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Valued Provider eNewsletter

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Common Reasons for Rejections, Denials with Paper Claims

More than a year ago, Beacon launched a project to consolidate its mailroom activity. We have been working with our vendor, FIS, to process incoming paper claims so that they are loaded into our system via a single, standardized process employing technology to reduce claims processing times, increase data quality and improve efficiency. This new mailroom model is now live for all paper claims and correspondence.

In addition to centralizing the process, Beacon now requires that paper claims be submitted in accordance with industry standards, as we do with electronic claims. Claims may be rejected or denied if information is incomplete or incorrect.

The top four reasons for denials and rejections are:

1. Rejections due to missing Service End Date
2. Rejections due to P.O. box in Billing Provider Address
3. Denials due to missing Billing Provider Taxonomy
4. Denials due to missing Rendering Provider Taxonomy

What is a Rejection?

A claim that does not meet the specific data requirements of the Centers for Medicare and Medicaid Services (CMS) and is returned to the submitter before entering Beacon's adjudication system. A rejection letter listing all the rejection reasons accompanies the returned claim. A rejected claim must be resubmitted when the error (or errors) is corrected appropriately.

Tips for Reducing Rejections:

1. Missing Service End Date:
   a. For claim service lines with greater than 1 day/unit in field 24g, add a Service End Date to field 24a (Date of Service To)
   b. Resubmit the claim
2. P.O. Box in Billing Provider Address:
   a. For claims with a P.O. box entered as Billing Provider Address (field 33), add Service Facility Location Information to field 32.
   b. Resubmit the claim

What is a Denial?

A claim received into Beacon's adjudication system, but does not meet the requirements for payment.

Tips for Reducing These Denials:

1. Missing Billing Provider Taxonomy:
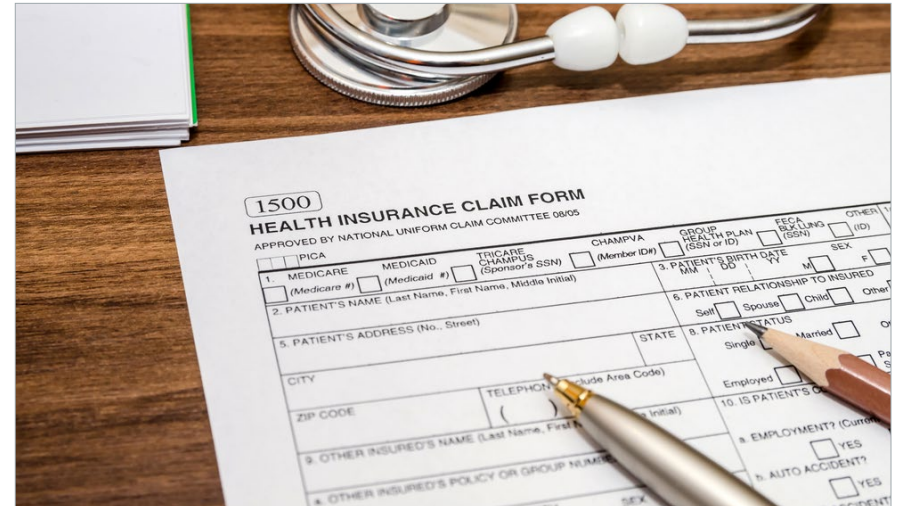
   a. Add identifier "ZZ" and the taxonomy code to field 33b (Billing Provider Info & Ph#)
   b. Enter resubmission code "7" and original claim number to field 22
   c. Resubmit the claim
2. Missing Rendering Provider Taxonomy:
   a. Add identifier "ZZ" to field 24i and taxonomy code to field 24j
   b. Enter resubmission code "7" and original claim number to field 22
   c. Resubmit the claim

For downloadable guides to completing CMS forms 1500 and UB04, visit the **Billing and Claims Forms** page of our website. You can find a tip sheet about other FIS Claims Rejection Messages on the **Claims Process Improvement Program page**. ∎

Serving Those Who Serve: Help Military Families Manage Back-to-School Stress

Starting back to school can increase stress for any family. Military families often face an added stressor: changing schools frequently. Military children typically move six to nine times between kindergarten and their senior year in high school. Consider these suggestions to help military families in your care manage stress now and throughout the school year.

Know the school system

School systems across the country can have very different policies regarding:

- Student enrollment requirements
- Guidelines for grade placement
- Attendance policies
- Eligibility for academic and athletic programs
- Graduation requirements

Encourage those in your care to gather information before their kids head off to school. Families can learn about school systems near their new duty station through websites such as Military Installations and Neighborhood Navigator.

Connect with support

One of the most important resources for military parents is the school liaison officer. A school liaison officer is the primary point of contact for school-related matters, and will coordinate communication and problem-resolution between the local school system, military leadership, and the family.

Use resources for the kids

Other programs have been developed to assist military children academically:

- Tutor.com is an online resource that provides access to professional tutors, day or night, and offers their services free to military families.
- The Military Child Education Coalition has many programs and resources for military families, including the Parent to Parent and Student 2 Student programs.

- Military children can connect online with a community of military children (ages six to 17) and access age-appropriate resources through **Military Kids Connect**.

Establish a routine

Your military clients likely appreciate how routines and orderly schedules can reduce stress. If they find that school mornings are hectic or their children are neglecting schoolwork, encourage them to take some time to consider their routines. Consistent schedules for bedtime and waking, doing homework, preparing school lunches, getting clothes ready, etc., eliminate considerable stress.

Be prepared

With family routines in place, military families can take steps early to minimize the stress that schoolwork can cause for everyone. Offer these suggestions:

- Make sure they have contact information for their child's teachers and counselor.
- Designate a homework station and stock it with supplies.
- Look at any course descriptions or other class information the teacher hands out. If they see that projects are in the plans, have supplies ready early.
- Post a large calendar at home that helps the family keep track of tests, projects, school events, and extra-curricular activities.

Check in often with children

Whether the military child is in kindergarten or high school, frequent conversations about what is happening at school may help keep the parents alert to trouble with a subject or with a teacher, peer pressure, bullying, and other school stressors. Rather than ask their child "How was school?", suggest that they try this conversation prompter at dinner:

Have everyone tell each other two things they really enjoyed about their day at school, work, or home, and two things they did not like.

Stay healthy

Routines and preparedness reduce stress, but cannot eliminate it altogether. To minimize the impact of stress on the family's health, remind them to:

- Eat a balanced, nutritious diet.
- Get plenty of sleep.
- Exercise regularly.
- Allow time for relaxation and fun.

Providers can learn more about military culture by accessing the Center for Deployment Psychology's comprehensive military culture **online course** for health care professionals.

If you are interested in providing non-medical counseling to military service members and their families through Military OneSource, please email us at **mosproviderrelations@militaryonesource.com**. ■

Introduction to Payment Integrity

Beacon's Payment Integrity department works to achieve the functions set out by Beacon's Payment Integrity Center of Excellence. The Payment Integrity Center of Excellence maintains objectives in ensuring claims accuracy, payment accuracy and administration, compliance, coordination of benefits and subrogation, and process improvements.

The broad functions of Payment Integrity include investigating and recovering improper payments from system errors, coding and billing compliance, coordination of benefits (COB), retrospectively termed-member eligibility, provider negative balances, investigative analysis, and identification of potential fraud, waste, and abuse issues.

In addition to Payment Integrity, Beacon has a robust Special Investigation Unit (SIU) to investigate and recover fraudulent payments, with which Payment Integrity works closely in reporting potential or suspected fraud, waste, and abuse scenarios.

Providers are responsible for following all requirements under federal and state regulations, publications, and bulletins that are pertinent to the treatment and services provided. Providers have a responsibility to submit complete and accurate claims and ensure that documentation fully supports billed charges and claims submitted. Beacon's Payment Integrity department may review medical records, where appropriate, to validate that charges are supported by documentation. Therefore, providers may receive communications and documentation requests to verify claims submissions and payment accuracy.

These topics and more will be covered in our upcoming Giving Value Back to the Provider webinar. To register, visit our **Webinar Schedule** in back of this newsletter. ◼

Enrollment Required for Continued Medicaid Network Participation

Beginning in 2018, the Centers for Medicare and Medicaid Services (CMS) requires that all providers participating in Medicaid managed care networks be formally enrolled with state Medicaid programs.

In order to provide services to Medicaid members, providers must be enrolled with their state Medicaid program. The Medicaid provider enrollment process ensures appropriate and consistent screening of providers and program integrity. Providers must take steps to continue to provide services to Medicaid members:

Medicaid Enrollment Click the state name to go to that state's enrollment page		
Arkansas	California	Colorado
Connecticut	District of Columbia	Florida
Georgia	Hawaii	Illinois
Kentucky	Maryland	Massachusetts
Michigan	New Hampshire	New Jersey
New York	North Carolina	Pennsylvania
Rhode Island	Tennessee	Texas
Washington	West Virginia	

Already have an active Medicaid Provider Identification Number from the state in which you are licensed? You do not need to take any action to enroll.

Not enrolled with your state Medicaid program and not have an active Medicaid Provider Identification Number? You must contact your state to enroll. Historic participation in Beacon's Medicaid network does not equate to being enrolled with your state. You must be enrolled in your state's program, in addition to your participation in Beacon's network.

At one time you were a Medicaid provider, and your enrollment has lapsed? You must contact the state to become re-enrolled.

You must maintain your Medicaid enrollment. If you are not enrolled with the Medicaid program on a date of service, your claim may be denied and you may be terminated from the Beacon or other Medicaid plans' networks.

If you are applying to Beacon's Medicaid network as a new provider, you are required to provide your valid and active Medicaid Provider Identification Number as part of the initial credentialing process.

Each state's enrollment process is different. Please use the inks in the above table to get more information about the state(s) where you are licensed.

You may receive notification of this requirement from multiple managed care entities. You only need to submit a single Medicaid enrollment application with your state. You may be asked by Beacon or another managed care entity to provide evidence of your submission, so we encourage you to retain a copy of the application. ■

How to Submit a Complaint or Grievance

Beacon takes seriously the complaints and grievances submitted by participating providers. We would like to remind providers of the complaints and grievances process, as defined in the **Provider Handbook**. Additionally we strongly encourage providers to work directly with Beacon regarding complaints and grievances so we can specifically address and rectify the issue at the source.

Participating provider complaints regarding issues other than those related to the terms of the provider agreement and/or performance under the provider agreement should be directed to the Beacon National Provider Services Line at 800-397-1630, Mon. through Fri., between 8 a.m. and 8 p.m. ET or in writing to:

Beacon Health Options, Inc.
Attn: Provider Complaint Department
P.O. Box 989
Latham, NY 12110

Beacon will acknowledge receipt of participating provider complaints, investigate, and notify the participating provider verbally or in writing of the proposed resolution to the complaint, along with the procedure for filing a grievance should the participating provider not be satisfied with the proposed resolution. See the **Provider Handbook** for more details. ■

Enroll with Payspan to Improve Cashflow

Working with paper checks places a large administrative burden on your practice. You wait for the check to arrive, then find time to take it to the bank for deposit. That's why we want you to know about our partner, Payspan®.

Payspan, a multi-payer adjudicated claims settlement service, delivers electronic payments and electronic remittance advice, based on your preferences. With Payspan, you stay in control of your bank accounts, file formats, and accounting processes.

There are many benefits to using Payspan:

- Have payments deposited automatically in the bank account of your choice
- Use Payspan's self-service, high-security website for free
- Access your remittance data 24 hours a day
- Receive email notifications immediately upon payment
- Download an 835 file to use for auto-posting purposes

We are launching a campaign to register all network providers with Payspan. Choose the registration method that works best for you:

- Click the Payspan link through **ProviderConnect**
- Visit Payspan's Login and Registration **page**
- Call Payspan at 877-331-7154

If you have been receiving checks:

- Locate the Registration Code and PIN from the payment stub of a paper check—this will be your "Reg Code."
- You will continue to receive physical checks until each Registration Code and PIN are on file with Payspan.
- Enroll each service address/pay-to combination that you have active with Beacon for all your payments to be issued EFT.

If your information with Beacon changes or you update or add an address, contact Payspan to add the new information to their file.

Unable to locate your Registration Code? Email **corporatefinance@beaconhealthoptions.com** for assistance.

If you have any additional questions about this initiative, please contact Beacon's National Provider Services Line Monday through Friday between 8 a.m. and 8 p.m. ET at 800-397-1630. ∎

Changes to 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 data elements required to be considered a clean claim and can pass the HIPAA standards published by Centers for Medicare and Medicaid Services (CMS). Our objective is to have all submitters migrated to the new submission application by Sept. 30, 2018. See below for how the next steps may impact you.

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 with which many of our providers partner to submit claims on their behalf. Thorough testing occurred to minimize claims that cannot be processed. If Change Healthcare is your submitter, ou 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 application.

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 in a thorough testing process to assure that the impact of the new edits is known and they can adjust accordingly to limit claims that cannot be processed.

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

We will send additional communication over the next couple of months providing instructions on how to engage with Beacon in testing your claims submission. We will provide our new Companion Guides and access to our online testing application, CollabT. A support team will be available to answer your questions and walk you through the testing process.

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 **e-supportservices@ beaconhealthoptions.com**. ■

Stop the Paperwork and Register for CAQH ProView Today

CAQH ProView™ is an industry standard solution to capture and share health care self-reported information that 1.4 million health care providers use today—more than 90 percent of Beacon individual providers are already registered. All Beacon network providers are encouraged to register to reduce the credentialing timeline and improve directory accuracy.

CAQH ProView can help save time and frustration. Using the intelligent workflow design offers multiple advantages:

- Stop manually completing and sending Beacon-specific credentialing applications.
- Provide information one time to CAQH for all participating health plans and payers.
- Complete credentialing and recredentialing faster.
- Upload supporting documents directly to improve the quality and timeliness of completed applications.
- Update practice and credentialing information for multiple payers in a single place.
- Maintain control of information with enhanced security features.
- Register with the system even before a health plan initiates the application process.
- Available at no cost to providers.

If you are not already using CAQH, **Create a ProView Account**. Be sure to give Beacon Health Options permission to pull your application. For questions related to CAQH ProView, please email **providerhelp@proview.caqh.org**. ■

Appointment Access Reminder

As set forth in Beacon's Provider Handbook, 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 are not discriminatory. For example, hours of operation may not be different for commercially insured members vs. public fee-for-service-insured individuals.

Except as otherwise required by a specific client and/or government-sponsored health benefit program, participating providers are required to maintain the following access standards:

If a member has a:	They must be seen:
Life-threatening emergency	immediately
Non-life-threatening emergency	within six hours
Urgent needs	within 48 hours
Routine office visit	within 10 business days

Beacon expects providers to maintain appropriate standards for appointment access. Additional information is outlined in the "Appointment and Availability Standards" section of the Provider Handbook. ■

Keep Your Demographic and Appointment Availability Information Current

To assure that we are able to contact you with important updates and notifications, to provide accurate referrals for members seeking services, and to stay compliant with Centers for Medicaid and Medicare Services (CMS) and other regulations, we require all providers to keep their practice information current.

As outlined in the Beacon Provider Handbook, you must contact us when any of your demographic, contact or availability information changes. This includes mailing, billing and email addresses, appointment availability, office hours, licensure, etc. This is important for several reasons which impact your practice, including but not limited to:

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:

- NAMI Conference 2018: Helping people make connections
- Drug diversion: The crime that affects everybody
- The Many Faces of Stigma
- Who cares for the caregiver?
- Mental Illness and Violence – Challenges and Solutions
- Honoring Mental Health Awareness Month: What Does the Future Look Like?
- Bridging Access Challenges for Maternal Mental Health in California
- Telehealth for Autism Treatment: Improved Efficacy, Health, and Cost

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

- Accurate addresses for referrals and claims payment
- Prompt notification of recredentialing deadlines
- Member access to information in provider directories

Universal Updates Via CAQH

The easiest way to keep your information current with Beacon and other payers is to use CAQH. CAQH is a universal, independent, non-profit entity that many payers work with to streamline information updates and the credentialing process for providers. Practitioners may review, update, and attest to the accuracy of their demographic and other information online using CAQH.

As a reminder, registering for CAQH is easy. Go to the CAQH ProView page to obtain a CAQH ID and complete the CAQH application. Be sure to give **Beacon Health Options, Inc.** permission to pull your application. If you already have a CAQH ID, you will be periodically prompted to attest that your information is current. Take a minute to make any updates and complete the attestation today. ∎

Webinar Schedule

In addition to the webinars below, various contracts may also offer specific trainings and resources. Visit our Network Specific Info page to learn more.

Looking for information related to a Beacon Health Strategies plan? Visit our Provider Login page and enter the state and health plan to access resources.

Giving Value Back to the Provider

This quarterly orientation and refresher webinar provides an overview of our administrative, procedural, and technical systems. In addition, we review Fraud, Waste, and Abuse; payment integrity, documentation requirements, and audit preparation.

- **Thursday, September 6, 2018 from 2-4 p.m. ET**
- **Friday, September 7, 2018 from 11 a.m.-1 p.m. ET**

Overview of ProviderConnect

Intended for providers and office staff becoming familiar with ProviderConnect for the first time.

- **Tuesday, August 7, 2018 1-2 p.m. ET**
- **Tuesday, September 11, 2018 1-2 p.m. ET**

Authorizations in ProviderConnect

Designed for providers and office staff who submit authorizations through ProviderConnect.

- **Wednesday, August 15, 2018 2-3 p.m. ET**
- **Thursday, October 18, 2018 1-2 p.m. ET**

ProviderConnect Claims

Designed for providers and office billing staff who submit claims electronically by either batch or directly through ProviderConnect.

- **Wednesday, September 12, 2018 1-2 p.m. ET**

eServices Overview

These webinars are designed to provide an introduction and overview of the eServices platform for those health plans that use this portal. Topics covered include how to register, use, and submit claims and authorizations via eServices.

- **Thursday, August 16, 2018 1-2 p.m. ET**
- **Thursday, September 20, 2018 1-2 p.m. ET**
- **Thursday, October 25, 2018 1-2 p.m. ET**

To view previous webinar slides and recordings, visit our **Webinar Archive**. For additional trainings and information, view our **Video Tutorials**. ∎

New York Providers: Webinar Opportunities

Below is our New York team's monthly webinar schedule. Many of these sessions are general enough for any provider to attend; however, some of the information is specific to New York State contracts and lines of business. Registration is required for all webinars.

Adverse Incidents Reporting

This is an overview cover adverse incidents, types of incidents to report, and how to report them. We will also discuss potential quality of care issues.

- **Wednesday, August 22, 2018 12-1 p.m. ET**
- **Tuesday, September 25, 2018 11 a.m.-12 p.m. ET**

Beacon hosts a variety of webinars each month, both national in scope or for providers in particular states.

Beacon Provider Orientation

This is an overview of Beacon Health Options, authorizations, and QMP/HARP, HCBS, PROS/ACT and billing: for providers new to Beacon and Managed Care.

- Thursday, August 16, 2018 2-3 p.m. ET
- Thursday, September 13, 2018 11 a.m.-12 p.m. ET

Follow-up After Hospitalization/HEDIS Measure Overview

This webinar will cover new HEDIS measures for follow up after hospitalization.

- Wednesday, August 22, 2018 11 a.m.-12 p.m. ET
- Tuesday, September 25, 2018 12-1 p.m. ET

Managed Care 101

We will cover the basic terminology and provide general guidance on how to work with Beacon.

- Thursday, August 9, 2018 11 a.m.-12 p.m. ET
- Thursday, September 20, 2018 2-3 p.m. ET

ProviderConnect Overview

This is an overview of ProviderConnect, including claims submission, reports, and authorization requests.

- Tuesday, August 21, 2018 11 a.m.-12 p.m. ET
- Thursday, September 20, 2018 11 a.m.-12 p.m. ET

PROS/ACT Billing Overview

This webinar will provide an overview of PROS and ACT, authorization requirements, and how to bill for these services..

- Thursday, August 16, 2018 11 a.m.-12 p.m. ET
- Thursday, September 13, 2018 2-3 p.m. ET

For any New York-specific provider training questions, email nyptrainings@ beaconhealthoptions.com. ∎