

Alaska Medical Assistance Newsletter



A xerox Company

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Location

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<http://medicaidalaska.com>

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Fraud and Abuse Hotline

907.644.5975 or
800.256.0930

Recipient Services

907.644.9862
800.780.9972 (toll-free in Alaska)

Provider Inquiry

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Fax Numbers

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and Mental Health.....907.644.8126
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SUR.....907.644.8128
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Finance.....907.644.8120
Training.....907.644.9845
Attachments.....907.644.8122
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Enrollment.....907.646.4273

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Upcoming Holidays

State of Alaska offices will be closed on Monday, February 21, 2011 in observance of Presidents' Day and on Monday, March 28, 2011 in observance of Seward's Day. ACS offices will remain open both days.

Personal Care Assistants Enrollment Training

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.

ACS is offering training to assist providers with this transition.

Training is free and will be offered both in-person at the Anchorage ACS offices and via WebEx.



Anchorage/ACS Office:	February 22, 2011	10:00 am – 11:30 am
	March 3, 2011	2:00 pm – 3:30 pm

WebEx:	March 1, 2011	10:00 am – 11:30 am
	March 8, 2011	2:00 pm – 3:30 pm

To register for one of the sessions indicated above, please go to <http://medicaidalaska.com>. Under the Training tab, select Online Registration, or you may fax the registration form to 907.644.9845. You will receive a confirmation notice that you are registered for class.

If you have questions or require additional information, please contact the ACS Provider Training Department at anctraining@acs-inc.com, 907.644.6800 in Anchorage, or 800.770.5650, in-state toll free.

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.

HIPAA 5010 Testing Begins for Alaska Medicaid Electronic Transactions

The Centers for Medicare and Medicaid Services (CMS) has adopted a new standard for the exchange of electronic health care transactions between Trading Partners. The current HIPAA 4010A1 electronic transaction standard is being replaced by a new standard, 5010.

Effective January 1, 2012, all HIPAA-covered entities, such as health plans, clearinghouses, and providers are required to conform to HIPAA 5010 standards, as set forth in the Health Insurance Portability and Accountability Act. The HIPAA X12N version 5010 and NCPDP version D.0 are defined by new sets of standards that regulate the electronic transmission of specific healthcare transactions, including eligibility, claim status, referrals, claims, and remittances. All providers who submit electronic transactions must comply with this new set of standards in order to facilitate proper reimbursement.

The date for implementation/compliance for the 5010 X12N transactions is January 1, 2012. Current information on 5010 can be obtained from the following CMS location:

https://www.cms.gov/ElectronicBillingEDITrans/18_5010D0.asp

The Alaska Medicaid Program is supporting early provider testing of 5010 X12 transactions through the use of a free testing website sponsored by Edifecs, Inc. Edifecs has been set up for Alaska Trading Partner testing to validate syntactical compliance for 5010. Utilization of the Edifecs 5010 transaction testing website will enable providers to validate that their 5010 transactions comply with the minimum X12 standards for 5010 transaction data format.

This early testing opportunity will NOT validate Alaska-specific X12 data content requirements. Testing for end-to-end compliance with specific State data requirements will occur later and will be communicated to providers at the appropriate time.

Providers may request a User ID and Password to access the testing website, either by email at AKHIPAASupport@acs-inc.com, or by calling the toll free number 855.226.9391. Once an ID and Password have been assigned, providers may log into the testing website, <https://sites.edifecs.com/?medicaidalaska>, and follow the instructions for submitting 5010 test transactions. Providers will receive immediate feedback regarding any detected format errors. The transactions can then be corrected and retested until they are error-free.

For questions about early 5010 transaction testing on the Edifecs test site, please contact us using the email address or toll free telephone number listed above.

Please share this communication with your software vendors and clearinghouses. Watch for future updates on this initiative in the ACS Alaska Medicaid newsletter and on the ACS website at <http://medicaidalaska.com>.

New Covered Service: Tobacco Cessation Counseling Provided By Dentists

Alaska Medicaid is pleased to announce that, effective January 1, 2011, tobacco cessation counseling provided by dentists is now covered under the Alaska Medicaid Adult Enhanced Dental program.

Procedure code D1320, Tobacco counseling for the control and prevention of oral disease, must be used when filing a claim for this service. As with all Adult Enhanced Dental services, prior authorization is required.

This dental procedure code is categorized as a preventive service and includes tobacco prevention and cessation services to reduce patient risks of developing tobacco related oral diseases and conditions and improves prognosis for certain dental therapies.

Questions? Please contact the ACS Provider Inquiry Unit at 907.644.6800, option 1, or 800.770.5650, option 1, 1.

New Orthodontia Regulations

The Department of Health and Social Services has adopted new orthodontia regulations. Effective January 15, 2011, Alaska Medicaid will pay for orthodontia services in accordance with the Orthodontia Services Statement of Coverage, available at <http://www.hss.state.ak.us/dhcs/PDF/orthodontia.pdf> or at <http://medicaidalaska.com/providers/provupdates.shtml> (see 12/28/2010 Orthodontia Services Statement of Coverage).

Under the new regulations, submission of a completed Handicapping Labiolingual Deviation (HLD) Index is mandatory. The HLD Index is available at <http://medicaidalaska.com/providers/provupdates.shtml>.

Questions? Please contact the ACS Provider Inquiry Unit at 907.644.6800, option 1, or 800.770.5650, option 1, 1.

Alaska Medicaid Electronic Health Record Incentive Payment Program

As the health care landscape continues to modernize, recent legislation was passed to encourage the adoption of Electronic Health Record (EHR) technology in documenting patient care. To streamline the process in applying for the incentive and provide support resources to Medicaid providers, the Department of Health and Social Services has established the Alaska Medical Assistance program State Level Registry (SLR). The SLR web portal is a centralized "one-stop" launching pad of available tools for Medicaid providers to manage their EHR Incentive information. For more information about the Alaska Medicaid EHR Incentive Payment Program and the SLR please visit <http://ak.araaincentive.com>.

Medicaid Management Information System Design Development and Implementation Project

The new Medicaid Management Information System (MMIS), known as Alaska Medicaid Health Enterprise, will be available to providers and recipients who participate in the medical assistance programs. This progressive MMIS system will incorporate innovative features and advancements that will grow as Alaska grows.

Want to know more?

To learn more about Alaska Medicaid Health Enterprise and the progress of the design, development and implementation of this new system, visit <http://www.alaskamedicaid.info>.

The website has a new message to visitors about the Medicaid Management Information System (MMIS) from the Department of Health and Social Services (DHSS) Commissioner Bill Streur.

There is also a new link to the State of Alaska Health Information Technologies website that provides information about the Electronic Health Record Incentive Program.

Questions? Contact HSS.MMIS.PMO.INQ@alaska.gov with your specific questions.

Payment Error Rate Measurement

In compliance with the Improper Payments Information Act of 2002, the Centers for Medicare and Medicaid Services (CMS) implemented a national Payment Error Rate Measurement (PERM) program to measure improper payments in the Medicaid program and the State Children's Health Insurance Program (SCHIP) in each state. Alaska's second PERM review has started; it focuses on Federal Fiscal Year 2011 (October 1, 2010 through September 30, 2011).

Providers with claims selected, will be required to furnish the records requested within 75 days from the date of the request. Providers are urged to respond to these requests promptly upon receiving the request letter. Provider cooperation is critical in this CMS project. Lack of response to requests and/or insufficient documentation will be considered a payment error. This will result in a payback by the provider and a monetary penalty for Alaska Medicaid.

Providers are encouraged to access the CMS website and click the Providers link on the left side of the page for specific details, sample request letters, and updates: <http://www.cms.gov/PERM/>

The State of Alaska, Program Integrity Unit has requested a person in each provider office be designated as the PERM contact. Please email the designee's contact information; name, title, phone, fax, address, and email address, to Heidi Barnes at Heidi.Barnes@alaska.gov or fax attention: Heidi Barnes at 907.269.3460.

Alaska Health Information Technologies (HIT)

The Health Information Technologies (HIT) and Health Information Exchange (HIE) are effective tools for improving and transforming our health care system. A number of efforts are underway to help determine appropriate strategies to support the adoption of HIT tools such as Electronic Health Records and Personal Health Records. Many of the quality and efficiency benefits associated with these technologies, however, are dependent on the ability to share critical health care information between relevant stakeholders. Electronic HIE aims to facilitate access to and retrieval of health care data to provide safe, timely, efficient, effective, equitable, and patient-centered care. To learn more about HIT please visit <http://hss.state.ak.us/hit/>.

Adjustments and Voids

Only *paid* claims may be adjusted or voided; denied claims may be corrected and resubmitted. Allow up to three weeks for an adjustment or void to process before submitting a corrected claim. They must be submitted separately.

There are three ways to refund an overpayment to Medical Assistance:

1. Send a completed adjustment/void form(s) *without* a refund check. The funds will be collected from future payments and will appear on future remittance advice statements.
2. Send a completed adjustment/void form(s) *with* a refund check attached for the refund to be applied to the corresponding claim(s) only.
3. Affiliated Computer Services accepts electronic adjustments and voids via the 837 transaction. Indicate 7 in the appropriate field for an adjustment transaction. Indicate 8 in the appropriate field for a void transaction. Refunds to the State of Alaska for electronic adjustments and voids will be taken from future remittance payments. If you wish to send a refund check, you must fill out the adjustment/void form and attach your check to the form. We cannot process refund checks for electronic transactions.

Important Reminder: Send Your Adjustment/Void Form(s) and refund check together.

If Medical Assistance receives the Adjustment/Void Form(s) and refund check separately, the funds will be collected from future payments and the refund check will be deposited and reported as a refund only without being applied to the corresponding claims, therefore processing the refund amount twice.

Resubmission Turnaround Document (RTD)

Claims that are in RTD (Resubmission Turnaround Document) status on the IN-PROCESS page of your Remittance Advice (RA) require a response from you as the provider.

Use the form found at the back of the RA when the claim went into RTD status to correct incomplete information or to attach additional information. Sign and date the form as it is an amendment to your original claim. Any requested attachments or records submitted **MUST** include the form. *Do not send the requested information without the RTD form.* Your claim will not process until you respond and may be holding up the rest of your claim lines.

The RTD form can be faxed to: 907.644-8122

or mailed to: ACS, Inc.
PO BOX 240769
Anchorage, AK 995824-0769

You are given 90 days to send your corrected RTD form to ACS. If no response is received from you after 60 days, a 2nd notice letter is generated. You have 30 days from the receipt of the letter to respond. Remember, the deadline does not change. If no response is received by the deadline, the claim will deny for Edit 076 – RTD filing limit exceeded. **If you receive the 076 denial, it is now too late to send in the corrected RTD form. You must resubmit a corrected claim.**

Do not attempt to make an adjustment to a claim or to add a claim line to the RTD. RTDs are an opportunity for you to correct a claim so that it can continue to process.

Ask Medicaid

Q: One of my claims has been denied with a “Medically Unlikely Edit” (MUE). The services were both reasonable and necessary, the correct code was reported, and the number of Units of Service was correct. Can I appeal this denial?

A: Yes, you may submit a formal appeal to ACS, including the medical records. Depending on the particulars of your claim, there are several possibilities:

- If the appeal officer determines that all reported Units of Service (UOS) were correct, the officer may override the MUE and pay UOS in excess of the MUE.
- If the appeal officer determines that all reported UOS were not medically reasonable and necessary, the appeal officer may pay those UOS that were medically reasonable and necessary.
- If the appeal officer determines that the wrong HCPCS/CPT code was reported or the UOS were counted incorrectly, the appeal officer may pay the code and UOS according to how the claim should have been coded and reported.



Bill Same Day Multiple Units on One Claim Line

The following mental health providers should review their billing procedures to comply with the new “Same Day of Service” billing requirements:

- Alcohol & Drug Abuse Centers
- Psychologist Groups
- Individual Psychologists
- Mental Health Clinics - Mental Health Physician Clinic & Community Mental Health Clinics

Claims with multiple units of the same service for the same recipient, on the same date of service, by the same provider must be billed on one claim line with the Total Number of Units reported. Effective with claims processed on or after March 1, 2011, claims submitted with multiple claim lines for the same procedure code, for the same date of service by the same provider (whether on a single or multiple claim forms or electronic claim submissions) are considered duplicates for claims processing purposes and will be denied. Please ensure that this information is shared with all appropriate staff at your location including your billing staff. If you have questions, please call ACS' Provider Inquiry Unit at 907.644-6800, option 1, or 800.770-5650 (toll-free in Alaska).

Online Enrollment Now Available for New Providers

Becoming a Medicaid provider is now faster and easier. Providers now enroll online in the Alaska Medical Assistance program using the Provider Enrollment Portal (PEP).

You are considered a new provider if:

- You have never been enrolled in the program.
- You are enrolling with a different Tax ID or Social Security Number.
- You are enrolling as a different provider type.

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

For more information, download the PEP Online Provider Enrollment Overview PDF here: http://www.medicaidalaska.com/downloads/providers/PEP_Online_Provider_Enrollment_Overview.pdf.

Computer-Based Training (CBT) is also available at <https://enroll.medicaidalaska.com/ProviderEnrollment/Help/PEP101/>, or you can go directly to PEP (<https://enroll.medicaidalaska.com/>) to get started.

For information regarding *individual Personal Care Assistant* enrollments please contact your Personal Care Agency.

Provider Records Requirements and Retention

A provider shall maintain records necessary to support the care and services for which payment is requested, and must retain those records for **at least seven years** from the date services were provided. Be aware that some professional standards require record retention for longer periods of time. Records shall include:

- Patient information for each service provided, including:
 - the recipient receiving treatment
 - specific services provided
 - extent of service
 - date of each service
 - individual who provided each service
- Financial information for each service provided, including:
 - date of each service and charge
 - each payment source pursued
 - date and amount of all debit and credit billing actions
 - amounts billed and paid; **including your Alaska Medicaid Remittance Advice**
- Each service provided* to a patient and billed to Medical Assistance must identify:
 - the recipient's diagnosis
 - the medical need
 - each service, prescription, supply, or plan of care prescribed by the provider - including therapeutic services
 - annotated case notes, dated and signed or initialed by the individual who provided each service

*service must comply with applicable professional standards, applicable state and federal laws, applicable Alaska Medical Assistance provider billing manuals, and any pertinent contracts.