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September 2009

Alaska Medical Assistance Newsletter

**Location**

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## Attention: Care Coordination Agencies Identify the Rendering Care Coordinator On Claims

Effective October 16, 2009, Alaska Medicaid will enforce the existing billing requirement that rendering provider information be submitted on Care Coordination Agency claims by editing each claim for rendering provider information. This will result in denial of Care Coordination Agency claims which omit or otherwise incorrectly report rendering provider information.

Care Coordination Agency claims submitted on the CMS-1500 paper claim form must contain:

- the National Provider Identifier (NPI) of the individual rendering Care Coordinator in the unshaded portion of field 24J
- the NPI of the billing Care Coordination Agency in field 33A

For additional information on paper claim submission guidelines, please refer to the *National Provider Identifier (NPI) Instructions – Guidelines for Professional (CMS-1500) Claim Submission* flyer located on the ACS Website at

[http://www.medicidalaska.com/Downloads/Providers/NPI\\_claim\\_instructions\\_paper\\_20090413.pdf](http://www.medicidalaska.com/Downloads/Providers/NPI_claim_instructions_paper_20090413.pdf).

Claims submitted electronically in the 837P format must contain:

- the NPI of the billing Care Coordination Agency in Loop 2010AA
- the NPI of the individual rendering Care Coordinator in Loop 2310D

For additional information on electronic claim submission guidelines, please refer to the *National Provider Identifier (NPI) Instructions – Guidelines for Professional (837P) Claim Submission* flyer located on the ACS Website at

[http://www.medicidalaska.com/Downloads/Providers/NPI\\_claim\\_instructions\\_electronic\\_20090413.pdf](http://www.medicidalaska.com/Downloads/Providers/NPI_claim_instructions_electronic_20090413.pdf).

Individual Care Coordinators must be enrolled with Alaska Medicaid. In addition, Care Coordination Agencies must report to the ACS Provider Enrollment Unit the individual Care Coordinators providing services through their agency. This association of individual Care Coordinators with Care Coordination Agencies must be reflected in Alaska Medicaid enrollment records for any dates of service submitted for payment. It is the responsibility of the agency to keep their provider enrollment records current.

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This includes furnishing timely notification that a Care Coordinator no longer provides services through the Agency. The forms for reporting this information, the *Change of Medicaid Provider Information* and the *Standard Provider Enrollment Form*, can be obtained on the enrollment page of the ACS Website at <http://www.medicaidalaska.com/providers/Enrollment.shtml>.

**Rendering Provider Edits Impacting Care Coordination Agency Claims:**

Edit	Description	Trigger event	Resolution
199	Servicing Provider Inactive or Not Eligible on Date of Service	The Care Coordinator's enrollment record does not reflect current DSDS provider certification for the date of service submitted on the claim OR the enrollment record has been closed for other reasons.	Contact the ACS Provider Enrollment Unit at (907) 646-4273 to identify the reason the enrollment record is not active. Instructions will be provided for any needed documentation updates. Resubmit the claim after the provider enrollment record has been updated.
211	Rendering Provider Number Missing	If the provider number/NPI of the individual Care Coordinator who rendered the service is not indicated on the claim, the claim will deny.	Indicate the rendering Care Coordinator's provider number/NPI on the claim and resubmit.
212	Servicing Provider Not on File	If the rendering Care Coordinator based on the provider number/NPI submitted on the claim is not currently enrolled, the claim will deny.	Complete the <i>Standard Provider Enrollment Form</i> and submit it to the ACS Provider Enrollment Unit. The enrollment application can be obtained from the ACS Website indicated above.
213	Servicing Provider is not a Member of the Billing Provider Group	If the rendering Care Coordinator is not indicated as a member of the billing provider's group on the provider enrollment file, the claim will deny.	Submit a <i>Change of Medicaid Provider Information</i> form indicating the group cross-reference. The form can be obtained from the ACS Website indicated above.
214	Rendering Only Provider Cannot Bill	If the Care Coordinator is indicated as the billing provider, the claim will deny. Care Coordinators are service renderers employed by an Agency, and cannot be indicated as the billing provider on claim submissions.	Resubmit the claim with the Care Coordinator as the rendering provider and the Care Coordination Agency as the billing provider.

For additional information or assistance, please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

## Enrollment Requirements and Rules for Billing Group Services Changes

Affiliated Computer Services, Inc. (ACS) previously mailed out flyers which outlined changes to enrollment requirements and rules for billing group services for the Alaska Medical Assistance Program. Both flyers have been revised recently and have been posted to the ACS Website at <http://www.medicidalaska.com/providers/provupdates.shtml>.

The flyer, "*New Enrollment Requirements*," was originally mailed to providers on May 28, 2009 but has been amended to remove the requirement:

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

Though the supervising physician is not required to be a member of the same Alaska Medicaid billing group as the physician assistant, the physician assistant must be supervised by a physician that is actively enrolled in the Alaska Medical Assistance program.

This enrollment flyer also includes the following points:

- a reminder that physician assistants, certified registered nurse anesthetists, physical therapy assistants, occupational therapy assistants, and speech-language pathology assistants must now enroll with Alaska Medicaid to be reimbursed for services
- the valid servicing providers for GR/MDG/MPG Groups
- provider types that cannot bill as individuals

The flyer "*New Rules for Billing Group Services*" was initially mailed to providers on July 10, 2009 but has been revised to include trigger events and claims resolution information for two new edits, 918 and 919. Both edits will look for duplicate claims by comparing new claims to previously paid claims, each using different criteria. The specific trigger events and claims resolution facts can be found on the revised flyer which is available on the ACS Website at <http://www.medicidalaska.com/providers/provupdates.shtml>

This billing flyer also contains the details listed below:

- the valid therapy center servicing providers
- where to place the NPI on the CMS-1500
- the modifier "SA" is no longer required or needed for nurse practitioners, audiologists, nurse midwives, speech-language pathologists, physical therapists or occupational therapists who previously worked as collaborators in physician's offices as they are now required to enroll individually
- the "SA" modifier is allowed only for nurse practitioners' claims and use of this modifier by any other servicing provider will result in a denial
- the modifiers "QX" and "QZ" are valid for certified registered nurse anesthetists only
- the new edits impacting group billers

If you need additional information, please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska) or visit the ACS Website at <http://www.medicidalaska.com/providers/provupdates.shtml> to view the flyers.

## The Training Advantage

*Saving time and money is important to everyone.*

Provider training is free! We invite providers and new employees to attend 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 posted on <http://medicaidalaska.com> under *Training*, then *Schedule*. Provider training sessions are offered in a variety of locations (as noted on the training schedules) to suite everyone's need. Upcoming sessions include:

### **October**

**Teleconferences:** 6, 8, 20, 21, 22, 23

**Anchorage:** 27, 28, 29, 30

**Mat-Su Valley:** 12, 13, 14, 15

### **November**

**Fairbanks:** 3, 4, 5, 6

**Anchorage:** 17, 18, 19

Future classes are also posted on <http://medicaidalaska.com> for ease of planning your training needs. Classroom location, address, and start times are noted on the training schedules.

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), email ([anctraining@acs-inc.com](mailto:anctraining@acs-inc.com)), or mail to:

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?***

## **NO** *Issues Requiring Extensive Research* **PROBLEM!**

**Complex matters may** require assistance beyond the role of Provider Inquiry. The Enhanced Provider Services (EPS) team is ready to assist providers with the complicated and difficult problems. The following designated EPS team members specialize in, but are not limited to the following specialty:

Chandra: (907) 644-6898 DME, Behavioral Health

James: (907) 644-6899 Transportation

Misty: (907) 644-6893 Waiver

Provider Inquiry (PI) continues to assist all providers with claim status and eligibility related questions. PI will also transfer any escalated calls related to Waiver, Behavioral Health, DME and Transportation, to the appropriate EPS team member listed above. Remember, if the designated EPS team member is not available at the time of your call, you may be assisted by another team member, or you will have the option to leave a message.

***The Enhanced Provider Services staff looks forward to assisting you.***