stabilization Program implemented in 2015. This program focuses on highly recidivistic members with a single primary diagnosis of bipolar disorder or alcohol use disorder and a history of 1 or more readmissions to an inpatient or residential treatment facility within 30 days of discharge.

The impact of alcohol use disorders on persons with a bipolar disorder can be significant and result in poor outcomes. The American Journal of Managed Care published an article, *Bipolar Disorder Costs and Comorbidity*, which presented statistics compiled from studies conducted by the National Institute of Mental Health.

According to statistics presented:

- About 56 percent of individuals with bipolar who participated in a national study had experienced drug or alcohol addiction during their lifetime.
- Approximately 46 percent of that group had abused alcohol or were addicted to alcohol.
- Alcohol is the most commonly abused substance among bipolar individuals.

Individuals with bipolar disorder are more than three times as likely as those in the general population to have alcohol or dependence. This instability can interfere with recovery, making it difficult to comply with treatment guidelines or an individualized integrated treatment plan. The NCEC Co-Occurring Bipolar and Alcohol Use Screening Program will identify those members and will assist with education, support and treatment needs.

The American Journal of Managed Care article *Bipolar Disorder Costs and Comorbidity*:

ALCOHOL PREVENTION AND SCREENING DURING PREGNANCY

Alcohol can damage a fetus at any stage of pregnancy. Damage can occur in the earliest weeks of pregnancy, even before a woman knows that she is pregnant. The Centers for Disease Control and Prevention (CDC) reported in an article (Alcohol Use and Binge Drinking Among Women of Childbearing Age – United States, 2011-2013) published November 25, 2015, that alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities. The CDC estimates that 10.2 percent of pregnant women use alcohol. Studies suggest that as many as 2% to 5% of first grade students in the United States may have Fetal Alcohol Spectrum Disorders (FASDs). FASDs include fetal alcohol syndrome, alcohol-related birth defects, and alcohol-related neurodevelopmental disorders which result in neurodevelopmental deficits and lifelong disability.

Beacon Health Options (Beacon) is collaborating with Health Plans on an initiative to increase the screening of pregnant women for alcohol use during pregnancy. It is the responsibility of every practice to make sure that all pregnant and postpartum women are screened for substance use. Universal screening provides the practitioner with the opportunity to talk to every client about the risks of alcohol, illicit drugs, prescription drugs, tobacco, and other substances and risky behaviors. Structured screening, built into the care of every pregnant woman, helps eliminate “educated guessing.” The practice of universal screening increases the likelihood of identifying substance users and allows for the earliest possible intervention or referral to specialized treatment. In addition, screening and education of every client enhances clients’ awareness of the risks of substance use or abuse during pregnancy and may prevent use or abuse in future pregnancies. (Washington Department of Health: Substance Abuse During Pregnancy: Guidelines for Screening and Management January 2015).

Beacon is recommending practitioners use the T-ACE (T= tolerance, A= annoyed, C= cut down, E= eye opener) Screening Tool developed by R. J. Sokol, MD, to help identify risk drinking. The T-ACE was developed specifically for prenatal use based on the CAGE Substance Abuse Screening Tool. It is four questions that take less than a minute to complete. Beacon is also recommending the ethylglucuronide (EtG) urine test for high risk women. Positive screening may indicate exposure to alcohol up to five days prior testing.

In addition, a brochure from the CDC entitled Think Before You Drink, will be enclosed in mailings to pregnant women along with other educational prenatal materials. The brochure provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking.

A copy of the T-ACE can be downloaded from the Beacon Health Options website at: http://www.valueoptions.com/providers/Network/NCOC_State_Local_Government.htm Please call (866) 719-6032 for a copy if you do not have Internet access.

A copy of the article Alcohol Use and Binge Drinking Among Women of Childbearing Age – United States, can be viewed at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6437a3.htm

PROMOTING EARLY DETECTION AND SCREENING OF ALCOHOL USED BY YOUTHS

Alcohol is the most commonly used drug among youths in the United States. Studies reviewed by The Centers for Disease Control and Prevention (CDC) revealed that alcohol is responsible for 189,000 emergency rooms visits and more than 4,300 deaths annually for underage youths. Youth who start drinking before age 15 years are six times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years (CDC Fact Sheets – Underage Drinking).

Beacon Health Options (Beacon) is partnering with Health Plans on an initiative to promote early detection of teen alcohol use by promoting early screenings and prevention in primary care. Beacon created a toll-free PCP Consultation Line for Pediatricians and Family Practices which is staffed by board certified psychiatrists who provide consultations regarding substance use assessment and treatment. Beacon is also promoting the use of the CRAFFT questionnaire. The CRAFFT is a highly recognized behavioral health screening tool recommended by the American Academy of Pediatrics’ Committee on Substance Abuse for identifying youth at risk. A major clinical challenge is identifying youths who need treatment and identifying those who are at risk of developing chronic substance use disorders in adulthood.

The Beacon toll-free PCP Consultation Line for Pediatricians and Family Practices is available from 9 a.m. to 5 p.m. ET at (877) 241-5575

Copies of the CRAFFT questionnaire can be downloaded at: http://www.valueoptions.com/providers/Network/NCOC_State_Local_Government.htm
Enrollee survey data is assessed for opportunities to improve member satisfaction. Questions are asked about satisfaction in the following areas:
Access to care, claims, outcomes of service, hospital services, toll free number services, Internet, therapist ratings, coordination of care and referral services.

The NCOC is committed to understanding the needs of our enrollees and will make the necessary changes to the way our staff manages customer service to improve satisfaction.

The survey results are used to identify opportunities for improvement. Results from 2015 Member and Provider Satisfaction Survey indicate that 91.3 percent of overall members and 88.1 percent of overall providers were satisfied with Beacons mental health services.

If you have recommendations regarding improvement of the utilization management (UM), appeal process, or overall satisfaction issues please call (866) 719-6032.
Learn More about Utilization Management Programs

Beacon strives to help people live their lives to the fullest potential. We see ourselves as an integral part of the communities in which we provide service, and we understand that many factors impact the state of a person’s health. To best serve a given population, we seek to learn from, and work with, individuals in their communities in order to ensure relevant design of appropriate programs and services. As managers of the behavioral health benefits of millions of people, we are acutely aware of our responsibility to afford every opportunity for each individual to achieve optimal outcomes.

Beacon is proud of its focus on quality care and best practices. The primary responsibility of the utilization management staff is to guide and oversee the provision of effective services in the least restrictive environment and to promote the well being of 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 provider agencies to ensure member needs are met. Providers and practitioners are always afforded the opportunity to discuss and review any decision regarding inpatient admissions or other levels of care.

If you would like to discuss an adverse decision, please call 7(03) 390-5920 and ask to be scheduled with the peer advisor who rendered the decision.

Criteria:

Beacon utilizes internally developed behavioral health clinical criteria. The criteria are assessed, and if necessary revised, at least annually, by the Beacons Corporate Medical Management Committee. Clinical criteria may vary according to individual contractual requirements and benefit coverage. The criteria are available for your review in your provider handbook or on our website at:


Beacon uses the ASAM Patient Placement Criteria for Treatment of Substance Abuse-related Disorders, published by the American Society of Addiction Medicine, according to the individual provider contract requirements. For information about ASAM criteria please visit http://www.asam.org/publications/the-asam-criteria/the-asam-criteria or call ASAM at (800) 844-8948

If you are in need of a provider handbook call the Beacons Provider Relations department.

Financial Incentives:

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

Wait Time Standard

The North Carolina Engagement Center has established standards for participating practitioners and providers to ensure that Beacon members can obtain the care they need within a reasonable time frame.

- Emergencies (life-threatening): The member must be offered the opportunity to be seen immediately.
- Non-life-threatening emergencies: The member must be offered an appointment within six hours of request.
- Urgent: The member must be offered an appointment within 48 hours of request.
- Routine: The member must be offered an appointment within 10 business days of request.

It is important that all practitioners adhere to the above standards. If you are not able to meet the standard, you should refer the patient to the North Carolina Engagement Center Clinical Referral Line where Beacons staff can offer more options.
Beacon is committed to respecting enrollee’s rights and responsibilities.

Enrollees have a right to:

- Receive information about the organization, services, practitioners and providers, and enrollees’ rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about the organization or care it provides.
- Know about covered services and benefits.
- Receive timely care.
- Make recommendations regarding the organization’s enrollees’ rights and responsibilities policies.

Enrollees have a responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow plans and instructions for care.
- Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Visit us at:

www.beaconhealthoptions.com

Contact Us

North Carolina Engagement Center
Quality Management
(866) 719-6032

National Network Providers
Services Department
(800) 397-1630

Provider Relations
(800) 235-3149

Web Resources
Treatment Guidelines
Provider Handbook
Treatment Record Standards
Claim Forms