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NOTICE:

**State of Alaska and ACS offices will be closed
Monday, May 31st, in observance of Memorial Day.**

2010 Fee Schedule Now Available

Fee Schedules are now available on the ACS Website at <http://medicaidalaska.com>. Please refer to the 2010 Fee Schedules for services beginning on January 1, 2010.

To access the appropriate fee schedule, go to <http://medicaidalaska.com>:

1. Under the Providers tab, select Lookups, then Fee Schedule.
2. After accepting the CPT copyright agreement, choose the applicable document from the list of fee schedules.
3. The PDF file will open in a new browser window where it can be viewed, printed, or saved on the user's computer. To save the document, choose File, Save As.

If you do not have access to the Web or would like a paper copy, please call the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska). You can also request the fee schedule in writing. In your request, please include the following:

- Name
- Organization
- Mailing address
- Medicaid Contract ID
- Number of copies requested

Written request may be submitted to ACS by fax to (907) 644-8126, or (907) 644-8127, or by mail:

Affiliated Computer Services, Inc.
Provider Inquiry Unit
P.O. Box 240808
Anchorage, AK 99524-9985

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

SDS requires all Medicaid waiver service providers to receive training on Critical Incident Reporting and Critical Incident Improvement Plans. SDS will offer this training via “GoToMeeting” throughout April, 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. In addition, 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 then may 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:

- April 6, 13, 20
- May 4, 11, 18
- June 1, 8, 15

About GoTo Meeting

GoTo Meeting 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 until 3:30 pm. The first 5 minutes of each training will be used to get connected and make sure all attendees are online 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 GoTo Meeting. You may want to choose a second class that would work for you in case your first choice is full.

New Alaska Medicaid Coverage Regulations

Effective February 1, 2010, the new Medicaid coverage and payment regulations (7 AAC 105 – 7 AAC 160) replaced the existing regulations (7 AAC 43), except for the 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 future development of Medicaid tribal health program regulations in 7 AAC 155.

Reimbursement for CAMA-Covered Services

According to 7 AAC 48.550 (d)(1), the Chronic and Acute Medical Assistance (CAMA) program does not cover inpatient services of any kind. The ONLY services for which CAMA will pay when rendered in the *outpatient facility* setting are chemotherapy and radiation for the treatment of cancer. These facility-based services must be prior authorized. Prior authorizations are approved ONLY when chemotherapy and/or radiation cannot be provided in an *outpatient office* setting.

All other CAMA-covered services must be provided at an *independent outpatient office* setting and are not reimbursable when billed by an outpatient facility. These limited services are:

- Prescribed drugs and medical supplies
- Physician visits
- Outpatient laboratory and x-ray services

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 as of 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).

Action Required: Medicare Claims Crossover to Supplemental Payer Issue

The Centers for Medicare & Medicaid Services (CMS) recently announced that a problem has been identified in which claims processed between January 5, 2010, and February 12, 2010, were not automatically crossing 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.

Part A Institutional Providers: No Action Required.

Part A Institutional Claims have been reprocessed by Medicare and no action is required. Medicare anticipates that these claims will automatically cross over to Alaska Medicaid. If you find this is not the case, please submit a cross-over claim directly to Alaska Medicaid.

Part B Professional Providers: Action Required.

Part B professional providers will need to submit their cross-over claims directly to Alaska Medicaid if claims have not already been processed.

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 will enforce 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)

Durable Medical Equipment, Home Infusion Therapy, Prosthetics and Orthotics Suppliers

Alaska Medicaid continuously reviews prices for Durable Medical Equipment. DME providers can find price updates in their weekly Remittance Advice. For example, Alaska Medicaid has recently established the following maximum allowable prices.

Code	Description	Price
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code (Feeding Pump Carry Bag)	\$143.00/unit
A9900	Miscellaneous DME supply, accessory and/or service component of another HCPCS code (Chest Strap)	\$115.00/unit
A9999	Miscellaneous DME supply or accessory, not otherwise specified (Leckey Sandal)	\$117.46/unit

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

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 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. In order for crossover claims to process correctly, 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>

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.

Complex Claim Issues?

NO PROBLEM! Call a Provider Field Representative. Our field representative Chandra specializes in DME, Behavioral Health, Waivers, and Transportation, but is not limited to those specialties:

Chandra (907) 644-6898:	DME, Behavioral Health, Waivers
Tanya (907) 644-8115	Transportation and Accommodations

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 Provider Field Representative. If a Chandra is not available at the time of your call, you may be assisted by another ACS team member, or you will have the option to leave a message. **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 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:

<p>April: Mat-Su: 6 – 8 Teleconference/WebEx: 1 – 2, 13 – 15, 27 Anchorage: 20 – 22</p>	<p>May: Teleconference/WebEx: 7 Barrow: 11 – 13 Anchorage: 11 – 13, 25 Wrangell: 18 – 20</p>
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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 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).