

## November 2016

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



## The High Cost of Opioid Use in Your Community

These are difficult times for many communities. Resources and budgets are limited, and law enforcement personnel, county officials, social services agencies, and health care providers are struggling to do more with less. At the same time, the opioid epidemic is devastating families and communities throughout America. According to the Centers for Disease Control and Prevention (CDC), more people in the U.S. died from drug overdoses in 2014 than in any previous recorded year, and each day 78 Americans die from an opioid overdose.

For the past year, the Hazelden Betty Ford Foundation has worked in the following states to address this epidemic: Massachusetts, Minnesota, Wisconsin, Kentucky, Florida, and Arkansas. In each state, people from every community sector have shared devastating stories of how they have been effected by opioid use. Emergency room staff in local hospitals are seeing a flood of overdose patients (from young teens to older adults). First responders are saving lives by administering Naloxone. Law enforcement officers talk about their struggle to crack down on dealers and distribution networks. Employers are worried about the health of their employees and the lost productivity in the workplace due to opioid use. Faith leaders are overwhelmed by the number of deaths in their congregations. Community leaders are concerned about public safety. Educators ask if they're doing enough to prevent opioid use among adolescents. Out of all of the stories, probably the most heartbreaking are those told by parents who have lost a child to an opioid overdose.

Fortunately, communities are finding solutions to these concerns, and working together across sectors to prevent opioid use, intervene, and provide resources for those who are affected. This is a critical time for



communities to mobilize and provide their citizens with vital information and tools to combat dangerous use of heroin and prescription painkillers with the goal of minimizing its social and economic impact.

On Wednesday, November 16<sup>th</sup> at 3 p.m. ET, Beacon Health Options (Beacon) is conducting a webinar for in-network providers on solutions that communities are implementing to respond to the opioid epidemic. Hazelden Betty Ford Foundation and St. Elizabeth's Health Care (which serves Northern Kentucky) will share their experiences in revamping their treatment approaches and mobilizing their communities.

Mobilizing your community doesn't happen overnight, and it requires hard work. Yet, the return on your investment of time, money, and effort is worth it. Imagine: if hospital admissions for overdose deaths decrease; if law enforcement costs are reduced; if employers in your community see a rise in productivity; if violence, theft and other crimes in your community decrease; if schools are a safer place for your children; if one life is saved. It's worth it.

**Register Today!**

Community Response to the Opioid Epidemic Webinar  
[Wednesday, November 16, 2016 from 3-4 p.m. ET](#)

Please contact [trainingdepartment@beaconhealthoptions.com](mailto:trainingdepartment@beaconhealthoptions.com) with any questions or concerns.

## Improving Transitions from Inpatient Withdrawal Management to Outpatient MAT Programs

Evidence points to medication-assisted treatment (MAT) as a successful treatment for people with opioid use disorder, but it's a treatment modality grossly underused. Why? One explanation is that the current protocol for the transfer from inpatient withdrawal management to outpatient MAT requires lengthy wait periods without services, which are high-risk times for relapse and overdose.

To further complicate the issue, inpatient withdrawal management programs often follow an abstinence-focused medical detoxification protocol, discharging or transferring the member when the detoxification medication has been tapered to zero. When a member transfers to a methadone clinic following an inpatient withdrawal management episode of care, the member often must wait to meet with the outpatient treatment program's medical director to resume dosing, a process that can take several days or longer. Often, the end result is a relapse back to opioid use.

To address this problem, Beacon launched its "Changing Pathways Program" to seamlessly transition members from inpatient withdrawal management or detox programs to outpatient methadone maintenance. Currently, outpatient methadone treatment programs report that most of their patients are self-referred and rarely receive referrals from inpatient withdrawal management programs. Beacon's goal is to reverse this trend by ensuring that all members leaving inpatient detox are offered MAT.

On Wednesday, December 7<sup>th</sup> at 3 p.m. ET, Beacon is conducting a webinar for in-network providers on this program. We especially welcome inpatient and outpatient withdrawal management providers to attend.

**Register Today!**

Changing Pathways Webinar  
[Wednesday, December 7, 2016 from 3-4 p.m. ET](#)

Please contact [trainingdepartment@beaconhealthoptions.com](mailto:trainingdepartment@beaconhealthoptions.com) with any questions or concerns.

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## Improving Access to Behavioral Health Care Practitioners for Medication-Assisted Treatment

Beacon monitors practitioner availability quarterly to ensure a comprehensive and highly accessible network is available to all Beacon members. Data indicates that small communities are less likely to have the same availability than larger market areas. As a result, member satisfaction surveys and complaints data are reviewed annually to measure the member's experience with practitioner access and availability to identify any network issues or gaps. Review of 2015 member satisfaction data from our North Carolina Engagement Center (NCEC) demonstrated improvement in all three categories measured.

Member Satisfaction Quantifiable Measures	2015 Satisfaction Rate
Percentage of members reporting they were able to get an appointment as soon as they wanted.	88.4%
Percentage of members reporting they were offered first appointment within two weeks of request.	86.9%
Percentage of members reporting travel time to the therapist as 30 minutes or less.	88.4%

\*2015 North Carolina Engagement Center data

Another significant network issue identified was not having access to medication-assisted providers at pertinent junctures. Pertinent junctures is defined as: transitions of care, step down from inpatient to lower level of care, step up to higher level of care, or discharge to outpatient for community-based care. Medication-assisted treatment (MAT) is an evidence-based treatment for opioid addiction and can be highly effective as part of a program that includes behavioral, cognitive and other recovery-oriented interventions. All of these factors with medication may have an impact on overall member perception of treatment, care and satisfaction. Specific medication-assisted treatment prescriptions could include: methadone, buprenorphine, Suboxone®, Subutex®, oral naltrexone (ReVia®), and injectable naltrexone (Vivitrol®). These prescriptions are often used by members receiving medication-assisted therapy for opiate addiction.

Currently, there are 2 million people addicted to prescription opioids and 500,000 people addicted to heroin in the United States. This addiction cuts across all segments of our society. Some people started with legitimately prescribed pain medications during a time when physicians were encouraged to screen and treat for pain more liberally. As prescription pain medication has been more tightly controlled, heroin use is again on the rise. Opioid-related deaths have tripled in the U.S. since the 1990s, now outnumbering motor vehicle accident deaths.

Beacon's NCEC felt this was an area of concern and has been conducting a quality improvement activity to target increasing member satisfaction with appointment availability and the access and utilization of network practitioners for MAT. MAT is cost-effective because of better outcomes, decreased use of acute services, improved functionality of treated individuals; and the decreased crime and legal expense associated with untreated addiction.

Quality initiatives and plans will continue to be developed, implemented, and analyzed to insure our network and services are accessible to all our members and that MAT is available.



*“MAT is cost-effective because of better outcomes, decreased use of acute services, improved functionality of treated individuals; and the decreased crime and legal expense associated with untreated addiction.”*



## Medication-Assisted Treatment: New SAMHSA Reporting Requirements

The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued new reporting requirements for physicians who will be authorized to prescribe buprenorphine at the new limit of 275 patients. The rule, announced October 2<sup>nd</sup>, is part of the U.S. Department of Health and Human Services' [Opioid Initiative](#) that focuses on improving opioid prescribing practices, expanding access to medication-assisted treatment (MAT) for opioid use disorder, and increasing the use of naloxone to reverse opioid overdoses.

Read the [full SAMHSA press release](#) for more information. For additional information on addressing opioid addiction, including MAT as a best practice, please refer to Beacon's White Paper, "[Confronting the Crisis of Opioid Addiction](#)."

We recommend Beacon providers visit [ProviderConnect](#) to review provider details through "My Practice Information" and confirm the services offered are captured correctly, especially if providing MAT-type services such as Medication Management or Suboxone Therapy. If an update to specialties and modalities is necessary, click "Send Inquiry" to submit this information. A Provider Relations representative will reach out if there are any questions.

## Beacon Health Options Treatment Guidelines

Beacon's clinical practice guidelines are adopted from recognized sources such as the American Society for Addiction Medicine (ASAM), American Psychiatric Association (APA), and Substance Abuse and Mental Health Services Administration (SAMHSA). The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

Beacon has recently reviewed and/or made changes to various clinical practice guidelines, including:

- Post-Traumatic Stress Disorder
- Autism Spectrum Disorders
- Generalized Anxiety Disorder
- Methadone Safety
- Opioid-Related Disorders
- Suboxone
- Substance Use Disorders
- Telemental Health
- Use of Atypical Antipsychotic Medications

Visit our [Treatment Guidelines](#) page for a full listing of our current clinical practice guidelines.



*"Visit our [Treatment Guidelines](#) page for a full listing of our current clinical practice guidelines."*



*“Contacting CAQH does not automatically notify all carriers of a change and is not sufficient, especially concerning licensure or legal actions which could affect member care.”*

## Avoiding SPAM: Receiving Email from Beacon

On a regular basis, Beacon sends communications to our providers, including pend notices, credentialing documentation, and recredentialing reminders. Notifications may be time sensitive or require action in some way.

Our goal is to send information electronically whenever possible so it reaches you quickly. This supports our E-Commerce Initiative and also saves on postage costs. However, recent feedback suggests that not all of our communications are reaching our providers.

We encourage providers to check their junk mail folders on a regular basis and be sure to add email addresses that end in @beaconhealthoptions.com to approved sender lists so emails aren't caught in your email's spam filter. This process, often referred to as “whitelisting,” is the act of allowing email to be received from a particular domain.

The best process to add beaconhealthoptions.com as a trusted email domain depends on your email provider. For example, many programs like Yahoo!, Gmail, or AOL may have the option to right-click the email address in the message and add it to your address book, whereas other programs such as Microsoft Outlook have the ability to modify email preferences or options directly through the program itself.

## Importance of Notifying Beacon Prior to Changes in Practice Information

Any change in your practice must come through Beacon in accordance with the timeframes established in your provider agreement and our [Provider Handbook](#). This is particularly important to maintain continuity of member treatment if transition of care is necessary.

For example:

- Any licensure action which may impact member care must be reported to Beacon within five calendar days of the effective date of the action.
- Expiration, non-renewal, decrease in required malpractice or professional liability coverage must be reported 30 days prior to the change.
- A move or practice expansion to another state, which often requires credentialing activities to verify licensure and liability coverage before members can be seen in that state.
- Any changes in practice patterns, such as coverage arrangements, hours of operation, and/or changes in ownership must be provided to Beacon in advance of such changes.

Beacon is pleased to continue our partnership with the Council for Affordable Quality Health Care (CAQH) as a resource to help providers maintain accurate information. However, contacting CAQH does not automatically notify all carriers of a change and is not sufficient, especially concerning licensure or legal actions which could affect member care.

We appreciate the extra effort made to keep Beacon informed. Updates to your practice information can be made via [ProviderConnect](#). For assistance, please contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.

## Maintaining Accurate Demographic Data

To be compliant with recent requirements set forth by the Centers for Medicare & Medicaid Services (CMS), providers may receive reminders from Beacon regarding maintaining accurate demographic data. We encourage providers to be conscientious regarding any communication which may require action or response to ensure that necessary information is received in a timely fashion.

As we develop our provider network strategy related to the merger of our two organizations, it is crucial that we maintain the most current, up-to-date information on file for our network. This also helps maximize your business potential and assists Beacon with providing accurate referrals for members seeking services. As outlined in our [Provider Handbook](#), we ask providers to contact us with any demographic changes in advance, whenever possible and practical. Most information, such as contact information, website URL, office hours, service, and billing locations can be easily updated through the "Update Demographic Information" section on ProviderConnect. To notify Beacon of a change in gender, specialties, licensure, or patient population seen, an inquiry can be sent through provider details by viewing provider contact information in the "My Practice Information" section of [ProviderConnect](#).

You may receive reminders like these throughout the year. This is 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 Council for Affordable Quality Health Care (CAQH), for example, an update with them will ensure that everything stays consistent.

If you have any questions or need assistance updating your demographic data, you may contact our National Provider Services Line at 800-397-1630 between 8 a.m. and 8 p.m. ET, Monday through Friday, or reach out to your [Regional Provider Relations team](#) via email.

## Member Empowerment Survey: Request for Your Opinion

Whether it is called member empowerment or person-centered care, providers who put patients and their families at the center of decisions and work alongside them positively impact quality of care. One method of member empowerment is to put the member in the driver's seat when it comes to developing a care treatment plan. Beacon surveys its members continuously, and so far for 2016, over 90 percent of members indicate that their Beacon providers already include them in planning their treatment goals. Thank you for your continued commitment to putting members in the best position to be successful in their treatment!

As we always strive for best practices, we'd like to ask for your feedback so we can learn more about the methods you've been using to facilitate member empowerment within your practice. We encourage you to take a few minutes within the next week or two to complete our [Member Empowerment](#) survey. The survey is anonymous, though you'll have a chance to include your name if you would like to be identified with any examples we include in future educational materials.

Your survey responses will be used in several ways:

- To discover how Beacon providers are already successfully empowering members
- To determine opportunities and modes for sought-after education
- To develop a best practice-guide of member-empowerment methods

We thank you in advance and look forward to your feedback and recommendations!



Participation Encouraged:  
[Member Empowerment Survey](#)

We thank you in advance  
and look forward to  
your feedback and  
recommendations!

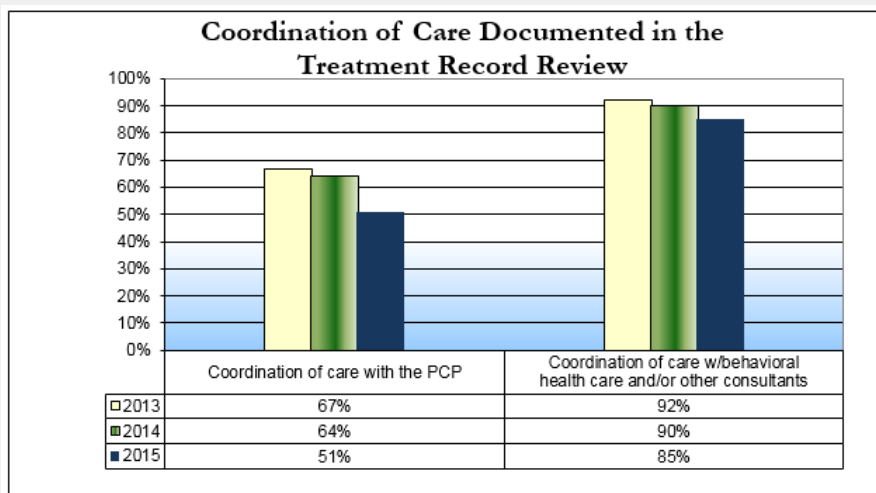


## Care Coordination between Behavioral Health and Medical

Ensuring that patients have been evaluated medically is critical to good patient care. When a patient has multiple providers, communication becomes essential to promote quality health care, ensure safe practice, and prevent potential medical errors or complications. Beacon has initiated activities to help practices improve documentation in this area:

- Forms are available to help you obtain your patient's authorization to share information with the Primary Care Physicians (PCP). To download a copy of the form visit: [http://www.valueoptions.com/providers/Forms/Administrative/Member\\_Release\\_of\\_Information\\_Form.pdf](http://www.valueoptions.com/providers/Forms/Administrative/Member_Release_of_Information_Form.pdf).
- Member education tip sheets explaining why this is important may be copied and used in your practice. Copies may be obtained by calling the Quality Department at 866-719-6032.
- If you or someone in your practice has created a successful system enabling increased coordination of care with PCPs or other Behavioral Health Practitioners, we would like to hear about it. Email all comments to [carrie.turner@beaconhealthoptions.com](mailto:carrie.turner@beaconhealthoptions.com).

*“When a patient has multiple providers, communication becomes essential to promote quality health care, ensure safe practice, and prevent potential medical errors or complications.”*



For example, a review of 2015 Treatment Record data from the North Carolina Engagement Center demonstrates a decrease in coordination of care based on statistics from the previous year.

What can practitioners/clinicians providing outpatient services do?

- Request a discharge summary and/or continuing care plan from the hospital or treatment facility.
- Contact the patient prior to the first appointment to confirm appointment date and time.
- Schedule two appointments—the first appointment within seven days of discharge.
- Assess the patient thoroughly, including medication and appointment compliance.
- Convey a sense of availability to the patient by including an emergency contact number.
- Keep alternate patient phone numbers or a phone number of a relative or friend in case of a missed appointment.
- Reach out to the patient after any missed appointments
- Coordinate/communicate treatment with the member's psychiatrist, therapist, and PCP.



*“Several months before coverage ends, Medicaid recipients will receive renewal information from their state department that manages Medicaid eligibility. If the renewal information does not arrive, recipients must contact their local agency that manages Medicaid to request a copy.”*

What can facilities do for the patient upon discharge?

- Ensure the continuing care plan is complete, including the patient’s first appointment with contact information at the next level of care.
- Schedule the first appointment or two with the outpatient provider while the member is present—do not leave scheduling to the patient.
- Fax the continuing care plan to the outpatient provider and the PCP.
- Make certain the discharge review is faxed or phoned into Beacon on the day of discharge so appropriate follow up by Beacon can occur.
- Contact the Beacon care manager for questions and/or for assistance identifying a practitioner.
- Coordinate discharge planning with the assigned Beacon care manager.
- Educate the family on the importance of the members keeping the discharge appointment.

## Medicaid Providers: Help Your Patients Keep Their Coverage

Remind patients to renew their Medicaid eligibility. Several months before coverage ends, Medicaid recipients will receive renewal information from their state department that manages Medicaid eligibility. If the renewal information does not arrive, recipients must contact their local agency that manages Medicaid to request a copy.

For example, in New York State, Medicaid recipients who are enrolled through the NY State of Health Marketplace must recertify through the Marketplace. This can be done by phone by calling 855-355-5777 (TTY: 800-662-1220) or going online at [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov). For New York City Medicaid recipients, EmblemHealth can help. Emblem’s Facilitated Enrollment staff is available to assist. If Medicaid patients have questions about the renewal process or want help completing the renewal application, they can call 888-432-8026.

## MVP Providers: Medical Record Review

MVP Health Care and Beacon, MVP’s behavioral health vendor, are required to comply with standards set forth by the Centers for Medicare & Medicaid Services (CMS). In addition, MVP is also required to follow New York state standards for claim data submission and coding accuracy. As a result, MVP has established a team that conducts periodic medical record reviews of member files in order to meet these standards. Reviewing chart notes allows MVP to verify that serious or chronic medical conditions are being reported with the most appropriate diagnosis and coded to the highest level of specificity.

MVP’s Chart Procurement Specialists work with provider offices to obtain these records. MVP will typically schedule visits to provider offices to scan member charts using secure laptops with state of the art encryption software. Charts can also be sent by fax to a secure fax server or mailed via USPS, FedEx, etc. MVP is compliant with HIPPA and 42 CFR Part 2 regulations regarding procurement and retention of Personal Health Information. All patient information obtained by MVP staff is handled in the most secure means available.

If MVP contacts your practice to obtain medical records for their members, we ask that you cooperate with their request and share the requested medical records with MVP.





For a full list of our tutorials, check out our [Video Tutorials](#) page.

## ProviderConnect Downtime

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

ProviderConnect and MOS ProviderConnect will be unavailable December 16-17, 2016 to perform standard maintenance.

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

Please visit [Beacon's Provider homepage](#) to check the pop-up message as it will be updated to reflect system availability.

## ProviderConnect Video Tutorials

As we continue to update ProviderConnect, we are also revising our video tutorials. These are quick five- to 10-minute videos on many different topics. While many of our tutorials have been updated, we have also added a few new ones. You can now view video tutorials on the following:

- How to View Authorization Letters
- How to Search a Claim
- Correcting a Claim
- Submitting an EAP Case Activity Form
- Updating Demographic Information

For a full list, check out our [Video Tutorials](#) page.

## Giving Value Back to our Providers

If you are new to the Beacon Health Options, formerly ValueOptions, provider network or looking for a refresher course on Fraud, Waste, and Abuse to make sure you remain compliant within your practice, then we invite you to join us for our quarterly "Giving Value Back to the Provider" webinar series. We have two sessions scheduled for early December and encourage you or your administrative office staff to register for the one that best fits your schedule.

In addition to program integrity, this presentation will provide a company overview and explanation of various processes, such as credentialing and clinical operations. We'll share recent initiatives and ongoing activities as well as review electronic resources available to our provider community.

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

### Register Today!

[Thursday, December 1, 2016 from 2-4 p.m. ET](#)  
[Friday, December 2, 2016 from 11 a.m.-1 p.m. ET](#)

**Contact Us:** If you do not have internet access and would like a hard copy of this newsletter, please contact our National Provider Services Line at 800-397-1630.



Beacon has the ability and responsibility to help shape the conversation about behavioral health. Through the Beacon Lens blog, we respond rapidly to pressing and controversial areas in behavioral health today to help drive real, effective change. Here are some of our recent posts:

- [Mental Health Parity: Progress and Implementation](#)
- [The Unexpected: Part of the Awesome Beacon Bike Ride](#)
- [The Three Pillars of the Awesome Beacon Bike Ride](#)
- [Beacon Peer's Hard-Fought Lesson: Heal Thyself](#)
- [Coming Out vs. Coming of Age](#)
- [Bike Ridin' for the Cause](#)
- [Barbecue, Martial Arts, and Measurement-Based Mental Health Systems](#)
- [Teamwork: A Different Form of Storytelling](#)

You can subscribe for email notifications for the blog [by visiting the site directly](#). We look forward to your commentary. If you have a topic suggestion, email: [beaconlens@beaconhealthoptions.com](mailto:beaconlens@beaconhealthoptions.com).

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



For additional tools and resources for members, please visit our [Achieve Solutions](#) website.

## Too Much Screen Time: How to Set Limits

Many of our daily interactions with others are done electronically, maybe even more so than face-to-face. We can contact people and access the internet just about anywhere, anytime we want.

We are spending more time in front of screens than ever before, and it might be more than is good for us. Larry Rosen, PhD, author of *iDisorder: Understanding Our Obsession With Technology and Overcoming Its Hold on Us*, says that many teenagers and young adults check in with social media and their smartphones every 15 minutes or less. And if they can't, they get nervous.

This feeling of anxiety explains the urge to check email, texts, Twitter, or Facebook at any opportunity. It's why some of us can't make it through a movie, dinner, or conversation without doing so. We fear we might miss something important, Dr. Rosen says.

For more information, see the complete [Too Much Screen Time: How to Set Limits](#) article.

By Melanie O'Brien  
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## Upcoming Webinars

### ProviderConnect

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

**Overview of ProviderConnect** is intended for providers and office staff becoming familiar with ProviderConnect for the first time. This also serves as a good refresher training.

Overview of ProviderConnect		
Wednesday, November 9, 2016	3-4 p.m. ET	<a href="#">Register Here!</a>

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

Authorizations in ProviderConnect		
Tuesday, December 13, 2016	11 a.m.-12:30 p.m. ET	<a href="#">Register Here!</a>

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

ProviderConnect Claims		
Tuesday, November 15, 2016	1-2 p.m. ET	<a href="#">Register Here!</a>

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

ProviderConnect Tips and Tricks		
Tuesday, December 20, 2016	1-2 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, December 1, 2016	2-4 p.m. ET	<a href="#">Register Here!</a>
Friday, December 2, 2016	11 a.m.-1 p.m. ET	<a href="#">Register Here!</a>

### Introduction to On Track Outcomes

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

Introduction to On Track Outcomes		
Thursday, November 17, 2016	2-3 p.m. ET	<a href="#">Register Here!</a>
Thursday, December 15, 2016	1-2 p.m. ET	<a href="#">Register Here!</a>

### Coming Soon!

Our webinar platform will be fully transitioning from Citrix GoTo to Cisco WebEx by the end of the year. We hope this will enhance your webinar experience, but acknowledge there may be an adjustment period. When accessing a webinar, be sure to review all information carefully and verify system compatibility to avoid technical difficulties.

*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](#).*