July 2016

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Contact Us:

Please send your comments, ideas, and suggestions for upcoming editions of the Valued Provider eNewsletter to PRcommunications@ beaconhealthoptions.com.

Prescription Opioid Use as a Gateway to Heroin

Despite some of the ideas attached to it, heroin is not just an urban drug. Its use has spread to the suburbs and beyond.

Most heroin users are in their mid-20s or older. But use of the drug among young adults has increased. As stated by the National Survey on Drug Use and Health, the number of people age 18 to 25 using heroin doubled from 2002 to 2014.

This is in part because of prescription painkillers. The National Institute on Drug Abuse notes, "Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin."

These drugs work on the brain much as heroin does. When taken as pills, they do not give the heroin rush. When taken for short-term pain, they most often pose no danger of dependence. But people and doctors must take care that the use of these drugs does not become a habit.

Opioid users may get a rush by crushing the pills into a powder. They then snort or inject the drug, just as with heroin. But heroin costs less.

A cheaper choice
For teens that use painkillers in this way, the path to heroin is wide open. It "has become an adolescent problem," says Patricia Hincken, head of Addiction Recovery Services at The Zucker Hillside Hospital in the New York City suburb of Glen Oaks. Money is one reason for this. Prescription pills can cost $30 to $40 each, Hincken says, while "heroin can go for $7 a bag." They also find heroin easy to get in the suburbs.

Theodore Cicero, a professor of psychiatry at Washington University in St. Louis, MO, says heroin use may also be rising because of a strong effort to curb the use of the opioid OxyContin®. A new formulation that came out in 2010 "was almost impossible to crush," he says, and "would turn into a gelatinous mess" if one tried to soften it in water.

Cicero and fellow researchers surveyed people in drug treatment programs and found that fewer were using OxyContin. Most of them had just shifted to stronger drugs like heroin.

Not so safe after all
The lure of prescription opioids, mostly for the young, comes from the fact that they can be easy to get and the notion, says Cicero, that they are "a relatively safe way to get high." They are as close as their parents' bathroom cabinet. There is also a misconception that they come from a safe place, with pure ingredients and the dose clearly stated. However, they are very addictive if misused.

By Tom Gray
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Request for Your Opinion: Usability Testing of New Self-Management Tools

Last month, the Quality Team provided information and links to self-management tools for members. We thank those providers who were able to try out the tools and provide feedback. This month, we hope to elicit your opinions about the usefulness of the tools and if you would recommend them to your patients.

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 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 Beacon's web-based products. Our goal is to ensure the selected self-management tools will be useful to our members.

Factors that influence the selection of tools include:
- Font size
- Perceived reading level
- Intuitive content organization

"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."

- 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.
- 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 based on the links provided above. Once you've completed reviewing the tools, please take a few extra minutes to complete our survey: Provider Feedback on Self-Management Tools. We thank you in advance and look forward to your feedback and recommendations!
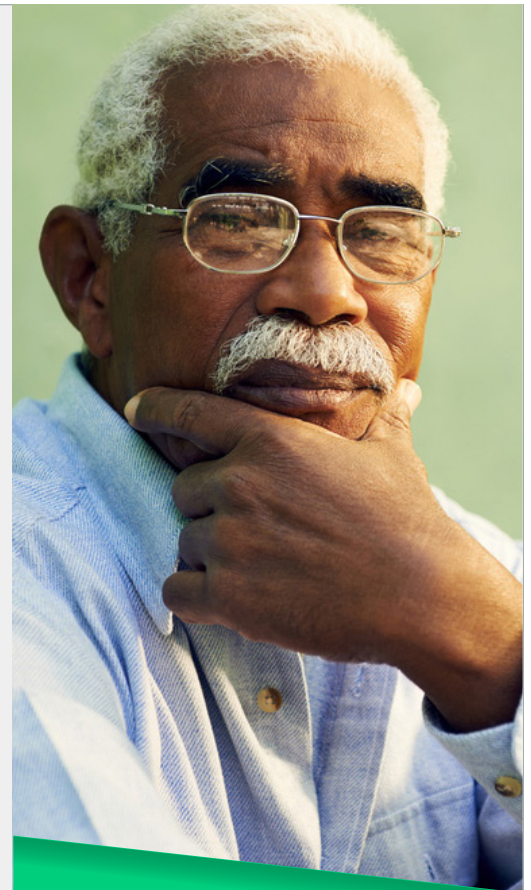
Medication Reconciliation

The Institute for Healthcare Improvement (IHI) defines medication reconciliation as the process of creating the most accurate list possible of all medications a member is taking. This includes: drug name, dosage, frequency, and route. The list should be compared against the physician's admission, transfer and/or discharge orders, with the goal of providing the correct medications to the member at all transition points. Electronic prescribing (e-prescribing) and Electronic Health Record (EHR) allow greater ability to accurately reconcile medications.

More than 40 percent of medication errors are believed to result in reconciliation errors in transfers of care. It should be noted that 20 percent of these errors result in harm. Furthermore, outpatient records have been noted to have discrepancies in medication in 25-75 percent of the records.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) reports that 60 percent of medication errors are a result of communication failures. Contributing to this is poor self-management within the home, a lack of understanding, confusion, low health literacy, and cultural barriers.

Important steps for the practitioner:
1. Encourage your patients to maintain an accurate medication list and bring this list with any updates to each appointment.
2. Assess and continue to monitoryour patients' understanding/ knowledge and compliance with medication.
3. Compare your patients' list of current medications with the medications you have prescribed. Reconcile medication lists at all transition points such as movement from one level of care to another or when seeing multiple physicians to manage care.
4. If e-prescribing, allow access of medications prescribed by other providers. Comparing the available information with your prescriptions is an effective method of medication reconciliation.
5. If participating in an EHR incentive program, medication reconciliation is a recommended meaningful use. For more information, view the CMS EHR incentive programs, and contact your EHR vendor for implementation within your program.
6. Members enrolled in Beacon's ICM Program will discuss medications with their case managers. If there are any questions related to the accuracy of the medication list or members' understanding, the case manager will contact you regarding the need for medication reconciliation. Your direction related to medication is essential to providing the best service to your patients.

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Intensive Case Management Program

Intensive Case Management (ICM) is defined as a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating options and services to meet an individual's behavioral health needs. Communications and available resources are used in conjunction with other strategies to achieve optimum member outcomes.

The ICM Program offers the member assistance pre and post-discharge in coordination with medical managed care delivery systems to provide individualized case management services—including patient safety, education, and monitoring—and disease specific educational materials.

The ICM team targets members based on high-risk criteria or diagnostic categories. Conditions identified with high-risk safety needs include individuals who meet the following criteria:
- Multiple inpatient admissions and/or emergency room visits
  - Also consider multiple admissions for other High Levels of Care and rapid re-admissions
- Members with a diagnosis of bipolar disorder or major depressive disorder and/or co-occurring medical condition
- Members with a history of inpatient or outpatient non-compliance
- Complex co-morbid behavioral and medical health conditions, including but not limited to diabetes, asthma, heart disease/cardiac issues, obesity, HIV, or pregnancy at risk for or diagnosed with postpartum depression or psychosis
- Special vulnerable population segments (with no evidence of ongoing treatment support to resolve potential issues associated with their condition):
  - Pregnant women with substance use disorders
  - Children 5 years old or younger with a bipolar diagnosis
  - Children 10 years old or younger with an inpatient admission
- High utilizers – Members in the top one to five percent of overall behavioral health services
- New and/or unstable high risk diagnosis (such as eating disorder, schizophrenia, schizoaffective, or dissociative identity disorder) – "unstable" defined as recent (past six months) admission to inpatient/higher level of care or a new diagnosis, and no indication of ongoing treatment or supportive services subsequent to the discharge or the indication of a new diagnosis
- Medical Care Coordination/Integrated Care – Members with health issues including chronic pain and possible behavioral health concerns are referred for screening and service coordination as needed
- Members hospitalized for a medical condition that have a co-existing substance use disorder when referred by the Health Plan's clinical staff

Cases are referred to ICM from a variety of sources, including medical rounds, health plans, providers, data analysis, or member/family self-referrals.
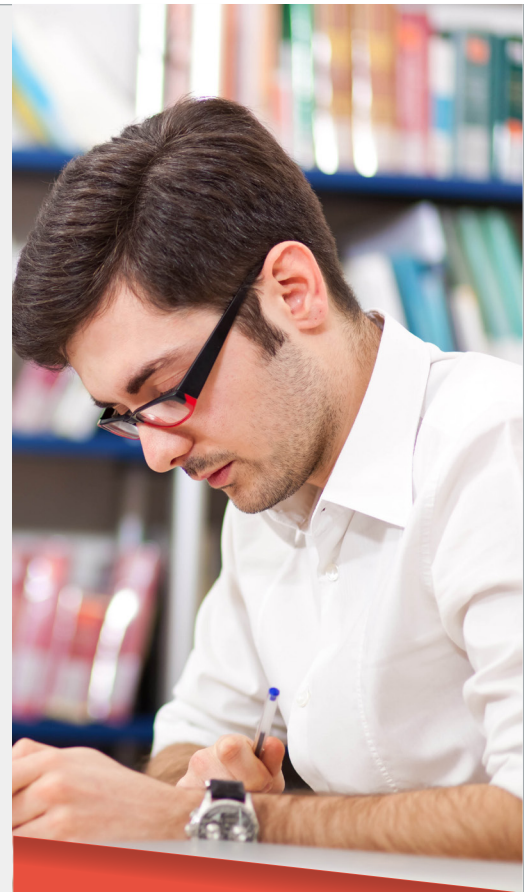
"The ICM Program offers the member assistance pre and post-discharge in coordination with medical managed care delivery systems to provide individualized case management services—including patient safety education and monitoring—and disease specific educational materials.

REMINDER: Prohibition on Balance Billing Qualified Medicare Beneficiaries (QMBs)

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 furnishing services to a Qualified Medicare Beneficiary (QMB) are considered payments in full. Providers may not balance bill QMBs for any Medicare cost sharing (including deductibles, coinsurance, and copayments) for these services. Providers are subject to sanctions they bill a QMB for amounts above the Medicare and Medicaid payments (even when Medicaid pays nothing). For more information, please refer to Medicare Learning Network (MLN), MLN Matters® Number SE1128 Revised.

Please be advised this reminder is for all providers, including those who serve University of Maryland Health Advantage members.

For additional resources about dual eligible categories and benefits, please visit http://www.medicare.gov/Publications/Pubs/pdf/10126.pdf. Also, 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.

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 contact information, office hours, service and billing locations can be easily updated through the "Update Demographic Information" section on ProviderConnect. To notify Beacon of a change in gender, specialties, licensure, or patient population seen, an inquiry can be sent through provider details by viewing provider contact information in the "My Practice Information" section of ProviderConnect.

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 (Council for Affordable Quality HealthCare), 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 Regional Provider Relations team via email.

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Upcoming ProviderConnect Webinars

We realize how much time it takes to manage paperwork associated with claims, authorizations, and billing. We also recognize the impact this burden can have on your cash flow and, more importantly, the time you spend with your patients.

In July, we continue our ProviderConnect webinar series with our quarterly "Tips and Tricks" webinar on Wednesday, July 13 to support our E-Commerce Initiative and assist providers with eliminating the paperwork burden. Recently, our Change of Address process became green as well, encouraging the use of our provider portal to update routine demographic information, including Tax Identification Numbers and billing information. The W-9 is also available as an editable W-9 form that can be downloaded, completed, saved, and then uploaded to ProviderConnect right from our website.

For additional support related to electronic billing, via batch or direct claim submission, we are also offering our ProviderConnect Claims webinar on Thursday, July 21. This webinar is available to providers, staff, and billing services. We recommend providers remain aware of their billing practices, especially if using a third party billing service. Working in partnership ensures billers and providers are knowledgable of electronic billing options.

To register for one of our upcoming sessions, click on one of the links below:

Register Now!

ProviderConnect Tips and Tricks
Wednesday, July 13, 2016 11 a.m. - 12 p.m. ET

ProviderConnect Claims
Thursday, July 21 2-3 p.m. ET

Additional webinar offerings, including reinforcement training for CAQH ProView™, are listed on the last page of this month's newsletter. Previously recorded webinar sessions and slide decks are located on our website's Upcoming Webinars page.

Facility File Updates: What Should I Do if My Organization's Name or Tax Identification Number Changes?

Beacon encourages all practitioners, groups, and facilities to submit information electronically, including provider file updates, via our online ProviderConnect portal to support our E-Commerce Initiative and going green efforts. We also recognize that there may be unique circumstances where the system is unable to immediately process the request. This month, we'd like to share a little more about what to do if your facility or clinic undergoes a name or Tax ID change.

With our economy today, many companies are merging to create new or larger health systems. When this occurs, it is important for us to determine if the ownership is going to change because additional follow up through our Contracting Department may be necessary.

In order to help assist us to process these types of requests more efficiently, we ask facilities to submit a notice in writing that contains:

"Recent enhancements to our ProviderConnect portal now permit providers to electronically input information to update their Tax Identification Number and billing information online."

- Whether there has been a change in ownership, a buyout, or company merger
  - For example, if the organization is only changing their name to better describe their mission statement or services provided, state that in the notification
- If the Tax ID is changing, but the company name is staying the same and the reason
  - For example, if there is a change in tax filing status
- Which location or locations are impacted by the change
- If applicable, updated licenses for each location's level of care if required by the state
  - For example, some states, such as California, will automatically void the license if there is a change in ownership
- An updated W-9 form with the new Tax ID and/or name information
- A current malpractice liability face sheet or documentation reflecting the new name, if relevant
- An updated Disclosure of Ownership form
- The effective date of the change

Facilities can submit this information a variety of ways depending on their contracting status. If the facility is presently working with a member of our credentialing or contracting team, contact that representative directly for the best process to follow. Requests can be submitted via email to the appropriate Regional Provider Relations team. In addition, our National Provider Service Line can be reached Monday through Friday from 8 a.m. to 8 p.m. ET at 800.397.1630.

Attention Medicare Advantage Providers: Required Compliance Training

The Centers for Medicare and Medicaid Services (CMS) now requires providers receiving reimbursement under Medicare Advantage (Part C) or Pharmacy (Part D) to complete the CMS version of Compliance training. The training is required to be completed within 90 days of hire for new employees and annually thereafter for all employees.

CMS developed their own web-based compliance training to reduce potential duplicative training required of providers by the multiple organizations with whom they contract.

Providers may download, view or print the content of the CMS standardized training modules from the CMS website to incorporate into their organization's existing compliance training materials/systems. The CMS training content cannot be modified to ensure the integrity and completeness of the training. However, an organization can add to the CMS training to cover topics specific to their organization.

CMS will accept either the MLN system generated certificates of completion, or, an attestation confirming that the organization has completed the appropriate Compliance and Fraud, Waste and Abuse (FWA) training. Attestations must include language specifying the entity complies with CMS Compliance and FWA training requirements.

"If the facility is presently working with a member of our credentialing or contracting team, contact that representative directly for the best process to follow."

Training	Link
Additional Information	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf
Download a copy of the Compliance training	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/
Download a copy of the Fraud, Waste, and Abuse training*	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/

*Please note, providers have met the FWA training and education requirements if they are certified through:
- Accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies; or
- Enrollment in Medicare Part A (hospital) or B (medical) Programs.

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.

"The data collected will be used to review existing materials and enhance future provider education and communications surrounding HEDIS measures."

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.

beacon lens

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:

- New Thinking for an Age-Old Condition: PTSD
- A Reflection on What it Means to Look in the Mirror
- Hill Update: The Uphill Battle for the Mental Health Reform Act
- New Advocacy Program Drives Customer Satisfaction
- Prince: Fame Highlights the Infamy of Opioid Addiction

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.

Overview of ProviderConnect		
Wednesday, August 3, 2016	3-4 p.m. ET	Register Here!

Authorizations in ProviderConnect is designed for providers and office staff who submit authorizations through ProviderConnect.

Authorizations in ProviderConnect		
Thursday, August 11, 2016	1-2:30 p.m. ET	Register Here!

ProviderConnect Tips and Tricks will review hot topics and recent enhancements related to ProviderConnect. Allows for extended Question and Answer time.

ProviderConnect Tips and Tricks		
Wednesday, July 13, 2016	11 a.m.-12 p.m. ET	Register Here!

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

ProviderConnect Claims		
Thursday, July 21, 2016	2-3 p.m. ET	Register Here!

Giving Value Back to the Provider

This forum will introduce and discuss the new exciting initiatives for providers and familiarize you with administrative, procedural, and general information about Beacon Health Options.

Giving Value Back to the Provider		
Thursday, September 1, 2016	2-4 p.m. ET	Register Here!
Friday, September 2, 2016	11 a.m.-1 p.m. ET	Register Here!

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.

Introduction to On Track Outcomes		
Wednesday, July 6, 2016	1-2 p.m. ET	Register Here!
Tuesday, August 23, 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 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.