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Changes to regulations for Tamper-Resistant Prescriptions and Home Infusion Therapy

The Department is pleased to announce that, effective July 7, 2010, the regulations for Tamper-Resistant Prescriptions and Home Infusion Therapy have been improved. The Tamper-Resistant Prescription changes make it easier for prescribers to comply with the rule as it puts forth more options for compliance. The Home Infusion Regulation improves the explanation of Home Infusion Therapy and when the services may be provided.

Please see the Tamper-Resistant Prescriptions and the Home Infusion Therapy regulation changes at: <http://hss.state.ak.us/apps/publicnotice/regulations.aspx>.

UPDATED Adult Immunization

DHSS is pleased to announce that, effective June 13, 2010, Medicaid has authority to cover the vaccines and immunization administration for adults under 7 AAC 120.405(b)(2)(3). For adults, the following vaccines and their administration are covered when medically necessary to prevent the specific disease:

Hepatitis A; Hepatitis B; Herpes Zoster (Shingles); Human Papillomavirus; Measles, Mumps, and Rubella (MMR); Meningococcal; Pneumococcal (Polysaccharide); Seasonal Influenza, live attenuated nasal spray or inactivated injection; Tetanus Diphtheria, Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis; or Varicella (Chickenpox).

The vaccine product Gardasil[®] has a new indication for use by boys and young men to prevent genital warts. This product is covered for this new indication for those over eighteen for the vaccine and administration. For those under eighteen, the vaccine should be provided by the Vaccine for Children program and the administration is covered by Medicaid.

The two following vaccines are provided by the State, therefore only their administration is covered:

- Influenza A (H1N1) 2009 Monovalent
- Rabies

General Instructions for Stop Pay/Reissue and Cancel/Reissue of State Warrants

Effective immediately, all providers must follow State of Alaska policy to request either stop payment or replacement of a state-issued warrant.

State policy is that a warrant may be replaced within ten (10) calendar days, to include Saturdays and Sundays, after the date that the warrant was mailed to the provider. To request either stop payment or replacement, a "Warrant Status Change Request" form must be completed by the provider and faxed to Affiliated Computer Services (ACS) at (907) 644-8120. ACS then forwards the form to Health Care Services (HCS) for entry into the State of Alaska accounting system. Once the transaction has been verified and posted by HCS, ACS will reissue the warrant.

The required "Warrant Status Change Request" form, with instructions, can be found on the ACS Website at <http://medicaidalaska.com>.

Coverage for Fluoride Varnish and Oral Evaluations Provided by Physicians, Nurse Practitioners, and Physician Assistants

Effective July 1, 2010, Alaska Medical Assistance will allow reimbursement for dental fluoride applications and oral evaluations performed by physicians, nurse practitioners and physician assistants who have successfully completed an Oral Health or Caries Risk Assessment training program.

Credentials

Each medical provider will be responsible for successfully completing an Oral Health or Caries Risk Assessment training that includes oral evaluation and topical fluoride varnish applications.

Accepted trainings include online and in-person training courses and workshops that provide a certificate of completion. A certificate of completion from the training program is required and must be presented to Alaska Medical Assistance upon request.

Numerous acceptable training courses are available online, including the American Academy of Pediatrics Oral Health Risk Assessment training at <http://www.aap.org/oralhealth/cme/>. To find additional information on acceptable training courses, please contact Brad Whistler at (907) 465-8628.

Limitations of Coverage

Alaska Medical Assistance will cover a maximum of 4 fluoride varnish applications (D1206) per calendar year. Coverage of oral evaluations (D0145) is limited to 2 exams per calendar year and is limited to patients under 3 years of age. **Only those services performed on/after July 1, 2010, are reimbursable.**

Billing

Topical fluoride varnish and oral evaluations performed by physicians, nurse practitioners, and physician assistants must be billed on the CMS-1500 using the following dental procedure codes:

- D1206 - topical fluoride varnish
- D0145 - oral evaluation for a patient under three years of age and counseling with primary caregiver

Reimbursement	100% of Dental Fee Schedule	85% of Dental Fee Schedule
D1206	\$28.00	\$23.80
D0145	\$56.70	\$48.20

If you have questions or require additional assistance, please contact the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650, option 1, 1 (toll-free in Alaska).

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.

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

In May, HMS sent letters to all providers explaining how to perform the self review. If you have any questions about the letter or if you did not receive a letter, please contact Sandra Burno with HMS in the Credit Balance Department at (907) 561-4455, toll-free at (866) 251-4861, or via email at AlaskaTPL@hms.com.

REMINDER!!! In accordance with the Provider Enrollment Agreement, providers are required to refund credit balances to Alaska Medicaid **within 30 days of occurrence** and not just in preparation for an audit.

COST OF CARE Assisted Living Homes

During the eligibility process, if it is found that a Home & Community Based Waiver (HCBW) recipient is required to pay for a portion of his care, a Cost of Care Amount (COCA) is determined. This is a requirement of Alaska Medicaid regulations 7 AAC 145.670 and 7 AAC 100.552. Once the COCA is determined, the recipient and the provider are notified of the monthly amount due. The recipient must contribute this amount toward the cost of care.

It is the recipient's responsibility to ensure that the COCA payment is made to the HCBW provider. The provider is responsible for reporting the COCA received by reducing the amount billed to Medicaid.

HCBW Assisted Living providers must report the COCA on line 29 of the CMS-1500 as a "prior payment."

Please note: Failure to report COCA will result in retroactive recoupment.

If you have questions or require assistance, please contact the Division of Senior and Disabilities Services (DSDS) at (907) 269-3666 or the DSDS Long Term Care Waiver Unit at (907) 269-8950.

UPDATED Personal Care Service Eligibility Codes and Fee Schedule

Consumer-Directed and Agency-Based personal care service providers are requested to visit <http://medicaidalaska.com/providers/provupdates.shtml> for updated copies of:

- Personal Care Services Eligibility Codes
- Procedure Codes (Fee Schedule)

These tables, revised 05/25/2010, replace the tables in your billing manuals.

When billing, please note that the "U3" modifier is required *only* for Consumer-Directed personal care agency (PCA) services. However, prior authorization is required for *both* Consumer-Directed and Agency-Based PCA services.

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 Enhanced Provider Services (EPS) Representatives are a team of specialists ready to assist providers with 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 EPS Representative. **Your EPS Representatives look forward to assisting you.**

Alaska Medicaid Dental Claims Common Errors and Effective Solutions

As part of its ongoing provider support efforts, the Alaska Division of Health Care Services (HCS) recently conducted an analysis of dental claims, identified common errors and error trends, and recommended steps providers can take to ensure claims are submitted accurately.

During March 2010, 38,674 dental claims were submitted to Alaska Medicaid. The majority (35,075 or 90.6%) of those claims were accurate, resulting in successful and prompt adjudication/payment. Of the 3,599 claims that were denied, most were the result of a few common coding or claims submission errors.

More than 41% of denials were caused by errors related to prior authorizations (PA), such as the provider or recipient number on the claim did not match that of the PA request, or the provider failed to obtain a required PA.

An additional 34% of denials were the result of claims submitted with incorrect recipient information (i.e., recipient name/ID mismatch, recipient name missing) or submitted for recipients who were ineligible on the date of service.

More than 12% of denials were the result of a claim submitted for a procedure that is not covered or is age-restricted.

How Can These Common Errors Be Prevented?

- Obtain a PA when required. Dental services that require a PA are annotated in the Dental Fee Schedule. NOTE: ALL Adult *Enhanced* Dental services require a PA.
- For GROUP practices, request the PA under the GROUP practice DDG### number, and submit the related claim with the GROUP NPI number in field 49.
- Submit claim with the same procedure code(s) and surface code(s) requested on the PA. If procedure or surface code changes are required, request an update of the PA prior to submission of the claim.
- Accurately record the PA number on the claim. Be sure that the PA matches the recipient for whom it was obtained.
- Verify recipient eligibility. Ensure that the recipient is eligible on the date of service.
- Accurately record the recipient's ID number and name on the claim form.
- Verify that the procedure is a Medicaid covered service and that the procedure is covered based on the recipient's age. The current dental fee schedule of covered services is available at: <http://medicaidalaska.com/providers/FeeSchedule.asp>.
- Be sure you have the latest, most accurate billing information by attending provider training offered by Affiliated Computer Services, on behalf of Alaska Medical Assistance. Additional information about Dental training is provided in this newsletter.

Questions? Contact the Affiliated Computer Services Provider Inquiry Unit at (907) 644-6800, option 1, or toll-free in Alaska at (800) 770-5650, option 1, 1.

NEW Dental Services Training

Alaska Medical Assistance is pleased to announce a new class specifically for dental providers. Training is presented by Affiliated Computer Services (ACS). The next two scheduled classes will be held on August 26th in Anchorage and on September 16th in Kenai.

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

- Remittance Advice/Resubmission Turnaround Document: What is it? What do I need to do with it? Why is it important to me?
- Prior Authorization: Why are PAs necessary? How do PAs affect claims?
- Fee Schedule, 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, and concerns.

To register for Dental Services Training or to view the training schedule, please visit <http://medicaidalaska.com> and select one of the drop-down options under the *Training* tab.

Additional Dental classes will be offered later in the year. Please watch your RA messages and monthly newsletter for more details on times, locations, and registration information.

Critical Incident Reporting, Web-based Training Schedule for July - September 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 the 2010 summer on:

- July 26
- August 23, and 30
- September 7, 14, and 21

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

Registration and GoToMeeting information is available at <http://www.hss.state.ak.us/dsds/critical.htm>. (Under *Links*, click on "Critical Incident Reporting Training Schedule.")

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 refresh their knowledge and keep abreast of recent changes in Medicaid policies and procedures.

Provider training sessions are offered in a variety of locations to suit everyone's need. Upcoming sessions include:

August:	Teleconference/WebEx	10, 11	September:	Teleconference/WebEx	7, 8
	Dillingham	17, 18, 19		Kenai	14, 15, 16
	Anchorage	24, 25, 26		Anchorage	21, 22, 23
	Valdez	31, Sept. 1, 2		Seattle	28, 29, 30

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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 chose.

You may also submit your registration form to ACS at:

<http://www.medicaidalaska.com/providers/Training/providerTraining.shtml>

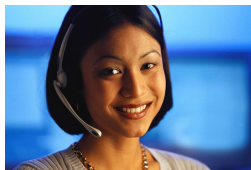
or via fax to: (907) 644-9845

or by 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).

Please note: The Payerpath® Tutorial is available to providers who wish to attend classroom training and is also offered via WebEx. If you wish to attend the classroom training, please consult the provider training schedule at <http://medicaidalaska.com/providers/Training/providerTraining.shtml> for the next training offered in your area. For those providers who wish to attend the Payerpath Tutorial remotely via WebEx, please call (907) 644-6800 or email the ACS Training Department at anctraining@acs-inc.com.



Ask Medicaid

In my practice, it is often necessary for me to refer a patient to a doctor or specialist in another community, either in Alaska or out of state. After obtaining prior authorization from Affiliated Computer Services (ACS), my staff gives the patient, a family member or guardian the phone number for the Recipient Helpline (800-780-9972) for any questions they may have about Medicaid travel benefits. So that we can better serve our patients, I would like to know the answers to the more frequently occurring questions.

Q: *I live in Kodiak. My child has been referred to a specialist in Anchorage and we must fly there next week for his appointment. Will Medicaid pay for my transportation costs? --- or --- I am having surgery in Seattle next month and I would like a relative or friend to accompany me. Will Medicaid pay for their travel expenses?*

A: Medicaid will pay for transportation and accommodation services for an authorized escort to accompany a child age 17 or younger. Medicaid will pay for an adult to have an escort ONLY if an escort is determined to be medically necessary. ACS and/or the Department of Health Care Services will make that decision

Q: *If my child needs to stay in the hospital for an extended period of time, will Medicaid pay for an extended stay for me, or can I travel back and forth?*

A: Medicaid recognizes that this is a difficult time for families. ACS will work with you and your healthcare provider to determine the most appropriate level of support.

Q: *Will Medicaid pay for my taxi rides, hotels and meals?*

A: While you are traveling for medical care, Medicaid will pay for authorized taxi rides, hotel stays, and meals, but only if the taxi, hotel and restaurant are enrolled as an Alaska Medicaid provider.

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Q: *What if the specialist you're sending us to says that we need to stay longer. What do we do about our hotel and return flight?*

A: Have the specialist contact ACS **that same business day**. With appropriate medical justification from the specialist, ACS will make the necessary changes to your prior authorization for hotel and airplane. The specialist or someone from their staff (often a social worker) will supply you with additional vouchers to cover your hotel and taxis. After ACS has been called, you will need to call the State Travel Office at (800) 514-7123 to update your air tickets.

Q: *What if inclement weather delays my flight and I cannot travel on the approved day?*

A: When your travel plans change for **any** reason, contact ACS that same business day. If there is appropriate justification, ACS will extend the prior authorization. Your healthcare provider will need to supply any additional vouchers required. Contact the State Travel Office at (800) 514-7123 to update your air tickets.

Q: *My appointment was cancelled and I won't need to travel. What do I do with the ticket?*

A: Call the State Travel Office at (800) 514-7123 so that your airline and hotel reservations can be cancelled.

Q: *I don't drive. Will Medicaid pay for a taxi to take me from my home to my local medical appointments?*

A: Medicaid does not typically provide transportation services in your home community. However, the "Early Screening Program" provides assistance for pregnant women and children to attend medical and WIC appointments. Please call 269-4575 in Anchorage or 888-276-0606 statewide to see if you might qualify.

If you have any other questions about non-emergency medical travel, please call the ACS Provider Inquiry Unit at (907) 644-8126 or (800) 770-5650 (toll-free within Alaska), option 1.

Do YOU have a question that you would like to "Ask Medicaid?" Call the ACS Publications Department at (907) 644-9814 with your request.