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
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.
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
  o Providers: Tips for completing the CMS-1500 or UB04 located under Administrative Forms
  o Direct claim submission: Required fields designated with an asterisk (*)
  o 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

<table>
<thead>
<tr>
<th>Common Claim Denial</th>
<th>Typical Correction Needed **</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Fee Schedule Found for Service</td>
<td>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.)</td>
</tr>
<tr>
<td>Claim Filed Outside of Timely Filing</td>
<td>CLAIMS MUST BE FILED WITHIN 90 DAYS OF THE DATE OF SERVICE</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Resubmit with Valid Service Location</td>
<td>Verify the Service Location on the claim is a service location that has been credentialled and is listed as an active service location in Provider Connect</td>
</tr>
<tr>
<td>Bill to Fee for Service</td>
<td>The service code should be billed to Fee for Service (Gainwell Technologies)</td>
</tr>
<tr>
<td>NPI Not Submitted, No NPI In CAS</td>
<td>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).</td>
</tr>
</tbody>
</table>

** 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.
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
New Uniform Services Coding Manual Release

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

COVID-19 Vaccination Information

Stay up to date
[covid19.colorado.gov/vaccine](covid19.colorado.gov/vaccine)

Find out Where you can get vaccinated
[covid19.colorado.gov/for-coloradans/vaccine/where-can-i-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/](www.healthfirstcolorado.com/nemt/)

In Northeastern Colorado you may also visit [www.nchd.org/covidvaxlink](www.nchd.org/covidvaxlink)
Telehealth Attestation Reminder

• Due to the ongoing Public Health Emergency (PHE) providers can continue to provide Telehealth services though 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
  o The attestation can be found on your RAE website at the following links:
    — RAE 4 - https://www.healthcoloradorae.com/providers/forms-templates/
    — RAE 2 - https://www.northeasthealthpartners.org/providers/forms-templates/

• Why are we asking for this to be completed now
  o Ensure accurate Provider Directory for members and others to reference
  o After the PHE has ended, allows for continuation of Telehealth Services w/out any additional steps
Telehealth Attestation

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!!
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