

## May 2016

### Spotlight:

[Provider Handbook](#) [Read More](#)

[Upcoming Webinars](#) [Read More](#)

[Contact Us](#) [Read More](#)

### In this Issue:

- [What You Can Do When You Are Having a Panic Attack](#)
- [Clinical Update: Medical Necessity Criteria](#)
- [Improving Care Coordination](#)
- [New York Providers: Electronic Prescribing Requirements](#)
- [Attention Medicare Advantage Providers](#)
- [Building a Sustainable Crisis System in Southwest Washington](#)
- [Provider Healthcare Effectiveness Data Information Set Survey](#)
- [Attention-Deficit Hyperactivity Disorder](#)
- [NCEC Quality Activity](#)
- [Change of Address: Going Green](#)
- [About Beacon Lens: Recent Topics](#)
- [CMS Requirement: Maintaining Accurate Demographic Data](#)
- [CAQH ProView Live Webinar Trainings](#)
- [Recredentialing Process Timeframe Update](#)
- [Changing Your Contact Information](#)
- [Modifying Your Office Hours](#)
- [Upcoming Webinars](#)

### Contact Us:

Please send your comments, ideas, and suggestions for upcoming editions of the Valued Provider eNewsletter to [PRcommunications@beaconhealthoptions.com](mailto:PRcommunications@beaconhealthoptions.com).



## What You Can Do When You Are Having a Panic Attack

### What you can do right now

The first time you have a panic attack, you can call 911. The operator will be able to talk you through the attack and help you calm down. This is also a good idea in the event that something else is causing your symptoms.

### Stay put

If you are having a panic attack you should try to stay put. If you are driving, you will want to safely pull over first. Otherwise, you should stay right where you are and wait it out. Trying to rush to get help will only add to your anxiety.

### Take deep breaths

Try to slow down your breathing by taking deep breaths. Slowly count to three as you breathe in and breathe out. This should calm you down and help keep you from having a full-blown attack.

### Think positively

Try not to focus on the attack. Instead, focus on a positive, peaceful image, such as a beach or a waterfall. Don't try to fight the attack. This will only lead to more anxiety. If possible, try to reassure yourself that you are not in any real danger and that the attack will soon pass. Distract your mind by counting to yourself or watching the seconds tick on your watch.

### What you can do before the next attack

Whether it's your first or fifth panic attack, it can be very scary. One of the main reasons is because there seems to be no reasoning behind it. You are not in any danger. The panic you are feeling could make no logical sense.



*“Learning to relax is one of the best things you can do to help with panic attacks. This may include breathing exercises as well as taking yoga or getting a massage.”*

The attack may seem to come out of nowhere. There are things you can do that will be helpful.

One thing that can help is to know the symptoms before your next attack.

### **Recognize the symptoms**

Panic attacks come on quickly and generally subside within about 10 minutes. On rare occasions, they may last for up to an hour. Panic attacks are marked by an intense fear. This fear can be so great it lingers for several hours after an attack. In addition to extreme fear, panic attacks can produce any of the following symptoms:

- Racing or pounding heartbeat
- Trouble breathing
- Choking feeling
- Chest pains
- Dizziness
- Sweating
- Shaking or trembling
- Nausea
- Hot flashes or chills
- Numbness or tingling
- “Out of body” feeling
- Feeling of losing control
- Feeling of dying

### **Take care of yourself**

Learning to relax is one of the best things you can do to help with panic attacks. This may include breathing exercises as well as taking yoga or getting a massage.

Keep stress from building up by getting regular exercise. This can be brisk walking, running, swimming, or taking aerobics classes. It is a good idea to consult your doctor first.

Keep your body fueled by eating a well-balanced, healthy diet. Eat meals regularly and avoid excess sugar, caffeine, alcohol, and nicotine.

Find a Wellness Recovery Action Plan (WRAP®) class near you or learn more about how to be involved in your recovery. WRAP involves listing your own support tools and then using them to make action plans to use in stressful times.

### **Get checked out**

Panic attack symptoms can be similar to those of heart attacks or respiratory issues. For this reason, a person should be thoroughly tested to rule out these or other medical conditions. Sometimes a person will have to see several different doctors before being properly diagnosed.

Having just one panic attack does not mean you have panic disorder. Some people will have one or two during their lives and no more. If you have repeated attacks and are afraid of having more, you may have panic disorder. A mental health provider or licensed therapist will be able to properly evaluate you.

If you are diagnosed with panic disorder, do not worry. With proper treatment, your outlook for recovery is very good.

### **Resource**

National Health Service United Kingdom [www.nhs.uk](http://www.nhs.uk)  
Wellness Recovery Action Plan® (WRAP®) [www.mentalhealthrecovery.com/wrap/](http://www.mentalhealthrecovery.com/wrap/)

By Kevin Rizzo

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## Clinical Update: Medical Necessity Criteria

Last spring, our clinical criteria was reviewed to ensure it supports the clinical philosophy embodied by our then newly merged organization, Beacon Health Options (Beacon). In addition to content and rebranding updates, the result was a combined document containing all the medical necessity clinical criteria to support the services that our providers perform on a daily basis.

Based on feedback from our provider community, and in an effort to make the criteria easier to access, we are pleased to share that we've split each level of care criterion into an individual PDF document, which is outlined on our [Clinical Criteria page](#). This is similar to the layout we have had on this page in the past and follows a similar structure.

More information about Medical Necessity Clinical Criteria can be located in the "Utilization Management" section of [Beacon's Provider Handbook](#). In addition, certain contracts or health plans may have specific criteria to support different levels of care, services, or contract requirements. Please be sure to visit [Appendix 3](#) on our [Provider Handbook](#) page for Network Specific links as necessary, or contact the clinical team for the member's particular benefit plan should you have any questions.

## Improving Care Coordination: An Essential Component of Client Care

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "Care coordination is the cornerstone of many healthcare redesign efforts, including primary and behavioral healthcare integration. It involves bringing together various providers and information systems to coordinate health services, [client] needs, and information to help better achieve the goals of treatment and care. Research shows that care coordination increases efficiency and improves clinical outcomes and [client] satisfaction with care."

Coordination of care between healthcare providers is an important and necessary process for optimal client health and wellness. This includes coordination of care between behavioral health providers and medical providers.

Barriers to this vital communication may include:

- Time issues
- Concerns over protection of personal health information (PHI)
- Client concerns and fears

As a mental health specialist, the trust between you and your client is a centerpiece of effective care. It is important for clients to feel they can talk openly to you about very personal matters. However, collaboration with other providers is important to the care and treatment of your client. How do you bridge the barrier between necessary collaboration and maintaining client trust?

*"Based on feedback from our provider community, and in an effort to make the criteria easier to access, we are pleased to share that we've split each level of care criterion into an individual PDF document, which is outlined on our [Clinical Criteria page](#)."*





Talk openly with your client about the importance of collaboration on issues that impact overall care and treatment. Some of the problems your client discusses with you could have a medical basis. It is important that medical issues be explored to avoid undetected medical conditions. Medication side effects may prevent clients from taking their medications, but the prescriber may not be aware of this. Obtaining permission to release information to all other health providers at the first visit is a good practice.

Explain in detail what will be shared and why. This will help eliminate client fears that “everything I say” will be shared with another provider. Explain that only information needed for their health care will be discussed with other providers. This information can help all of the client’s providers be aware of current symptoms, changes in health status, possible medication issues, and other clinical issues that require follow up.

Encourage questions related to coordination of care. Encouraging questions and providing adequate time for discussion will help your client feel more comfortable and understand you want them to receive the care they need.

Keep your client in the communication loop. Help your client understand they are “part of the team,” the most important part. Provide ongoing updates on communication between you and the client’s other providers.

Coordination of care is an important part of caring for your client. Beacon has a sample [Authorization for Coordination of Behavioral Healthcare form](#) available on our website to facilitate the exchange of client information with primary care providers for coordination of care.

## New York Providers: Electronic Prescribing Requirements

Many companies are moving towards 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 towards 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](#).

## 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,

*“Encourage questions related to coordination of care. Encouraging questions and providing adequate time for discussion will help your member feel more comfortable and understand you want them to receive the care they need.”*



*“The BH-ASO structure is part of the Washington Health Care Authority’s Fully Integrated Managed Care (FIMC) model, which seeks to bring whole-person, integrated care to Washington’s Medicaid population.”*

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 own organization.

CMS will accept either the Medicare Learning Network (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.

Training	Link
Additional Information	<a href="#">View Here</a>
Download a copy of the Compliance training	<a href="#">View Here</a>
Download a copy of the Fraud, Waste and Abuse training*	<a href="#">View Here</a>

\*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) Program.

## Building a Sustainable Crisis System in Southwest Washington

On April 1, 2016, Beacon began providing services to residents of Clark and Skamania counties. As the Behavioral Health Administrative Services Organization (BH-ASO) for Southwest Washington, Beacon is responsible for administering behavioral health crisis services for all individuals in these two counties regardless of their insurance status or income level. Beacon is also responsible for additional non-crisis services for low-income individuals who lack insurance coverage. The BH-ASO structure is part of the Washington Health Care Authority’s Fully Integrated Managed Care (FIMC) model, which seeks to bring whole-person, integrated care to Washington’s Medicaid population.

Beacon is partnering with Portland-based ProtoCall Services to provide a 24/7/365 regional crisis hotline. Additionally, Beacon is working with county agencies, managed care organizations, providers, and other community stakeholders to offer an accessible system of crisis response and mental health and substance use disorder services for eligible individuals. Beacon is committed to providing services at an individual level and also to thinking strategically about the system of care and how the community can work together to fill gaps and bring a prevention-oriented mindset.

Working collaboratively with the existing local leadership, Beacon responded to Washington’s solicitation for forward-thinking organizations to serve as the BH-ASO. Beacon presented a vision for a crisis system that incorporated evidence-based practices around diversion and outreach. Beacon is excited to bring some of these ideas into practice, and to drive the system toward outcomes that improve the health and well-being of the region’s residents.

Learn more by visiting Beacon’s website dedicated to Southwest Washington: <http://wa.beaconhealthoptions.com>.

## 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.

## Attention-Deficit Hyperactivity Disorder

Attention-deficit/hyperactivity disorder (ADHD) is the most common behavioral disorder in children. The American Academy of Pediatrics and the American Academy of Family Physicians concur that ADHD is experienced by up to 11 percent of school age children, with rates increasing by three percent per year on average. Though typically diagnosed during childhood at the average age of seven, symptoms can be exhibited as early as age three, and can persist into adulthood. This common neuro-behavioral disorder is chronic and, left untreated, potentially leads to development of other co-morbid conditions. At the very least, a child with untreated ADHD will not be able to achieve his or her full potential academically. The Centers for Disease Control and Prevention also identifies these children as “at-risk” for accidental injury secondary to the key symptoms of impulsivity and inattention.

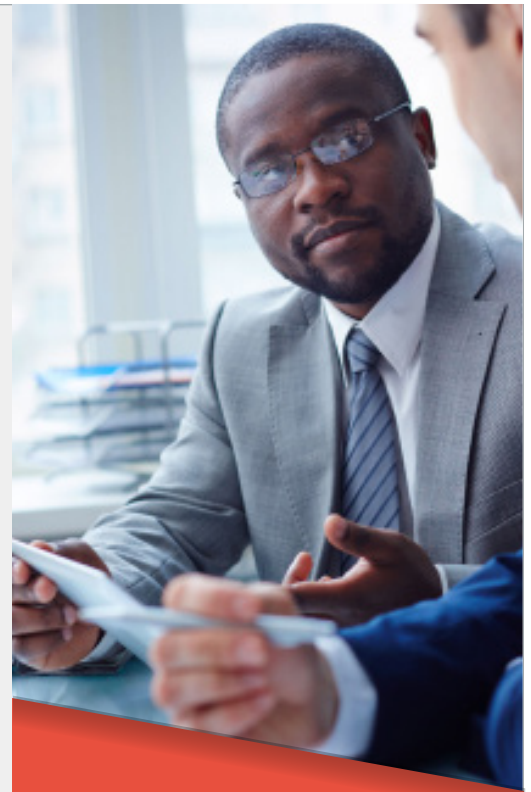
Beacon has been working on a variety of initiatives to raise awareness about the NCQA objectives and HEDIS ADHD measures, which guide our efforts in measuring the quality and effectiveness of the care provided. The ADHD measures specifically focus on follow-up care for children who are prescribed ADHD medication.

What are the HEDIS ADHD specification measures?

- The percentage of members 6-12 years of age with an initial prescription dispensed for ADHD medication and had one follow-up visit with the prescribing practitioner within the first 30 days (initiation phase)
- At least two follow-up visits within nine months following the initiation phase (continuation and maintenance phase)

What is the relevance of these measures? According to the NCQA [“State of Health Care Quality 2015”](#) report:

- Ten percent of American children have been diagnosed with ADHD, and it is one of the most common mental disorders affecting children
- When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration
- To ensure proper management, it is important that children be monitored by a pediatrician with prescribing authority
- Studies suggest there is an increased risk for substance use disorders in adolescents if ADHD is left untreated



*“Beacon has been working on a variety of initiatives to raise awareness about about the NCQA objectives and HEDIS ADHD measures, which guide our efforts in measuring the quality and effectiveness of the care provided.”*

It is important to note that once a diagnosis is made, clinical practice guidelines recommend regular follow up for pharmacologic treatments during the initial and continuation phases of treatment.

Additional resources include the [ADHD Tool Kit](#), developed by the National Initiative for Children's Healthcare Quality (NICHQ) in conjunction with the American Academy of Pediatrics. The ADHD Tool Kit provides the practitioner with a variety of tools to be used in assessing and managing the child with ADHD.

## North Carolina Engagement Center (NCEC) Quality Activity: Initiation and Engagement of Alcohol and Other Drug Dependence

According to the [2015 NCQA State of Health Care Quality report](#), Alcohol and other drug (AOD) dependence is common across many age groups and is one of the most preventable health conditions. Based on the following statistics, there is a continued struggle and need for improvement:

- There were an estimated 23.1 million Americans (8.9 percent) who needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (one percent) received treatment.
- Use of alcohol and illicit drugs total more than \$700 billion annually in costs related to crime, lost work productivity, and health care.
- Abuse of alcohol, illicit, and prescription drugs contributed to the death of more than 90,000 Americans each year.

Similar to other chronic relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. Research studies have consistently demonstrated the overall effectiveness of AOD treatment in reducing substance use, recidivism, and improving patient functioning in the workplace and community. However, even with all the advantages of AOD disorder treatment, only 35 percent of the people diagnosed with chemical dependency receive any treatment at all. Research shows that people who complete treatment within the continuum of care typically show more improvement. Additionally, success during the acute stage of treatment is associated with lasting improvements when there is continued AOD treatment.

The chronic relapse-prone nature of AOD disorders makes a case for a system of accountability beyond the boundaries of a single treatment episode. There is evidence that early recognition and intervention have an impact on the success or failure in the treatment of an individual's AOD disorder. How people manage their recovery following a specific episode of care is as important to the overall success as is the delivery of the care. Therefore, how a system of care organizes its services to support post-treatment sobriety is an important factor in a successful outcome.

The NCEC has initiated a Quality Improvement Activity designed to identify members with alcohol or other drug disorders and assist them in initiating and engaging in treatment. In addition, it is designed to determine whether this reduces the incidence of relapse and improves therapeutic outcomes.

*“How people manage their recovery following a specific episode of care is as important to the overall success as is the delivery of the care. Therefore, how a system of care organizes its services to support post-treatment sobriety is an important factor in a successful outcome.”*



This measure assesses the percentage of adolescents and adults with a new episode of AOD dependence who received the following care:

Alcohol and Other Drug HEDIS Measures	2013	2014	2015
Initiation (The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis).	42%	42%	33%
Engagement (The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit).	25%	28%	18%

Current and ongoing interventions include:

- Aftercare coordinator performing follow-up duties: ensuring attendance at appointments, referrals, and alternative appointment scheduling, assistance to discharging facility or practitioner, and referral to clinician for complex cases.
- Using Health Alert, an IT system enhancement that facilitates the follow-up care of members by providing an automatic phone reminder of an upcoming appointment.
- Expansion of admission criteria for the Intensive Case Management program to include additional high risk individuals; specifically pregnant women with substance use issues and substance use patients with medical co-morbidity.
- Case Management outreaching to members discharged from emergency departments with substance use issues. Facilitating referrals to substance use treatment programs/ providers; assistance with obtaining appointments.
- Development of workflow for warm transfers from the Health Plan for members who request additional screening/treatment for potential substance use issues.
- Valued Provider newsletter articles on NCEC Quality Activity: Initiation and Engagement of AOD Dependence.
- Provider Key Updates article on Initiation and Engagement of AOD.
- Educational articles for clients and staff through Beacon Lens on the Neuroscience of Opioid Addiction and the importance of Medication-Assisted Treatment (MAT) and therapy.
- Ongoing collaborative work with Health Plans to target members for initiation and engagement.

Alcohol baseline progress note sample forms are available [here](#).

## Change of Address: Going Green

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

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# 2016: A Year of Promise in the Fight Against Opioid Addiction

© March 29, 2016     Christie Hager     Behavioral Health, Health Policy, Outcomes, Prescription Drugs, White Papers

 No Comments

When it comes to addressing opiate addiction, it's all beginning to come together. Within mere days of each other, Massachusetts Gov. Charlie Baker signed a historic law holding great promise to curb the Commonwealth's opioid epidemic; the Centers for Disease Control and Prevention [issued guidelines](#) for prescribing opioids; and [the Surgeon General issued a report](#) on Opioid Addiction and



*“You can subscribe to receive email notifications for the blog by [visiting the site directly](#), and entering your email address under ‘Stay Informed’ on the right side of the page. We welcome and look forward to your commentary.”*

## About Beacon Lens: Recent Topics

- [Breaking the ER Recidivist Cycle: Support and Community Engagement](#)
- [Applied Behavioral Analysis: More With Less for Autism Treatment](#)
- [Addiction Treatment: Let's Get Our Definitions Straight](#)
- [2016: A Year of Promise in the Fight Against Opioid Addiction](#)

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.

Because of our partnership with you, Beacon is eager to communicate these insights. You can subscribe to receive email notifications for the blog by [visiting the site directly](#), and entering your email address under “Stay informed” on the right side of the page. 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](mailto:beaconlens@beaconhealthoptions.com).

Together, let's lead the conversation on behavioral health!

## CMS Requirement: Maintaining Accurate Demographic Data

To be compliant with recent CMS requirements, 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 continue to develop our provider network strategy, 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 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 the Council for Affordable Quality Healthcare (CAQH), 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 local [Regional Provider Relations team](#) via email.

## CAQH ProView™ Live Webinar Training

Beacon's provider network is encouraged to use CAQH ProView for demographic updates and recredentialing purposes. For more information, please see our [CAQH Spotlight](#).

In addition, CAQH is offering multiple live webinar trainings as a resource to help familiarize practice managers and providers with CAQH ProView. Help those new to your network easily access the latest CAQH ProView training schedule by bookmarking this page and posting it to your provider portal. Registration is now open for the spring/summer 2016 sessions.

CAQH also offers participating organizations ongoing live webinar training to help your staff confidently use CAQH ProView.

### CAQH ProView: Provider Overview

Teaches how to navigate CAQH ProView as a provider. After selecting a webinar to attend, providers will receive details for joining the session.

- Tuesday, May 17, 2016 | 1:00 p.m. - 2:00 p.m. ET
- Tuesday, June 21, 2016 | 1:00 p.m. - 2:00 p.m. ET
- Tuesday, July 19, 2016 | 1:00 p.m. - 2:00 p.m. ET

[REGISTER for the Webinars](#)

### CAQH ProView: Practice Manager Module

Teaches how to navigate the CAQH ProView Practice Manager Module. After selecting a webinar to attend, practice managers will receive details for joining the session.

- Tuesday, May 24, 2016 | 1:00 p.m. - 2:00 p.m. ET
- Tuesday, June 28, 2016 | 1:00 p.m. - 2:00 p.m. ET
- Tuesday, July 26, 2016 | 1:00 p.m. - 2:00 p.m. ET

[REGISTER for the Webinars](#)

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



*“CAQH is offering multiple live webinar trainings as an additional resource to help familiarize practice managers and providers with CAQH ProView.”*

### On Demand Webinars

Providers and practice managers may learn how to use CAQH ProView at their convenience by viewing recorded training sessions.

- [Recorded Provider Overview training](#)
- [Recorded Practice Manager Module training](#)

### Training for Participating Organizations

CAQH offers participating organizations two training options on multiple dates. Please [bookmark this page](#) to stay informed about the latest live webinar trainings.

#### CAQH ProView: Participating Organization Overview

Teaches how to navigate CAQH ProView as a participating organization user.

- Tuesday, May 3, 2016 | 1:00 p.m. - 2:00 p.m. ET
- Tuesday, June 7, 2016 | 1:00 p.m. - 2:00 p.m. ET
- Tuesday, July 5, 2016 | 1:00 p.m. - 2:00 p.m. ET

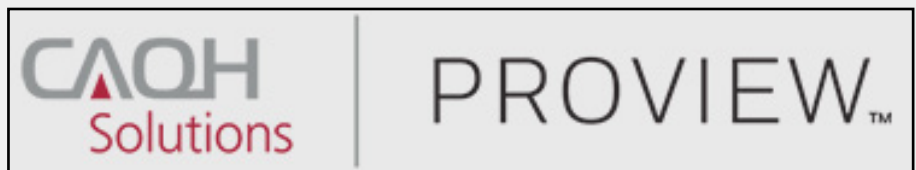
[REGISTER for the Webinars](#)

#### CAQH ProView: Participating Organization Reports Overview and SanctionsTrack

Teaches how to use the reports available to participating organizations. In addition, there will be an overview of SanctionsTrack, an add-on feature of CAQH ProView that includes provider sanctions information.

- Tuesday, May 10, 2016 | 1:00 p.m. - 2:30 p.m. ET
- Tuesday, June 14, 2016 | 1:00 p.m. - 2:30 p.m. ET
- Tuesday, July 12, 2016 | 1:00 p.m. - 2:30 p.m. ET

[REGISTER for the Webinars](#)



## Recredentialing Process Timeframe Update

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 has improved our access to provider data; therefore, we are able to shorten the processing timeframe for 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 everything is current to help save time during the recredentialing process.



## Please Log In

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Please log in by entering your User ID and password below.

\*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

\*Password

[Forgot Your Password?](#)

Log In

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a provider. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is appropriate for their patients and meets applicable standards.

## ProviderConnect: Changing Your Contact Information

As mentioned in previous articles, [ProviderConnect](#) allows updates to many different parts of a provider's demographic information. Making sure members can reach you is very important. By clicking on "Update Demographic Information" on the ProviderConnect home screen, you can verify and change your contact information, such as phone number, email, and even add your website.




These edits can be made once you're in the Mailing Address section of Provider Demographics. Then you can make any changes necessary so members obtain the correct information to reach you when contacting Beacon by phone or through various online methods.

Provider Demographics	
Provider Last Name <b>TUMNUS</b>	Provider First Name <b>PETER</b>
<b>Mailing Address:</b> ?	
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

## Summer is Coming: Modifying Your Office Hours through ProviderConnect

As summer approaches many providers change their hours. Did you know you can update your office hours through ProviderConnect? By clicking on "Update Demographic Information" from the ProviderConnect home screen, providers can change their office hours for any or all of their locations.

Once on the Provider Demographics page, providers can view their office hours under Service Location Information. By clicking "Edit," the office hours can be modified for each day of the week.

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 ?	
1 ?	ID: A00003
	Name: PETER TUMNUS
	Address: 123 Main Street STE C ABC, VA 12345 Country: US
 	Phone: (888) 888 - 8888
	Fax: (777) 777 - 7777
Office Hours: 	

**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.

## 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, June 8, 2016	11:00 a.m.-12:00 p.m. ET	<a href="#">Register Here!</a>

ProviderConnect Claims		
Wednesday, May 11, 2016	11:00 a.m.-12:00 p.m. ET	<a href="#">Register Here!</a>

Authorizations in ProviderConnect		
Wednesday, June 15, 2016	3:00 p.m.-4:30 p.m. ET	<a href="#">Register Here!</a>

### 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, May 17, 2016	1:00 p.m.-2:00 p.m. ET	<a href="#">Register Here!</a>
Thursday, June 16, 2016	2:00 p.m.-3:00 p.m. ET	<a href="#">Register Here!</a>

### 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	<a href="#">Register Here!</a>
Friday, June 3, 2016	11:00 a.m.-1:00 p.m. ET	<a href="#">Register Here!</a>

### 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 see the [CAQH ProView article](#) above or 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](#).*