



December 2018

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Serving Those Who Serve: Help Those Who Lost a Loved One to Suicide

Death by suicide can be devastating for the people left behind, and military families are more likely than those in the general population to experience such a loss. On average, 13.3 per 100,000 people take their own lives in the U.S. Among active duty service members, that rate is 20.2 per 100,000; 24.7 among reserves; and 27.1 among National Guard members.

The risk for veterans is even higher. Veterans make up just 8.5 percent of the U.S. population, yet account for 18 percent of all adult suicide deaths in this country. The suicide of a loved one brings out complex emotions that can complicate the grieving process. If you are helping a military family who has lost a loved one to suicide, they may feel:

- ◆ Guilt for not being able to prevent the death
- ◆ Anger at their loved one for abandoning them, at themselves for missing warning signs, and at others who they believe may have had a role in the suicide
- ◆ Confused by unanswered questions
- ◆ Rejected by their loved one



Help is available
24/7 through the
National Suicide
Prevention
Lifeline at
800-273-TALK
(8255).

Your clients may also have symptoms of depression and trauma, especially if they witnessed the suicide or found the body. Common reactions include:

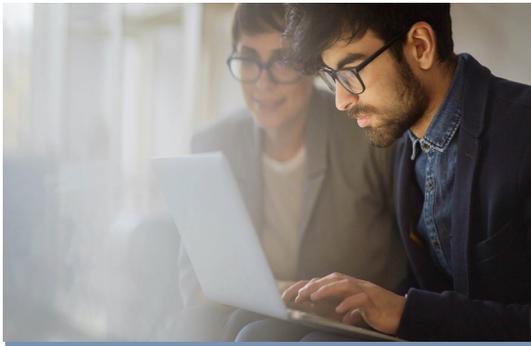
- ◆ Nightmares
- ◆ Flashbacks
- ◆ Difficulty concentrating
- ◆ Loss of interest in usual activities

In addition, survivors may be haunted by painful memories instead of fond memories. They may look at photos or videos and wonder whether their loved one was truly happy or whether the smile hid despair. They may question everything they thought about their relationship. Your clients may also fear that their loved ones will be remembered for the way they died rather than for their military service and other accomplishments. You can help your military families in the following ways:

- ◆ **Reassure them that the suicide is not their fault.** Most people who die by suicide are severely depressed. This affects their problem solving skills and robs them of optimism.
- ◆ **Prepare them for unhelpful comments from well-intentioned people.** People may say the loved one is “in a better place,” reassure the bereaved that they’ll marry again, or advise them to “stay strong.” These comments may make your clients feel worse. Help them focus on the sentiment behind the words rather than the words themselves.
- ◆ **Encourage them to talk about their loved one.** They may not reach out for the support they need because of the social stigma around suicide, but remaining silent about their experience will make it much harder to move forward.
- ◆ **Help your clients tap into their social support systems.** They need understanding people to talk with, lean on, help with household chores and meals, and more.
- ◆ **Encourage your client to join a support group.** Being with others who have lost loved ones to suicide can be especially comforting and healing.

Finally, remind your clients that there is no “right” way to grieve. Nor is there a time limit. A suicide can take years to process. Grief can reemerge at any time, especially during holidays and other significant dates. By seeking the help they need and understanding their own grief, your clients will heal.

If you know of someone experiencing a mental health crisis or thoughts of suicide, help is available 24/7 through the National Suicide Prevention Lifeline at 800-273-TALK (8255), or [visit their website to chat online](#).



Provider Relations: Electronic Claims Submission

Beacon has begun upgrading our electronic claims submission application, including the implementation of new claims edits. These edits are in line with industry standards and designed to ensure claims submitted to Beacon have all required data elements and can pass the HIPAA standards published by Centers for Medicare and Medicaid Services (CMS).

If you submit through Change Healthcare as your clearinghouse:

We recently launched a pilot of the new submission process with Change Healthcare, a large clearinghouse used by many providers. We conducted testing to minimize claims issues. If Change Healthcare is your clearinghouse you may hear from them about any changes required.

If you submit claims through another clearinghouse or billing service:

After the Change Healthcare pilot, other clearinghouses and billing services will gradually move to the new submission process. No action from you is necessary at this time. We are in the process of working directly with your clearinghouse or billing service. We will share our new Companion Guides with them and engage them in a thorough testing process to ensure they adjust accordingly to limit issues.

If you submit electronic claims directly to Beacon via an 837 file (without a clearinghouse or billing service):

In August, we began migrating the first phase of direct submitters. We are in contact with many providers to assist with the new process and troubleshoot any issues. We continue to communicate with others to get them ready for the migration process. As a reminder, our upgraded claims submission process includes the implementation of new claims edits.

These edits are in line with industry standards and designed to ensure claims submitted to Beacon have all of the required data elements and pass HIPAA standards published by CMS. Additionally, once your claims have been submitted through the new application, you will receive industry standard response files, 277CA and 999, instead of the non-standard responses you receive today. Please make sure that any required changes to your systems are in place to accept the response files. We encourage you to review our new Companion Guide to ensure that your claims are compliant.

If you submit claims via single claims data entry on a Beacon website:

No action is necessary at this time. Single claims data entry is not in scope for this initiative and there will be no changes to how your claims are submitted. We are pleased to have the opportunity to collaborate with you as we implement this important new process. We will work closely with you to assure the transition goes as smoothly as possible. Should you have questions or concerns, please feel free to reach out to our EDI Helpdesk at 888-247-9311 or send an email to e-supportservices@beaconhealthoptions.com.

If you have questions, please contact the EDI Helpdesk at 888-247-9311 from 8 a.m. to 6 p.m. ET, Monday through Friday .



Under proper supervision, Licensed Master Social Workers may render services in an outpatient mental health clinic.

Quality Management: PDSA – Four Steps to Improvement

In health care, especially behavioral health care, we promote a consumer-centered approach. At each visit and consult we address consumer needs, document our services, and repeat this process for each consumer. This may leave us with questions such as “Am I making a difference?” or “Are my consumers getting measurably better?” and “Could or should I be doing something different?”

To address these questions, it helps to evaluate the quality improvement process. One common process for this is the **Plan-Do-Study-Act (PDSA) Cycle**, part of the Institute for Healthcare Improvement’s Model for Improvement.

- ◆ Step 1: **Plan** what you seek to improve, as well as your strategy to collect data.
- ◆ Step 2: **Do** the activity that is expected to make the change.
- ◆ Step 3: **Study** the results by analyzing the data collected and interpreting its significance.
- ◆ Step 4: **Act** by adjusting your process in light of what you learned from your analysis in Step 3.

For more information, visit the Agency for Healthcare Research and Quality [webpage about the PDSA](#).

At Beacon we continually look for ways to accomplish our mission of helping people live their lives to the fullest potential. We focus on improving our customer service experience, decreasing phone wait times, increasing the speed and accuracy of claims processing, and many other functions. Our Quality Department collaborates with other functional areas to develop the most effective data collection processes possible and then analyze the outcomes. The goal is to see better outcomes based on purposeful change.

Program Integrity: New Designation for Licensed Social Workers

On July 1, 2018, the Maryland Board of Social Work Examiners changed certain social work designations; specifically, Licensed Graduate Social Workers (LGSW) are now Licensed Master Social Workers (LMSW) (Md. HEALTH OCCUPATIONS Code Ann. § 19-101).

Providers are reminded that current Medicaid regulations for LGSWs would apply to LMSWs. Licensed Master Social Workers are prohibited from seeking reimbursement independently or in a group practice; however, under proper supervision, they may render services in an outpatient mental health clinic.

By Jan. 1, 2019, all paraprofessionals must be enrolled and approved by Maryland Medicaid as Registered Behavior Technicians (RBT).

Applied Behavior Analysis: Increasing Services

The Maryland Medicaid ABA benefit continues to grow. Beacon has seen a continuous uptick in provider enrollment over the past several months and our members continue to see the advantages—members authorized for assessment and services have increased 25 percent since our last newsletter in July.

The highest percentage of members waiting for services are in Prince George's and Montgomery Counties, but in Baltimore (City and County) we have seen an increase in members seeking ABA services. We want to thank you for completing the monthly Referral Availability Surveys. Your participation has helped keep our records up to date and we hope that you find it a useful tool.

We are extremely pleased to see the continued increase in claims submission by ABA providers over the past few months. We want to ensure that providers are maintaining a consistent pattern with this process and will gladly assist in any way possible to streamline your billing practices.

ABA Provider Council

Beacon's Maryland ABA team would like to thank all of the providers who participated in our first two ABA Provider Councils and took advantage of the free continuing education unit (CEU) events. We had a great turnout and appreciate the feedback we received. We will announce the next ABA Provider Council and CEU event soon—look for information in the Provider Alert.

RBT Reminder

As of Jan. 1, 2019, Maryland Medicaid will be terminating the Behavior Technician provider type. By this time, all paraprofessionals must be enrolled and approved by Maryland Medicaid as Registered Behavior Technicians (RBT). Beacon's ABA team has recently sent each provider a list of their staff who are enrolled as Behavior Technicians. Providers must enroll each of these staff within ePREP as RBTs before the end of 2018.

The Maryland Department of Health website includes a great set of resources for providers using ePREP, the online provider portal. You can access several checklists to share with onboarding staff to ensure you are prepared to make any updates needed for your account, as well as job aides outlining common tasks that providers may need to complete. All behavioral health providers should now use this system for enrollment related account changes. We encourage you to access these tools as a reference for any questions that you may have within [ePREP](#).

Interested in Being a Provider?

To learn about becoming an ABA provider, please visit our website for [ABA providers with the Maryland Medical Assistance Program](#).

You can also contact Josh Carlson at abamarylandproviderrelations@beaconhealthoptions.com to discuss any specific questions related to the benefit.



Beacon Lens

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:

- ◆ [Culturally sensitive trauma-informed care: Healing the mind through the heart](#)
- ◆ [One of the toughest endeavors: Changing health behavior](#)
- ◆ [I feel your pain: Suicide's impact on the mental health professional](#)
- ◆ [Treating substance use disorders with web-based technologies](#)
- ◆ [Telehealth: A virtual technology for improved access, convenience and more](#)
- ◆ [AI in behavioral health care: When artificial intelligence became real](#)
- ◆ [July: It's more than an observance of mental health awareness](#)
- ◆ [NAMI Conference 2018: Helping people make connections](#)
- ◆ [Two Beacon programs help to shape American healthcare landscape](#)

Maryland Highlights

Maryland Engagement Center Welcomes New Staff!

- ◆ Dinesh Basnet, Business Systems Analyst
- ◆ Rekenna Brown, Clinical Care Manager
- ◆ Felicia Howard, Clinical Care Manager
- ◆ Kristen Rose, Manager of Provider Partnerships (promotion)

Mental Health First Aid (MHFA) Training

Jackie Pettis, Wellness and Recovery Manager at Beacon Health Options, provided Beacon staff with training in Mental Health First Aid. The training gives individuals the skills to help someone who is developing a mental health problem or experiencing a mental health crisis, such as contemplating suicide. The participants were introduced to risk factors and warning signs for mental health or substance use problems, the impact of illness on individuals and families, and learned about evidence-supported treatment and self-help strategies.

[Read more here](#) about the Mental Health First Aid program.

If you have a topic suggestion for the Maryland Provider Newsletter, please email marylandproviderrelations@beaconhealthoptions.com.

Upcoming Webinars and Beacon Contacts

ProviderConnect

These webinars are designed to review the system and support Beacon's E-Commerce Initiative for network providers. Find a complete list of webinar training dates at the [Provider Training and Education page](#).

Winter 2018 Webinars
Applied Behavior Analysis Training
ProviderConnect for Mental Health Providers
ProviderConnect for Substance Use Disorder Providers
Supported Employment and the Core Service Agency
Supported Employment for the DORS Counselor
ProviderConnect for PRP Providers
The Beacon System: Reporting for any Behavioral Health Provider
The Beacon System: Claims Processing for any Behavioral Health Provider
An Introduction to IntelligenceConnect (<i>a tool for providers to generate reports</i>)

Contacts	Phone #
Customer Service (24-hour line) <i>claims, eligibility, and authorization inquiries</i>	800-888-1965
EDI Support <i>Username & passwords, direct claim submission inquiries, Reports & ProviderConnect tech support</i>	888-247-9311 from 8 a.m. to 6 p.m. ET, Monday through Friday
Applied Behavior Analysis (ABA) Josh Carlson, Provider Partnership Manager abamarylandproviderrelations@beaconhealthoptions.com	410-691-4067
Provider Relations Department marylandproviderrelations@beaconhealthoptions.com	410-691-1711
Maryland Reconsideration & Grievance grievances@beaconhealthoptions.com	410-691-4049
Maryland Department of Health (MDH) Provider Enrollment mdh.bhenrollment@maryland.gov Behavioral Health policy inquiries mdh.mabehavioralhealth@maryland.gov Telehealth inquiries mdh.telemedicineinfo@maryland.gov	410-767-5340
Automatic Health System (AHS) Maryland Medicaid provider enrollment updates or changes	844-463-7768
Payspan info@payspan.com providersupport@payspanhealth.com https://payspan.com/about/	General: 887-331-7154 Provider Support: 877-331-7154 ext. 1