

March 2016

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Letting Go of a Friendship

They say that breaking up is hard to do—and everyone knows it's true—when it comes to lovers. What about breaking up with a friend? While it may be hard to admit, sometimes we need to leave a friendship.

This can be particularly hard for women. Taught from childhood to make and nurture relationships with other people, women often believe that ending a friendship is tantamount to admitting they've failed at a core task.

However, there are many different reasons friendships end, and many ways to ease the pain of separation. The following list may not be "50 Ways to Leave Your Lover," but it is 24 things to consider when you need to leave your friend.

Be conscious.

- **Genesis of friendship.** When and how did your friendship begin? Was it born of history (grade school, summer camp), joy (first dates together, first babies together), or from adversity (divorce at the same time, illness)?
- **Your life.** Has your life changed? Have you moved or entered a new phase of emotional growth? Or is the fact that nothing's changed the problem?
- **Your friend's life.** Take a look at what she's been experiencing lately. Have there been problems or life shifts that you haven't acknowledged?
- **Outside events.** Things happen that neither one of you can control; take these into consideration when you're making the decision to end a friendship.
- **Type of friend.** Jan Yager, PhD, a noted authority on friendship, addresses this topic in detail in her book *When Friendship Hurts*.



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- **Life patterns.** It doesn't matter whether you're dumping or being dumped—has this happened before in your life?
- **Friendship phases.** Yager says there are different stages in friendship, and knowing which one you've reached can help you reach a decision.
- **The afterlife.** How will your life be different if this friendship is gone? Consider what will change: schedule, support system, emotional needs, etc.

Be careful.

- **Awareness.** Is your friend aware that there's a problem? If not, do you need to let her know? Try to avoid one-way communication for this, such as email.
- **Opportunity cost.** If you choose to remain friends, what toll would it take on you? On your lifestyle? On others in your life?
- **Down the road.** Yager and other experts emphasize that it's possible—and desirable—to leave the door open if you can for later friendship.
- **Vendettas.** Experts also realize that some relationships are toxic, and believe you should stay alert to the possibility a former friend may do ugly things.
- **Betrayal.** If a longtime friend has an affair with your spouse, the betrayal is clear. But what about a friend who sabotages your self-esteem?
- **Consider others.** Who else will be affected, especially other friends? Sometimes ending a friendship affects family members and/or colleagues, too.
- **Enlist support.** You don't have to gossip, but you can turn to other friends to help support your decision and remind you you're not alone.
- **Be decisive.** When you're trying to be kind you can twist yourself into a pretzel with vague promises. Instead, be kind to yourself—end things clearly.

Be confident.

- **Move on.** Stow your photo albums and old emails (if this sounds similar to breaking up with a romantic partner, it is) and make a coffee date with another friend.
- **Know your limits.** Any ending can be painful, and you may need time to grieve. Don't force yourself. “You need to allow yourself to feel bad, sad, whatever, about it,” says Yager.
- **Respect others' limits.** Mutual friends may need time to renegotiate boundaries with the two of you.
- **Provide closure, as appropriate.** If a friendship is over and you both know it, shake hands—or do something similar to show that you've both moved on.
- **Learn more about friendship.** “Needs for friendship may change throughout your life,” says Yager, whose book, *Friendshifts*, deals with this topic.
- **Nurture your present relationships.** Look at the other friends in your life and celebrate their presence, contributions and needs.
- **Keep the door open.** Yager and other experts on friendship agree that since life changes and so do needs for friendship, when possible you should stay flexible—a friendship that doesn't work now may work well under different circumstances.
- **Never give up on friendship.** Repeat after The Osmond Brothers: “One bad apple won't spoil the whole bunch.” Friendship is one of life's great rewards.

Resources

Jan Yager's publisher's website: <http://www.whenfriendshiphurts.com>

By Bethanne Kelly Patrick

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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 February 1, 2017 to allow 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 is in place. If data is current through CAQH, there may be no further action necessary for Beacon. In addition, NPI 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 additional 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.

Recredentialing Process Timeframe Update

We are pleased to share that we have seen many improvements in the quality of our provider data, and for that we thank our provider community for being diligent and heeding our reminders. In addition, accessing [CAQH](#) (the Council for Affordable Quality HealthCare) is allowing us to become more efficient with application processing as information can be accessed electronically. This reduces paperwork for providers and their staff.

Our recredentialing process is required every three years and currently begins approximately six months prior to the end of the previous credentialing cycle. This was originally designed to allow time to collect and work through the required information. However, we've recently recognized that we need to shorten the timeframe that the recredentialing

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



process begins to approximately three months prior to the end of the credentialing cycle. This more closely matches the 180-day attestation period required by CAQH and will also allow received information to be more timely when processed, decreasing the need to pend for additional follow up.

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 Health Options (Beacon), please review and make sure everything is current to help save time during the recredentialing process.

Please continue to be conscientious regarding any communication which may require action or response to ensure that necessary information is received in a timely fashion to avoid disenrollment. We encourage providers to maintain an active email address on file with us at all times and be aware that any message containing HIPAA may come encrypted from Beacon. For more information about how to check and receive secure email, please visit "General Information" on our [Compliance page](#).

The Road Ahead: Rebranding Forms

As we continue our Rebranding Initiative, we are pleased to share that we have updated many of the provider forms located on our website with the Beacon Health Options name and logo. This process is in accordance with state specific regulatory and contract specifications, so not everything named ValueOptions will automatically switch to Beacon Health Options. We recommend reviewing our website's provider forms section as needed to ensure you are using the most current [Administrative](#) or [Clinical](#) forms in case any content has changed.

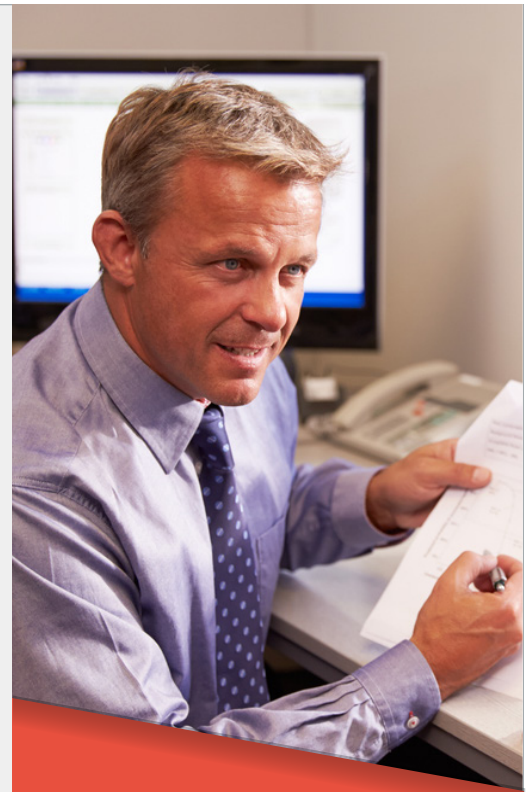
In addition, in the spirit of our E-Commerce Initiative and to streamline our provider data, we will be moving away from the paper Change of Address forms in the coming months, with a goal of May 1, 2016. Because demographic information can be modified directly through [ProviderConnect](#), the paper form is rapidly becoming an obsolete resource. For more information, please see Section 20 of the [ProviderConnect User Guide](#).

Maintaining Accurate Demographic Data for Member Referrals

To maximize your business potential and assist us with providing accurate referrals for members seeking services, we ask all of our providers to maintain accurate demographic data. As a Qualified Health Plan through CMS, Beacon must also be compliant and provide an accurate, easily accessible provider directory. As outlined in our [Provider Handbook](#), we ask all participating providers to contact us with any demographic changes in advance, whenever possible and practical.

As our members look for providers, they have the option to perform advanced searches through [MemberConnect](#) by specialty, gender and office hours, in addition to proximity and licensure. You can review and update most of this information through the "Update Demographic Information" section on [ProviderConnect](#) to ensure information reflected in our online directory is accurate.

Our ProviderConnect portal now permits providers to electronically input information to update their Tax Identification Number and billing



"As outlined in our [Provider Handbook](#), we ask all participating providers to contact us with any demographic changes in advance, whenever possible and practical."



“Previous research has shown that progress monitoring, consisting of measurement and feedback, has the potential to significantly improve outcomes in behavioral health treatment.”

information online. We offer a convenient, [editable W-9 form](#) that can be downloaded, saved, and then uploaded to ProviderConnect right from our website.

Beacon verifies demographic data through various channels, including [CAQH](#) and self-reporting through ProviderConnect. In order to assure your file is current, we encourage you to become familiar with these platforms and review where you update your information on a regular basis to maintain consistency across all of your participating companies and managed care organizations.

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. In addition, you may also reach out to your [Regional Provider Relations team](#) via email should you have a situation not addressed here (e.g., upcoming retirement).

HCA Adds New Autism Benefit for Enrollees

Hospital Corporation of America (HCA), one of Beacon’s largest commercial clients, commenced with offering new autism treatment benefits for employees and dependents enrolled in HCA’s Well Care 1, 2, or 3 benefit options beginning January 1, 2016. Applied Behavioral Analysts (ABA) providers already in network for Beacon’s commercial contract may now see eligible members through this plan.

If you are certified or licensed as a BCBA in addition to your current state license, please call the National Provider Service Line regarding adding the BCBA certification to your file. They can be reached Monday through Friday from 8 a.m. to 8 p.m. at 800.397.1630. HCA’s autism treatment benefits require pre-authorization. For authorization questions or to check eligibility, please contact Beacon’s Care Management Team at 800.434.5100.



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 5-15% of patients end treatment with significantly increased symptoms, data demonstrate 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 abuse 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 been 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!

[Tuesday, March 22, 2016, 1:00 - 2:00 pm ET](#)

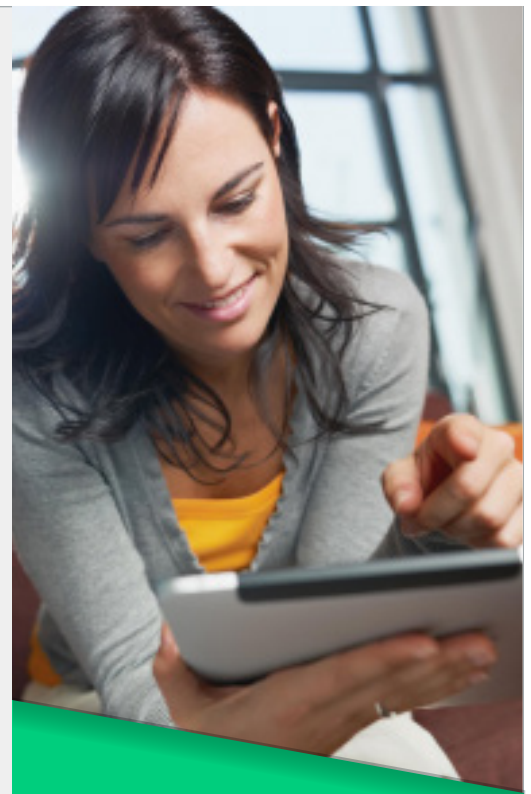
[Wednesday, April 13, 2016, 2:00 - 3:00 pm ET](#)

North Carolina Engagement Center (NCEC): Screening Programs

Alcohol Prevention and Screening During Pregnancy

Alcohol can damage a fetus at any stage of pregnancy. Damage can occur in the earliest weeks of pregnancy, even before a woman knows that she is pregnant. The Centers for Disease Control and Prevention (CDC) reported in an article ([Alcohol Use and Binge Drinking Among Women of Childbearing Age - United States, 2011-2013](#)) published November 25, 2015, that alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities. The CDC estimates that 10.2% of pregnant women use alcohol. Studies suggest that that as many as 2% to 5% of first grade students in the United States may have Fetal Alcohol Spectrum Disorders (FASDs). FASDs include fetal alcohol syndrome, alcohol-related birth defects, and alcohol-related neurodevelopmental disorders which result in neurodevelopmental deficits and lifelong disability.

Beacon is collaborating with Health Plans on an initiative to increase the screening of pregnant women for alcohol use during pregnancy. It is the responsibility of every practice to make sure that all pregnant and postpartum women are screened for substance use. Universal screening provides the practitioner with the opportunity to talk to every client about the risks of alcohol, illicit drugs, prescription drugs, tobacco, and other substances and risky behaviors. Structured screening, built into the care of every pregnant woman, helps eliminate "educated guessing." The practice of universal screening increases the likelihood of identifying substance users and allows for the earliest possible intervention or referral to specialized treatment. In addition, screening and education of every



*“Beacon is recommending practitioners use the **T-ACE** (T= tolerance, A= annoyed, C= cut down, E= eye opener) Screening Tool developed by R. J. Sokol, MD, to help identify risk drinking.”*

client enhances clients' awareness of the risks of substance use or abuse during pregnancy and may prevent use or abuse in future pregnancies. (Washington Department of Health: Substance Abuse During Pregnancy: Guidelines for Screening and Management January 2015).

Beacon is recommending practitioners use the [T-ACE](#) (T= tolerance, A= annoyed, C= cut down, E= eye opener) Screening Tool developed by R. J. Sokol, MD, to help identify risk drinking. The T-ACE was developed specifically for prenatal use based on the CAGE Substance Abuse Screening Tool. It is four questions that take less than a minute to complete. Beacon is also recommending the ethylglucuronide (EtG) urine test for high risk women. Positive screening may indicate exposure to alcohol up to five days prior testing.

In addition, a brochure from the CDC entitled *Think Before You Drink*, will be enclosed in mailings to pregnant women along with other educational prenatal materials. The brochure provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking.

If you do not have Internet access, please call 866.719.6032 for a copy of the T-ACE.

Promoting Early Detection and Screening of Alcohol Used by Youths

Alcohol is the most commonly used drug among youths in the United States. Studies reviewed by The Centers for Disease Control and Prevention (CDC) revealed that alcohol is responsible for 189,000 emergency rooms visits and more than 4,300 deaths annually for underage youths ([CDC Fact Sheets - Underage Drinking](#)).

Beacon is partnering with health plans on an initiative to promote early detection of teen alcohol use by promoting early screenings and prevention in primary care. Beacon created a toll-free PCP Consultation Line for Pediatricians and Family Practices which is staffed by board certified psychiatrists who provide consultations regarding substance use assessment and treatment. Beacon is also promoting the use of the [CRAFFT questionnaire](#). The CRAFFT is a highly recognized behavioral health screening tool recommended by the American Academy of Pediatrics' Committee on Substance Abuse for identifying youth at risk. A major clinical challenge is identifying youths who need treatment and identifying those who are at risk of developing chronic substance use disorders in adulthood.

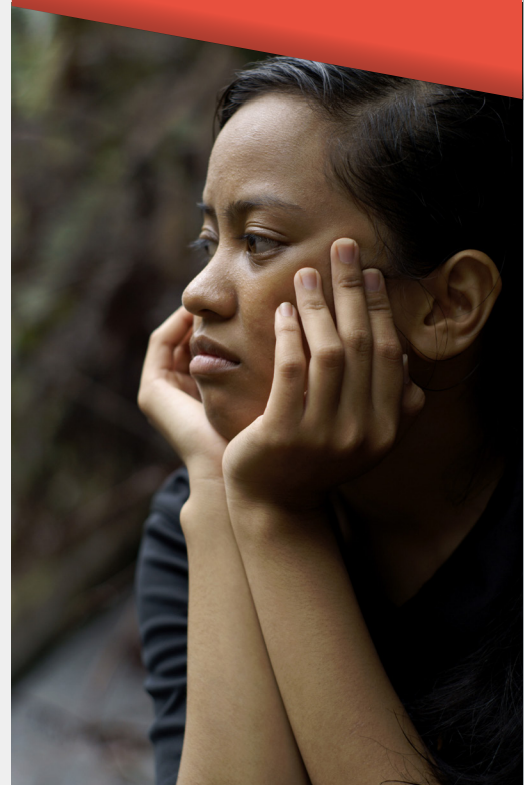
The Beacon toll-free PCP Consultation Line for Pediatricians and Family Practices is available from 9 a.m. to 5 p.m. ET at 877.241.5575

Adult Co-Occurring Bipolar and Alcohol Use Screening and Stabilization

Beacon's NCEC developed the Adult Co-Occurring Bipolar and Alcohol Use Screening and Stabilization Program implemented in 2015. This program focuses on highly recidivistic members with a single primary diagnosis of bipolar disorder or alcohol use disorder and a history of one or more readmissions to an inpatient or residential treatment facility within 30 days of discharge.

The impact of alcohol use disorders on persons with a bipolar disorder can be significant and result in poor outcomes. The American Journal of Managed Care published an article, [Bipolar Disorder Costs and Comorbidity](#), which presented statistics compiled from studies conducted by the National Institute of Mental Health.

“Beacon created a toll-free PCP Consultation Line for Pediatricians and Family Practices which is staffed by board certified psychiatrists who provide consultations regarding substance use assessment and treatment.”



“If you were unable to join the nearly 200 providers who attended the Integration webinar, you can view the presentation and listen to an audio on the [White Papers section](#).”



According to statistics presented:

- About 56% of individuals with bipolar disorder who participated in a national study had experienced drug or alcohol use during their lifetime.
- Approximately 46% of that group had used alcohol or were addicted to alcohol.
- Alcohol is the most commonly used substance among bipolar individuals.

Individuals with bipolar disorder are more than three times as likely as those in the general population to have alcohol related addiction or dependence. This instability can interfere with recovery, making it difficult to comply with treatment guidelines or an individualized integrated treatment plan. The NCEC Co-Occurring Bipolar and Alcohol Use Screening Program will identify those members and will assist with education, support and treatment needs.

Beacon Hosts Successful Webinar on Health Care Integration

Beacon was pleased to have yet another opportunity to inform providers about important health care topics, this time on the integration of physical and behavioral health. On Wednesday, February 17, we provided an overview of its recently released white paper, “[Integration](#),” in a webinar held for Beacon providers.

Our speakers Drs. Hal Levine, Emma Stanton, and Helen Lann explained why the collaborative care model is the evidence-based, best-in-class approach to integrating behavioral health services into primary care settings. Additionally, the speakers explained that Integrated Practice Units (IPUs) should deliver integrated comprehensive care to meet the needs of people with serious mental illness.

If you were unable to join the nearly 200 providers who attended the webinar, you can view the presentation and listen to an audio on the [White Papers section](#) of our Beacon Lens site. Additionally, responses to participants’ questions will be posted there as well. We expect to have those loaded to the site soon so please periodically revisit Beacon Lens.

For those of you who attended the webinar, thank you for your participation. If you submitted for CEUs, certificates will be emailed within the next week based on the information provided in the survey. If you have any questions, concerns or complaints, please email prcommunications@beaconhealthoptions.com with the date of attendance, your contact information and a description of your issue. These will be forwarded to Barbara Mazzola, Beacon’s Assistant Vice President, Training and Development, as necessary for follow-up within 10 business days of receipt.

1099 Questions

It is tax season! Beacon Health Options mailed all 1099s on or before January 31, 2016.

1099s are only created for providers who were issued total payments of \$600 or greater in 2015.

Please note: Beacon has many different legal entities. Providers may receive multiple 1099s if total payments of \$600 or more were issued from different legally recognized entities within our organization. Each were sent in separate envelopes, and all were mailed no later than January 31, 2016.

If you have questions regarding your 1099, please contact our 1099 Hotline at 703.390.4936. This is a voicemail box monitored by our Finance Department and all calls will be returned within three business days.

UPCOMING WEBINARS

ProviderConnect

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

An Overview of ProviderConnect		
Wednesday, May 4, 2016	12:00 p.m.-1:00 p.m. ET	Register Here!

ProviderConnect Claims		
Thursday, March 17, 2016	2:00 p.m.-3:00 p.m. ET	Register Here!
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!

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		
Tuesday, March 22, 2016	1:00 p.m.-2:00p.m. ET	Register Here!
Wednesday, April 13, 2016	2:00 p.m.-3:00 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.-4:00p.m. ET	Register Here!
Friday, June 3, 2016	11:00 a.m.-1:00 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](#).