Beacon Sponsors The Nami Convention Welcome Center

Beacon is proud to once again sponsor the annual National Alliance on Mental Illness (NAMI) National Convention, which runs from June 28-July 1 in Washington, DC. The event also marks Beacon’s 16th consecutive year as the sponsor of the convention’s Welcome Center.

The theme of the NAMI 2017 convention is “educate, empower, engage.” These are welcome calls-to-action for Beacon. Our core values reflect our focus to act with integrity, promote recovery and well-being, ensure pathways to care, foster resiliency in those we serve, and advocate for behavioral health awareness.

Interested attending this year’s NAMI National Convention? Check out the Convention page to register.
The Welcome Center serves as the hub for the convention’s 2,000 attendees. At the event, there is a chance to chat with our team, grab a souvenir t-shirt, convene over a cup of coffee, and meet other attendees from around the country.

Most importantly, we staff the Center with peers, clinicians, and other Beacon team members to assist attendees who are experiencing stress or a potential crisis. For some, the busy convention can become overwhelming. Under the leadership of Clarence Jordan, Vice President of Recovery and Wellness, Beacon staff provide hours of peer support to conference attendees.

“Our volunteers understand the importance of overcoming low expectations and disempowering practices,” said Jordan. “They offer comfort and encouragement, sharing their stories and helping people maximize the conference experience,” he explains.

Beacon also ensures access to a licensed psychiatrist during the event, who can provide counseling and write prescriptions for attendees who forget regular or adjunct medications.

In addition to sponsoring the Welcome Center, Beacon’s own Juan De Cardenas, Outcomes Program Director, is presenting a workshop titled Measuring the Outcomes that Matter on Thursday, June 29 from 1:30 p.m.-2:45 p.m. At this session, participants will learn how patient feedback can inform behavioral health treatment decisions by giving providers an actionable, direct, and immediate set of patient-reported data.

Interested attending this year’s NAMI National Convention? Check out the Convention page to register. If you come, be sure to visit Beacon in the Welcome Center or stop by booth #203 in the Exhibit Hall. ■
Providing Evidence-Based Treatment Services Through On Track Outcomes

Beacon’s On Track Outcomes program offers providers a set of analytical tools based on contemporary research in evidence-based practice and outcomes measurement. The use of algorithm-driven decision support tools has revolutionized many areas of professional expertise—sports, finance, and medicine to name just a few. In the 21st century, proficiency in psychotherapy is defined not simply through training and experience but also by the ability to use data to inform decision-making and improve outcomes.

Research over the past 20 years has made the evidence abundantly clear: routine outcomes-measurement and algorithm-driven feedback for mental health professionals result in better outcomes and reduced dropout rate of clients. The algorithms are designed to improve outcomes for at-risk cases by alerting clinicians to risk indicators such as substance use disorder, suicidal ideation, and worsening of symptoms, while at the same time identifying cases with very good outcomes that are not expected to show measurable benefit with further treatment.

For more information about On Track, visit our On Track Outcomes website page.

To offer the On Track Outcomes program, Beacon has partnered with a national collaboration of thousands of mental health professionals, administrators, health plans, and health care researchers to offer tools that have been empirically validated to measurably and meaningfully improve treatment outcomes.

The On Track Outcomes program allows you to benchmark your results against the largest database of mental health outcomes in the country—over 850,000 patients and 2.5 million well-validated patient-completed outcome questionnaires. In addition, the program enables providers to present evidence of value to referral sources, health plans, foundations, and other interested parties.

Please join one of our introductory webinars for an orientation to this exciting, free program. We encourage you to register in advance by using one of the links provided below:

Register Now!

Wednesday, June 14, 2017 from 1-2 p.m. ET
Tuesday, July 11, 2017 from 1-2 p.m. ET
Reminder: Demographic Information Review

To maximize business potential and assist Beacon in providing accurate referrals for members seeking services, we ask all providers to maintain accurate demographic data. As outlined in our Provider Handbook, we ask you to contact us with any demographic changes or changes to appointment availability in advance, whenever possible and practical. Most information, such as specialty, gender, office hours, proximity, appointment availability, and licensure can be easily updated through the “Update Demographic Information” section on ProviderConnect to ensure information reflected in our online directory is accurate.

Beacon will send reminders like this throughout the year. This is in no way to advise that information is inaccurate; however, it is our goal to provide a steady reminder to review often and update as necessary. As a Qualified Health Plan through the Centers for Medicare and Medicaid Services (CMS), Beacon must follow all requirements set forth by CMS, including communicating with providers as necessary to ensure compliance. These requirements are beneficial for our entire provider network and support a key Beacon T3 strategic goal, which is to deliver superior customer service.

Beacon verifies demographic data through various channels. While information may be accurate with us, if something is outdated through the Council for Affordable Quality Healthcare® (CAQH), for example, an update there will ensure that everything stays consistent. If you have made an update within the last quarter and your information is current, no action regarding this reminder is necessary. If you take no action, it will be considered confirmation that current information is up to date and accurate.
It is expected that Beacon providers maintain appropriate standards for appointment availability. Additional information is outlined in the Provider Handbook.

Appointement Availability Reminder

Beacon uses a variety of mechanisms to measure a member’s access to care with participating practitioners. Unless other appointment availability standards are required by a specific client or government-sponsored health benefit program, service availability is assessed based on the following standards for participating practitioners:

<table>
<thead>
<tr>
<th>If a member has a:</th>
<th>they must be seen:</th>
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</thead>
<tbody>
<tr>
<td>Life-threatening emergency</td>
<td>immediately</td>
</tr>
<tr>
<td>Non-life-threatening emergency</td>
<td>within six hours</td>
</tr>
<tr>
<td>Urgent needs</td>
<td>within 48 hours</td>
</tr>
<tr>
<td>Routine office visit</td>
<td>within 10 business days</td>
</tr>
</tbody>
</table>

Recredentialing With Beacon

In an effort to streamline processes for our provider community, Beacon has made changes to our network structure which will make recredentialing easier. Providers who are credentialed with both Beacon Health Strategies and former ValueOptions will now only need to recredential once every three years with Beacon.

Providers are still encouraged to participate with CAQH. However, Beacon will continue to offer one universal application for all providers who choose not to utilize CAQH. In addition, providers have the option to submit their credentialing applications online using our ProviderConnect portal.

According to Beacon’s Provider Handbook, “recredentialing for participating providers is required every three years, or such shorter period of time where required by a specific state law or regulation. The process for recredentialing begins approximately three months prior to the end of the initial credentialing cycle or the preceding recredentialing cycle, as applicable.”

Providers are notified via automated phone call when the recredentialing process begins. Additional reminders are sent via email, fax, or mail. Further outreach occurs when necessary to ensure that providers complete the process within the allotted timeframe and avoid disenrollment.
Claims Process Improvement Program: Mailing Address Changes

Part of Beacon’s strategy for continuous improvement is a transformative Claims Process Improvement (CPI) program taking place over the course of 2017. The program includes changes to several work streams designed to improve our provider experience:

1. **Front-end Claims (Mailroom):** Beacon is improving paper claims intake through transition to a centralized shared-service process.

2. **Data-Driven Management:** Beacon is implementing improved data-driven management techniques to enhance metrics for claims processing and operations.

3. **EDI/Data Exchange:** Beacon is improving the intake and processing of electronically submitted claims through the implementation of a single gateway for front-end claims intake for all Beacon submitters. In addition, we are implementing a centralized, shared-service process for validating and managing the exchange of data between Beacon and our trading partners.

4. **Payment Integrity and Claims Analysis:** Beacon has engaged Nokomis Health to provide us with analytical services related to payment integrity and claims analysis. Nokomis employs an analytical claims engine - ClaimWise™ - to conduct this analysis and identify claims paid contrary to national and industry standards.

**Update: Mailing Address Changes Effective Immediately**

Recently, we sent official notice of a change in some post office box mailing addresses. While Beacon encourages providers to submit correspondence via electronic means whenever possible, we recognize that some providers still use paper submission.

As we’ve discussed in recent newsletters, Beacon entered into a partnership with FIS Global, a US-based company, to help us leverage technology and industry-standard tools to shorten claims processing times and increase data quality. The intended outcome is to receive and enter all incoming paper claims via a single, standardized process, improving turnaround time and efficiency.

In January, as part of the Mailroom Paper Intake project, some post office boxes were closed and new post office boxes were opened. Additionally, many of the closed post office boxes were consolidated to a single new address. Please see the listing of closed and opened post office boxes on the following page.

A forwarding order is in place through the US Postal Service to forward all mail sent to the old post office boxes to the new ones until January 2018, unless otherwise indicated on the envelope. Beacon has already communicated this change to clients and providers, and is currently working to update all company correspondence and phone scripts to reflect the new addresses over the course of this year.
Please review this information and update your records accordingly. If the old post office box you use is not found in this table, it means the address has not changed at this time.

If you have any questions regarding this communication, you may email your Regional Provider Relations Team or contact our National Provider Services Line at 800-397-1630, between 8 a.m. and 8 p.m. ET, Monday through Friday.

### Coordination Of Care Between Behavioral Health And Medical Care

Ensuring that patients have been evaluated medically and behaviorally is crucial 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 and behavioral errors or complications.

**Beacon has initiated activities to help practices improve documentation in this area:**

- Forms are available to help providers obtain patient authorization to share information with Primary Care Physicians (PCP). These forms are located on the plan-specific page (for example, the North Carolina Engagement Center Network-Specific page) and on our general Administrative Forms page under Member Forms.
- Member education tip sheets explaining why this is important may be downloaded and used in your practice. The forms can be found under Coordination of Care on the North Carolina Network-Specific page or by calling the Quality Department at 866-719-6032.

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 within seven days of discharge and the second within 30 days of the first appointment.

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 patient’s psychiatrist, therapist, and PCP.

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 patient is present—do not leave scheduling to the member.

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 patient keeping the discharge appointment.
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. A post-discharge outpatient visit with a mental health practitioner is highly 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 providers monitor the effectiveness of prescribed medications.

Beacon’s clinical staff continues to work with inpatient facilities to schedule appointments prior to discharge. Our goal is to assist members in getting 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’s office or a 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 2015</th>
<th>Q1 2016</th>
<th>Q2 2016</th>
<th>Q3 2016</th>
<th>Q4 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up 7 days</td>
<td>44%</td>
<td>48%</td>
<td>45%</td>
<td>44%</td>
<td>44%</td>
</tr>
<tr>
<td>Follow-up 30 days</td>
<td>65%</td>
<td>67%</td>
<td>64%</td>
<td>63%</td>
<td>59%</td>
</tr>
</tbody>
</table>

*Results specific to the North Carolina Engagement Center

Significant barriers remain for members and providers including lack of resources, maintaining timely aftercare appointments, and appointment availability. We have continued the interventions that we implemented for all clients in prior years. Newer interventions include ongoing training, collaboration projects, database improvements, aftercare coordinator, Family Advocacy program, and discharge planning activities. We encourage providers to contact Beacon if they need assistance with follow-up care or locating an in-network provider.
NYS Providers: Reminder Re: Hospital Health Home Referral Requirements For Medicaid Recipients

In February 2017, the NYS Department of Health sent a memo entitled Hospital Requirements for Making Referrals to Health Home to all New York State Hospital CEOs. The communication explained the state and federal requirement that hospitals have procedures in place to refer Medicaid recipients with chronic behavioral and/or medical conditions to a Health Home.

Health Homes provide comprehensive care management for eligible New York State Medicaid beneficiaries. Health Home care managers work with behavioral and physical health providers, health plans, and community-based providers to provide comprehensive, person-centered care planning. Health Homes provide care coordination and health care integration that assures access to appropriate services, improves health outcomes, reduces preventable hospitalizations and emergency room visits, as well as assists in transitional care, including discharge planning from a hospital.

Hospital staff should use their best judgment to identify individuals who appear to meet eligibility criteria for Health Home enrollment and make timely referrals (e.g., while the individual is under the care of emergency room or inpatient hospital staff, when at all possible). This will support the focus on reducing preventable hospitalizations, emergency room visits, and unnecessary care, as well as the safe transition of individuals to needed post discharge services and care.

Health Home Eligibility

To be eligible for the Health Home program, an individual must:

- Be Medicaid eligible/have active Medicaid and have two or more qualifying chronic conditions
- Have one single qualifying condition of HIV/AIDS or serious mental illness (SMI)

For additional information regarding Health Home eligibility criteria and qualifying chronic conditions, read the full Eligibility Requirements: Identifying Potential Members for Health Home Services document on the NYS Department of Health website.

In addition, Medicaid members who are enrolled in Health and Recovery Plans (HARP) are also eligible for Health Home services. HARP is a product line of some Managed Care Plans that serve adults with significant behavioral health needs.

Making Health Home Referrals

To determine if a member is enrolled in a Health Home the hospital should check the ePACES-eMedNY system and/or contact the member’s Health Plan or Beacon for assistance.
If a member is not enrolled in a Health Home, the hospital should get the individual’s consent and then contact the individual’s Health Plan or Beacon for assistance to refer to an in-network Health Home. If the member does not have a managed care plan, providers can make a referral to a Health Home directly. In addition, the New York State Health Home Program brochure is a helpful document to share with eligible Medicaid members.

There is at least one Health Home serving each county in New York State. A comprehensive list of Health Homes and their service area is available under Contact Information on the NYS Department of Health website.

Exploring Expertise
Recently, we informed you of our website’s Expertise section, a place where you can read the latest news, information, and research going on in behavioral health today. This month, we’re taking a deeper dive into what the Expertise section has to offer—from compelling new autism studies, to exploring solutions for the current psychiatric shortage, and much more.

Expertise focuses on the five main topics Beacon knows best. Here’s a little about what you’ll learn in each section:

**Autism**
As prevalence increases, there’s more attention on autism than ever before. This section focuses on the impact of autism today, including a new study on how young people with autism are more likely to die from accidental injuries than the general population. You’ll also find data on autism’s incredible impact on children and families, such as how much more often children with autism visit providers than their neurotypical peers.

As the largest manager of autism insurance benefits in the country, Beacon offers real-world insights into care and treatment. A clinical analysis of our ABA management...
in California shows how ABA services lead to significant improvements across many different skillsets, and that treatment was often shorter and less costly than anticipated. Beacon’s Dr. Howard Savin, SVP of Autism Quality and Outcomes contributed to Helping Kids Make Real Progress: A Systems Approach, an article that explores practical approaches for integrating key services for children with behavioral and developmental challenges into a comprehensive system of care.

**Mental Health**
Perhaps the most dynamic and varied topic in *Expertise*, Mental Health explores everything from individual disorders to improving system-wide treatment. Read about bridging the gap between practice and the evidence base in our clinician-developed insights on common behavioral health conditions, or learn how value-based payments are changing the future of payer/provider relationships.

You can gain insight into the current psychiatric shortage—as well as specific recommendations to improve current access challenges—in a new report from the National Council for Behavioral Health’s Medical Director Institute, which was written with input from Dr. Emma Stanton, Beacon’s Associate Chief Medical Officer. Because access challenges are putting more of a burden on PCPs to diagnose and treat mental illness, we also provide an overview of the child psychiatry access programs we support for PCPs in Massachusetts, Connecticut, and Colorado.

**Recovery**
Recovery is more than just a concept at Beacon—it’s a vital part of our mission. In addition to educating readers about the concept of recovery, this section explores how Beacon uses peers as part of clinical care teams to engage, educate, and empower members and their families to find the right support services. Get the full scoop on peer services, and how these programs are changing recovery for the better.

And while recovery is a well-known component of treating substance use disorders, we’re showing how recovery principles can be successfully integrated into mental health disciplines as well. Learn more in this psychiatry curriculum, which Beacon’s Manager of Wellness and Recovery Jacquelyn Pettis helped develop. You can also learn how we use peers to support adults with serious mental illness.
Substance Use Disorder
Substance use disorders (SUDs) are among the biggest issues in behavioral health today. With a strong focus on the current opioid epidemic, we share the latest legislation affecting evidence-based treatment, and our best practices for treating SUDs, including our clinician-developed overview on medication-assisted treatment for opioid addiction.

We also take a look at the latest SUD research, including a new study showing that detoxification alone isn’t enough to combat opioid addiction, and may actually decrease the odds of success. In addition, you can learn more about the uptick of marijuana use among pregnant women to curb nausea, and how this may lead to adverse effects for children.

Workplace Health and Performance
We know that behavioral health issues rarely stay at home. That’s why Workplace Health and Performance provides information and resources to keep employees and organizations thriving.

We educate employers on why strong behavioral health and wellness services are vital for productivity and overall job satisfaction. This includes a national survey showing that while over 70 percent of organizations are affected by drug misuse in the workplace, only about 30 percent of employers feel equipped to deal with the issue.

We invite you to explore everything Expertise has to offer, and encourage you check back often and bookmark the site as one of your go-to resources—we’re always adding new content.
Webinars

Overview of ProviderConnect

Intended for providers and office staff becoming familiar with ProviderConnect for the first time.

• Tuesday, August 1, 2017 1-2 p.m. ET

Authorizations in ProviderConnect

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

• Wednesday, June 7, 2017 2-3 p.m. ET

ProviderConnect Claims

Designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

• Thursday, July 13, 2017 1-2 p.m. ET

ProviderConnect Tips and Tricks

Reviews hot topics and recent enhancements related to ProviderConnect.

• Thursday, July 6, 2017 1-2 p.m. ET

Giving Value Back to the Provider

Introduces and discusses the new exciting initiatives for providers and familiarizes you with administrative, procedural, and general information about Beacon.

• Thursday, June 1, 2017 2-4 p.m. ET
• Friday, June 2, 2017 11 a.m.-1 p.m. ET

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.

• Wednesday, June 14, 2017 1-2 p.m. ET
• Tuesday, July 11, 2017 1-2 p.m. ET

To view previous webinar slides and recordings, visit our Webinar Archive. For additional trainings and information, view our Video Tutorials.

Note: Various contracts may offer specific trainings and resources. Visit our Network Specific Info page to learn more.

Looking for a Beacon Health Strategies plan? Visit our Provider Login page and enter the state and health plan to access resources.