

Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please enter your name, email address, and organization into the Chat



April

RAE Roundtable

Agenda

- 01 Welcome & Introductions

- 02 Unite Colorado

- 03 Tips for Claim Submission Success

- 04 Updates and Important Information

- 05 Questions & Open Discussion

Chapter

01

Welcome and Introductions

Please enter your
name and email in
the Chat box

What is the RAE?

The RAEs are responsible for the health and cost outcomes for members in their region, as well as:

- Developing a network of Primary Care Medical Providers (PCMPs) to serve as medical home providers for their members,
- Developing a contracted statewide network of behavioral health providers,
- Administering the Department's capitated behavioral health benefit,
- Onboarding and activating members,
- Promoting the enrolled population's health and functioning, and
- Coordinating care across disparate providers, social, educational, justice, and other community agencies to address complex member needs that span multiple agencies and jurisdictions.

NORTHEAST HEALTH PARTNERS, LLC

FQHCs:



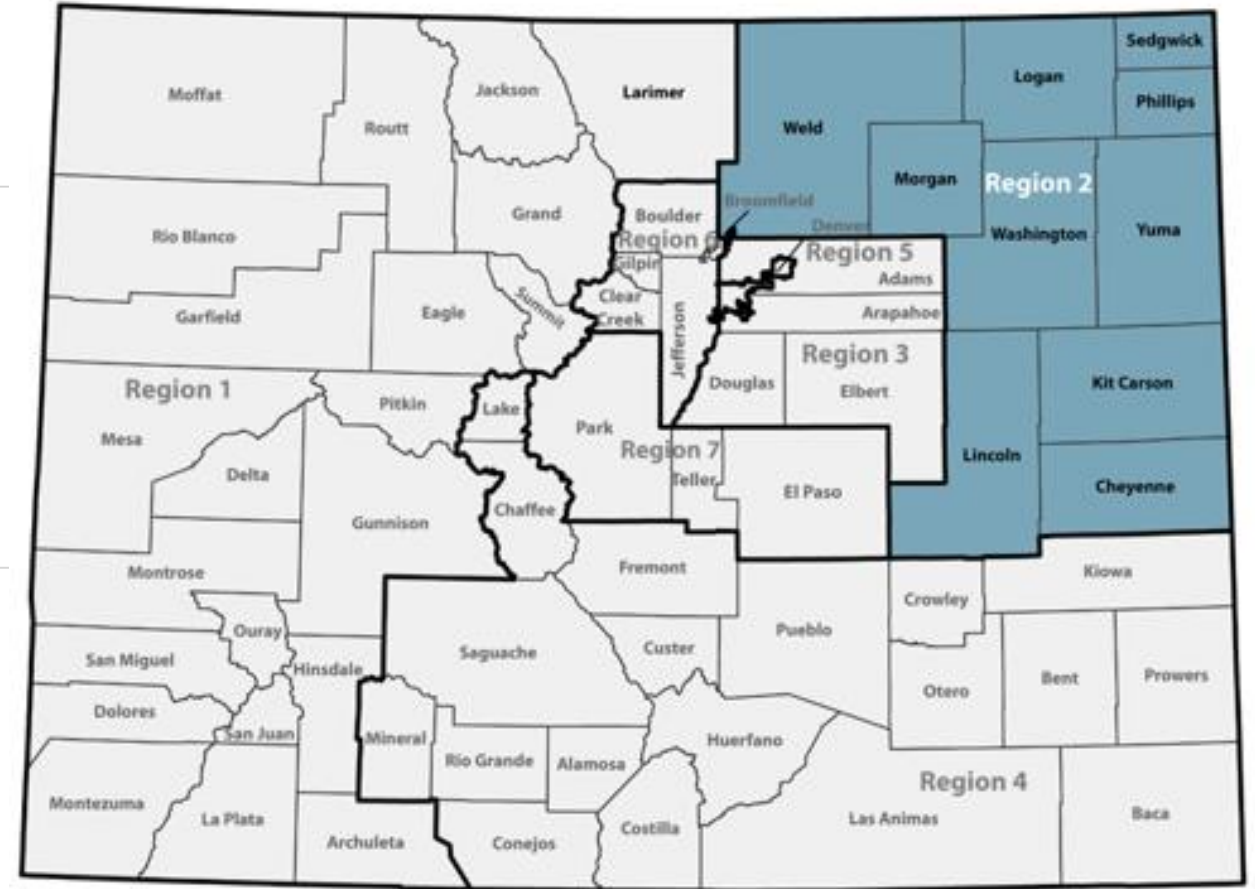
CMHCs:

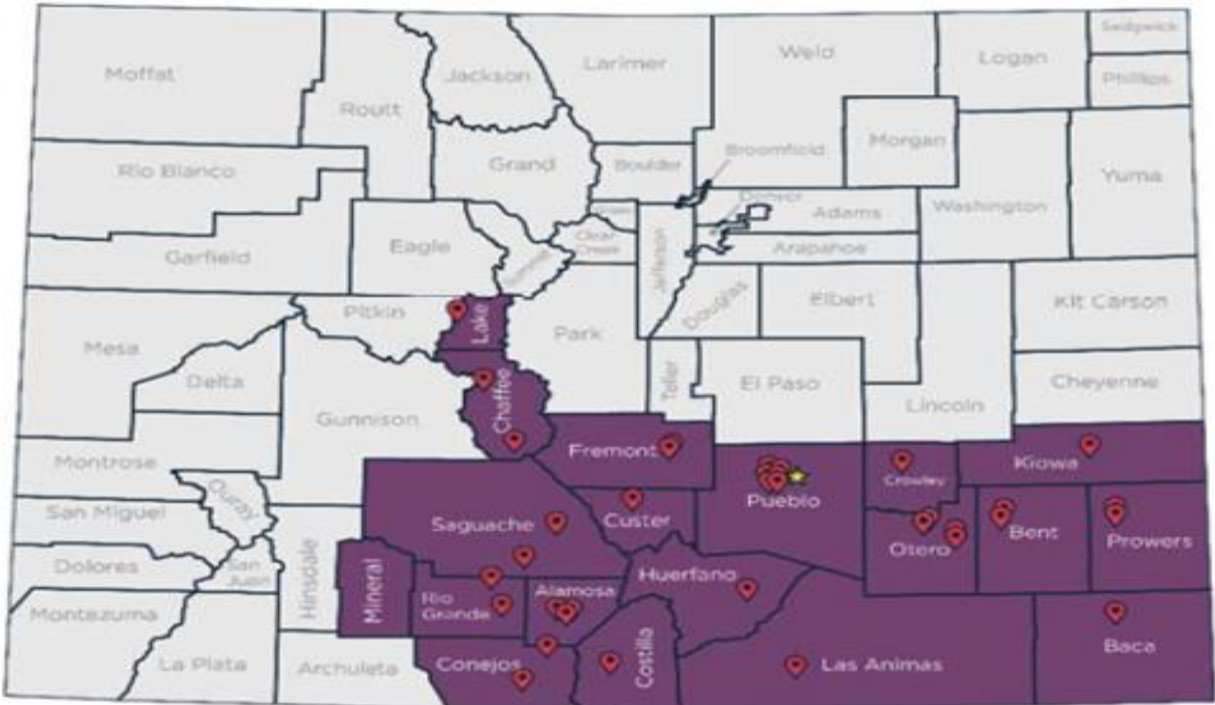
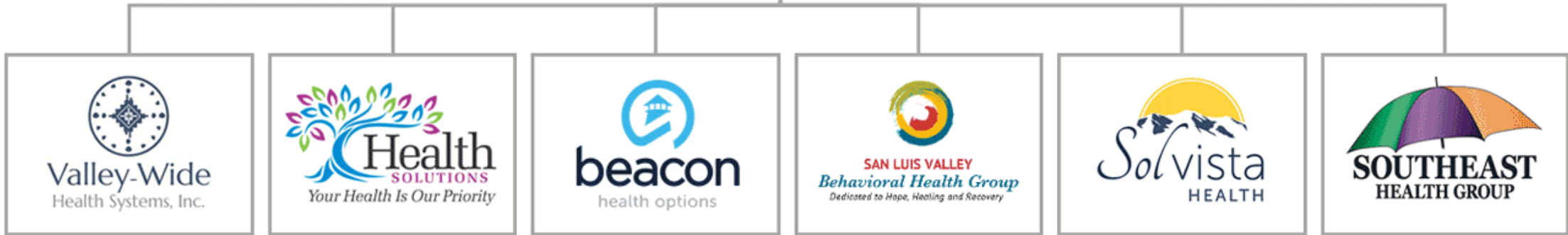


Administrative Service Organization:



Northeast Health Partners





What is a RAE Roundtable?

This is a monthly meeting where we share updates, provide information, training, and welcome your questions and discussion.

Feel free to share this invitation with colleagues who may also have an interest in attending.

Chapter

02

Unite Colorado

Simon Tearpak
**Community Engagement
Manager**
colorado.uniteus.com

Chapter

03

Tips for Claim Submission Success

Tips for Claim Submission Success

- When submitting any claim, be sure to complete all required fields
 - [Providers: Tips for completing the CMS-1500 or UB04 located under Administrative Forms](#)
 - Direct claim submission: Required fields designated with an asterisk (*)
 - Batch claim submission: Follow the Implementation and Companion Guides located on the [ProviderConnect resource page](#)

Claims must be received within 90 days of the DOS or if there is other primary coverage within 90 days of the primary EOB.

Claims received after 90 days of DOS will be denied for timely filing

If you do not agree with a payment or denial, you must submit a written request for reconsideration within **60 days** of the denial date on the Beacon Provider Summary Voucher


Common Claim Denial Reasons

Common Claim Denial	Typical Correction Needed **
No Fee Schedule Found for Service	Either the service code is not part of your fee schedule (verify service codes in your fee schedule), or the billing combination did not locate a fee schedule (verify modifier combinations , place of service code, Service location, etc.)
Claim Filed Outside of Timely Filing	CLAIMS MUST BE FILED WITHIN 90 DAYS OF THE DATE OF SERVICE Services where Medicaid is the 2nd payer - claims must be submitted within 90 days of the decision date from the claim submitted to the 1st payer
Resubmit with Valid Service Location	Verify the Service Location on the claim is a service location that has been credentialed and is listed as an active service location in Provider Connect
Bill to Fee for Service	The service code should be billed to Fee for Service (Gainwell Technologies)
NPI Not Submitted, No NPI In CAS	Verify the NPI submitted (Service location, billing, and rendering provider) on the claim is an NPI that was submitted to Beacon (You can verify this in Provider Connect).

** Solutions identified here are common solutions, individual circumstances may vary

Register for PaySpan for Faster Payments

- Providers must use Payspan EFT for electronic fund transfer
- Benefits:
 - Receive payments automatically to bank account of choice
 - Email notifications immediately upon payment
 - View remittance advices online and download an 835 file to use for auto-posting purposes.



Beacon Health Options, Inc.
PO Box 1347
Latham, NY 12110
(800) 343-8114

1 of 3

Date: mm/dd/yyyy
Reference #: 0012345678
Check Amount: \$xx.00

Provider Name
Address
City, State Zip

Enjoy Faster Payment with Electronic Deposit! Contact Beacon's automated clearinghouse, PaySpan, at (877) 331-7154 or visit www.payspanhealth.com. Please use the Registration Code and PIN provided below for **PaySpan** account setup.

Registration Code: **A1234567Z**
PIN: **B7654321**

Accessing Provider Summary Vouchers (PSV).
Whether you select electronic payment or paper checks, Beacon no longer mails paper PSVs. The PSVs can be accessed online at www.valueoptions.com/pclogin or via PSV faxback service by calling (866) 409-5958. If utilizing the PSV faxback service, have ready the check date, the reference number and the check amount which can be located in the top right hand corner of this check stub.

Beacon Health Options, Inc.
240 Corporate Blvd.
Norfolk, VA 23502

Profile: A13

CHECK NO.: 0012345678
ISSUE DATE: mm/dd/yyyy

Pay**xx And 00/100 Dollars**

AMOUNT
\$xx.00

Registering for PaySpan

- Two registration options:
 - Click the Payspan link in [ProviderConnect](#)
 - Visit PayspanHealth.com or call 877-331-7154
- Have registration code and PIN from the payment stub of a paper check handy
 - Note: EFT is location specific, so if you update or add an address, you will have to contact Payspan to add it to your file
- Until successful registration with Payspan is complete, physical checks will continue be generated



PaySpan

Beacon Health Options, Inc.
PO Box 1347
Lorton, VA 22079
(800) 543-8114

1 of 3

Date: mm/dd/yyyy
Reference #: 0012345678
Check Amount: \$xx.00

Provider Name
Address
City, State Zip

Enjoy Faster Payment with Electronic Deposit! Contact Beacon's automated clearinghouse, PaySpan, at (877) 331-7154 or visit www.payspanhealth.com. Please use the Registration Code and PIN provided below for **PaySpan** account setup.

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Norfolk, VA 23502

Profile: A13

CHECK NO.: 0012345678
ISSUE DATE: mm/dd/yyyy

Pay***xx And 00/100 Dollars**

AMOUNT
\$xx.00

Chapter

04

Updates & Important Information

New Uniform Services Coding Manual Release

Be sure to stay up to date with the latest Uniform Services Coding Manual released **April 1, 2021**

To access the Uniform Services Coding Manual visit hcpf.colorado.gov/accountable-care-collaborative-phase-ii-provider-and-stakeholder-resource-center



Accountable Care Collaborative Phase II - Provider and Stakeholder Resource Center

On July 1, 2018, the next iteration of the [Accountable Care Collaborative](#) (ACC) launched. The ACC seeks to leverage the proven successes of Colorado Medicaid's programs to enhance the Health First Colorado (Colorado's Medicaid program) member and provider experience. For more information go to the [ACC Phase II](#) page.

The Department has published and will regularly update information on this Provider and Stakeholder Resource Center. This resource center includes fact sheets, FAQs webinars and other resources for providers and stakeholders about Phase II.

Choose a resource below:

- [Key Concepts of ACC Phase II](#)
- [Provider Resources](#)
- [Attribution](#)
- [Behavioral Health Services](#)
- [Performance Measurement](#)
- [Other Resources](#)

Provider Resources

- [Denver Health Medicaid Choice Provider FAQs](#)
- [Top 10 Things Providers Need to Know](#)
- [Behavioral Health Provider Contracting Guidance Fact Sheet](#)
- [Primary Care Medical Provider Contracting Guidance Fact Sheet](#)
- [Provider Contracting Recorded Webinar](#)
- [Provider Contracting Webinar Slides](#)
- [Identifying Denver Health Member Enrollment in the Provider Web Portal](#)
- [Transition of Care Policy](#) (Updated July 11, 2018)
- [Health First Colorado Data Analysis Portal Resources](#)
- [RAE Capitated Behavioral Health Crossover Requirements](#)
- [Behavioral Health Workforce Capitated Payment Increase](#)

Attribution

- [Member Attribution Fact Sheet](#)
- [Attribution Frequently Asked Questions](#)
- [Attribution of Foster Care Members to Primary Care Medical Providers Fact Sheet](#) (Updated June 28, 2018)
- [Member Attribution Recorded Webinar](#) (November 2018)
- [Member Attribution Recorded Webinar](#) (February 2018)
- [Member Attribution Webinar Slides](#)
- [COVID-19 ACC Member Attribution](#)

Behavioral Health Services

Uniform Services Coding Standards

This document sets forth the requirements of billing procedures established by the Department and the Office of Behavioral Health.

- [Uniform Services Coding Manual April 2021](#)
- [April 2021 Manual Changes Form](#)
- [Uniform Services Coding Manual January 2021](#)
- [January 2021 Manual Changes Form](#)
- [Uniform Services Coding Standards July 2020](#)
- [July 2020 Manual Changes Form](#)



COVID-19 Vaccination Information

Stay up to date

covid19.colorado.gov/vaccine

Find out Where you can get vaccinated

covid19.colorado.gov/for-coloradans/vaccine/where-can-i-get-vaccinated

Health First Colorado will even help members schedule a ride to the doctors appointment, or reimburse you for one, if needed. Visit

www.healthfirstcolorado.com/nemt/

In Northeastern Colorado you may also visit www.nchd.org/covidvaxlink



Telehealth Attestation Reminder

- Due to the ongoing Public Health Emergency (PHE) providers can continue to provide Telehealth services through the end of the PHE.
- For those continuing to provide Telehealth services, post PHE, we are requesting you complete the Telehealth Attestation
- Where can the attestation be found
 - The attestation can be found on your RAE website at the following links:
 - RAE 4 - <https://www.healthcoloradarae.com/providers/forms-templates/>
 - RAE 2 - <https://www.northeasthealthpartners.org/providers/forms-templates/>
- Why are we asking for this to be completed now
 - Ensure accurate Provider Directory for members and others to reference
 - After the PHE has ended, allows for continuation of Telehealth Services w/out any additional steps

Telehealth Attestation


Beacon-Telehealth-Provider-Attestation_03112021.pdf - Adobe Acrobat Standard DC (32-bit)

File Edit View Sign Window Help

Home Tools Beacon-Telehealth-... x

Billing Issue

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 **beacon** Telehealth Attestation
health options

Provider Name: _____

Beacon Provider Number: _____

Provider's Telehealth Platform: _____

Provider's Telehealth Phone Number: _____

I understand and agree that, as part of Beacon Health Options (Beacon) provider network(s), it is necessary to meet all requirements pertaining to the provision of Telehealth services and requirements of Beacon Health Options network participation. I acknowledge that it is also necessary to meet all state and federal requirements pertaining to the provision of Telehealth services to eligible Beacon members. I further understand and agree that I am responsible for knowing, understanding and meeting said requirements. I understand and agree that all capitalized terms not otherwise defined in this Attestation shall have the meanings ascribed to them in the Beacon Practitioner Participation Agreement (Agreement).

Telehealth Specifications:

1. Telehealth services (also known as "Telehealth") are services provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between a member and a Beacon contracted and credentialed provider.

Beacon-Telehealth-Provider-Attestation_03112021.pdf - Adobe Acrobat Standard DC (32-bit)

File Edit View Sign Window Help

Home Tools Beacon-Telehealth-... x

Billing Issue

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3. The provider must hold an independent license in the state in which he/she is performing the service.
4. All providers must be assessed and approved through Beacon's credentialing and re-credentialing process.
5. A review of telehealth services should be integrated into the provider's quality management process.
6. All providers must adhere to Beacon's prescription and medical record requirements as detailed within the telehealth program specifications.

Certification:

I certify that all information provided by me is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I acknowledge that I have read and understand the foregoing Attestation, and will abide by all the Telehealth requirements.

I understand and agree that a facsimile or photocopy of this Attestation, shall be as effective as the original.

Name

Signature

Date

Stay Up To Date

Each week we provide a Newsletter including upcoming webinars or events, updates, and resources.



Be sure to check out the Inspire Wellness newsletter!!

Wed 1/6/2021 8:30 AM

Beacon Health Options <coproviderrelations@beaconhealthoptions.com>

NHP Weekly Provider Newsletter 1.6.2021

arbara



Check out the latest news!

Time sensitive topics inside!

Click the link below to go to the newsletter.

INSPIRE WELLNESS




WE WISH YOU A HAPPY

new year

— 2021 —

January 6, 2021

Let's go!



Upcoming Trainings

**The Next RAE Roundtable – The 2nd Friday of the
month**

5/14/2021 @ 11am

Join Our Mailing List

It's easy to join our mailing list!

Just send your email address
by text message:

Text

BEACONHEALTH
to **22828** to get started.



Message and data rates may apply.

Chapter

05

Questions & Open Discussion

Thank You

Contact Us



 888-502-4189

 www.northeasthealthpartners.org

 northeasthealthpartners@beaconhealthoptions.com

 <https://www.facebook.com/northeasthealthpartners.org/>

 888-502-4185

 www.healthcoloradarae.com

 healthcolorado@beaconhealthoptions.com

 <https://www.facebook.com/healthcoloradarae/>