Getting the Recognition You Deserve at Work

Summary

• Pursue more training in your field
• Expand your job responsibilities
• Enjoy your work
• Find a mentor

Are you making enough money? Does your boss’s boss know your name? Are you a candidate for promotion? Have you been formally complimented on your work? If you answer “no” to any of these, then you might not be receiving the job recognition that you deserve, and that may sap your motivation to do your best.

Whether you have been working for two years or 20, you can advance your career and raise your self-esteem by earning positive attention at work. If you have the energy and ambition, here are some strategies to jump-start your career:

Get specific
First, decide exactly what sort of recognition you want. Remember, there are lots of kinds of recognition. Do you want a raise? A bonus? A promotion? If you are happy with your salary, but would like your boss to acknowledge the extra effort you put into a recent project, request feedback on your performance. Jot down your career goals for this month, this year and the next five years, and then brainstorm ways to achieve them.
Pursue training
Take advantage of every training opportunity offered by your company, regardless of whether it relates directly to your job. You may want to attend evening classes to bolster key computer or management skills. Let your supervisor know when you have completed a course or learned a new program.

Ask for a challenge
Inform your boss if you would like to expand your job responsibilities, and schedule a short meeting so that you can discuss options. Explain that you would like to take on more challenges and are looking for opportunities to use new skills. Make some specific suggestions that address your company’s particular needs. If your supervisor does give you extra responsibility, write a memo a few weeks later describing your progress.

Use numbers
If you can describe your achievements in numbers, let your boss know in an email, memo, note, or formal report. Have sales increased 50 percent since you joined the department? Have customer complaints decreased by 30 percent? Quantify your success and others will take notice.

Enjoy your work
Enthusiastic employees almost always receive more recognition. Even if you do not love every aspect of your job, stay positive about what you do enjoy. Your supervisor will genuinely appreciate your upbeat attitude.

Get visible
Look for ways to increase your professional profile. Offer to write for the company newsletter, come up with some ideas for the website, or suggest a departmental charity drive. By becoming more visible, you will be more likely to win recognition.

Find a mentor
One of the best ways to improve your prospects is to find a mentor— someone you admire both personally and professionally who might be willing to provide career guidance. A mentor can be a source of invaluable advice and information. If you know someone who might be a good mentor, ask if they would be willing to take on the role.

Whenever possible, let your boss know about your goals and ask for suggestions on how to achieve them. Increase awareness of your valuable contributions, and get the recognition you deserve!

By Lauren Greenwood
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Usability Testing of New Self-Management Tools

The Beacon Health Options (Beacon) mission is to help people live their lives to the fullest potential. When members can self-identify risk factors or health issues early on, they have an opportunity to take actions and stay healthy. The Quality Team is seeking provider volunteers to test several new interactive self-management tools.

Wellness includes both physical and behavioral areas such as exercise, proper nutrition, stress levels, and substance use that impact overall mood and health. Offering “Self-Management Tools” is a convenient way members can monitor, track, and take charge of their own behavioral and/or physical health condition. We ask our provider community to take a moment to participate and provide feedback for the current self-management tools that have been selected to promote member overall health and well-being.

The available tools were chosen because they are interactive, evidenced-based, and were created using nationally recognized entities, including the American Psychological Association (APA), National Alliance on Mental Illness (NAMI), National Institute on Mental Health (NIMH), Mental Health America (MHA), Substance Abuse and Mental Health Services Administration (SAMHSA), and other widely accepted sources of professional standards and identified best practices.

Beacon conducts usability testing to measure the quality and value of a member’s experience when interacting with our web-based products. The goal is to ensure the selected self-management tools will be useful to members. Factors that influence the selection of tools include:

- Font size
- Perceived reading level
- Intuitive content organization
- Ease of navigation
- Availability of user’s preferred language
- Accessibility to users with hearing or vision impairment

Below are links to the self-management tools for specific health and wellness related topics. We encourage you to click on the links and provide feedback to us on their usefulness for members, ease of understanding, and user friendliness for all individuals, especially those with visual and/or hearing impairments.

- **Identifying Common Emotional Concerns**
- **Managing Stress in Your Life**
- **Reducing High-Risk Drinking**
- **Increasing Physical Activity**

We appreciate if you could take some time in the next two weeks to review these self-management tools using the links provided above. Once you’ve completed reviewing the tools, please take a few extra minutes to complete our **Self-Management Tool Survey**. We thank you in advance and look forward to your feedback and recommendations!
Beacon Helps Providers Help Members

New resource to help individuals manage opioid use

Beacon recently created an additional resource to help providers do their jobs more easily: a member-facing webpage that provides information on opioid addiction and corresponding treatment options.

Because patient empowerment is critical to successful recovery, Beacon has assembled material related to opioid addiction and made it as accessible as possible – for both providers and our members. We want providers to spend less time corralling information and more time providing hands-on care.

The site is easy to use and includes Beacon resources and information from other known sources, as follows:

- How to know whether someone has a problem by population: teens, young adults, adults
- Types of treatment and where to find help
- Tools, including an overdose toolkit and tips on positive parenting
- How to learn more about substance use disorder benefits

Share Beacon’s webpage, “Opioid Treatment Resources,” with members. You can also include a link on your own webpages to this new one-stop resource.

If you have any thoughts or feedback on how we can improve the page, please let us know by emailing info@beaconhealthoptions.com.

Medicare Reminder: Prohibition on Balance Billing Qualified Medicare Beneficiaries (QMBs) and Medicare Assignment

Be aware as a Medicare (or Medicare and Medicaid) provider, you may not bill dual eligible beneficiaries who are enrolled in the Qualified Medicare Beneficiary (QMB) Program for Medicare cost-sharing (such charges are known as “balance billing”). All Medicare fee-for-service and Medicare Advantage providers-- not only those who accept Medicaid-- must abide by balance billing prohibitions. Under Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997, Medicare and Medicaid payments received for providing services to a Qualified Medicare Beneficiary (QMB) are considered payments in full. Not all dual eligible beneficiaries are what we call a “Quimby” (QMB), but the majority (about 65 percent) of them are.

As a Medicare provider, you may not bill a Quimby for any Medicare cost sharing (including deductibles, coinsurance, and copayments). As a Medicare provider, you are subject to sanctions if you bill a QMB for amounts above the Medicare and Medicaid payments (even when Medicaid pays nothing). In addition, under Section 1848(g)(3)(A) of the Act, all Medicare providers must accept assignment for Part B services provided to dual eligible beneficiaries.

For more information, please refer to Medicare Learning Network (MLN), MLN Matters® Number SE1128 Revised.

For more information about QMBs and other individuals who are dually eligible to receive Medicare and Medicaid benefits, please refer to the Medicare Learning Network® publication titled “Medicaid Coverage of Medicare Beneficiaries (Dual Eligibles),” available on the Centers for Medicare & Medicaid Services (CMS) website.
Quality Initiative: Ambulatory Follow-Up After Acute Inpatient Care

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 ensure 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 health care providers monitor the effectiveness of prescribed medications.

Beacon’s clinical staff continues 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 ensure that appointments are kept, Beacon staff may reach out to either the practitioner office or member directly. Success requires ongoing collaboration between the facility, practitioner, member, and Beacon.

Beacon closely monitors ambulatory follow-up rates to increase the rate of follow-up for all members discharged from inpatient care. Ambulatory follow-up rates have remained stable over the last year.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Q4 2014</th>
<th>Q1 2015</th>
<th>Q2 2015</th>
<th>Q3 2015</th>
<th>Q4 2015</th>
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<tbody>
<tr>
<td>Follow-up 7 days</td>
<td>47%</td>
<td>47%</td>
<td>35%</td>
<td>42%</td>
<td>37%</td>
</tr>
<tr>
<td>Follow-up 30 days</td>
<td>64%</td>
<td>70%</td>
<td>60%</td>
<td>68%</td>
<td>58%</td>
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*Results specific to the North Carolina Engagement Center

These significant barriers continue among members and providers: lack of resources, maintaining timely aftercare appointments, and availability for appointments. The following list represents Beacon’s current and planned interventions for 2016, which are intended to continue promoting coordination of care with outpatient providers following discharge:

- Improved recruitment practices, securing training resources from other operational areas during peak call periods and/or periods of inclement weather
- Improved training program for new/transferring staff to occur every 10 weeks so there is a minimal delay in hiring
- Updated and improved client specific nuance tip sheets to assist staff in handling member contacts more efficiently
- Ongoing member engagement training, including Achieve Solutions. Achieve Solutions website was improved and resources were added
- Continued use of customer service staff communicating referral information with members using encrypted email when requested
- Ongoing communication among departments regarding shared members
- Daily/Weekly tip sent to front-line staff for improvement of overall customer service
- Information technology staff in place to assist with merger implementation issues
- Development of ongoing customer service training every six weeks to enhance workflow consistency and increase the potential of a satisfying resolution on first contact

“Beacon closely monitors ambulatory follow-up rates to increase the rate of follow-up for all members discharged from inpatient care. Ambulatory follow-up rates have remained stable over the last year.”
Coordinating Care: Keeping Key Health Care Practitioners in the Loop

When a member has multiple providers, communication becomes essential to promote quality health care, ensure safe practice, and prevent potential medical errors or complications. Communication needs to occur at all levels:

- Between behavioral health therapists and/or psychiatrists
- Between behavioral health practitioners and the Primary Care Physician (PCP)

How are we doing?

<table>
<thead>
<tr>
<th>Year</th>
<th>Coordination of care with the PCP</th>
<th>Coordination of care with behavioral health care and/or other consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>67%</td>
<td>92%</td>
</tr>
<tr>
<td>2014</td>
<td>64%</td>
<td>90%</td>
</tr>
<tr>
<td>2015</td>
<td>51%</td>
<td>85%</td>
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</table>

*Results are specific to the North Carolina Engagement Center

Communicating with other members of the health team
An important step toward improvement of behavioral health care is to ensure that members do not “slip through the cracks.” Coordination of care addresses this issue, especially at critical times in the treatment process. Key times for communicating with the member’s other care providers include:

- Initiation of treatment
- Initiation or change in pharmacotherapy
- Changes in health status
- Laboratory findings

One way to ensure the PCP receives copies of lab results is to encourage the member to request a copy or request that a copy is sent to their PCP.

Beacon has developed a form for your use that is compliant with HIPAA regulations to help you document permission from your member to coordinate care. Also included is a member education tip sheet that you may also copy for use in your practice. If you would like additional copies of this form for use in your office or have questions, please call the Quality Management Department at 866.719.6032 and request the Sample Practitioner Form Authorizing Protected Health Information (PHI) Exchange. You may also download the form at http://www.valueoptions.com/providers/Network/NCOC_State_Local_Government.htm.

“An important step toward improvement of behavioral health care is to ensure that members do not ‘slip through the cracks.’ Coordination of care addresses this issue, especially at critical times in the treatment process.”
Provider Healthcare Effectiveness Data Information Set (HEDIS®) Survey

Beacon recognizes that provider feedback is essential for us to improve best practices. Part of our guidelines to maintain accreditation with the National Committee for Quality Assurance (NCQA) includes following a set of Healthcare Effectiveness Data Information Set (HEDIS) measures.

We invite Beacon providers to complete our HEDIS survey in order for us to learn more about your understanding of a few key behavioral health HEDIS measures and obtain feedback regarding potential barriers that impact performance. The data collected will be used to review existing materials and enhance future provider education and communications surrounding HEDIS measures.

CMS Requirement: Maintaining Accurate Demographic Data

To be compliant with recent requirements set forth by the Centers for Medicare & Medicaid Services (CMS), providers may receive reminders from Beacon regarding maintaining accurate demographic data. We encourage providers to be conscientious regarding any communication which may require action or response to ensure that necessary information is received in a timely fashion.

As we develop our provider network strategy related to the merger of our two organizations, it is crucial that we maintain the most current, up-to-date information on file for our network. This also helps maximize your business potential and assist Beacon with providing accurate referrals for members seeking services. As outlined in our Provider Handbook, we ask providers to contact us with any demographic changes in advance, whenever possible and practical. Most information, such as specialty, gender, office hours, proximity and licensure can be easily updated through the “Update Demographic Information” section on ProviderConnectSM.

You may receive reminders like these throughout the year. This is in no way to advise that your information is inaccurate; however, it is our hope they serve as a steady reminder to review often and update as necessary.

Beacon verifies demographic data through various channels, so while your information may be accurate with us, if something is outdated through CAQH, for example, an update there will ensure that everything stays consistent.

If you have any questions or need assistance updating your demographic data, you may contact our National Provider Service Line at 800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday or reach out to your local Regional Provider Relations team via email.
CAQH ProView™ Live Webinar Training

Beacon’s provider network is encouraged to use CAQH ProView for demographic updates and recredentialing purposes. For more information, please see our CAQH Spotlight.

In addition, CAQH is offering multiple live webinar trainings as a resource to help familiarize practice managers and providers with CAQH ProView. Help those new to your network easily access the latest CAQH ProView training schedule by bookmarking this page and posting it to your provider portal. Registration is ongoing for the spring/summer 2016 sessions.

CAQH also offers participating organizations ongoing live webinar training to help your staff confidently use CAQH ProView.

CAQH ProView: Provider Overview
Teaches how to navigate CAQH ProView as a provider. After selecting a webinar to attend, providers will receive details for joining the session.

- Tuesday, June 21, 2016 | 1-2 p.m. ET
- Tuesday, July 19, 2016 | 1-2 p.m. ET
REGISTER for the Webinars

CAQH ProView: Practice Manager Module
Teaches how to navigate the CAQH ProView Practice Manager Module. After selecting a webinar to attend, practice managers will receive details for joining the session.

- Tuesday, June 28, 2016 | 1-2 p.m. ET
- Tuesday, July 26, 2016 | 1-2 p.m. ET
REGISTER for the Webinars

On Demand Webinars
Providers and practice managers may learn how to use CAQH ProView at their convenience by viewing recorded training sessions.

- Recorded Provider Overview training
- Recorded Practice Manager Module training

Training for Participating Organizations
CAQH offers participating organizations two training options on multiple dates. Please bookmark this page to stay informed about the latest live webinar trainings.

CAQH ProView: Participating Organization Overview
Teaches how to navigate CAQH ProView as a participating organization user.

- Tuesday, June 7, 2016 | 1-2 p.m. ET
- Tuesday, July 5, 2016 | 1-2 p.m. ET
REGISTER for the Webinars

CAQH ProView: Participating Organization Reports Overview and SanctionsTrack
Teaches how to use the reports available to participating organizations. In addition, there will be an overview of SanctionsTrack, an add-on feature of CAQH ProView that includes provider sanctions information.

- Tuesday, June 14, 2016 | 1-2:30 p.m. ET
- Tuesday, July 12, 2016 | 1-2:30 p.m. ET
REGISTER for the Webinars
Change of Address: Going Green

Individual practitioners, group providers, and facilities must submit demographic changes via our online portal, ProviderConnect, as the paper Change of Address form is no longer available as of May 1, 2016. In addition to being able to modify service addresses as far back as thirty days, providers can also upload an editable W9 form through ProviderConnect if a billing address or Tax ID needs to be updated.

For more information, please see Section 20 of the ProviderConnect User Guide. Should you have a situation which warrants a paper form, please contact our National Provider Service Line at 800.397.1630, Monday through Friday, between 8 a.m. and 8 p.m. ET. For questions related to our ProviderConnect portal, please contact our EDI Helpdesk at 888.247.9311, Monday through Friday, between 8 a.m. and 6 p.m. ET.

ProviderConnect Demographic Updates: Service and Billing Locations

As Beacon continues our going green efforts, we urge all providers to use our ProviderConnect demographic update feature. This feature allows providers to add, remove, or replace service and billing addresses. These updates can be made quickly through ProviderConnect and assist our members in locating a nearby provider.

These updates can be made by clicking on add new Service Address once in Provider Demographics. This then allows you create a new location so members can obtain the correct information when contacting Beacon by phone or through MemberConnect.

After entering the first date members were seen at the location, name, address, phone number, and office hours click next to select or create a new billing address. Creating a new billing address also allows a new Tax ID to be added to your file. When adding a new tax ID, be sure to verify everything and upload the editable W9 for processing.

"Individual practitioners, group providers, and facilities must submit demographic changes via our online portal, ProviderConnect, as the paper Change of Address form is no longer available as of May 1, 2016.”

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:

- Autism Spectrum Disorder: A Mother’s Call to Action
- PTSD: Not Just a “Veteran” Problem
- Zero Suicide: Aspirational or Reality?
- Breaking Ground through Provider Partnerships

You can subscribe for email notifications for the blog by visiting the site directly, and we welcome and look forward to your commentary. If you have a topic suggestion, don’t hesitate to let us know by emailing: beaconlens@beaconhealthoptions.com.

Together, let’s lead the conversation on behavioral health!
Upcoming Webinars

ProviderConnect
These webinars are designed to review our ProviderConnect system and support the E-Commerce Initiative for network providers.

**Overview of ProviderConnect** is intended for providers and office staff becoming familiar with ProviderConnect for the first time. This also serves as a good refresher training.

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<th>Overview of ProviderConnect</th>
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<td>Wednesday, June 8, 2016</td>
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<td>11 a.m.-12 p.m. ET</td>
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**Authorizations in ProviderConnect** is designed for providers and office staff who submit authorizations through ProviderConnect.

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<th>Authorizations in ProviderConnect</th>
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<tr>
<td>Wednesday, June 15, 2016</td>
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**ProviderConnect Tips and Tricks** will review hot topics and recent enhancements related to ProviderConnect. Allows for extended Question and Answer time.

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<th>ProviderConnect Tips and Tricks</th>
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**ProviderConnect Claims** is designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

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<th>ProviderConnect Claims</th>
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<td>Thursday, July 21, 2016</td>
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<td>2-3 p.m. ET</td>
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**Introduction to On Track Outcomes**
Provides an overview of this program which is designed to support network providers as they help clients stay “on track” in achieving their goals.

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| Wednesday, July 6, 2016          |
| 1-2 p.m. ET                      |
| [Register Here!](#)             |

**CAQH Trainings**
CAQH is offering live webinars through July 2016 to assist providers with CAQH ProView. To register for these webinars or for additional information, please see the [CAQH ProView article](#) above or visit the [CAQH training page](#).

You can view previous webinar slides and recordings in our [Webinar Archive](#).
For additional trainings and information please visit our [Video Tutorials](#) as well as your [Network Specific Page](#).

Contact Us: If you do not have Internet access and would like a hard copy of this newsletter, please contact our National Provider Service Line at 800.397.1630.