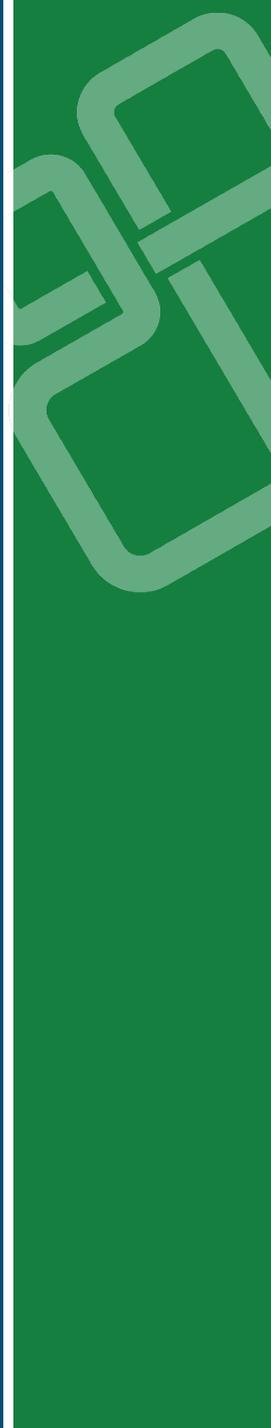




Colorado Community Health Alliance (CCHA)

Behavioral Health Provider Orientation





Welcome and thank you for
being a valued participating
provider with CCHA!



Agenda

- About CCHA:
 - Overview of CCHA
 - Regional Accountable Entities (RAEs) & Regional Map
 - CCHA's Role: What We Do and Why
 - Member Attribution/RAE Assignment
- Getting Started/Contact Information:
 - Claim Questions/Issue Resolution Process
 - Claim Payment Disputes
 - Our Provider Relations Team
- Doing Business With Us:
 - Availity Essential Portal
 - Verifying Member Eligibility
 - Covered Behavioral Health Services
 - Preapprovals
 - Claims Submission
 - Claims Status
 - Getting Paid – EFT/ERA

Agenda (cont.)

- Special Situations:
 - Provider Demographic Updates/Changes
- Cultural Competency:
 - Cultural Competency
- Quality:
 - 411 Audit
 - Grievance
 - Quality of Care Concerns /Grievance
- Tools and Resources:
 - CCHA Website
 - Availity Essentials Portal
 - Provider Manual
 - HCPF's Uniform Services Coding Standards Manual
- Stay Connected:
 - Provider Communications
 - BH Provider Education Opportunities
- Key Takeaways



About Colorado Community Health Alliance (CCHA)

Overview of CCHA

Regional Accountable Entities (RAEs)

Member Attribution/RAE Assignment



Overview of CCHA

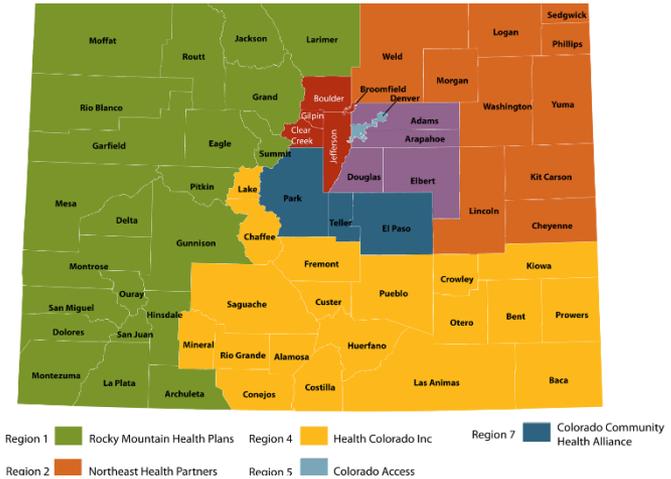
- Formed in 2010, specifically to meet the needs of Health First Colorado (Colorado's Medicaid program)
- Served as a Regional Care Collaborative Organization (RCCO) from 2011 to 2018, coordinating physical health care services in Region 6
- In 2018, began serving as a Regional Accountable Entity (RAE) in Region 6 and Region 7 for a seven-year contract, managing both physical health and behavioral health
- On September 11, 2024, the Department of Health Care Policy & Financing (HCPF) announced its intent to award CCHA the Region 3 Regional Accountable Entity (RAE) contract for Accountable Care Collaborative (ACC) Phase III.

Colorado RAE Regional Map

The current RAE contracts end on June 30, 2025.

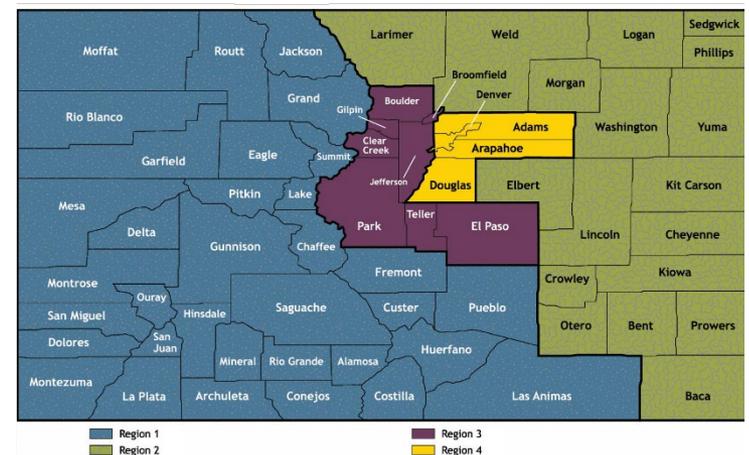
The next interaction, ACC Phase III, will begin on July 1, 2025.

Active until June 30, 2025



Effective July 1, 2025

ACC Phase III RAE Map



CCHA's Role: What We Do and Why

- **Who We Serve:**

- Health First Colorado members in Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Jefferson, Park and Teller counties
- Administer physical and behavioral health benefits for approximately **276,460 members**

- **Our Goals:**

- Support a **coordinated, patient-centered care model**
- Improve **health and life outcomes** for members
- **Optimize resources** to reduce costs and avoid service duplication

- **Our Approach:**

- Collaborate with **primary care** and **behavioral health providers**
- Ensure members receive the **care they need**
- Offer **additional support** to health care providers
- Connect members with **community services** for comprehensive health and well-being

- **Our Network:**

- Maintain a **diverse and dedicated provider network**
- Foster **collaboration** among providers and community resources

Member Attribution/RAE Assignment

- **Attribution Process:**
 - Health First Colorado members are **enrolled with a Primary Care Provider (PCP)**
 - **PCP location** determines the member's RAE assignment
- **Key Points:**
 - Members can choose their PCP if desired
 - Attribution happens immediately upon enrollment, based on:
 - **Claim history** (when available)
 - **Geographic location**
- **Billing and RAE Assignment:**
 - Providers must bill the **assigned RAE** for the member
 - RAE assignment reflects **PCP location, not the member's county of residents**



Getting Started/Contact Information

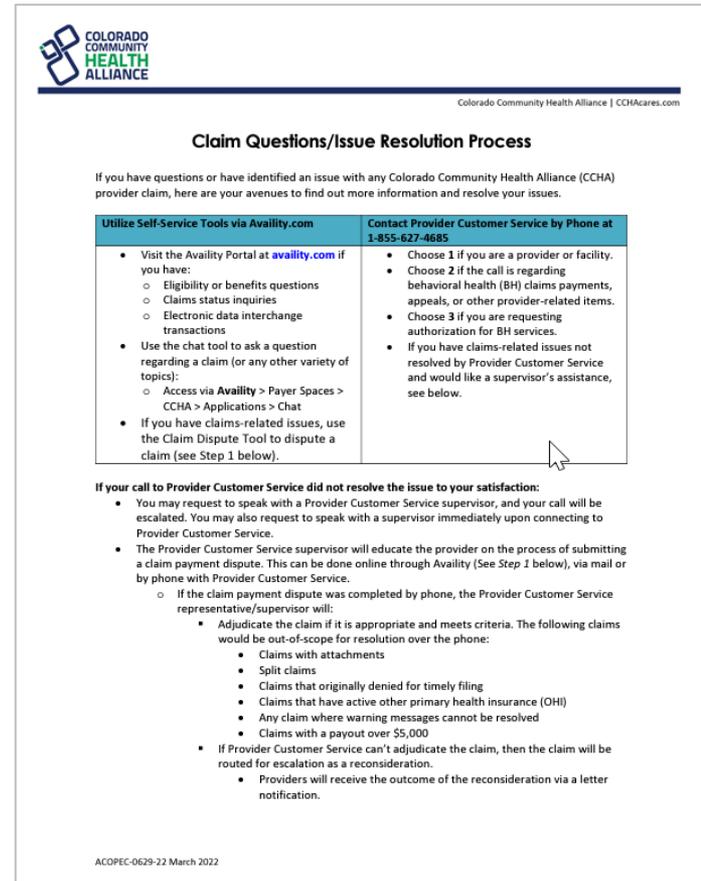
Claim Questions/Issue Resolution Process
Claim Payment Disputes
Our Provider Relations Team



Claim Questions/Issue Resolution Process Flow

Visit the Claim Questions/Issue Resolution Process site. This is your first step in addressing claim questions or getting an issue resolved.

Navigation: Go to CCHAcres.com/providertools > Behavioral Health Provider Resources > Claims and Billing and select [Behavioral Health Provider Claim Questions/Issue Resolution Process Flow](#).



The screenshot shows the CCHA website header with the logo and the URL CCHAcres.com. The main heading is 'Claim Questions/Issue Resolution Process'. Below this, there is a paragraph stating that if you have questions or identified an issue with any Colorado Community Health Alliance (CCHA) provider claim, there are avenues to find more information and resolve your issues. A table with two columns is present: 'Utilize Self-Service Tools via Availity.com' and 'Contact Provider Customer Service by Phone at 1-855-627-4685'. The table lists various self-service options like visiting the Availity Portal, checking eligibility, and using a chat tool, as well as phone service options like choosing a provider or facility, or requesting authorization. Below the table, there is a section titled 'If your call to Provider Customer Service did not resolve the issue to your satisfaction:' which lists steps for escalation, including speaking with a supervisor and requesting a reconsideration. The footer of the page contains the text 'ACOPEC-0629-22 March 2022'.

Utilize Self-Service Tools via Availity.com

- Visit the Availity Portal at [availity.com](https://www.availity.com) if you have:
 - Eligibility or benefits questions
 - Claims status inquiries
 - Electronic data interchange transactions
- Use the chat tool to ask a question regarding a claim (or any other variety of topics):
 - Access via [Availity](#) > Payer Spaces > CCHA > Applications > Chat
- If you have claims-related issues, use the Claim Dispute Tool to dispute a claim (see Step 1 below).

Contact Provider Customer Service by Phone at 1-855-627-4685

- Choose 1 if you are a provider or facility.
- Choose 2 if the call is regarding behavioral health (BH) claims payments, appeals, or other provider-related items.
- Choose 3 if you are requesting authorization for BH services.
- If you have claims-related issues not resolved by Provider Customer Service and would like a supervisor's assistance, see below.

If your call to Provider Customer Service did not resolve the issue to your satisfaction:

- You may request to speak with a Provider Customer Service supervisor, and your call will be escalated. You may also request to speak with a supervisor immediately upon connecting to Provider Customer Service.
- The Provider Customer Service supervisor will educate the provider on the process of submitting a claim payment dispute. This can be done online through Availity (See Step 1 below), via mail or by phone with Provider Customer Service.
 - If the claim payment dispute was completed by phone, the Provider Customer Service representative/supervisor will:
 - Adjudicate the claim if it is appropriate and meets criteria. The following claims would be out-of-scope for resolution over the phone:
 - Claims with attachments
 - Split claims
 - Claims that originally denied for timely filing
 - Claims that have active other primary health insurance (OHI)
 - Any claim where warning messages cannot be resolved
 - Claims with a payout over \$5,000
 - If Provider Customer Service can't adjudicate the claim, then the claim will be routed for escalation as a reconsideration.
 - Providers will receive the outcome of the reconsideration via a letter notification.

ACOPEC-0629-22 March 2022

Claim Questions/Issue Resolution Process Flow (cont.)

- We encourage using the following:
 - Self-Service Tools via [Availity.com](https://www.availity.com)
 - Visit Availity Portal: Eligibility, benefits, and claims status inquiries
 - The Chat Tool: [Availity](https://www.availity.com) > Payer Spaces > CCHA > Applications > Chat
 - Contact Provider Customer Service: 1-855-627-4685:
 - Options:
 - Provider/Facility
 - BH claims/appeals
 - BH services authorization
 - **Request Supervisor:** Immediate escalation available
- If unresolved:
 - Submit Claim Dispute:
 - Online: Reconsiderations and Appeals via Availity Essentials portal
 - Mail: Details in the [Behavioral Health Provider Manual](#) on the CCHA website

Claim Payment Disputes: Submitted Claim Disputes

- **Methods of Submission:**

- Online (Reconsiderations and Claim Payment Appeals):

- Utilize the secure Claim Payment Dispute tool at [Availity.com](https://www.availity.com)
 - Upload supporting documentation
 - Receive immediate acknowledgment of submission

- Written (Reconsideration and Claim Payment Appeals):

- Mail the *Claim Payment Appeal Form* or *Reconsideration Form* to:
Colorado Community Health Alliance
Provider Payment Disputes
P.O. Box 61599
Virginia Beach, VA 23466-1599

- Verbal (Reconsiderations Only):

- Call Provider Services at **1-855-627-4685**

Claim Payment Disputes: Submitted Claim Disputes (cont.)

- **Using the Online Tool:**

- Navigation Steps:

- First, submit a claim status inquiry:

- [Availity.com](https://www.availity.com) > Claims & Payments > Claim Status

- From the Claim Status results page, select **Dispute Claim**

- Ensure Claim Status access by contacting your Availity administrator if required

- Complete Submission:

- Go to the Appeals dashboard:

- [Availity.com](https://www.availity.com) > Claims & Payments > Appeals

- Filter or select appeals in **initiated** status (indicated by a black bar on the left side)

- From the Actions menu, select **Complete Dispute Request** and follow the prompts

Note: The online option through Availity Essentials is the fastest and easiest way to submit a Claims Payment Dispute.

Claim Payment Disputes: Submitted Claim Disputes (cont.)

- **Additional Resources:**

- For more in-depth training on the Claim Dispute Tool:
 - Register for a live webinar or view a recorded session
 - Log into Availity Essentials at [Availity.com](https://www.availity.com) and select Help & Training > Get Trained
 - Search for **Appeals** and select **Enroll**



Our Provider Relations Team

How We Can Support You

- **How can the Provider Relations team support you?**
 - Education and Training:
 - Onboarding for new providers/staff
 - Guidance on self-service tools for portal efficiency
 - Issue Resolution Navigation:
 - Educate on claim questions and resolution channels
 - Assist when issues persist beyond standard processes
 - Receive further assistance with unresolved issues after obtaining a reference number, we're here to help escalate your concern to our internal teams. Please complete a claims template spreadsheet and include all supporting documentation so we can forward your information promptly.

By reducing administrative burdens, CCHA helps you focus more on patient care.

Our Provider Relations Team: Contact Us

To connect with your designated Provider Relations team member for unresolved issues or concerns, please use our *Contact Us* page to route to your designated team member. Go to CCHAcares.com/contact > click on [I'm a Provider](#).

To better assist you and minimize delays in our correspondence, we kindly request that you include the information on the next slide on the provided form to enable a thorough investigation of your concern.

Our Provider Relations Team: Contact Us (cont.)

- **In the Message field:** Please include a detailed summary of the issue, details of the provider/member involved, the estimated number of impacted claims, and your reference or interaction ID numbers (REQ# or I-Reference#).
- Once you have completed your inquiry and received a Case ID Number, please provide the claim numbers via the claim spreadsheet template and attach any supporting documentation that can aid your case.

Providers, we're here to help!

This form is for physical health and behavioral health providers. Call us or fill out our contact form and we'll connect you with the right resource.

If you need to request disability accommodations or accessibility, please complete our contact form or contact Member & Provider Support Services.

Form User Information

First Name: * Email: *

Last Name: * Phone: *

Form User Information (2)

Title: * Company Name: *

Provider Type: * Service Area Zip Code: *

Form User Information (3)

TIN: Group Medicaid ID:

NPI:

Inquiry Information

Inquiry Category: *

Message: *

Care Coordination Referral

Members attributed to providers in Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties (Region 6)

Members attributed to providers in El Paso, Park and Teller counties (Region 7)

Hours of Operation

Monday through Friday, 8 a.m. to 5 p.m.

Member & Provider Support Services

Region 6 (Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties)

Local: 303-256-1717

Region 7 (El Paso, Park and Teller counties)

Local: 719-598-1540

Regions 6 and 7

Toll free: 1-855-627-4685

Limited services 24/7, full services Monday through Friday from 8 a.m. to 5 p.m.

Callers with hearing or speech disabilities: 711 (TTY)

Communications & Media Relations

media@CCHAcare.com

General Mailing Address

Colorado Community Health Alliance

P.O. Box 13406

Denver, CO 80202

Behavioral Health Claims

Colorado Community Health Alliance

P.O. Box 61010

Virginia Beach, VA 23466-1010

CCHA can only accept behavioral health claims for members

attributed to a PCP in Region 6 or 7.

Call 1-844-235-2387 for other claims



Doing Business With Us

Accessing the Availity Essentials Portal

Verifying Member Eligibility

Covered Behavioral Health Services

Preapprovals

Claims Submission

Claims Status

Getting Paid – EFT/ERA



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COMMUNITY
HEALTH
ALLIANCE**

Availity Essentials Portal

Availity Essentials can be accessed through the [CCHA website](#) or [Availity.com](#). The following are available on the Availity Essentials website:

- Eligibility and benefits inquiry
- Claim submission
- Claim status inquiry
- Claim dispute resolution
- Medical attachments
- Precertification Look Up Tool
- Preapproval submission and inquiry (Interactive Care Reviewer)
- Remittance Inquiry
- Provider Enrollment Tool

Multiple payers	Availity offers a single sign-on with access to multiple payers.
No charge	CCHA transactions are available at no charge to providers.
Accessible	Functions are available 24/7 from any computer with internet access.
Simple	The standard screen format makes it easy to find the necessary information needed and increases staff productivity.
Compliant	Availity is compliant with <i>HIPAA</i> regulations.
Training	Live, web-based and prerecorded training webinars are available to users at no cost. FAQ and comprehensive help topics are available online as well.
Support	Availity Client Services is available at 1-800-AVAILITY (1-800-282-4548) , Monday through Friday from 7 a.m. to 6 p.m. Central time.
Reporting	User reporting allows the primary access administrator to track associate work.

Registration and login **are** required for access

Verifying Member Eligibility

To verify a member, you can access real-time enrollment and eligibility information for Health First Colorado. This service is available 24/7 via the website or by calling the hotline. Use these resources to determine the member's eligibility, benefit plan details, coverage, and RAE assignment:

- Automated voice response: **1-844-235-2387 (24/7)**
- Availability: [Availity.com](https://www.availity.com) (limited to CCHA members only):
 - Once logged into **Availity > Patient Registration > Eligibility and Benefits Inquiry**.
- If you need further assistance, visit: [Colorado.gov/hcpf/our-providers](https://colorado.gov/hcpf/our-providers):
 - Resource guide for verifying member eligibility: [Colorado.gov/verifying-eligibility-quickguide](https://colorado.gov/verifying-eligibility-quickguide)

Reminder: Providers will want to confirm the RAE assignment when verifying eligibility and benefits to know where to submit the claim.



Covered Behavioral Health Services

We manage and adjudicate claims for a comprehensive array of behavioral health services, including but not limited to the following:

- Inpatient hospitalization for mental health disorders
- Emergency/crisis services
- Outpatient day treatment (non-residential)
- Physical assessment of detoxification progression, including vital signs monitoring
- Alcohol and/or drug-targeted case management and counseling
- Drug screening and monitoring
- Medication-assisted treatment
- Assessments and outpatient counseling & psychotherapy – individual, group, family
- Mental health and SUD outpatient and physician services
- Medication management
- School-based mental health services (for children with an individual education plan IEP)

For more detailed information, refer to HCPF's State Behavioral Health Services Billing Manual: hcpf.colorado.gov/sbhs-billing-manual.

Preapprovals: Requirements

- Providers not participating in our network must always obtain authorization for all services.
- Failure to align with preapproval requirements may result in a claim delay or denial.
- Use the Precertification Lookup Tool to check if preapproval is required:
 - [Availity.com](#) > Payer Spaces > CCHA tile > Applications > Precertification Lookup Tool
- For the most up-to-date information on preapproval requirements, navigate to: [CCHAcares.com/providertools](#) > Behavioral Health Providers > Interactive Care Reviewer.

Preapprovals: Online Lookup Tool

Precertification Look Up Tool via Availity Essentials:

Navigation Instructions: [Availity.com](https://www.availity.com) > Payer Spaces > Application > Precertification Look Up Tool

1. Enter Line of Business
2. CPT® HCPCS Code or Code Description
3. Press Submit

Note: Check the appropriate Payer icon under **Payer Spaces** for availability by membership types. Varies by state.

TIP: For membership not available, use **Interactive Care Reviewer** tool for additional details for preapproval requirements.

The screenshot shows the 'Precertification Lookup Tool' interface. At the top right, the Anthem BlueCross BlueShield logo is visible. The main heading is 'Precertification Lookup Tool'. Below the heading, there is a note: 'Inpatient services and non-participating providers always require precertification.' The form contains two dropdown menus: 'Line Of Business' (with callout 1) and 'CPT/HCPCS Code or Code Description' (with callout 2). A 'Submit' button (with callout 3) is located to the right of the second dropdown. Below the form, there is a section titled 'Important notes about precertification and the use of this tool:' which includes several paragraphs of text and a bulleted list of instructions.

Preapprovals: Submitting a Request

To submit a preapproval request or check the status of an existing request, please use one of the following options:

- **Online via the Availity Essentials website Interactive Care Reviewer (ICR) tool:**
 - Please reference educational materials regarding the ICR tool on [CCHAcared.com/providertools](https://www.cchacares.com/providertools) > Behavioral Health Providers > Interactive Care Reviewer.
- **By fax:**
 - Fax forms are available on [CCHAcared.com/providertools](https://www.cchacares.com/providertools) > Behavioral Health Providers > Utilization Management.
- **By phone at 1-855-627-4685:**
 - Providers or facilities, select **1**.
 - Choose **2** for calls regarding behavioral health (BH) claims payments, appeals or other provider-related items.
 - Choose **3** for calls requesting authorization for BH services.

Claims Submissions

Claim Submission Methods:

- Electronic submissions (the preferred method) using HIPAA transactions Electronic 837 Professional (837P) and Institutional (837I) – fastest/most efficient:
 - Batch submissions through a vendor:
 - See Preferred Vendor list on [Availity.com](https://www.availity.com)
 - Online submissions through Availity Essentials:
 - Single-entry claim submission
 - **Availity payer ID for CCHA electronic submissions: COCHA**
- Paper submissions (not recommended but available):
 - Submit to the address below using the appropriate HCFA 1500 (CMS-1500) for professional claims or UB-04 (CMS-1450) for facility claims

Colorado Community Health Alliance Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

Claims Submission: Electronic Via Vendor

Batch Submissions Through a Vendor

To verify your vendor is a preferred vendor with Availity, follow these steps:

- Check Availity's Preferred Vendor List:
 - Go to [Availity.com](https://www.availity.com).
 - Before logging into your user account, select **Resources** from the top menu bar.
 - Look for the **Preferred Vendors** list to see vendors that have preferred status with Availity Essentials.



Claims Submission: Electronic Via Vendor (cont.)

- **If Your Vendor Is Not on the List:**
 - Contact your vendor directly to ensure they can submit through the Availity Essentials EDI Gateway.
- **Need Assistance?**
 - If you encounter any issues or need further assistance, you can contact Availity Client Services via phone at **1-800-Availity (1-800-282-4548)** Monday through Friday, 8 am to 7:30 pm ET.

Claims Submission: Electronic Via Availity Essentials

Single-entry claim submission via Availity Essentials

Submitting a single-entry claim through Availity Essentials is a streamlined and efficient process. For accurate and timely submissions follow these steps:

- Go to [Availity.com](https://www.availity.com)
- Select **Claims & Payments | Professional Claim or Facility Claim**

Note: This tool is for **single-entry claim submissions**. You may add a batch file of up to 50 claims at a time, but each one is entered separately then added to a batch prior to submitting to CCHA.

Claims Submission: Step-by-Step Instructions

Please see the resource document for step-by-step instructions regarding how to submit a claim in Availity Essentials.

Note: You may submit different claim types by selecting one of the following **Billing Frequency** options:

- Select **1** – Admit through Discharge Claim (for an initial claim)
- Select **7** – Replacement of Prior Claim (for a corrected claim)
- Select **8** – Void/Cancel of Prior Claim (for voiding the claim completely)

See **Step 9** in the document for further details.



How to Submit a Claim in Availity

If you have any questions or need help with submitting a claim, feel free to contact Availity Client Services at 1-800-AVAILITY (800-282-4548) or select **Help Topics and Training** from top navigation *Help & Training*.

1. Go to [Availity.com](#) and select **Log in to Essentials**. Log in using your credentials.
2. Select **Claims & Payments** from the top toolbar, then select **Claims & Encounters**.
3. You are now on the **Claims & Encounters** page. Complete the following:
 - **Organization:** Select the appropriate organization based on your Availity account.
 - **Claim type:** Select Professional Claim.
 - **Payer:** Select **Colorado Community Health Alliance (CCHA)**.
 - **Responsibility sequence:** Select **Primary**.
4. Complete **Patient Information** section:
 - Select the blue question mark (?) if you need help determining what information is needed for a field.
5. Complete **Subscriber Information:**
 - **Note:** If you submit an eligibility and benefits (E&B) inquiry first, the subscriber data will persist to the claims submission and populate fields for you. Otherwise, use the ID number returned in the E&B inquiry as the subscriber ID, and select **Yes for the Authorized Plan to Remit Payment to Provider** field.
6. Complete **Billing Provider Information** with your organization's information. You can manage the information that auto-populates under *My Providers* and then *Manage My Organization* from the top toolbar. You must select **Add Rendering Provider** in this section.
7. Complete **Rendering Provider** fields.
8. Complete **Claim Information:**
 - **Patient Control Number/Claim Number:**
 - Patient control number is the internal number the provider office uses to identify the client in the office's billing records and computer system.
 - This number is not assigned by CCHA.
 - **Frequency Type:** Select one of the following options:
 - Select **1 – Admit through Discharge Claim** for an initial claim
 - Select **7 – Replacement of Prior Claim** for a corrected claim
 - **Note:** You will be prompted to enter the payer control number (ICN/DCN). This is the claim number received from the payer.
 - You will need to finish all the remaining steps of submitting the claim with the corrected claim information.
 - Select **8 – Void/Cancel of Prior Claim** for voiding the claim completely:
 - **Note:** You will be prompted to enter the payer control number (ICN/DCN). This is the claim number received from the payer.
 - You will need to finish all the remaining steps of submitting the claim with the claim information that is being voided.
 - **Provider accepts assignment:** Select **A-Assigned:**
 - **Provider Signature on File:** Select **Yes**.

CO-CCHA-CD-056906-24 May 2024

Note: This document is posted online: CCHAcares.com/providertools > **Behavioral Health Providers** > Claims and Billing heading > [How to Submit a Claim in Availity](#).



Claims Submission: Accept/Reject Reports

View Accept/Reject Reports on the Availity Essentials portal:

- Go to [Availity.com](https://www.availity.com) > Claims & Payments > Send and Receive EDI Files

**** Note: Contact Availity Essentials at 1-800-AVAILITY for further assistance regarding viewing, pulling, or reading your files.**

Claims Submission: Accept/Reject Reports (cont.)

Availity returns the following EDI files to your organization's **ReceiveFiles** mailbox:

- **Status files** indicating the status of transmission files uploaded and sent using Availity's EDI File Management feature. Availity returns these status files as the transmission files are validated for file format and structure, *HIPAA* compliance, and payer requirements.
- **Electronic batch response (EBR) files** containing the payer's response to claims entered using one of Availity's web-based claim forms and processed by the payer in batch mode.

Note: Files ending in **T** are text files which will indicate the status in layman's terms. Look for a **hammer/screwdriver icon** for claims that were not approved and need correction to be resubmitted.

Claim Status: Options Available

Claim status inquiry can be checked in one of the following ways:

- **Online:** Through the Availity Essentials Portal at [Availity.com](https://www.availity.com) > Claims & Payments > Claim Status
- **Chat:** Through the Availity Essentials Portal at [Availity.com](https://www.availity.com) > Payer Spaces > CCHA tile > Applications > Chat with Payer.
- **Availity Provider Customer Service: 1-800-Availity (800-282-4548)**

Note: The online option through Availity Essentials is the fastest and easiest way to verify claim status inquiry. See next slides for an in depth look at how to use the online functionality.



Claim Status:

Claim Status Inquiry Via Availity Essentials

Navigation to this tool:

- Go to [Availity.com](https://www.availity.com)
- Select **Claims & Payments > Claim Status**

Reminder: The claim will also not be viewable in **Claim Status** until the claim has been accepted by CCHA and, therefore, submitted for processing.

Use this tool to search for claim status and review results from the payer. To access the claim status inquiry form, select **Claims & Payments**, then select **Claims Status**.

Tip: If you start with an Eligibility and Benefits (E&B) inquiry, then check claim status for that same member, all your data from your E&B screen will carry over to the claim status screen.

Getting Paid: EFT/ERA

To register for **Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) Services**, visit: enrollsafe.payeehub.org/registration

Providers who enroll for electronic payment services:

- **EFTs to the Bank Account of Choice:** Route EFTs to the bank account of their choice.
- **Seamless Integration:** Receive ERAs and import the information directly to their patient management or accounting system.
- **Custom Report Creation:** Use the electronic files to generate custom reports within their office.
- **24/7 Report Access:** Access reports anytime, 24/7.

ERAs/835 Files:

- **No Claims Clearinghouse Restriction:** Providers can sign up to receive ERAs regardless of the claims clearinghouse they use.

Getting Paid: EFT/ERA (cont.)

EFT/ERA — Registration and Contact Information			
Type of transaction:	How to register, update or cancel:	For registration related questions, contact:	To resolve issues after registration, contact:
EFT	EnrollSafe enrollment hub at Enrollsafe.payeehub.org	1-877-882-0384, Monday through Friday 9 a.m. to 8 p.m. ET	To resolve issues after registration, contact: Colorado Community Health Alliance (CCHA) Provider Support Services at 1-855-627-4685: <ul style="list-style-type: none"> • If you are a provider or facility, select 1. • After selecting 1, choose 2. <p>Note: Please allow 4 to 6 weeks from successful EFT registration before contacting CCHA Provider Support Services.</p>
ERA	Use Availity (Availity.com) to manage <i>account changes or new registrations</i> for ERAs (835)	Availity Client Services at 1-800-AVAILITY (1-800-282-4548)	Contact e-Solutions at 1-800-470-9630. <p>Note: Please allow 4 to 6 weeks from successful ERA registration before contacting e-Solutions.</p>



Special Situations

Provider Demographic Changes

Provider Demographic Changes

1. Effective January 1, 2024:

- Use Availity Provider Data Management (PDM) for updating provider information. Go to [Availity.com](https://www.availity.com).

2. Types of Changes:

- Update existing information (change address, telephone number, office hours)
- Remove a practitioner from your practice.

3. Benefits of Using Availity PDM:

- Offers choice and flexibility
- Streamlines data update requests
- Attest and manage current provider demographic information
- Consistently updated data
- Decreased turnaround time for updates
- Compliance with federal and/or state mandates
- Improved data quality through standardization
- Increased provider directory accuracy

4. Additional Information:

- Visit the [Behavioral Health Provider Contact List](#) for more details on PDM capabilities.

Note: All address and remit changes will require a W-9 submission.



Cultural Competency



COLORADO
COMMUNITY
HEALTH
ALLIANCE

We Are Committed to Cultural Competency In Health care

Navigation Path:

- Visit CCHAcares.com/providertools
- Go to **General Resources for All Providers**
- Under **Cultural Competency Resources**

Expectations for Providers:

- As a contracted health care provider with CCHA, it is crucial to enhance your understanding and capacity to support the diverse values, beliefs, and needs of our patients.
- Emphasize delivering care that is:
 - Effective
 - Understandable
 - Respectful

Objectives of Cultural Competence:

- Break down barriers preventing patients from receiving necessary care.
- Improve communication and understanding between patients and providers.

Interpretation Services:

- Members have 24/7 access to interpreters at no cost during office visits and all points of contact.

We Are Committed to Cultural Competency In Health care (cont.)

Steps for Telephonic Interpreter Services:

1. Call Provider Services at **1-855-627-4685**
2. Provide member's ID number and required language
3. Stay on the line for connection
4. Introduce the CCHA member and begin a dialogue with the interpreter

Face-to-Face Interpreter Services:

- Providers, call Provider Services at **1-855-627-4685** (72-hour advance notice required)
- Members can call Member Services at **1-855-627-4685** (TTY 711)

More Information Available on CCHAcares.com

Additional resources are available for providers, including training materials and Provider Toolkits to support our providers:

[Cultural Competency Training](#)

[Caring for Diverse Populations Toolkit](#)

[LGBT Patient Hotline](#)

[Medical Provider's Guide to Gender Pronouns](#)

[Medical Provider's Guide to LGBT Terminology](#)

[Introducing Advanced eLearning Features for MyDiversePatients.com](#)

[ADA Training - Rocky Mountain ADA Center](#)

[U.S. Department of Health & Human Services Offers Cultural Competency Trainings](#)

[August is National Breastfeeding Month](#)

More Information Available on CCHAcares.com (cont.)

Navigation: Visit CCHAcares.com/providertools > General Resources for All Providers heading > under the Cultural Competency Resources heading

^ Cultural Competency Resources

- [Cultural Competency Training](#)
- [Caring for Diverse Populations Toolkit](#)
- [LGBT Patient Hotline](#)
- [Medical Provider's Guide to Gender Pronouns](#)
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Quality



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Quality

411 Audit (annual)

Each year, HCPF directs RAEs to validate a random sample of submitted claims/encounter data. This audit aims to ensure that providers submit claims to CCHA that comply with the HCPF's [State Behavioral Health Services Billing Manual](#). CCHA will procure documentation of the services sampled from providers and review to ensure they support the service billed.

Visit: hcpf.colorado.gov/sbhs-billing-manual

Grievances

All members have the right to file a grievance or complaint if they have concerns about their health care. Providers should provide information to their clients on their rights to file a complaint. To report the grievance, the member can call CCHA at **1-855-627-4685** or visit the [Appeals and Grievances webpage](#).

Quality (cont.)

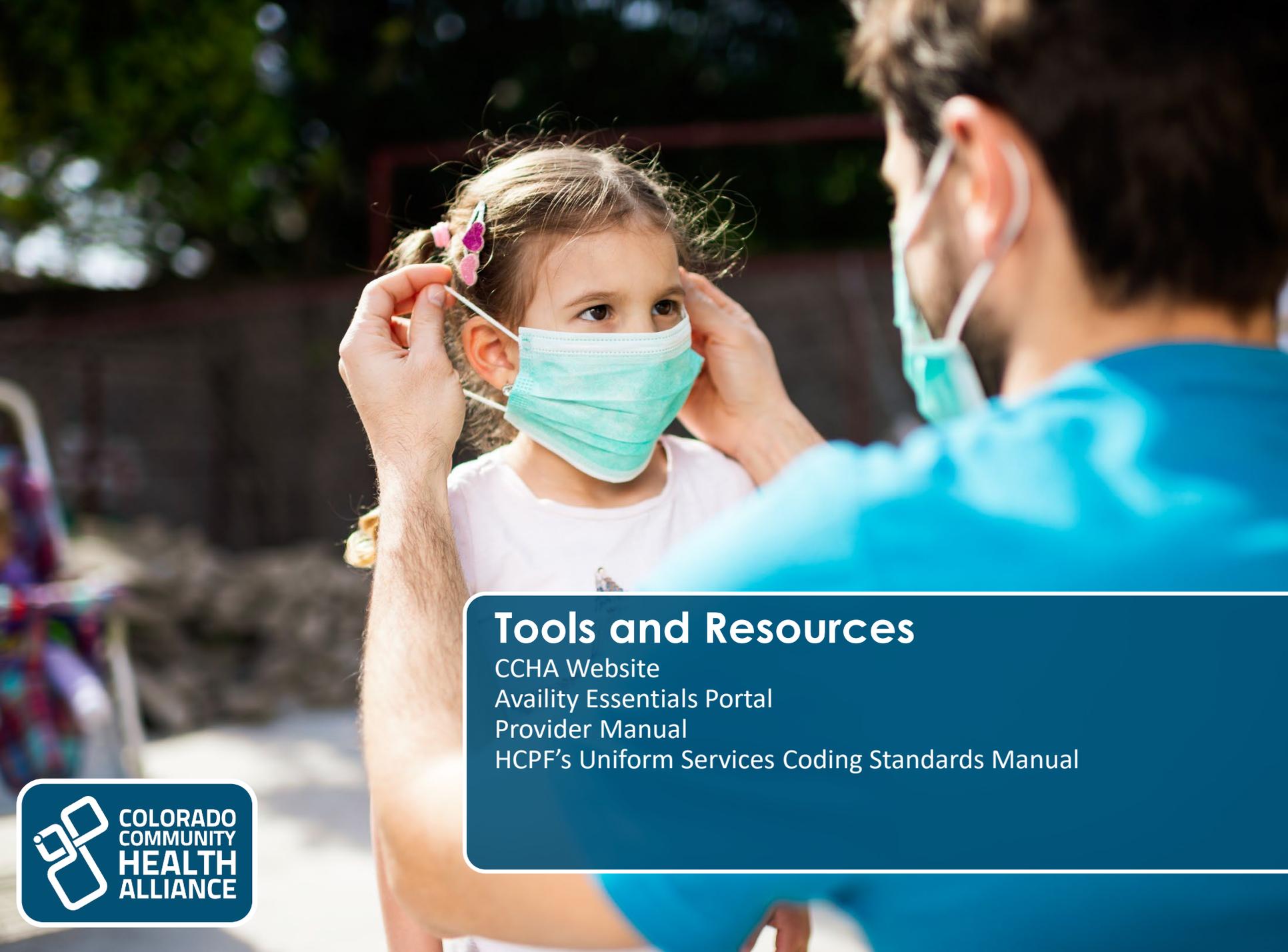
Quality of Care (QOC)

Quality of Care(QOC) concerns include potential, suspected, and realized events that may or may not have resulted in harm to the member. CCHA providers must report all quality-of-care concerns and critical incidents that occur while a member is receiving services.

Steps for reporting a QOC:

- Complete the *CCHA Quality of Care Concern Notification Form*, available at [CCHAcared.com/providertools](https://www.cchacares.com/providertools) > General Resources for All Providers > CCHA [Quality of Care Concerns Reporting for Providers](https://www.cchacares.com/providertools/quality-of-care-concerns-reporting-for-providers)
- Send the completed form to CCHA via secure fax to 1-866-811-0319 or HealthTeams@CCHAcared.com within 24 hours of the event

For more information, contact us at [CCHAcared.com/contact](https://www.cchacares.com/contact) > I am a Provider.



Tools and Resources

CCHA Website

Availity Essentials Portal

Provider Manual

HCPF's Uniform Services Coding Standards Manual



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CCHA Website

CCHA website: [CCHAcares.com](https://www.CCHAcares.com)

CCHA website allows you access to helpful tools and resources, such as:

- Provider contact list
- Provider forms
- Provider manual
- Reimbursement Policies
- Claims and billing information
- SUD resources
- Availity Essentials provider portal link and resources
- Utilization management forms and resources
- Newsletter publications, as well as registration link
- Provider directory

CCHA Resources and Training for Providers

Navigation:

CCHAcares.com/providertools

> Behavioral Health Provider Resources

Access the Digital Solutions Learning Hub at <https://rebrand.ly/112193> for comprehensive training on Availity and electronic data interchange. It provides organized materials with the latest updates and foundational knowledge.

Behavioral Health Provider Specific Information

CCHA Resources & Training for Providers

CCHA coordinates care and services for Health First Colorado members attributed to a primary care provider located in the following counties: Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Jefferson, Park and Teller. We are also here to support contracted Health First Colorado providers with managing care for these members. If you are a participating provider, we offer a range of services and resources to help you and your practice.

Use the quick action buttons below to navigate to the resources you need or use our searchable list of resources.

The screenshot displays the CCHA Provider Tools website interface. At the top, there are two main navigation buttons: "Primary Care Provider Resources" and "Behavioral Health Provider Resources". Below these are four smaller buttons: "COVID-19 Resources", "CCHA Provider Portal", "HCPX Prescriber Tool", and "CCHA Newsletters". A section titled "General Resources for All Providers" contains a list of dropdown menus with the following items: "Accountable Care Collaborative Educational Briefs", "Provider Education and Training", "Cultural Competency Resources", "Private Duty Nursing and Pediatric Long-Term Home Health Prior Authorization Requirements", "Department of Healthcare Policy and Financing Prescriber Tool", "Diabetes Resources", "Asthma & Chronic Obstructive Pulmonary Disease Resources", "Maternity Program", "Town Hall Recordings", "Care Coordination Referral", and "CCHA Quality of Care Concerns Reporting for Providers". At the bottom, there is a teal banner for the "CCHA Provider Portal" with the text: "The CCHA Provider Portal gives physical health providers secure access to resources including patient and financial reports. Learn more and access the CCHA Provider Portal."

Provider Manual: Behavioral Health Providers

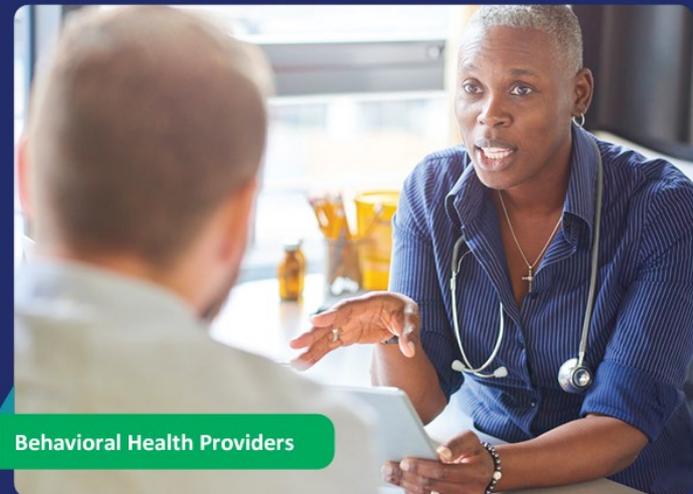
Our Provider Manual is an extension of your CCHA contract and outlines policies and procedures specifically for our behavioral health providers.

Navigation:

Visit CCHAcares.com/providertools > Behavioral Health Providers > Manuals and Resources > [Behavioral Health Manual](#).

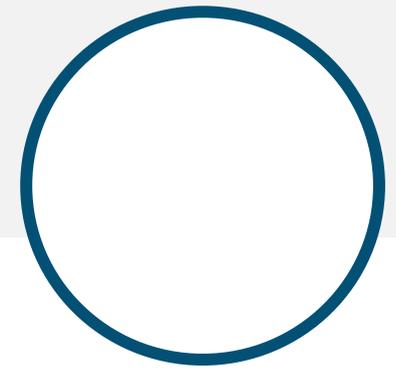


Provider Manual



Behavioral Health Providers

CO-CCHA-CD-PM-059855-21 July 2023



Tools and Resources

The State Behavioral Health Services Billing Manual

State Behavioral Health Services Billing Manual

- [State Behavioral Health Services Billing Manual](#) is developed by HCPF for all providers and RAEs to use as guidance for coding standards:
 - **The most recent version is from January 2025**
- Providers should reference this manual for all billing and coding questions.

This is posted on HCPF's website: hcpf.colorado.gov/sbhs-billing-manual

[Home](#) > [For Our Providers](#) > [Provider Services](#) > [Billing Manuals](#) > State Behavioral Health Services Billing Manual

State Behavioral Health Services Billing Manual

This document sets forth the requirements of billing procedure codes for behavioral health services covered by HCPF and the Behavioral Health Administration (BHA). The State Behavioral Health Services Billing Manual (the billing manual) is a living document that is updated periodically to maintain consistency between the Regional Accountable Entity (RAE) and Managed Care Organization (MCO) - together referred to as Managed Care Entities (MCEs) - contracts, BHA contracts, State Plan Amendments, 1915(b)(3) waiver, and coding guidelines.

- [SBHS Billing Manual January 2025](#)
- [January 2025 Manual Tracking Form](#)
- [SBHS Billing Manual October 2024](#)
- [October 2024 Manual Tracking Form](#)
- [SBHS Billing Manual July 2024](#)
- [July 2024 Manual Tracking Form](#)
- [SBHS Billing Manual April 2024](#)
- [April 2024 Manual Tracking Form](#)

For copies of previous coding documents, please email hcpf_bhcoding@state.co.us.

To understand the history, design, content, and management approach of the billing manual, please see the [Uniform Service Coding Standards \(USCS\) Manual Orientation](#).





Stay Connected

- Provider communications
- Provider education opportunities
- Open mics
- Provider orientations
- Provider training



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Provider Communications Registration

Stay Engaged with CCHA: Subscribe to Our Newsletters:

- [Subscribe](#) to start receiving communications
- View archived newsletters at CCHAcares.com/newsletters
- Add CCHA(media@CCHAcares.com) to your safe sender list, as emails will be sent from this address

Communication Channels:

1. Behavioral Health Provider Bulletin:

- **Frequency:** Monthly, first Wednesday
- **Focus:** Behavioral health providers

2. Provider News & Updates:

- **Frequency:** Monthly, third Wednesday
- **Focus:** All CCHA providers, including behavioral health updates

3. Behavioral Health Alerts:

- **Frequency:** Ad hoc
- **Focus:** Urgent communications (policy changes, billing updates, coding info)

Important: This is how changes are communicated related to policy changes, billing changes/updates, and coding information.

Behavioral Health Provider Education Opportunities

Visit CCHAcares.com/providertools > Behavioral Health Provider Resources > Orientations and Provider Training Academy

Open Mic Sessions:

- What: Informal exchange of information on updates, reminders, and opportunities for providers to ask questions and share feedback with our CCHA team
- When: Second Thursday of every month from noon to 1 p.m. MT

Provider Orientations:

- What: These sessions are targeted toward new providers but are open to all behavioral health providers who would like an overview of CCHA.
- When: Third Tuesday of every month from noon to 1 p.m. MT

To register for these educational opportunities, please email CCHA@anthem.com and include all the email addresses you would like invitations sent to.

Note: All Provider education opportunities are offered through Microsoft Teams.

Key Takeaways: Follow These Easy Steps!

Prompt Assistance for Questions and Claim Concerns:

1. Follow the Claim Questions/Issue Resolution Process:

- Use the Self-Service tool via Availity Essentials or contact Provider Customer Service at **1-855-627-4685**. Make sure to obtain either the reference number or the case #REQ number provided.

2. Reach out to your designated Provider Relations team associate for any unresolved issues via the Contact Us page to connect with your designated team member:

- Visit: CCHAcares.com/contact, and select: **I'm a Provider**

3. Register for Provider Communications:

- Subscribe to our CCHA newsletters for important updates and information. Register at CCHAcares.com/newsletters

4. Register for Electronic Funds Transfer (EFT):

- Enroll through the EnrollSafe enrollment hub at Enrollsafe.payeehub.org

5. Register for Provider Education Opportunities:

- Send an email to CCHA@anthem.com to receive information about upcoming educational events.

Thank You for Being a Valued CCHA Provider!

To access a copy of this PowerPoint, please visit CCHAcares.com/providertools > Behavioral Health Provider Resources > Orientations and Provider Training Academy, then locate the **New Provider Orientation for Behavioral Health Providers – Presentation slides**.