

April 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.



Heart and Soul: Wellness for the Mind and Body

Do you want to maintain wellness to the best of your ability over your lifetime? Then you must consider every aspect of your health—body, mind, and spirit—and make choices that increase your chances of wellness.

The total package

Try to see yourself as a complex being where your thoughts, emotions, and body, down to your very cells, work together to form your unique picture of wellness. You're bound to know firsthand how a disturbing thought can make your heart race or how lack of sleep can make you feel blue. Attending to the health of all systems is necessary for optimum wellness.

The body

There is no guarantee against cancer, heart disease, or other illnesses. But by taking the best possible care of your body, you can reduce the risk of some diseases and strengthen it to fight against others.

Establish a regular relationship with your doctors. They can assess your medical history and tell you what preventive screenings you need. They can also suggest ways to manage any chronic conditions. You should also tell your doctors all of your health concerns.

Also be sure to:

- **Eat right**—Follow the [USDA MyPlate Plan](#) that's right for you or the Mediterranean Pyramid.
- **Drink plenty of water.**
- **Maintain a healthy weight**—Consult your doctor for your recommended weight.
- **Exercise regularly**—with aerobic activity, strength training and stretching.



- **Get sufficient sleep**—Most people need six to eight hours each day.
- **Relax**—Teach your body to breathe deeply and loosen your muscles daily.

Those are the basics, but you might also need to make some important changes such as:

- Limit your alcohol use.
- Use caffeine products moderately.
- Quit smoking.
- Give up recreational drug use.

The mind

It's possible to get perfect scores at the doctor's office and strive to take good care of your body, only to feel less than well. Why is this? Perhaps you are neglecting the needs of another important health component—your mind. Is it running faster than you are or bogged down with negative attitudes? Maybe it's overwhelmed by the amount of “no-fun” tasks you pile onto it daily, with no breaks for playing, leisure, hobbies, etc. Notice your thoughts: What is the overall tone of your thinking—is it negative or positive? Looking on the bright side improves your total health. You can also nurture your mind with:

- **Stress management**—Learn how to let go of worry and literally let go of excess work.
- **Continual learning**—Exercise your brain by taking a new class or learning new skills or hobbies.
- **Play**—Feed your mind daily doses of humor, recreation and special interests.
- **Social support**—Regular time with friends is vital to your health.

If your thoughts remain negative no matter what you do or if you notice confusion, persistent memory problems or anything else that seems out of the ordinary, consult your doctors. You might need their intervention to help restore your mind's health.

The spirit

Dr. Edmund Bourne, author of *The Anxiety and Phobia Workbook*, asserts that everyone needs to develop “meaning, purpose, and spirituality” for complete wellness. You can set realistic goals for yourself to foster your need for purpose. The question of “meaning” might involve taking an honest look at what you are doing in your life to find satisfaction. You could:

- Write a personal mission statement.
- Keep a journal and record your values, goals and dreams of the future.
- Brainstorm ways you can help others or make a difference in your community.

What does it mean to have spiritual needs? You surely recognize your desire to love and be loved. That's the foundation of your greatest spiritual need. You also need to feel secure, protected, hopeful, and trusting—needs that inspire many to seek out a “higher being.” Whether or not you believe in such a power, you might try some of these suggestions to nurture your spirit:

- Build a time of “stillness” into each day, free from distractions, interruptions, etc.
- Forgive—Bitterness and resentment destroy your health.
- Nurture your self-esteem.
- Accept change and your inability to control all things. Explore local places of worship.
- Pray.

By Laurie M. Stewart

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*“Dr. Edmund Bourne, author of *The Anxiety and Phobia Workbook*, asserts that everyone needs to develop ‘meaning, purpose, and spirituality’ for complete wellness.”*

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Provider Treatment Record Documentation

Beacon Health Options (Beacon) Quality Management Departments conduct annual audits of patient treatment records. These audits mirror behavioral health best practice standards as a contractual obligation for all Beacon providers.

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

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

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

Key components of documentation include:

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

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

The Beacon Provider Handbook has additional information and resources for our providers. The handbook, as well as other provider information, is available on the Beacon website at www.valueoptions.com/providers.

“This [treatment record] documentation assists providers in assessing progress, barriers, and revising the plan of care as needed.”



Monitoring Treatment Progress in Psychotherapy

Psychotherapy works. Rigorous clinical research studies have shown that psychotherapy is effective with both children and adults, resulting in significant improvement in six to 12 weeks for patients with moderate to severe symptoms. However, there also is evidence that therapists often do not accurately assess treatment progress; in particular, they are poor at recognizing deterioration in treatment. While clinical trials and studies find that five to 15 percent of patients end treatment with significantly increased symptoms, data demonstrates that clinicians rarely accurately predict who will not benefit from psychotherapy.

Previous research has shown that progress monitoring, consisting of measurement and feedback, has the potential to significantly improve outcomes in behavioral health treatment. Research has shown a positive effect on communication between patients and providers, which may allow for more trust and engagement in treatment. While monitoring of treatment response is standard practice for many medical conditions, practitioners engaged in mental health treatment, and substance use treatment in particular, have been slow to adopt these practices. Therefore, it seems particularly important that therapists begin using a more standardized means of determining progress in treatment in order to detect and mitigate negative outcomes. A growing body of published studies demonstrates that therapists who have access to patient self-report treatment outcomes are able to proactively identify patients who are most at risk for treatment failure.

Feedback-informed treatment programs directly assess the effectiveness of various treatments. They refer to the practice of providing psychotherapy treatment that is informed by repeated administrations of patient-reported treatment outcomes. Providing client health status feedback to clinicians has shown to significantly improve outcomes, especially for clients who are not doing well in therapy. In fact, feedback-informed treatment was recently listed by SAMHSA (Substance Abuse and Mental Health Services Administration) as a recognized evidence-based practice.

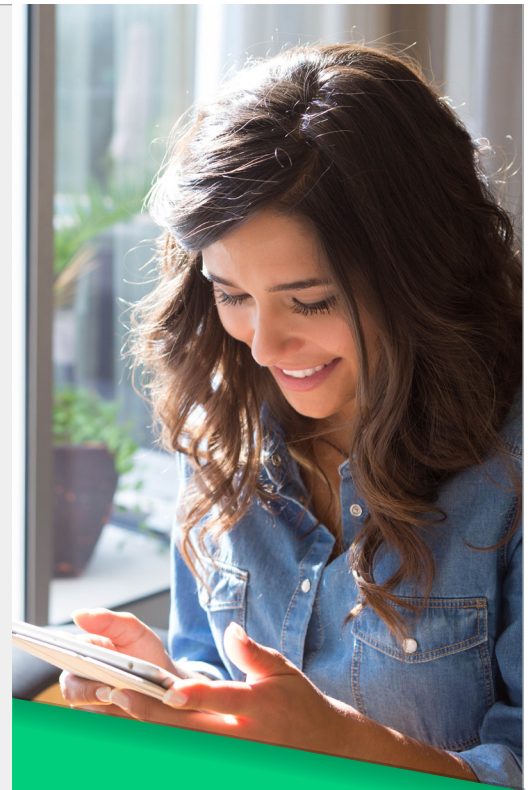
Beacon's *On Track* program provides therapists with the means to monitor and manage outcomes at the time of service, thus offering opportunities to improve outcomes for their patients. The use of patient self-report questionnaires provides psychotherapists with timely warnings when a patient's deviation from an expected treatment response foretells possible treatment failure.

We would like to invite you to attend one of our introductory *On Track* Outcomes webinars for an orientation to this exciting, free program. We encourage you to register in advance by using the link provided below:

Register Now!

[Wednesday, April 13, 2016, 2:00 – 3:00 p.m. ET](#)

[Tuesday, May 17, 2016, 1:00 – 2:00 p.m. ET](#)



“Providing client health status feedback to clinicians has shown to significantly improve outcomes, especially for clients who are not doing well in therapy.”



Improving Screening for Metabolic Syndrome in Members Taking Antipsychotic Medications

Metabolic Syndrome is a cluster of features (hypertension, central obesity, glucose intolerance/insulin resistance and dyslipidemia) that is predictive of both Type 2 Diabetes and cardiovascular disease. Such features are prevalent in people with psychotic disorders who are receiving antipsychotic medication. The precise relationship between antipsychotic drugs, glucose homeostasis, obesity, and the metabolic syndrome remains uncertain, but it is clear that people with bipolar, schizophrenia, and other related disorders treated with antipsychotic medication have a high rate of the individual features of the metabolic syndrome and the syndrome itself. (Schizophrenia Bulletin vol. 33, no. 6, pp. 397-1403). People with schizophrenia on average have a sedentary lifestyle involving lack of regular physical activity, poor diet, substance use, and high rates of smoking, which increase their risk for development of metabolic syndrome in addition to the risk from antipsychotic medications. These lifestyle factors are partly influenced by aspects of the illness such as negative symptoms and vulnerability to stress. There is a critical need for active routine physical health screening of all individuals receiving treatment with antipsychotic drugs which can substantially improve the health of patients with metabolic syndrome and schizophrenia. (East Asian Archives of Psychiatry: Yogaratnam, J; Biswas, N; Vadivel, R; Jacob, R: March 1, 2013)

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

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

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

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

Ongoing monitoring and recommendations include:

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

Current and ongoing interventions include:

- Distribution of results to practitioners involved in a metabolic screening survey
- Direct mailing of practice guideline "tip sheet" to practitioners
- Direct mailing of chart form for documentation of monitoring results

“Considerable evidence indicates that those with behavioral health diagnoses often do not receive adequate recognition or monitoring of care for their medical illnesses.”

- Educate and train psychiatrists on the importance of monitoring for metabolic issues through webinars and seminars offering CEUs
- Educate on best practice of drug interventions
- Educate importance of prescriber “owning” the monitoring, even if there is coordination with PCP, unless formally delegated to the PCP
- Redistribute the Provider eNewsletter article regarding the importance of monitoring metabolic syndrome
- Emphasize Beacon’s expectations regarding monitoring guidelines for metabolic syndrome

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

Clinical Adherence Guideline	2013 Overall Score	2014 Overall Score	2015 Overall Score
Metabolic Monitoring Management of Bipolar	47.9%	40%	53.9%
Metabolic Monitoring Management of Schizophrenia	72.2%	56.6%	42%

The NCEC and other provider stakeholders feel this is an important issue for continued provider evaluation and education. Visit the [Metabolic Monitoring form](#) to download a copy or view the [The Centers for Disease Control \(BMI\) Calculator](#).

New York Providers: Electronic Prescribing Requirements

Many companies are moving toward online processes to reduce paper trails, increase security, and decrease administrative errors. On March 13, 2015, the Public Health Law and Education Law was amended to extend the implementation date for mandatory electronic prescribing to March 27, 2016.

Now mandatory, this process, more commonly known as e-prescribing, is not a new concept to many providers in New York. The U.S. Drug Enforcement Agency legalized e-prescribing of controlled substances in 2010. The push toward e-prescribing for both controlled and non-controlled substances has been permissible in New York for some time.

For more information, read the full article from Modern Healthcare, “[New York set to require electronic prescriptions](#)” and visit the NYS Department of Health’s [Electronic Prescribing](#) webpage.

Timeframe Update: Recredentialing

Providers credentialed with Beacon are required to recredential every three years. This process now begins approximately three months prior to the end of the current credentialing cycle. The ability to access most information through [CAQH](#) (the Council for Affordable Quality HealthCare) has improved our access to provider data; therefore, we are able to shorten the timeframe needed to process recredentialing applications.

It is our hope that this timeframe change will be operationally seamless and beneficial for providers. Communications will continue as normal, with an automated call at the start of the cycle and email reminders throughout. In addition, when attesting through CAQH or sending recredentialing correspondence to Beacon, please review and make sure all information is current and active to help save time during the recredentialing process.



“The push toward e-prescribing for both controlled and non-controlled substances has been permissible in New York for quite some time.”

CMS Part D Prescriber Enrollment Requirement Delayed

The Centers for Medicare & Medicaid Services (CMS) has delayed enforcement of the Part D Prescriber Enrollment Requirements until Feb. 1, 2017. This allows time for providers to complete enrollment activities and organizations to plan accordingly to minimize potential impact to Medicare beneficiaries who receive medications provided through Part D coverage originally reported in the “Requirements for Part D Coverage: Prescriber Requirements” memo, any prescribing physician or eligible professional must have a valid National Provider Identifier (NPI) and either be actively enrolled in Medicare or have a valid opt-out affidavit on file in order for their prescriptions to be coverable under the Part D benefit. To help us be compliant with this regulation, we encourage all prescribing providers to take action now to:

1. Ensure Medicare participation status as actively enrolled in Medicare or with a valid opt-out affidavit on file with CMS.
2. Verify a valid NPI and correct taxonomy is in place. If data is current and active through CAQH, there may be no further action necessary for Beacon. In addition, NPI and taxonomy numbers can be cross-referenced against the NPPES NPI Registry at <https://npiregistry.cms.hhs.gov/>.

For more information regarding this regulation, please visit the [CMS Medicare Part D provider enrollment homepage](#) or [Prescriber Enrollment Information](#).

If you have questions or need assistance, you may contact your [Regional Provider Relations team](#) via email or our National Provider Service Line at 800.397.1630 between 8 a.m. and 8 p.m. ET, Monday through Friday.

CMS Requirement: Maintaining Accurate Demographic Data

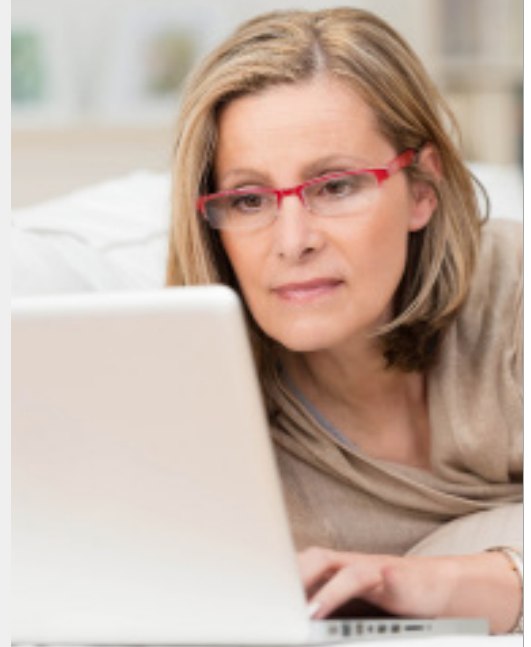
To be compliant with recent requirements set forth by the CMS, providers may receive reminders from Beacon regarding maintaining accurate demographic data. We encourage providers to be conscientious regarding any communication which may require action or response to ensure that necessary information 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 [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, for example, an update 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.

“The Centers for Medicare & Medicaid Services (CMS) has delayed enforcement of the Part D Prescriber Enrollment Requirements until Feb. 1, 2017.”



Change of Address: Going Green

Effective May 1, 2016, the paper Change of Address form will no longer be available on our website. Individual practitioners, group providers and facilities are highly encouraged to submit demographic changes via our online portal, [ProviderConnect](#). In addition to being able to modify service addresses as far back as thirty days, providers can also complete and 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 online portal, please contact our EDI Help Desk at 888.247.9311, Monday through Friday, between 8 a.m. and 6 p.m. ET.

ProviderConnect: Demographic Update

ProviderConnect allows providers to not only see all of their active service locations along with the associated telephone numbers, fax numbers, and billing locations, but updates can also be made online. By simply clicking “Update Demographic Information” from the ProviderConnect homepage providers can edit everything from servicing and billing locations to office hours. In addition providers can modify their general contact information such as email address and telephone number.

Provider Demographics

Provider Last Name: TUMNUS Provider First Name: PETER

Mailing Address:

ID:	123456
Address:	123 Main st STE C ABC, VA 12345 Country: US
Phone:	888 - 888 - 8888
Fax:	888 - 888 - 8888
Website address:	
ProviderConnect Email:	TESTEMAIL@BEACONHEALTHOPTIONS.COM
Correspondence Email:	TESTEMAIL@GMAIL.COM

Service Location Information

The list below shows the current Service Locations for the Provider shown above. If you would like to view the Service Address corresponding Billing Location, click the green "Show" tab to expand the selection.

Sort By: [ID](#) [Name](#) [City](#) [State](#)

	Service Address	Corresponding Billing Address												
1	<table border="1"><tr><td>ID:</td><td>A00003</td></tr><tr><td>Name:</td><td>PETER TUMNUS</td></tr><tr><td>Address:</td><td>123 Main Street STE C ABC, VA 12345 Country: US</td></tr><tr><td>Phone:</td><td>(888) 888 - 8888</td></tr><tr><td>Fax:</td><td>(777) 777 - 7777</td></tr></table>	ID:	A00003	Name:	PETER TUMNUS	Address:	123 Main Street STE C ABC, VA 12345 Country: US	Phone:	(888) 888 - 8888	Fax:	(777) 777 - 7777	<table border="1"><tr><td colspan="2">BILLING LOCATION</td></tr></table>	BILLING LOCATION	
ID:	A00003													
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Address:	123 Main Street STE C ABC, VA 12345 Country: US													
Phone:	(888) 888 - 8888													
Fax:	(777) 777 - 7777													
BILLING LOCATION														

Office Hours: [Show Hours](#)

[Add New Service Address](#)

Providers can also click on “Add New Service Address” to create a new servicing or billing location or can add a new Tax ID with the upload of our new [editable W-9](#).

Stay tuned for more details into the specific demographic update sections in ProviderConnect. For a full walk through of this functionality check out our “[ProviderConnect Tips and Tricks](#)” webinar on April 20, 2016 from 11:00 a.m. to 12:00 p.m. ET.

“Effective May 1, 2016, the paper Change of Address form will no longer be available on our website.”

Addressing Depression Care Management in PCP Offices: Collaborative Care

March 15, 2016 Dale Seamans Behavioral Health, Integration, Outcomes, Psychiatry, Stigma, White Papers

No Comments

If you have read Beacon Health Options' white paper, "Integration," you learned that more than half of all adults with depression are already managed in



Tell us topics you'd like us to write about: [click here](#)

Latest Tweets



Emma Stanton
@doctorpreneur

Privileged to benefit from @a_fjake @stevepage_uk wise words for @beaconuk today *Thank you*

[@lennyCAPalmer](#)

Collaborative Care Can Strengthen Depression Care Management in PCP Offices

The March issue of *Health Affairs* highlights a study that suggests health care integration should be more than a best practice. It should be a mandatory practice.

In brief, the article states that care management practices in American primary care offices are used less for depression than for other chronic conditions. Reasons cited include time pressures, inconsistent reimbursement, stigma, psychiatrist shortages and a general divide between behavioral and physical health treatment by primary care physicians (PCPs).

There's nothing really new here. However, the study does provide yet another piece of evidence supporting the importance of figuring out how to integrate physical and behavioral health care. Recently, Beacon Health Options (Beacon) wrote a blog post that suggests how the collaborative care model (CCM) pioneered by the [AIMS Center](#) at the University of Washington - explored in Beacon's white paper "[Integration](#)" - can address the shortcomings of depression care management in PCP offices.

To illustrate the CCMs efficacy, the blog post describes how the CCM provides a solution to each of the problems cited in the *Health Affairs* study. For example, to address psychiatrist shortages, the CCMs collaborative team approach redefines access and leverages psychiatrists' skills so they treat only the most severely ill individuals.

Learn more about the CCMs hands-on solutions by going to [Beacon Lens](#) blog to read the full post, titled "[Addressing Depression Care Management in PCP Offices: Collaborative Care](#)."

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.

"To illustrate the CCMs efficacy, the blog post describes how the CCM provides a solution to each of the problems cited in the Health Affairs study."

Upcoming Webinars

ProviderConnect

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

Overview of ProviderConnect		
Wednesday, May 4, 2016	12:00 p.m.-1:00 p.m. ET	Register Here!
ProviderConnect Claims		
Wednesday, May 11, 2016	11:00 a.m.-12:00 p.m. ET	Register Here!
Authorizations in ProviderConnect		
Monday, April 11, 2016	11:00 a.m.-12:30 p.m. ET	Register Here!
ProviderConnect Tips and Tricks		
Wednesday, April 20, 2016	11:00 a.m.-12:00 p.m. ET	Register Here!

Introduction to On Track Outcomes

Provides an overview of this program designed to support network providers as they help clients stay “on track” in achieving their goals.

Introduction to On Track Outcomes		
Wednesday, April 13, 2016	2:00 p.m.-3:00 p.m. ET	Register Here!
Tuesday, May 17, 2016	1:00 p.m.-2:00 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, June 2, 2016	2:00 p.m.-4:00 p.m. ET	Register Here!
Friday, June 3, 2016	11:00 a.m.-1:00 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](#).*