beacon health options

VALUED PROVIDER **eNewsletter**

September 2016

Spotlight:

In this Issue:

Contact Us:

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A New Definition of Family

Today, most households no longer look like the "traditional" family of days gone by. Between 1970 and 2012, the share of households made up of married couples with children went from 40 percent to 20 percent. Modern-day homes include:

- married couples without children
- couples that live together with or without children
- single-parent families
- blended and stepfamilies
- same-sex partnerships and marriages, with or without children
- grandparents raising grandchildren
- committed couples who live apart

The drop in marriage rates and traditional families worries some people. But it doesn't seem to worry most. A 2010 Pew Research survey found that two-thirds of Americans think that family diversity is good for society or does not matter. Other research suggests that family type matters little to family strength.

Who counts as family?

The answer depends on who you ask. Government, businesses, and other groups most often define family based on biology, marriage, or household. They often leave out people who we might count as family if given the choice. One study that asked people to point out their most significant family members found they might include:

- in-laws
- distant relatives
- close friends
- life partners
- step-relatives

"The more assets a family has, the more likely it will thrive. And, the more likely children raised in the family will grow up healthy and well-adjusted."

The LGBTQ community often builds families of choice, made up of people considered closest. Most people look beyond the family they were born into for love, support, role models, and a sense of unity.

Do declining marriage rates mean that people no longer value family and family life?
Not at all. Three-quarters of the poll takers said their family is the most important part of their life. Eight in 10 said that the family they live in now is as close as or closer than the family in which they grew up.

What challenges do modern families face?
Many people who love and care about each other are not recognized as family by law. This is very true for LGBTQ Americans. LGBTQ families face legal blocks to marriage, adoption, money, and other aids given to married couples. LGBTQ families and single parents also face stigma, creating stress. Stigma also isolates families in need of social support the most.

Children being raised by same-sex couples face discrimination and bullying at school. Even other parents and society may feel that same-sex couples are not suited to raise children. This is despite the fact that fewer families actually resemble what might be considered a traditional household.

What makes families strong?
A 2012 Search Institute® study reviewed American families with children. It used many factors or assets that help with family strength. The assets fall into five themes:

- **Nurturing relationships.** Family members show love and communicate well. They respect and care about each other's feelings. They support personal and common interests.
- **Setting up routines.** Family life is guided by predictable routines and customs.
- **Keeping up expectations.** Family roles are well-defined. Members hold each other accountable and work through problems.
- **Adapting to challenge.** Families cope with large and small issues. They are resilient and work with change together.
- **Connecting to community.** Families are tied to the larger community in which they live.

The study found no difference in the number of assets across traditional, single-parent, and same-sex families. In other words, family type did not change family strength. The more assets a family has, the more likely it will thrive. And, the more likely children raised in the family will grow up healthy and well-adjusted.

Resources
Family Equality Council www.familyequality.org

Pew Research Social & Demographic Trends www.pewsocialtrends.org

By Christine Martin
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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 Health Options (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 assists 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, website URL, 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 not an indication that your information is incorrect; however, it is our intent to provide 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 Council for Affordable Quality HealthCare (CAQH), for example, an update with them 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.

Communicating with Providers

On a regular basis, Beacon sends various communications to our providers, including, but not limited to, monthly newsletter notifications, surveys, and credentialing reminders. As our organization integrates processes, we will also inform providers of any changes that apply to their contracts, either in the form of a silent amendment or a contract agreement if action is necessary.

As part of our E-Commerce Initiative, our goal is to send items electronically whenever possible. However, recent feedback suggests that not all of our communications are reaching our provider network.

We encourage providers to check their spam folders on a regular basis and be sure to add email addresses that end in @beaconhealthoptions.com to approved sender lists so emails aren't caught in your email's spam filter. In addition, if it's possible you've unsubscribed to provider communications we send through Constant Contact, visit Sign up to Constant Contact today to submit your email address and update your information to re-subscribe to our mailing list.

"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."

2015 Treatment Record Audit Results

The Quality Management Department of Beacon's North Carolina Engagement Center (NCEC) conducts an annual audit of member treatment records. This audit mirrors behavioral health best practice standards as a contractual obligation for all of Beacon's 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 member care and quality review. These standards facilitate communication, coordination, and continuity of care, as well as promote efficient and effective treatment.

Beacon measures adherence to Clinical Practice Guidelines for major depression, bipolar disorders, schizophrenia, attention deficit/hyperactivity disorder (ADHD), treating substance use disorders, and treatment for opioid addiction through audited treatment records.

Overall compliance for Medical Management indicators in 2015 with the threshold of 80% was not met for major depression, bipolar disorder, and schizophrenia guidelines.

Clinical Adherence Guideline	2013 Overall Score	2014 Overall Score	2015 Overall Score
Major Depression			
Mental Health	100%	60.9%	77.5%
Medical Management	100%	63.1%	48.7%
Bipolar Disorder			
Mental Health	100%	85.7%	80%
Medical Management	47.9%	40%	53.9%
Schizophrenia			
Mental Health	100%	85.7%	81.6%
Medical Management	72.2%	56.6%	42%

Results: Overall compliance for ADHD in 2015 with the threshold of 80% was met except for one indicator discussed below.

Clinical Adherence Guideline	2013 Overall Score	2014 Overall Score	2015 Overall Score
ADHD	N/A	90.6%	89.4%

Results: Overall compliance for substance use in 2015 with the threshold of 80% was not met.

Clinical Adherence Guideline	2013 Overall Score	2014 Overall Score	2015 Overall Score
Treating Substance Use Disorders	92.9%	77.4%	70.4%
Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment	94.7%	87.8%	94%

"Beacon has adopted treatment record documentation standards to assure that records are maintained in an organized format, which permits effective and confidential member care and quality review. "

"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."

In reviewing the safety questions, 99 percent of records reviewed provided documentation of an assessment for imminent risk of harm and 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 continue to demonstrate that some providers are not documenting 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 (APA) 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." For additional information, view the APA Guidelines.

Communication between treating providers is vital in the following circumstances:

- When members with an underlying medical condition are prescribed psychotropic medications by their PCP and/or psychiatrist
- To rule out thyroid disorders or other medical conditions in members with symptoms of depression
- To recommend that members have a complete physical examination that includes a full evaluation and appropriate laboratory studies
- When there is a failure to improve
- For a 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 the NCEC Network Specific page.

What is Feedback Informed Treatment?

Feedback informed treatment is a behavioral health care model that actively incorporates feedback from members. It was recognized by SAMHSA (the Substance Abuse and Mental Health Services Administration) as an evidenced-based practice in February 2013 and has been added to SAMSHA's official database as the National Registry of Evidence-Based Programs and Practices. Evidence-based practices are defined as activities and behaviors that have been empirically shown to result in better outcomes.

The reason for the addition of feedback-informed treatment to the national registry is simple: feedback-informed treatment is well established in mental health care and is rapidly being regarded as a standard of care by leading researchers. According to Evidence-Based Practices in Mental Health, "Practitioners are encouraged to routinely monitor patients'

responses to the therapy relationship and ongoing treatment. Such monitoring leads to increased opportunities to repair alliance ruptures, improve the relationship, modify technical strategies, and avoid premature termination."

Beacon's On Track Outcomes Program gives providers the ability to incorporate feedback-informed treatment into their practices free of cost. The program is based on the routine administration of patient self-report measures over the course of treatment. Members directly provide evidence to providers with regard to whether or not their treatment is effective; providers, in return, have the opportunity to adjust their treatment accordingly. Consistent with this, and as would be expected from research on measurement and feedback, ongoing analysis of On Track data reveals a pattern of improving outcomes over time.

Tools like the On Track Outcomes Program support Beacon's T3 Strategy which includes helping our providers continue to facilitate excellent care and support members to live their lives to the fullest potential. To learn more, register below for one of our introductory webinars and join us for an orientation to this exciting program.

Register Now!

Tuesday, Sept. 13, 2016, 11 a.m.–12 p.m. ET

Tuesday, Oct. 4, 2016, 1-2 p.m. ET

Thursday, Nov. 17, 2016, 2-3 p.m. ET

ProviderConnect Downtime

Throughout the year, in an effort to enhance your experience with the use of ProviderConnect, Beacon conducts routine maintenance to our ProviderConnect application in the form of scheduled enhancements.

ProviderConnect and MOS ProviderConnect will be unavailable September 23-24, 2016 to perform standard maintenance.

During this time, both ProviderConnect and MOS ProviderConnect applications may be unavailable for a period of time. While system downtime occurs on the weekends to minimize interruption to normal operations, we do regret any inconvenience you may experience during this process.

Please visit Beacon's Provider Home page to check the pop-up message as it will be updated to reflect system availability.

Provider Handbook Update: Fair Hearing Process

In order to clarify the process for our providers, Beacon has revised the Fair Hearing and provider eligibility language on pages 21 and 104 of the Provider Handbook. There has been no change to the existing fair hearing process itself.

If you have any questions or concerns, please contact our National Provider Services Line at 800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday.

"The program is based on the routine administration of patient self-report measures over the course of treatment. Members directly provide evidence to providers with regard to whether or not their treatment is effective; providers, in return, have the opportunity to adjust their treatment accordingly."

Beacon Takes On Opioid Crisis

As a provider, you know better than anyone the toll that the opioid crisis is having on Americans from all walks of life despite efforts by policymakers, payers, and providers to address it.

Beacon articulated a point of view about opioid addiction in its 2015 white paper, "Confronting the Crisis of Opioid Addiction." In this white paper, Beacon asserts that opioid use disorder is a chronic brain disease and should be treated as any other chronic disease, such as diabetes or asthma. Treating opioid use disorder is not a quick, one-time treatment solution but instead requires ongoing management.

Abstinence-only approaches often don't have the success rates that a healthy society requires as these approaches don't recognize addiction as a chronic disease. This is where medication-assisted treatment (MAT) steps in. MAT, including both opioid replacement therapies (i.e., methadone or buprenorphine), or antagonist treatment (i.e., naltrexone, either oral [ReVia®] or extended-release injectable [Vivitrol®]), is a key treatment modality that should be offered to all individuals with opioid use disorder.

Beacon initiatives and resources
Since the publication of this white paper, we have undertaken several initiatives to address opioid use disorder. One such initiative is our Changing Pathways pilot, designed to improve transitions from inpatient withdrawal management programs to outpatient MAT. Beacon has also started working with Community Support Programs to ensure care continuity for members discharged from withdrawal management programs. Another initiative addresses reducing early discharges from 24-hour levels of care.

We recognize that providers are critical to addressing this crisis. To that end, we have resources to help you help your patients find the treatment that best suits their needs. You may direct them to Beacon's "Opioid Treatment Resources" under "Member Health Tools" on our website.

We want to invite adult residential substance use providers to join us on Tuesday, October 4th at 2 p.m. ET for Beacon's first opioid use disorder best practice sharing webinar on reducing early discharges in residential treatment. To register, click the link on the date below.

Register Today!
Tuesday, October 4th from 2-3 p.m., ET

"Since the publication of this white paper, we have undertaken several initiatives to address opioid use disorder."

Reducing the Risk of Suicides: Suicide Prevention Rating Scale

Suicide attempts and related self-injurious behavior related to depression is a major health concern. According to the Centers for Disease Control and Prevention's (CDC) 2015 report, suicide is the 10th leading cause of death for all ages and the second leading cause of death for 15- toi 24-year-olds in the United States. Suicide rates have increased by 24 percent between 1999 and 2014. There is one completed suicide that occurs every 12 minutes. The CDC reported that results from the 2015 Youth Risk Behavior Surveillance Survey indicated that 17.7 percent of students in grades 9-12 seriously consider suicide and about 14.6 percent reported making at least one suicide attempt during the 12 months before the survey.

Recent data also suggests that peer victimization such as bullying increases suicidal behavior three-fold. The causes of suicidal behavior are multifactorial and complex. The goal of evaluation of suicide risk is

straightforward: reduction of risk factors and promotion of protective factors as well as continued monitoring for exacerbation. This is a major challenge for health care providers given numerous competing time demands and treatment concerns. Beacon believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Assessment of suicide risk became an increased issue from both a clinical and a liability standpoint with the FDA's black-box warning of suicide risk for antidepressants used with children and adolescents. This resulted in an increased need to identify at risk patients and contributed to increased research in the prevention and identification of suicide risk.

Several suicide severity scales have been developed to assist the clinician in conducting a formulation of risk. Nevertheless, one challenge in the use of suicide severity scales is dissemination of the scale after development.

One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale). This scale has demonstrated psychometric validity and reliability in both adolescent and adult populations. Information is available at www.cssrs.columbia.edu. Rating scales in English and Spanish for clinical practice including military population are available. Scales address initial and ongoing assessment for suicide risk. Information regarding training (brief 30-minute slide presentation) is also available through the website.

There is no screening tool that can provide identification or risk with 100% certainty. It is essential that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide. Standardization of suicide risk assessment, especially in an at risk population, can identify patients with greater accuracy and is also protective from a medico-legal standpoint. Beacon would like you to consider utilizing the C-SSRS or another validated instrument scale as part of your suicide assessment. We have been granted permission to post the C-SSRS on our website with permission to use. You can download the C-SSRS at www.valueoptions.com/providers/Network/NCOC_State_Local_Government.htm under the Suicide Prevention Tool Kit.

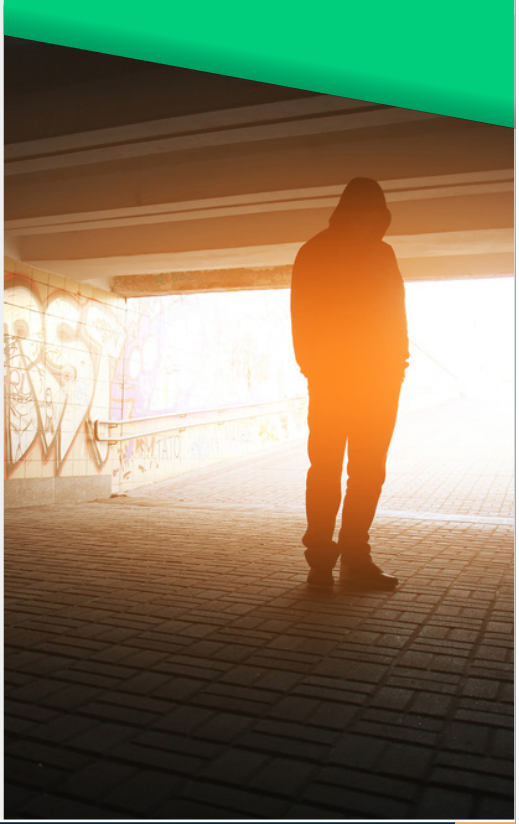
"Recent data also suggests that peer victimization such as bullying increases suicidal behavior three-fold."

New Mailing Address for Credentialing Correspondence

We are in the process of relocating our primary credentialing office from Norfolk, Virginia to Latham, New York. We have a new mailing address to use for provider correspondence. In addition, future return addresses will also be updated with this information. If you have any questions or concerns, please contact our National Provider Services 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.

Sending Credentialing Correspondence via USPS	
For Commercial Providers	**For Horizon Providers**
Beacon Health Options Attn: Person and/or Department P.O. Box 989 Latham, NY 12110	Beacon Health Options Attn: Person and/or Department P.O. Box 29 Latham, NY 12110

Sending Credentialing Correspondence via FedEx, UPS, or Certified Mail
For All Providers
Beacon Health Options Attn: Person and/or Department 10B British American Blvd. Latham, NY 12110



EASNA Issues Call for Presentations for 2017 Institute

EASNA, the Employee Assistance Society of North America, is seeking creative presentations that will deliver interactive and advanced-level sessions for industry leaders, consultants/benefit advisors and organizations that purchase EAP and health benefits. Selected presentations will support the Institute theme, *Think EAP: Risk, Disability, and Safety at Work*, and will demonstrate best practices and leadership trends in workplace mental health and well-being. This year, EASNA will offer a mix of seven sessions, including shorter (15-minute), dynamic sessions in the form of rapid fire presentations.

Following is the schedule for the call for presentations:

- October 1, 2016, deadline for submissions
- December 15, 2016, submitters notified whether they have been selected
- January 5, 2017, Institute schedule announced

Details and the submission form are available on the EASNA website.

All sessions except the rapid fire sessions ought to include some method of participant interaction. EASNA expects presenters to create a lively, provocative, and engaging experience.

Interactivity may be achieved several ways, including but not limited to:

- Pose a question or challenge or idea to the participants and discuss as a whole group
- Pose a question or challenge or idea for participants to discuss in small groups, and then share with the whole group
- Have participants complete a brief questionnaire at some point prior to the session, or as they arrive, and review during the session

EASNA anticipates the 2017 Institute to be comprised of the following session formats:

- Three 90-minute sessions
- Three 75-minute sessions
- Four 15-minute rapid fire sessions

EASNA will provide a slate of presentations that offers excellent variety. To meet that goal, they encourage proposals that are mindful of any/all of the following components:

- Creative use of media
- Employer representation
- Panels of sufficient size to allow equitable sharing by all panelists
- Real-life/workplace experience
- Global perspective
- Something no one has ever thought of/done before

Some preferred topics of interest for the 2017 Institute include the following:

- Legalized drugs - risk, safety, and workplace impact
- Preserving the professional in a time of evolving need
- Risk management
- Strategic plans to improve mental wellness and manage costs and risks of mental illness
- Addressing the rising claims and costs of mental illness disability
- Why mental health at work matters
- Mindfulness and the workplace
- Developing the EAP leader
- New ideas for employee engagement
- Workplace wellness across the multigenerational workforce

"Selected presentations will support the Institute theme, Think EAP: Risk, Disability, and Safety at Work*, and will demonstrate best practices and leadership trends in workplace mental health and well-being."*

Medicaid Providers: Help Your Patients Keep Their Coverage

Remind patients to renew their Medicaid eligibility. Several months before coverage ends, Medicaid recipients will receive a renewal package from their local Department of Social Services (DSS). If the renewal application does not arrive, recipients must call their local DSS to request a copy.

Medicaid recipients who are enrolled through the NY State of Health Marketplace must recertify through the Marketplace. This can be done by phone by calling 855.355.5777 (TTY: 800.662.1220) or going online at nystateofhealth.ny.gov.

For New York City Medicaid recipients, EmblemHealth can help. Emblem's Facilitated Enrollment staff is available to assist. If Medicaid patients have questions about the renewal process or want help completing the renewal application, they can call 888.432.8026.

"Remind patients to renew their Medicaid eligibility. Several months before coverage ends, Medicaid recipients will receive a renewal package from their local Department of Social Services."

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 if you 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 www.medicare.gov. 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.

Attention ABA Providers Serving GHI Members

As communicated previously, the American Medical Association (AMA) published Current Procedural Terminology (CPT®) Category III temporary codes for Adaptive Behavioral Assessments & Treatments. The AMA publishes temporary codes to allow for data collection for emerging technology, services, and procedures.

GHI will be moving to the new AMA ABA CPT codes effective September 15, 2016. Billing will continue using the current HCPCs codes for the remainder of any existing authorization. Beginning September 15, 2016, claims and authorizations will begin to move to the new coding structure. Moving forward, when submitting authorization requests and treatment reports for dates after September 15, 2016, please use the the Applied Behavioral Analysis (ABA) Treatment Forms which correspond to the new coding structure.

"Recent enhancements to CAQH ProView added new functionality to allow organizations like ours to receive complete provider data profiles."

Additional resources can be located under "State Specific Documents" on the ABA Network Specific page. In addition, the New York Provider Relations team is prepared to assist if you have additional questions or concerns. You may email newyorkservicecenter@beaconhealthoptions.com and indicate that you want to discuss GHI and the ABA code transition.

Attention New York City Physicians: Training Opportunity

The New York City Department of Health and Mental Hygiene will host a free buprenorphine waiver training for physicians practicing in New York City on Friday, September 23, 2016 from 12:30-5 p.m. ET. This training will use the Half-and-Half format (four hours of online training followed by four hours of in-person training on September 23rd). Upon completion of the training, physicians will be able to apply to obtain a waiver to prescribe buprenorphine.

Date:	Friday, September 23, 2016
Time:	12:30-5 p.m. ET
Location:	Department of Health and Mental Hygiene 42-09 28th Street, Long Island City, NY 11101 (Room 20-29)

To register, send name, email, title, and affiliation to buprenorphine@health.nyc.gov.

CAQH ProView™

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

Recent enhancements to CAQH ProView added new functionality to allow organizations like ours to receive complete provider data profiles. Providers should now allow a little more time to review CAQH ProView as there are a few new screens and some required fields which were previously optional. These improvements will reduce the need to follow up with providers after the attestation has been completed as well as make it easier to enter information. For questions related to CAQH ProView, please email providerhelp@proview.caqh.org.

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:

- For Parents: Supporting Your College Freshman
- The NAMI Convention Welcome Center: A Home Away from Home
- Reduce Stigma and Improve Your Well-Being: It's Just Like Riding a Bike
- The £350 million per week question: What will Brexit really mean for mental health and the NHS?
- Why Minority Mental Health Awareness Month? A First-Person View

You can subscribe for email notifications for the blog by visiting the site directly. We welcome and look forward to your commentary. If you have a topic suggestion, email: 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		
Thursday, September 15, 2016	2-3 p.m. ET	Register Here!

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

Authorizations in ProviderConnect		
Thursday, October 20, 2016	2-3:30 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		
Wednesday, September 21, 2016	12-1 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, October 5, 2016	1-2 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		
Tuesday, September 13, 2016	11 a.m.-12 p.m. ET	Register Here!
Tuesday, October 4, 2016	1-2 p.m. ET	Register Here!
Thursday, November 17, 2016	2-3 p.m. ET	Register Here!

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.