

## COVID-19 Resources for Beacon Providers

Beacon remains committed to providing the same quality support that our members, clients, and providers have come to expect from us. That includes ensuring we are communicating with our stakeholders frequently about COVID-19 and their wellbeing, as well as our response to the pandemic.

To help us do this in the face of this national public health emergency, we created and launched an external coronavirus resource page for members, clients, and providers.

Beginning in April 2020, Beacon has supported a monthly provider webinar series, entitled “Caring through COVID.” Invites are sent via email and we hope that you are able to attend. Presentations are available on Beacon’s website as noted below in video and presentation format. This series will continue on a monthly basis through 2021, with an aim to offer tools to providers in managing service delivery and self-care during the pandemic.

Visit the Provider Resources webpage [here](#) to find more information on Coronavirus and mental health. Offerings include:

### Video | PowerPoints

- Integrating primary care and behavioral health during COVID-19
- Use of telehealth for applied behavioral analysis
- Treatment of children and families over telehealth
- Suicide prevention and care during the COVID-19 pandemic and beyond
- Delivering substance use disorder care via telehealth
- Compassion fatigue for providers and clinicians
- Stress-related conditions in healthcare workers and first responders

### FAQs

- Intensive Outpatient Program (IOP) & telehealth
- Partial Hospitalization Program (PHP) & telehealth
- COVID-19 FAQs
- Business support FAQs for providers
- Coronavirus general and mental health FAQs
- Applied Behavior Analysis (ABA)/COVID-19 FAQs

### Articles

- How to navigate anxiety caused by coronavirus
- How to help children navigate anxiety caused by coronavirus
- Tips for housebound families
- Social distancing for the social animal

### State-Specific Guidelines

## Review the Clinical Practice Guidelines and Measurement Tool

Beacon reviews and endorses clinical practice guidelines on a regular basis to support providers in making evidence-based care treatment decisions on a variety of topics. The most up-to-date, [endorsed, clinical practice guidelines are posted on the Beacon website](#).

Additionally, each year, Beacon measures providers' adherence to at least three (3) Clinical Practice Resources. Beacon has chosen the following two adult-focused and one child-focused Clinical Practice Resources for 2021 national measurement, unless otherwise required by contract:

### Clinical Practice Resources

1. **National Action Alliance For Suicide Prevention: [Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe](#)** (PDF)
2. **American Psychiatric Association [Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition](#)**
3. **American Academy of Pediatrics [Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention Deficit/Hyperactivity Disorder in Children and Adolescents](#)** (PDF)

Beacon will review a portion of its members' medical records using the tool posted on the [Beacon website](#). Questions were developed from the resources.

Please take time this month to review the clinical practice guidelines and measurement tool to ensure your standards of practice align.

[Learn more](#)

## Revised Treatment Record Review Tool for Chart Audits

As part of our member safety program and the recredentialing process, Beacon reviews a random sample of provider/facility charts at least every 36 months. The treatment record review includes a review of required documentation for the following key areas:

- Coordination with other behavioral health (BH) providers
- Coordination of care with primary care providers (PCPs)
- Assessment
- Treatment plan
- Adherence to clinical practice guidelines

The revised audit tool includes three telehealth questions related to member safety:

- Session modality documentation (audio, video, office based)
- Documentation of member's physical location during session
- If technical issues, documentation of how those were resolved and how session was continued or rescheduled

## Free Online Self-Management Tools for Members

When members can self-identify risk factors or health issues early on, they can proactively take steps to improve their health and reduce potential risk factors. Offering self-management tools encourages members to monitor, track, and take charge of their own behavioral and/or physical health conditions.

Beacon offers member-specific self-management tools and educational content on its [Achieve Solutions platform](#), which you can find on the [Beacon Health Options website under Member Health Tools](#).

Topics include, but are not limited to:

- Adult BMI Calculator
- Reducing High-Risk Drinking
- Increasing Physical Activity
- Integrated Care: Taking Charge of Your Health
- Do You Have a Nicotine Addiction?
- Are Your Weight Management Habits Healthy?
- Managing Stress in Your Life
- Identifying Common Emotional Concerns
- How Well Do You Bounce Back from Life's Challenges?

Consider using these member-specific tools with Beacon members and/or recommending the website to members and their families, when appropriate.

[Learn more](#)

## Reminder to Use Standardized Screening Tools with Members 13 Years and Older – Especially for Depression, Suicide, and Comorbidity Issues

Beacon supports the early detection and treatment of depressive and comorbid disorders to promote optimal health for members 13 years and older.

A few helpful reminders:

- Beacon offers many screening tools and programs available at no cost:
  - [PCP/ Provider Toolkit](#)
  - [Depression Screening Program](#) (PDF)
  - [Comorbid Mental Health and Substance Use Disorder Screening Program](#) (PDF)

- Use screening tools at the first visit and repeat at regular intervals as clinically indicated to identify potential symptoms that may need further evaluation.
- Depression
  - Patient Health Questionnaire 9 (PHQ-9) is a brief, multi-purpose tool for assessing depression, and is available in [English](#), [Spanish](#), and a variety of other languages in [Beacon's PCP/ Provider Toolkit](#).
  - When assessing for depression, remember to rule out bipolar disorders; you may choose to use the [Mood Disorder Questionnaire \(MDQ\)](#).
- Suicide
  - Beacon endorses the National Action Alliance for Suicide Prevention's [Recommended Standard Care for People with Suicide Risk](#), which screens individuals for suicide and includes a list of screening tools in the Appendix.
- Comorbidity issues
  - Remember to screen for possible mental health disorders when a diagnosis of a substance use disorder is present and conversely to screen for a potential substance use disorder when a mental health disorder is present.
  - The [CRAFT Screening Interview](#) (PDF) assesses for substance use risk specific to adolescents.

[Learn More About the Depression Screening Program \(PDF\)](#)

[Learn More About the Comorbid Screening Program \(PDF\)](#)

## Ensure Your Practice Supports Our Member Rights and Responsibilities

Beacon's Member Rights and Responsibilities Statements are available in English and Spanish for download from our website.

Providers and practitioners are encouraged to ensure your practice supports the Rights and Responsibilities of our Members.

[Learn More](#)

## Medical Necessity Criteria Available Online

Beacon's clinical criteria, also known as medical necessity criteria, are based on nationally recognized resources and updated at least annually.

Medical necessity criteria vary according to individual state and/or contractual requirements and member benefit coverage.

To find out more information about the development of Beacon’s Medical Necessity Criteria or to obtain copies, please visit Beacon’s website.

[Learn More](#)

### **Reminders Regarding Beacon’s Ethical Approach to Utilization Management Decisions**

Licensed behavioral health care professionals work cooperatively with practitioners and provider agencies to ensure member needs are met. Utilization-related decisions are based on the clinical needs of the members, benefit availability, and appropriateness of care. Objective, scientific-based criteria and treatment guidelines, in the context of provider or member-supplied clinical information, guide the decision-making process.

Beacon does not provide rewards to any of the individuals involved in conducting utilization review for issuing denials of coverage or service. There are no financial incentives to encourage adherence to utilization targets and discourage under-utilization. Financial incentives based on the number of adverse determination or denials of payment made by any individual involved in utilization management decision making are prohibited.

### **Appointment Access Reminder**

Beacon strives to provide members with accurate, current Provider Directory information. Participating providers are expected to maintain established office hours and appointment access. Beacon’s provider contract requires that the hours of operation of all network providers be convenient to the members served and not discriminatory. Participating providers are required to maintain the following access standards:

<b>If a member has a:</b>	<b>They must be seen:</b>
Life-threatening emergency	Immediately
Non-life threatening emergency	Within 6 hours
Urgent needs	Within 48 hours
Routine office visit	Within 10 business days
Routine Follow-up office visit (non-prescriber)	Within 30 business days of initial visit
Routine Follow-up office visit (prescriber)	Within 90 business days of initial visit

As a reminder, if at any time your practice is not able to meet the appointment access requirements, please update your Provider Directory information:

- Practitioners: Visit [CAQH](#), update, and attest
- Provider Groups and Facilities: Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630

## Cultural and Linguistic Needs of Beacon's Membership

Beacon serves a diverse population, representing multiple cultural and linguistic groups and includes pediatric, adult and geriatric individuals across the United States. Beacon is committed to meeting our members' cultural and linguistic needs and preferences. We assess the ethnicity and language profiles of our membership in addition to our provider and practitioner networks to ensure our network is able to meet our membership's cultural needs and preferences. Our Care Managers make referrals to participating providers, taking into account member preferences such as geographic location, hours of service, cultural or language requirements, ethnicity, gender and type of degree the participating provider holds. As part of Beacon's Quality Management Program, Beacon incorporates principles designed to encourage the provision of care and treatment in a culturally competent and sensitive manner. These principles include:

- Emphasis on the importance of culture and diversity
- Assessment of cross-cultural relations
- Expansion of cultural knowledge
- Consideration of sex and gender identity
- Adaptation of services to meet the cultural and linguistic needs of members
- Make resources available to members who require culturally, linguistically, and/or disability competent care such as disability and language lines

Additionally, Beacon offers interpretation services and written materials in alternative languages and formats for our membership.

Participating providers are reminded to take the cultural background and needs of members into account when developing treatment plans and/or providing other services.

Visit **Achieve Solutions** through our provider portal to find more information on Diversity and Cultural Awareness. Offerings include:

### Articles:

- [Culture Matters: How to Bridge Gaps and Work Effectively](#)
- [R-E-S-P-E-C-T Spells Cultural Competency](#)
- [Caring for Our Communities](#)
- [Look to Your Culture to Cope with Trauma](#)
- [Culture and Resilience](#)

### Webinars:

- [Fostering Inclusion in the Workplace](#)
- [Nurturing Respect in the Workplace](#)

- [Raising Children to Respect Diversity](#)
- [Unconscious Bias](#)

Please assist the Beacon team by updating your provider directory profile for language capabilities and ethnicity so we can better serve our membership.

- Practitioners: Visit [CAQH](#), update, and attest
- Provider Groups and Facilities: Visit our [provider portal](#) or call our National Provider Service Line at 1-800-397-1630

## 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 as well as coordination between different behavioral health providers who may be involved in a member's treatment.

### TIPS TO IMPROVE COORDINATION OF CARE

1. Request a release of information from the member to coordinate with his/her medical providers or behavioral health providers. Use motivational interviewing techniques to encourage information sharing across providers.
  - a. Educate the member that care coordination improves patient safety and can lead to improved treatment outcomes. Explain in detail what will be shared and why.
  - b. Discuss any concerns about care coordination with the member. Encourage questions and provide adequate time for discussion.
2. Use a standard form to share information. You can use your own or one of the two versions available for free on Beacon's website: <https://www.beaconhealthoptions.com/providers/forms-and-resources/>. Please note you will need to login to view the form.
  - a. For Coordination with a Primary Care Provider:
    - Authorization for Behavioral Health Provider and Primary Care Provider to Share Confidential Information Form

- Primary Care Provider Behavioral Health Communication Form
- b. For Coordination with other provider types, such as another behavioral health provider:
  - Authorization for Beacon Health Options to Release Confidential Information (also available in Spanish)
- 3. Follow a standard process for sharing and requesting information with the member's medical or behavioral health provider(s).
  - a. Call the provider's office and ask the office manager or receptionist how best to communicate and share information. Discuss a protocol for any urgent medical or behavioral health needs.
  - b. Routinely communicate with any other treatment providers at specific points in treatment, such as when treatment begins, when there are changes in the member's status, or upon discharge.
- 4. Ensure that this coordination of care is documented in the member's medical record. Audit your own records for compliance with your policies and procedures.
- 5. Ensure that your intake paperwork/process includes medical history and any other treatment history.
- 6. Keep the member in the communication loop, as clinically appropriate. Provide ongoing updates on communication between you and other providers.

## Referring to Beacon's Care Management Program

Beacon's Care Management Program assists members with a variety of behavioral health care needs to achieve and maintain optimal functioning in the community. Dedicated clinical staff work directly with members who may need a wide range of support, from brief assistance connecting to supportive services to those with more complex conditions requiring individualized case management services over a longer period of time.

Beacon clinicians offer members enrolled in the program assistance such as accessing behavioral health benefits, coordinating with medical care providers, providing condition-specific educational materials and patient safety education, and developing a plan to improve social determinants of health.

Members of any age can be referred to the program and are triaged according to risk. Examples of factors indicating high-risk case management services include, but are not limited to, the following:

- Multiple recent inpatient admissions for primary behavioral health issues or comorbid behavioral/medical health conditions and lack of outpatient follow-up

- Multiple recent emergency room admissions with psychiatric complaints and no evidence of ongoing treatment support
- Complex comorbid behavioral and medical health conditions, including but not limited to: diabetes, heart disease, obesity, HIV, pregnancy, postpartum depression or psychosis
- Significant suicidal or homicidal risk or repeated high risk behaviors
- Multiple failed substance use treatment attempts
- New and/or unstable high-risk behavioral health diagnoses such as eating disorder, schizophrenia, schizoaffective, or dissociative identity disorder
- High utilizers: Members in the top one to five percent of overall behavioral health service utilization for service population
- Special vulnerable populations with no evidence of ongoing treatment support to resolve potential issues associated with their condition, such as:
  - Pregnant women with substance use disorders
  - Children five years old or younger with a bipolar diagnosis
  - Children 10 years old or younger with inpatient admission

If you have a client you would like to refer to Beacon’s Care Management Program, you may do so via [ProviderConnect](#). After logging in, click the “Enter Case Management Referral” link on the home page and then follow the prompts to complete a brief referral. Providers may also call the National Provider Service Line at 1-800-397-1630 to make a referral. Beacon clinicians will review the request and follow up with the member as appropriate. □

## What is HEDIS®?

HEDIS® refers to the Healthcare Effectiveness Data and Information Set developed by the National Committee for Quality Assurance (NCQA). HEDIS is a set of performance measures used in the managed care industry, is part of NCQA accreditation, and is an essential activity for Beacon to ensure members are getting the best care possible. This is accomplished through the collection and analysis of data documenting the clinical care received by individual plan members from providers, influenced through activities and programs delivered by the health plans. The data is aggregated and reported collectively to reflect the ‘collective’ or population-based care received by the plan’s membership. These reports have become a major component of quality rating systems that measure the clinical quality performance of health plans by Centers for Medicare & Medicaid Services, states offering Medicaid, and other entities.

## Why is HEDIS important?

HEDIS is an important part of the Quality Improvement Strategy at Beacon. Strong HEDIS performance reflects enhanced quality of care. Additionally, since over 90% of health plans participate in HEDIS and the NCQA provide specific definitions for measures, Beacon can compare rates across the organization in addition to setting

performance targets and using benchmarks to monitor performance for our health plans in an ‘apples to apples’ way.

### **What Behavioral Measures does HEDIS monitor?**

HEDIS is a collection of over 90 measures across six domains of care. About 15 of those measures are behavioral health focused, specific to mental health and substance use. These behavioral health measures focus on areas like medication adherence, effectiveness of care, utilization of services, and access and availability of care for mental health and substance use.

#### **Follow Up After Hospitalization for Mental Illness: 7 & 30 Day (FUH)**

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in re-admittance to an inpatient facility. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient’s return to baseline functioning in a less-restrictive level of care. The FUH measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

#### **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)**

Early identification of substance use disorder issues can help your patients avoid future drug-related illnesses and deaths, as well as improve quality of life. The IET measure assesses the percentage of adolescent and adult members with a new episode of alcohol and other drug use or dependence who have received an initiation of treatment event within 14 days of diagnosis, as well as those who have received an initiation of treatment event and two or more additional qualifying services within 34 days of the initiation visit.

#### **Antidepressant Medication Management (AMM)**

According to NCQA’s “State of Health Care Quality 2013” report, approximately 50% of psychiatric patient and primary care patients prematurely discontinue antidepressant therapy (when assessed at six months after the initiation of treatment):

- ✓ Less than half of those impacted by depression receive treatment even though effective treatments are available.
- ✓ Appropriate dosing and continuation of medication therapy in both the short-term and the long-term treatment of depression decrease the recurrence of depressive symptoms.
- ✓ Increasing client compliance with prescribed medications, monitoring treatment effectiveness, and identifying and managing side effects are all best practices when managing care for clients with depression.

The AMM measures assess the rate of members aged 18 and older with a diagnosis of major depression who are treated with an antidepressant medication and remain on antidepressant medication throughout their treatment period.

### **Follow Up Care for Children Prescribed ADHD Medication (ADD)**

Attention-deficit/hyperactivity disorder (ADHD) is the most common mental health disorder affecting children. The estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey, is 6.1 million (9.4%). This number includes 2.4 million children aged 6-11 years.

Both medication and/or behavioral therapy are recommended ADHD treatments, however:

- 43% are treated with medication alone
- 13% are treated with behavioral therapy alone
- 31% are treated with combination therapy (i.e. medication and behavioral therapy); and
- 6.5% of children with ADHD are receiving neither medication treatment nor behavioral therapy

The ADD measure assesses the rate of members ages 6-12 on ADHD medication who had at least three follow-up care visits within 10 months (one within 30 days) of the first ADHD medication being dispensed.

### **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)**

As many as 60% of patients diagnosed with schizophrenia do not take medications as prescribed. When antipsychotics are not taken correctly, member outcomes can be severe, including hospitalization and interference with the recovery process. Medication adherence problems may make it difficult for a prescriber to assess the member's medication response. Prescribers may unnecessarily alter medication type or dosage in order to resolve what appears to be medication complications for a member who actually has an adherence problem. The SAA measure assesses the percentage of members 18+ diagnosed with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

### **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**

Persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes; because of this, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and

death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream. The SSD measure assesses the percentage of members age 18 – 64 with schizophrenia or schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test.

Please visit our website for additional information about these Behavioral Health Measures. Beacon's website offers [Provider Tip Sheets](#), as well as member and provider-level tools to assist you in finding needed member services and other useful resources.

**Important Reminder:** Beacon strives to provide members with accurate, current provider directory information. Providers are required to notify Beacon about any inaccuracies so that appropriate corrections may be made.

- Practitioners: Visit [CAQH](#), update, and attest
- Provider Groups and Facilities: Visit our [provider portal](#) or call our National Provider Service line: 1-800-397-1630