

Alaska Medical Assistance Newsletter

December 2010



A xerox Company

Location

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

Web Address

medicaidalaska.com

Phone Numbers

907.644.6800
800.770.5650 (toll-free in Alaska)

Recipient Services

907.644.9862
800.780.9972 (toll-free in Alaska)

Provider Inquiry

907.644.8126
800.770.5650 (toll-free in Alaska)

Fax Numbers

PA 644.8131
PA: Travel, MRI, PI,
and Mental Health 644.8126
or 644.8127
SUR 644.8128
EPS 644.8122
Finance 644.8120
Training 644.9845
Attachments 644.8122
or 644.8123
Enrollment 646.4273

Inside:

Upcoming Holidays	1
Single Date of Service Billing for Waiver Services Providers.....	1
Therapeutic Leave of Absence.....	2
Personal Care Agencies Convert to Atypical Provider Billing Status	2
New Enrollment Requirement for Personal Care Assistants.....	2
New Enrollment Procedure	2
Single Date Billing No Longer Required for Outpatient Hospital Claims.....	2
Pharmacy Program Updates.....	3
Electronic Health Records Incentive Payments to Eligible Professionals and Hospitals.....	3
NPI-Only Submission	4
2011 Medicaid Provider Training	4
Ask Medicaid	4

Upcoming Holidays

State of Alaska and ACS offices will be closed on December 24th (Friday) in observance of Christmas and on December 31st (Friday) in observance of New Year's Day.

Single Date of Service Billing for Waiver Services Providers

(Home and Community-Based, Environmental Modifications, Specialized Private Duty Nursing, Care Coordination, and Specialized Medical Equipment)

Effective with February 1, 2011 dates of service, claims should be submitted with a single date of service. Claim lines reporting more than one date of service ("spanned" dates of service) will no longer be accepted. Claims for dates of service prior to February 1, 2011 may be billed with span dates or with single dates of service.

For example, if the services were rendered on February 1, 2011, the claim should be submitted with a "from" and "to" date of service of 020111 or 02012011 (MM/DD/YY or MM/DD/CCYY format).

24. A.	DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES	
	From			To					PLACE OF SERVICE	EMG
	MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER
1	02	01	11	02	01	11				

24A	Dates of Service	Required. In the <u>unshaded</u> area, enter the "from" and "to" dates services were rendered in MM/DD/YY format. The six-digit format is preferred. However, the eight-digit format is also acceptable, such as MM/DD/CCYY. Each service/procedure must be entered on a separate line with no more than six lines per form.
-----	------------------	---

WebEx training on single date of service billing will be offered:

January 4, 2011	10:00 am – 10:30 am
January 11, 2011	2:00 pm – 2:30 pm
January 18, 2011	10:00 am – 10:30 am
January 25, 2011	2:00 pm – 2:30 pm

You may register for these classes on the ACS website at <http://medicaidalaska.com>. Choose *Training*, then *Online Registration*. You will receive a confirmation notice that you are registered for the class. You will also receive the call-in number and password to log on for the WebEx.

If you have questions, please call the ACS Provider Inquiry Unit at 907.644.6800 or 800.770.5650 (toll-free in Alaska).

Therapeutic Leave of Absence

Residential psychiatric treatment centers will receive payment for days that recipients are on a therapeutic leave of absence (LOA) when coded with appropriate revenue code 0183. Coverage of up to 12 therapeutic LOA days per calendar year will be reimbursed without prior approval. Additional days will require prior approval from the Utilization Review staff at the Division of Behavioral Health. A specific request form is required for review of therapeutic LOA beyond 12 days per year.

Providers may access the complete Leave of Absence Policy, including the authorization request form and the submission address for approval of LOA days beyond 12 per year, via the following link:

www.qualishealth.org/cm/alaska-medicaid/behavioral-health/tools.cfm. Select "Provider Bulletin #10" under the heading "Announcements."

Providers may also contact the ACS Provider Inquiry staff at 907.644.6800 or 800.770.5650 (toll-free in Alaska) with questions about this policy and/or related claims processing efforts.

PCAs may submit a "Request for Waiver of First Aid and CPR Training for Personal Care Assistance Staff" to the Division of Senior and Disabilities Services (DSDS) Quality Assurance via email at hss.dsdsqa@alaska.gov or fax 907.269.3690. The request form may be accessed at: www.hss.state.ak.us/dsds/pca/documents/pcaCPR_FA.pdf.

The PCA must request the waiver from DSDS in writing. The request must explain why the PCA cannot either attend the first aid/CPR course or obtain the first aid/CPR certificate. Waivers are granted for **up to six months**, after such time the waiver **may not** be extended or renewed.

Send the current certificate of training, the letter from the first aid instructor, or the department-issued waiver to:

Affiliated Computer Services
Provider Enrollment
PO Box 240808
Anchorage, AK 99524-0808

If you have questions, please contact DSDS Quality Assurance at: hss.dsdsqa@alaska.gov.

Personal Care Agencies Convert to Atypical Provider Billing Status

Effective January 10, 2011, personal care agencies doing business with Alaska Medicaid will be considered "atypical providers." The HIPAA NPI standards will not be enforced on electronic claims transactions from this provider group. Billing rules for this change are explained in the flyer, "Personal Care Agencies Conversion to Atypical Provider Billing Status," dated December 6, 2010, which can be accessed at: medicaidalaska.com/providers/provupdates.shtml.

New Enrollment Requirement for Personal Care Assistants

In accordance with 7 AAC 125.090, all individuals employed as personal care assistants are now required to enroll as individual providers. This requirement applies to both consumer-directed and agency-based personal care assistants. Prior to the adoption of 7 AAC 125.090, only the PCA agencies were required to enroll.

For additional information, please see the 11/10/2010 Personal Care Agencies/Individuals Enrollment Update flyer, available at <http://medicaidalaska.com/providers/provupdates.shtml>.

Questions regarding the enrollment process may be directed to Lyla Crane, Provider Enrollment Supervisor, at 907.644.6853 or lyla.crane@acs-inc.com.

New Enrollment Procedure for Applications Submitted After December 20, 2010

All providers, with the exception of Personal Care Agencies, submitting a new enrollment application after December 20, 2010, must submit their application using the Provider Enrollment Web Portal at <https://enroll.medicaidalaska.com>.

A new provider is defined as one that has never been enrolled in Alaska Medicaid, is enrolling a new Tax ID or Social Security Number, or is enrolling as a different provider type. All previously submitted, paper applications must be completed by December 20, 2010.

If there are extenuating circumstances that prevent a provider from enrolling via the new Provider Enrollment Portal, a hardship request may be submitted to Lyla Crane by phone at 907.644.6853 or by email at: lyla.crane@acs-inc.com.

Single Date Billing No Longer Required for Outpatient Hospital Claims

The Division of Health Care Services has rescinded the single date of service billing rule for outpatient hospital claims. Effective immediately, claims may continue to be submitted under the previously established Alaska Medicaid guidelines which permitted span date of service billing. Please ensure that this message is shared with all appropriate staff at your location and with your billing agency, if you contract these services.

Pharmacy Program Updates

Void Match NDC

When reversing a paid pharmacy claim, please remember to submit the claim reversal with the same item National Drug Code (NDC) that was submitted on the initial paid pharmacy claim. Failure to submit a claim reversal with the same item NDC as the initial paid claim may result in a claims transmission error that could lead to under-payments or overpayments or rejection of the reversal.

Other Coverage Codes

Coding updates in the pharmacy POS system were implemented on October 20, 2010, for coordination of benefits to deny claims submitted with Other Cover Codes = 1, 5, 6, 7, or 8 in NCPDP field 308-C8. Claims for recipients with other coverage on file must first be billed to the other insurance companies before being submitted to Medicaid. Claims cannot be billed to Medicaid as the primary payer in lieu of billing another insurance plan first. There is no provision to override coordination of benefits due to your pharmacy not being a contracted or preferred provider with another insurance plan.

Changes to Regulation, Effective February 1, 2010

Changes allowed by regulation on February 1st are:

- Prescription B-Complex Vitamin Step-Edit
- New OTC Products Covered
- Clozapine Management Fee

These changes were implemented in the pharmacy claims processing system at various times over the year.

Prescription B-Complex Vitamin Step-Edit

Recently, Alaska Medicaid began reimbursing for prescription B-complex vitamins when a patient has been diagnosed with renal disease. Coverage will be granted for recipients with a diagnosis on file of chronic kidney disease (CKD) or renal failure. If a recipient has chronic kidney disease or renal failure but does not have a medical claim on file with either of these diagnoses, the prescriber must obtain prior authorization through the Magellan Clinical Call Center at 800.331.4475.

New OTC Products Covered

Recently, Alaska Medicaid began reimbursing for over-the-counter (OTC) Loratadine and OTC Omeprazole. However, a prior authorization must be obtained for OTC Omeprazole before reimbursement will occur.

Updated Clozapine Management Fee

Alaska Medicaid regulations currently allow payment of a Clozapine management fee of \$15.00 to be paid once monthly. The pharmacy should not bill this fee more than once monthly. If the pharmacy is reimbursed for this fee multiple times for the same recipient in the same month, this is an overpayment that will be recovered by Alaska Medicaid.

If you have any questions about any of the topics covered above, please contact Dave Campana, R.Ph., Pharmacy Program Manager, at 907.334.2425 or Chad Hope at 907.334.2654.

Providers were initially notified of these changes in the RA message titled "MEDICAID MUST IMPLEMENT NATIONAL CORRECT CODING INITIATIVE EDITS," which appeared in your RA messages dated September 3, 2010. If you have questions, please call the ACS Provider Inquiry Unit at 907.644-6800, option 1, or 800.770.5650 (toll-free in Alaska).

Electronic Health Records Incentive Payments to Eligible Professionals and Hospitals

The Electronic Health Records (EHR) Incentive Program will provide incentive payments to Medicaid enrolled eligible professionals (EP) and eligible hospitals (EH) that have adopted, implemented or upgraded to a certified EHR and use it in a meaningful manner. EPs include physicians, dentists, nurse practitioners, certified nurse midwives, and physician assistants. EHs include acute care hospitals and critical access hospitals.

Providers and hospitals may enroll in the Medicaid EHR Incentive Program beginning in early 2011. They will be required to register on the CMS National Level Repository (NLR) and the Alaska State Level Registry (SLR) upon implementation of the program. Watch for updates at <http://ak.earr incentive.com/>.

Online Survey

To determine the number of eligible professionals who may qualify for the EHR Incentive Program, the Health Information Technology (HIT) unit of the Department of Health and Social Services (DHSS) requests that providers participate in an online survey. This survey information will be instrumental in developing EHR program guidelines that support our providers practicing in our unique Alaskan environment. To access the survey, please go to: www.surveymonkey.com/s/Z5XN6FV.

Eligible Professionals

The EP must have a 30% Medicaid patient volume threshold to be eligible for the program, unless they are a pediatric physician, who may have a 20% Medicaid patient volume. EPs may receive incentive payments as high as \$63,750 over 6 years.

Eligible Hospitals

The EH must have a 10% Medicaid patient volume threshold to be eligible for the program, unless they are a children's hospital which does not have a minimum Medicaid patient volume. EHs may receive incentive payments based on a calculation that includes four years of discharge volume data. The hospital may be issued three payments over the years of participation.

If you have questions or require additional assistance, you may email the DHSS HIT unit at hss.hitinfo@alaska.gov.

NPI-Only Submission Encouraged for Paper Claims

Although not mandatory for paper claims, we strongly encourage NPI-only billing to reduce errors that can cause a claim to be denied or delayed. Providers submitting paper claims using their NPI no longer need to submit claims with a Medicaid Contract ID.

Paper Claim Form	NPI	Medicaid ID
CMS-1500	Field 33a	Field 33b
UB04	Field 56	Field 57
ADA	49	52a

For example, a provider submitting CMS-1500 paper claims using their NPI in field 33a no longer needs to include their Medicaid Contract ID in field 33b. However, the system will continue to use the Medicaid ID if supplied for any paper claim.

2011 Medicaid Provider Training

The 2011 provider training schedule is under development and will be announced soon. If you have any training requests or suggestions, please forward them to: anctraining@acs-inc.com.



Ask Medicaid

Q: Will Alaska Medical Assistance pay for adult vaccinations in 2011?

A: The Department of Public Health (DPH) announced in the October 6, 2010, *State of Alaska Epidemiology Bulletin* that, effective January 1, 2011, due to increased cost and the reduction in federal funding, **adult** vaccines will no longer be supplied free of charge to providers. Alaska Medical Assistance will, however, continue to pay for vaccines and immunization administration for eligible adults under 7 AAC 110.405(b)(2) and (3).

According to DPH, all pediatric/adolescent vaccines recommended by the Advisory Committee on Immunization Practices will continue to be supplied for all children through age 18 years. HPV and MCV4 will continue to be available only for children eligible for the Vaccines for Children Program.

Between DPH and Medicaid, a robust vaccine benefit is available for children and adults. According to Alaska Medical Assistance, those vaccines for pediatric/adolescent use and supplied by the DPH are not covered by Medicaid. However, the administration of all DPH supplied or Medicaid covered vaccines is covered.