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Critical Incident Reporting, Web-based Training Schedule for May and June 2010

Senior and Disabilities Services (SDS) require that all Medicaid waiver service providers receive training on “Critical Incident Reporting and Critical Incident Improvement Plans.” SDS will offer this training via GoToMeeting throughout May and June 2010.

SDS assures the federal Centers for Medicare and Medicaid (CMS) that recipients of Medicaid waiver services are safe and healthy in their homes and communities. Critical incident reporting by providers of waiver services is one important way of carrying out this mandate. The collection and aggregation of critical incident data by SDS allows the agency to track trends and identify gaps in services. In addition, critical incident reporting offers the opportunity for greater communication between providers and SDS, as well as a channel for technical assistance.

Providers may train their staff. Provider agencies choose staff to attend the online training and may then train additional staff at their own agency. All CIR/CIIP learning materials are available to participants upon request, after attending the online class, to use for this purpose.

Training will be held on Tuesdays from 2:00 until 3:30 p.m. on the following dates:

- May 4, 11, 18
- June 1, 8, 15

About GoToMeeting

GoToMeeting is easy to use. Attendees will receive an email with instructions detailing how to join the meeting online and a link to the scheduled meeting. To hear and speak during the class, attendees will need to use a computer headset with a microphone, or call in on the telephone and participate, much like a teleconference. Upon joining the meeting, everyone will be able to view the learning materials on their computer screen right at their desk.

All trainings will be from 2:00 until 3:30 p.m. The first 5 minutes of each training will be used to get connected and make sure all attendees are on line and can communicate with each other in the online training space.

How to register

If you are working with an agency, please communicate with your supervisor about your plan to register. All attendees may register by sending an email to Kara Thrasher-Livingston, SDS Training Specialist II at:

Kara.Thrasher-Livingston@alaska.gov.

Please state in the email the day you would like to attend. Each class can accommodate up to 24 attendees. You will receive a confirmation email inviting you to the GoToMeeting. You may want to choose a second class that would work for you in case your first choice is full.

Credit Balance Audits Begin Soon – Are You Ready?

The State of Alaska, Department of Health and Social Services (DHSS), contracts with Health Management System (HMS) to review and assess provider records for credit balances on Medicaid patient accounts. When any third party issues payment to a provider for a claim that Medicaid has previously paid, in full or in part, the provider is required to refund payments made by Alaska Medicaid. A credit balance occurs when a provider fails to refund Alaska Medicaid.

DHSS will begin selecting providers for on-site credit balance audits beginning in August 2010. In preparation for this audit, DHSS encourages providers to review their own records and refund any outstanding credit balances due to Alaska Medicaid.

Soon you will receive a letter from HMS explaining how to perform this self review. If you have any questions about the letter or if you do not receive a letter, please contact Sandra Burno with HMS at (907) 561-4455, toll-free at (866) 251-4861, or via email at AlaskaTPL@hms.com.

REMINDER!!! Providers are required to refund credit balances to Alaska Medicaid **within 30 days of occurrence** and not just in preparation for an audit.

Alcohol and/or Substance Abuse Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Perhaps you know that, in all age categories, Alaska has one of the highest alcohol consumption AND illicit drug use rates in the nation. What if you could help your patients stop drinking and stop using harmful substances before these problems became serious enough to destroy their lives? Many Alaskans need your help. The State of Alaska's Department of Health & Social Services is sending this information to remind you that the Medicaid program is supportive of your efforts to provide such help to affected Medicaid recipients.

Did you know that the Alaska Medicaid program (including Denali KidCare) pays for services for Alcohol and/or Substance Abuse screening, Brief Intervention, and Referral to Treatment (SBIRT)? These services have been covered by Alaska Medicaid and Denali KidCare since November 1, 2008, when performed by enrolled primary health care providers.

Through the provision of SBIRT services, patients undergo a quick screening to assess their alcohol and drug use. Patients who are at risk of developing a serious problem receive a brief intervention that focuses on raising their awareness of substance abuse and motivating them to change their behavior. Patients who need more extensive treatment receive a referral to specialty care for assessment, diagnosis, and appropriate treatment.

A number of screening instruments have been developed for use in various primary health care settings. You may investigate which instrument is the right fit for your practice by visiting the SBIRT Website provided through the Substance Abuse and Mental Health Services Association (SAMHSA) at www.samhsa.gov and selecting "SBIRT" under the heading "Programs & Campaigns" on the homepage. Complete information about SBIRT is available at this location, including training manuals, on-line resources, publications and other tools.

To bill the SBIRT services provided to Alaska Medicaid recipients, use one of the following procedure codes. (Complete information is published in the American Medical Association's Current Procedural Terminology (CPT) book.)

- | | |
|--------------|---|
| 99408 | Alcohol and/or substance (other than tobacco) abuse, structured screening (eg: AUDIT, DAST) and brief intervention (SBI) services; 15 to 30 minutes |
| 99409 | Greater than 30 minutes |

In addition to SBIRT information that can be obtained from the SAMHSA website, please feel free to contact the Division of Health Care Services (907-334-2400) or the Division of Behavioral Health (907-269-3600) about SBIRT. Contact the Alaska Medicaid fiscal agent, Affiliated Computer Services, Inc (907-644-6800 or 800-770-5650) about claims billing and payment for SBIRT services.

With your help, we can all make a difference in reducing the rates of alcohol and drug use in Alaska.

Dental Services Training Presented by Alaska Medical Assistance and Affiliated Computer Services

ACS and Alaska Medical Assistance are pleased to announce a new class specifically for dental providers. The first scheduled training will be presented on June 17, 2010, at 1835 S. Bragaw Street, Anchorage, Alaska, in the training room on the third floor. A second training via WebEx will follow on July 7, 2010.

In-depth information and instruction will be included on the following topics:

- Remittance Advice (RA)/Resubmission Turnaround Documents (RTD): What is it? What do I need to do with it? Why is it important to me?
- Prior authorization (PA): Why is it necessary? How and when to obtain a PA. How do PAs affect claims?
- Fee Schedules, Covered Services, and Service Limitations
- Dental Regulations
- ADA Dental Claim Form completion: Helpful hints and problematic areas
- Common error codes: How to avoid them
- Your Turn! Discussion, questions, concerns

Please watch your RA messages and this monthly newsletter for more details on times, locations, and registration information.

To view training schedules and presentations or to register for this, or any other class, please visit <http://medicaidalaska.com/> and select one of the options under the 'TRAINING' tab. If you have any questions, please contact the ACS Training Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

ATTENTION: Community Mental Health Clinics, Mental Health Physician Clinics, and Substance Use Disorder Treatment Providers

Alternative Billing Concepts (ABC) codes for Behavioral Health Services were retired on December 31, 2009. **Effective with dates of service on and after January 1, 2010**, claims and prior authorization (PA) requests for services rendered in 2010 must be submitted using national standard codes.

More detailed information can be found on the ACS Website at <http://medicaidalaska.com> under *Providers/Updates*. Please download or print the "ABC Code Sunset Packet" prepared for your provider type. This packet provides the following:

- Crosswalk comparing the retired ABC codes and the new replacement codes
- List of questions and answers regarding the new replacement codes
- Revised PA request forms reflecting the new replacement codes

The "old" ABC codes can be used only for services rendered **on or before December 31, 2009**. The "new" national codes must be used for services rendered **on or after January 1, 2010**. Please share this information with your clinicians and billing staff.

Questions? Please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

NPI-Only Claim Submissions Required by April 23, 2010, for 837P Transactions

As of April 23, 2010, for HIPAA-covered entities only, Alaska Medicaid will no longer accept professional claims, including Home & Community-Based Care and Personal Care agency providers, submitted with Medicaid provider ID numbers. 837P claim transactions will be accepted when submitted with the National Provider Identifier (NPI) only.

Use of your Medicaid provider ID # on your professional claims must be discontinued by this date. If you have questions or need additional assistance, please refer to the following resources or contact the Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in Alaska).

Helpful Resources:

NPI-Only Claim Submissions Required – Announcement and Strategies

http://medicaidalaska.com/Downloads/Providers/Update_20100412_NPI_ONLY_REQUIRED_Flyer.pdf

NPI Payerpath Instructions:

http://medicaidalaska.com/Downloads/Providers/NPI_Payerpath_instructions_20100419.pdf

NPI Professional Claims Ciller Instructions:

http://medicaidalaska.com/Downloads/Providers/NPI_Professional_Claims_Biller_Instructions_20100408.pdf

HIPAA Companion Guide: <http://medicaidalaska.com/providers/hipaa/guide.shtml>

NPI Technical Instructions: Guidelines for Professional (837P) Claim Submission

http://medicaidalaska.com/Downloads/Providers/NPI_claim_instructions_electronic_20100324.pdf

Guidance for Diagnosis Coding For Mental Health and Developmental Disorders in Infants and Toddlers

The Alaska Medicaid program supports the use of the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R)* as a tool for health care providers to aid in their efforts to report the mental health and developmental disorder diagnoses for young children from birth through age five. The *DC: 0-3R* was developed by consensus of a multidisciplinary group of experts in early childhood development and mental health, drawing on more than 15 years of empirical research and worldwide clinical practice.

Use of the *DC: 0-3R* will help both primary health care practitioners and mental health clinicians to more accurately report diagnoses for infants and toddlers experiencing mental health and/or developmental disorders. Although providers are not required to use the *DC: 0-3R*, the Alaska Medicaid program encourages providers to make use of this tool when diagnosing young children.

Providers are reminded that clinical records must support the given diagnosis through assessment processes. Also, claims require diagnosis codes exclusively using the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* code set.

Because the *DC: 0-3R* codes do not align precisely with the *ICD-9-CM* codes, a table was developed to cross walk the two coding systems. For a copy of this table, please visit <http://medicaidalaska.com/providers/provupdates/shtml>. Select the 04/02/2010 notice titled "Guidance for Diagnostic Coding for Mental Health and Developmental Disorders in Infants and Toddlers." Please note that, in some cases, the *ICD-9CM* codes listed may require additional 4th or 5th digits to ensure code validity.

Please contact Shirley Pittz at (907) 269-8923 with the Office of Children's Services Infant Learning Program for questions about the use of *DC: 0-3R*.

Reminder: New Alaska Medicaid Coverage Regulations

Effective February 1, 2010, new Medicaid coverage and payment regulations (7 AAC 105 – 7 AAC 160) replaced the existing regulations (7 AAC 43), except for those sections of 7 AAC 43 related to mental health clinic and substance abuse rehabilitation services.

Alaska Medicaid has reorganized and renumbered Medicaid coverage and payment regulations for accuracy, logic and readability and to make subsequent regulation updates more manageable.

Alaska Medicaid has published a link to the new regulations as well as a crosswalk that maps the old regulations to the new (7 AAC 43 to 7 AAC 105 – 7 AAC 160) on the Alaska Medicaid Website:

<http://medicaidalaska.com>.

Watch for the restructuring of the behavioral health regulations coming soon to 7 AAC 116 and for the future development of tribal health program regulations in 7 AAC 155.

Action Required:

Medicare Claims Crossover to Supplemental Payer Issue

The Centers for Medicare & Medicaid Services (CMS) announced that Medicare claims processed between January 5, 2010, and February 12, 2010, did not automatically cross over to supplemental payers, including Alaska Medicaid, even though the provider remittance advice indicated otherwise. This problem impacted Part A institutional claims and Part B professional claims.

If these Medicare/Medicaid cross-over claims have not processed on your Alaska Medicaid remittance advice, please submit them directly to Alaska Medicaid (ACS). CMS will not be reprocessing them.

If you have any questions or concerns, please contact Provider Inquiry at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

Place of Service Code REQUIRED on 837P and CMS-1500

HIPAA standards require a Place of Service (POS) code on all claims. Alaska Medicaid is enforcing this requirement by setting Edit 103: "Invalid or Missing Place of Service" on claims that are not compliant.

On 837P claims, when the service location is the same for all service lines, use *only* Loop 2300, Field CLM05-1, to identify the location. When there are two or more service locations at the service line level, use Loop 2300, Field CLM05-1, *and* Loop 2400, Field SV105. For claims submitted via the CMS-1500, the POS code is entered in Field 24B.

A current list of POS codes is available at:

http://www.cms.hhs.gov/PlaceofServiceCodes/03_POSDatabase.asp

Questions? Please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska)

Transportation and Accommodation Services

Each month, *many* claims must be denied because the AK-04, "Transportation Authorization and Invoice" form, is either not legible and/or not accurate. If **you** are responsible for completing the AK-04, please be aware that your care in completing the form has a huge impact on how soon providers are reimbursed for their services or whether they will receive any reimbursement at all.

Providers accept the AK-04 in good faith and assume that the information contained on the form is correct. When the AK-04 is not legible and/or not accurate, the provider does not get paid the first time the claim is submitted or a significant portion may be denied.

Conscientious completion of the AK-04 is essential for timely, fair reimbursement of the providers. If you are uncertain how to complete the AK-04, the ACS Prior Authorization staff is happy to assist you.

Medicare's New Coding Requirement

For consultations rendered on or after January 1, 2010, Medicare will no longer recognize the CPT consultation codes:

99240-99245
99251-99255

Services that would previously have been billed to Medicare with these codes must now be billed using appropriate Evaluation and Management codes.

This change by Medicare affects ONLY the crossover claims received by Alaska Medicaid. For payment consideration of these crossover claims, providers must comply with Medicare's new coding requirement. Claims that are billed with the CPT consultation codes will be denied by Medicare and will consequently be denied by Alaska Medicaid.

Please note that this change affects ONLY the Medicare crossover claims. Alaska Medicaid's coverage of consultation codes is NOT changing.

A comprehensive article detailing Medicare's new coding requirement may be accessed at:

<http://www.cms.hhs.gov/MLNMArticles/downloads/MM6740.pdf>

Complex Billing Question? Issue Requiring Extensive Research? NO PROBLEM!

Complex matters and unique or difficult situations may require assistance beyond the role of Provider Inquiry. Our Field Representatives are a team of specialists ready to assist providers with the complex billing questions.

Provider Inquiry (PI) continues to assist all providers with claim status and eligibility-related questions. However, when complicated and difficult problems require assistance beyond the role of Provider Inquiry, PI will transfer your call to the appropriate Field Representative. **The Provider Field Representatives look forward to assisting you.**

The Training Advantage: Saving Time and Money

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

The training schedule for 2010 is available at:

<http://medicaidalaska.com/providers/Training/providerTraining.shtml>. Provider training sessions are offered in a variety of locations to suit everyone's need. Upcoming sessions include:

May: Teleconference/WebEx:	7
Barrow:	11 – 13
Anchorage:	11 – 13, 25
Wrangell:	18 – 20

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

You may also submit your registration form to ACS via fax or mail. The fax number is (907) 644-9845. The mailing address is:

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).



Ask Medicaid

What is my responsibility as a provider of Alaska Medicaid services if I change my office location?

Q: I've just moved my practice to a new location but my billing office has not changed. Do I need to notify Medicaid?

A: Your change in physical location must be reported in writing **within 30 days** to Alaska Medicaid. A *Change of Medicaid Provider Information* form must be completed, signed, and then mailed to Affiliated Computer Services, Inc (ACS). An original signature is required and no fax or photocopy of the signed form will be accepted. The form can be accessed at: <http://medicaidalaska.com/providers/forms.shtml>.

After enrolling in the Alaska Medicaid program, all providers are responsible for reporting any change in their enrollment information. By reporting changes within 30 days, providers help to ensure that their claims are processed correctly. The reportable changes listed below may affect claims processing, a payment amount, or even a provider's eligibility to participate in the Medicaid program. Providers are *required* to report a change no later than 30 days after the reportable event.

- **Change in Telephone Number**
- **Change in Fax Number**
- **Change in E-mail Address**
- **Change in NPI**
- **Change in Practice Location**
(Occurs when a provider establishes a new practice location, moves an existing practice location, closes an existing practice location, or changes any portion of an existing practice location address)
- **Change in Organization Legal Business Name/Tax Identification Number**
(Occurs when a business owner changes the organization's legal name and/or Taxpayer Identification Number with the Internal Revenue Service)
- **Change of Taxonomy**
(Occurs when a provider changes or adds specialties or subspecialties)
- **Change in Practice Status**
(Occurs when a provider decides to retire or voluntarily withdraw from the Alaska Medicaid program)
- **Change of Business Structure**
(Occurs when a provider changes his or her business structure, such as from sole proprietorship to partnership)

If you have any questions about reporting changes in your Medicaid Provider information, please call the ACS Provider Enrollment Unit at (907) 646-4273 or (800) 770-5650 (toll-free within Alaska), option 1, 3.