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June 2009

Alaska Medical Assistance Newsletter

Location

Affiliated Computer Services, Inc.
1835 S. Bragaw St., Suite 200
Anchorage, AK 99508-3469

ACS Web Address

<http://medicaidalaska.com>

Phone Numbers

(907) 644-6800
(800) 770-5650 (toll-free in Alaska)

Fax Numbers

PA: 644-8131
PI: 644-8126 or 644-8127
SURS: 644-8128
EPS: 644-8122
Finance: 644-8120
Training: 644-9845
Attachments: 644-8122 or
644-8123
Enrollment: 646-4273

Independence Day Holiday

ACS will be closed on July 3rd & 4th (Friday and Saturday) to celebrate Independence Day. *More details on page 4.*

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Affiliated Computer Services Website Now Online

Visit <http://medicaidalaska.com> for updates to Medicaid billing policy, regulation changes, and other helpful tools to assist you in your Medicaid billing process.

ClaimCheck® Upgrade is Here!

The new edits associated with the ClaimCheck® 8.5 upgrade are effective with claims processed on and after June 12, 2009.

These edits evaluate procedures billed with multiple units of service, modified and unmodified services billed by multiple providers, as well as invalid procedure code/modifier combinations.

ClaimCheck® 8.5 New Edits

Procedures Billed with > 1 Unit:

- Edit 464 – Line Added for Multi-Unit Procedure Code

When a procedure code is billed with > 1 unit and ClaimCheck® determines the procedure meets unit expansion rules, EOB 464 is assigned to the added, replacement lines. The added lines allow ClaimCheck® to determine the total number of units to reimburse and the appropriate denial reason for those units which exceed reimbursement limits. The original line is denied with Edit 474 (below).

- Edit 474 – Procedure with Multiple Units for Same DOS

When a procedure code is billed with > 1 unit and it meets the criteria for the ClaimCheck® unit expansion rule, it is denied for Edit 474. It is replaced with the appropriate number of added lines (see EOB 464) which account for the billed units. Each line is then evaluated to determine the total number of units payable.

- Edit 475 – Adjustments Not Allowed on Lines with EOB 464

Adjustments cannot be made to lines which have received EOB 464 (line added for multi-unit procedure code). If an adjustment is submitted, it will deny for Edit 475. Please see edit 464 for additional information. Providers must void all lines assigned EOB 464 and rebill as appropriate.

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- **Edit 494** – Multiple Unit Procedure Code Voided

When a previously paid multiple unit procedure code is evaluated by ClaimCheck® as a result of processing a current claim line, the paid line will be voided. Single unit claim lines will be added by ClaimCheck® to replace the voided service. This allows each unit to be evaluated (see edit 474) to determine the total number of units payable.

Procedures Billed with Modifier -26 or –TC

- **Edit 466** – Multiple Components Billed

The procedure code or procedure code + modifier have already paid for the same patient and date of service (multiple component billing). This occurs when an unmodified procedure has paid and the same procedure code + modifier -26 or –TC is subsequently billed. If the procedure code + modifier -26 or –TC has already paid, a claim line for the unmodified procedure will deny with this edit.

- **Edit 468** – Duplicate Global, -TC or -26 Billed

When a procedure code or procedure code + modifier TC or 26 has already paid to another provider for the same recipient and date of service (duplicate component billing), the current claim line is denied with this edit.

Other Modifiers

- **Edit 471** – Invalid Procedure Code/Modifier Combination

If a procedure code and modifier combination is considered invalid according to ClaimCheck® criteria, this edit will set and the service will be denied.

- **Edit 469** – Invalid Procedure/Modifier Combination Voided

When a previously paid invalid procedure code/modifier combination is evaluated by ClaimCheck® as a result of processing a current claim line, the paid claim line will be voided.

A more detailed training tool, including examples of these edits is available on the ACS Website at <http://medicaidalaska.com/providers/provupdates.shtml>, **ClaimCheck® 8.5 Training Tool and Flyer**.

If you have any questions please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in state).

Alaska Medical Assistance New Enrollment Requirements

Regulations have been adopted which change existing enrollment requirements for several provider types. These changes are the result of implementation of the National Provider Identifier (NPI). Please refer to regulations 7 AAC 43.111, 7 AAC 43.921, 7 AAC 43.923, 7 AAC 43.926, and 7 AAC 43.941 at [http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=\[jump!3A!27title7chap43!27\]/doc/{@35600}](http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=[jump!3A!27title7chap43!27]/doc/{@35600}). These changes became effective May 23, 2008.

Individual Enrollment Requirement

Enrollment in the Alaska Medical Assistance program is now required for the following individuals: **Certified Registered Nurse Anesthetists, Occupational Therapy Assistants, Speech-Language Pathology Assistants, Physician Assistants, and Physical Therapy Assistants**. Prior to this regulatory change, these provider types were neither required nor permitted to enroll individually.

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Additionally, certain provider types that work in physician offices (previously identified as 'collaborators') are now required to enroll individually and must be associated with a group enrollment. Affected provider types are: **Nurse Practitioners, Audiologists, Nurse Midwives, Speech-Language Pathologists, Physical Therapists and Occupational Therapists**. Prior to this change, collaborators were not required to enroll individually and were not permitted to enroll as part of a group practice. Any of these provider types already enrolled as individuals will need to submit the Change of Information Request form to establish the group cross-reference relationship. The form is located at http://www.medicaidalaska.com/Downloads/Providers/AK_Provider_Change_Info.pdf. If the group enrollment does not already exist, please refer to the "How to Enroll" section of this notice.

Group Enrollment Requirement

Group enrollment is **allowed** for practices consisting of one individual provider and is **required** for practices consisting of **two or more** individual providers. Because of the individual enrollment requirement changes described above, **practices consisting of one or more health practitioners must now obtain a group practice enrollment.**

A group enrollment may now consist of combinations of the following providers with one exception - a Speech-Language Pathologist, Occupational Therapist or Physical Therapist must be enrolled in the professional group before an Assistant of the same licensure can be enrolled and cross-referenced to the professional group:

- Physician
- Physician Assistant*
- Advanced Nurse Practitioner
- Nurse Midwife
- Certified Registered Nurse Anesthetist
- Optometrist
- Optician
- Audiologist
- Occupational Therapist
- Physical Therapist
- Speech-Language Pathologist
- Occupational Therapy Assistant
- Physical Therapy Assistant
- Speech-Language Pathology Assistant

*Physician Assistant enrollment requires that the supervising physician be enrolled in the same professional group.

How to Enroll

If you or your staff are affected by this change, please complete a Standard Provider Enrollment Form (and addendum, if applicable), available at <http://www.medicaidalaska.com/providers/Enrollment.shtml>. This form may be used for both individuals and groups. For individual enrollments, the application **must be signed by the enrolling individual**. The following documents must be submitted along with the enrollment form:

Certified Registered Nurse Anesthetist	<ul style="list-style-type: none"> ▪ A copy of your current state occupational license ▪ Verification of your individual NPI
Occupational Therapy Assistant *	<ul style="list-style-type: none"> ▪ A copy of your current state occupational license ▪ Verification of your individual NPI
Speech-Language Pathology Assistant *	<ul style="list-style-type: none"> ▪ A copy of your current occupational registration or license ▪ Verification of your individual NPI
Physician Assistant-Certified (PA-C) *	<ul style="list-style-type: none"> ▪ A copy of your current occupational license ▪ Physician Assistant Addendum, completed and signed by the enrolling PA-C ▪ Verification of your individual NPI
Physical Therapy Assistant *	<ul style="list-style-type: none"> ▪ A copy of your current occupational license ▪ Verification of your individual NPI

* Occupational Therapy Assistants, Speech-Language Pathology Assistants, Physician Assistants, and Physical Therapy Assistants are considered rendering-only providers and **may not bill directly for their services**. Even after individual enrollment is completed, their services must be billed through a group practice. Group enrollment is required before approval of individual enrollment applications for these providers.

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Note: Please include the NPI and Medicaid Contract ID numbers of the group practice on page 3, box C of the individual enrollment form to establish the group cross-reference relationship.

A future notice will be issued to inform providers of the need for any claim billing procedure changes resulting from these enrollment requirements. No billing procedure changes are needed at this time.

If you have any questions about these changes, or about the provider enrollment application process, please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in state).

Field Services Provider Outreach

The Provider Inquiry unit is available by telephone to analyze and resolve problems and answer questions for enrolled providers. Complex matters and unique or difficult problems however, sometimes require assistance beyond the role of Provider Inquiry.

The Field Services Provider Outreach (FSPO) Department is a team of specialists ready to assist providers with the complicated and difficult problems. When a referral is received by FSPO, a representative will:

- Make an initial contact within 24 hours
- Provide an extensive and informed resolution to billing or enrollment issues
- Target specialized training for each provider type with in-depth information and assistance
- Give personalized attention to subject matter detail
- Provide on-site services (we can come to you!)

Specialized attention is also provided through one-on-one training sessions, as well as teleconference calls to meet the provider's busy schedule.

Requesting specialized assistance is made easy! Just call the Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (in-state, toll free); specify your question or need and your situation will be referred to the FSPO.

We look forward to assisting you.

Twelve-Month Continuous Eligibility

The Department of Health & Social Services is pleased to announce that children who are determined eligible for Medicaid or Denali KidCare on or after April 1, 2009 will be approved for **12 continuous months**. During the 12-month eligibility period, changes in income or household circumstances, with few exceptions, will not cause a *child* to become ineligible.

This change is expected to have numerous positive impacts on children, their families, and providers. The Alaska Department of Health & Social Services, like the 18 other states that have already adopted 12-month continuous eligibility policy, anticipates this change will:

- reduce the number of uninsured children
- reduce gaps in coverage
- increase use of preventive care and EPSDT services
- promote continuity of care
- reduce the use of emergency departments for non-emergent treatment
- result in more consistent management of chronic conditions.

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Review

Denali KidCare eligibility will be reviewed every 12 months. Family Medicaid cases (those including both adults and children) will continue to be reviewed every 6 months, even though children in those cases will remain eligible through the full 12-month period.

Change Reporting

Even if a reported change causes the adult(s) to become ineligible, the children will continue to be eligible through the end of their 12-month eligibility period. The 12-month continuous eligibility period may end if the child reaches age 19, is no longer an Alaska resident, is incarcerated, or if the Division of Public Assistance is unable to contact/locate the child.

Please direct patient questions regarding this change to their eligibility worker at the Division of Public Assistance.

Providers who have questions about this change may contact the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in Alaska).

NPI Billing Guidelines for Professionals in a Group Practice

On April 17th, 2009, the guidelines for electronic claim and paper claim billing for professionals in a group practice were mailed with the Remittance Advice.

These guidelines, titled National Provider Identifier (NPI) Instructions - Guidelines for Professional (CMS-1500) Claim Submission and National Provider Identifier (NPI) Instructions - Guidelines for Professional (837P) Claim Submission are available on the ACS Website at <http://medicaidalaska.com>.

Adjustment/Void Form Now Available Online

The Adjustment/Void form is now available online at <http://medicaidalaska.com> under *Providers*, then *Forms*. Under *Other Forms*, choose the *Adjustment/Void Form*.

If you have questions, please call Affiliated Computer Services, Inc., Provider Inquiry Unit at (907) 644-6800 (option 1), or (800) 770-5650 (toll-free in Alaska).

Dental Rate Increase

The Alaska Medical Assistance Program is pleased to announce that a legislative appropriation was received to increase Medicaid reimbursement rates for some commonly billed dental codes. The increased rates are effective for services provided on and after July 1, 2009.

A new dental fee schedule has been published to reflect this increase and is available from Alaska Medicaid's fiscal intermediary, Affiliated Computer Service (ACS), at <http://medicaidalaska.com/providers/FeeSchedule.asp>. If you do not have internet access and would like to receive a copy of the new fee schedule by mail, please contact ACS Provider Inquiry at (907) 644-6800 or (800) 770-5650 (toll-free in state), option 1.

Coming in 2010: Alaska Medicaid Health Enterprise

The new Medicaid Management Information System (MMIS), known as Alaska Medicaid Health Enterprise, is scheduled for implementation the summer of 2010. Alaska Medicaid Health Enterprise uses more efficient and innovative technology that includes many new features for providers. To ensure the accuracy of the provider information in the new system, a limited enrollment of all active providers will be conducted beginning in the fall 2009. The purpose of this effort is to validate existing data on the current MMIS as well as collect additional information to enable providers to fully utilize the new functions that will be available on Alaska Medicaid Health Enterprise. More details about the provider enrollment initiative will appear in the July newsletter. For more information about Alaska Medicaid Health Enterprise, go to <http://alaskamedicaid.info>.



Attention Vision Providers

Rochester Optical will provide a training session following the ACS Vision Services Training held on July 24, 2009. Watch your Remittance Advice messages for more details, times and registration information.

The Training Advantage

Saving time and money is important to everyone. Provider training is free! Providers are invited to send new employees to training to establish a solid foundation in determining recipient eligibility. Veteran employees can benefit from these trainings as well, both to refresh their knowledge and to keep them abreast of recent changes in Alaska Medicaid policies and procedures.

Training schedules are located at <http://medicaidalaska.com> under *Training*, then *Schedule*. Provider training sessions are offered in a variety of locations to suite everyone's need. Upcoming sessions include:

Teleconferences: July 1, 2, 28, 29, 30.

Juneau: July 7, 8, 9, 10

Sitka: July 13, 14, 15, 16, 17

Anchorage: July 21, 22, 23, 24.

For future classes, check the online schedule at <http://medicaidalaska.com> for classroom location, address, and start times.

Remember: To guarantee your seat, please register at <http://medicaidalaska.com>; choose *Training*, then *Online Registration*. You will receive an online response confirming that you are registered for the class(s) you choose.

You may also complete the registration form and return it to ACS via fax – (907) 644-9845, by email - anctraining@acs-inc.com, or mail:

Affiliated Computer Services, Inc.
Attention: Training Unit
P.O. Box 240808
Anchorage, Alaska 99524-0808

If you are unable to access the ACS website to obtain the registration information, please contact a provider trainer at (907) 644-6800, or (800) 770-5650 (toll-free in Alaska).

Do you know what has changed since YOU last attended training?