

DHSS CLOSED ALASKA DAY

The Department of Health and Social Services and the divisions within it will be closed on Monday, October 18, 2004 in observance of Alaska Day. First Health Services Corporation will remain open during this holiday.

The following has been updated and is available to you on FHSC's website (<https://alaska.fhsc.com/>):

- ANP/NMW fee schedule
- Direct Entry Midwife manual and revisions to the Direct Entry Midwife fee schedule
- Nutrition manual
- Physician fee schedule
- Podiatry manual & fee schedule
- RPTC manual
- Vision fee schedule
- X-ray manual

First Health Services Corp.
1835 S. Bragaw St.,
Suite 200
Anchorage, AK 99508
<https://alaska.fhsc.com>

1-800-770-5650
1-907-644-6800

First Health Services, in conjunction with the Division of Health Care Services, publishes a monthly newsletter. The purpose of this newsletter is to offer providers useful information, monthly reminders, and tips about how to make billing easier.

Why Do I Need to Submit An Adjustment?

You may need to request an adjustment for several reasons. When reconciling your RA (Remittance Advice), you may discover that a claim was submitted in error or that a claim processed incorrectly and yet Alaska Medicaid has **paid** these claims. For example, you may have billed us for one unit and intended to bill for ten units.

Other valid reasons for filing an adjustment request may include increasing/decreasing the covered number of days or correcting a claim that was paid without a modifier. Sometimes a change in TPL (Third Party Liability) payment or a change in a patient's status (e.g., that would cause a co-payment to not be required) needs to be submitted to Medicaid. Any of these situations might affect the number of units and/or dollar amounts; therefore, if Medicaid has paid the affected claim, you should file an adjustment. Once the adjustment is processed, the payment amount for the claim might be recalculated.

Sometimes adjustments that do not involve changes in payment are needed. Changes to the date of service (DOS) or procedure codes can be made through an adjustment. In such cases, you do not require additional reimbursement nor do you owe us a refund; however, in order to ensure that records within your own office are accurately reflected in the claims record submitted, you may need to change this information within our system.

Claims that were billed with an incorrect recipient number or provider ID number must be voided and resubmitted with the correct recipient or provider number.

Next Month: *Submitting an adjustment request for a **PAID** claim on the AK-05, pink "Adjustment/Void request form."*

Train With Ease

September Trainings

Anchorage

In-Depth Class

- *Mental Health/Substance Abuse*
- *School-based Services*
- *Pharmacy*

Monday, September 13, 2004

FHSC, 1835 South Bragaw St.

Teleconference

- *Mental Health/Substance Abuse*
- *School-based Services*
- *Pharmacy*

Friday, September 17, 2004

Fairbanks

In-Depth Classes

- *Inpatient/Outpatient Hospitals*
- *Indian Health Service/Tribal*
- *Waivers*
- *Mental Health/Substance Abuse*
- *Physicians/Osteopaths/ANPs*
- *Adjustments & Voids*
- *Top 10 Edits*

Wednesday – Thursday, September 22 and 23, 2004

Pike's Waterfront Lodge, 1850 Hoselton Road

Registration is a requirement in order to provide adequate space for training. There is no charge to attend. All participants are encouraged to bring their provider billing manual(s).

Reserve your space today! Register online for your next training session by visiting us at <https://alaska.fhsc.com>. You can also fax your registration form to 907-644-5923 or e-mail your registration form to FHSCtraining@fhsc.com.

The complete 2004 Provider Training Schedule is available on FHSC's website at <https://alaska.fhsc.com>.

New to Medicaid? Need a refresher course?

HIPAA, In-Depth, Introduction to Medicaid Billing, and Pharmacy POS training webcasts are uploaded to First Health Service's website for viewing at your leisure. Visit our website at <https://alaska.fhsc.com> for a full list of available webcasts.



Your Feedback is Important

In order to better serve our providers, we provide questionnaires at each training for your questions, concerns, and critiques. A FHSC staff member will research your questions and provide a response as soon as possible. Please take the time to complete a questionnaire at your next training session.

Information about how to bill Alaska Medicaid for services rendered to Medicaid recipients is contained in

- Provider Billing Manuals
- Training sessions and webcasts offered through FHSC
- Weekly Remittance Advice (RA) Messages

Be sure to look for other information pertaining to your individual provider type via RA messages, flyers and special mailings.

CLAIM FILING TIPS

Remember to enter your provider identification number in the correct field on your claim forms. Instructions can be found in your billing manual. Having this information entered in the appropriate location will help us process your claims in a more timely manner.

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Have you received the 258 edit (recipient not eligible on date of service) on a recent RA (remittance advice)? If so, please read the article on the right about how to avoid this edit, which is one of the top edits we see every week.

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Multiple claim forms with one EOB will slow the processing of your claim. Be sure each claim document includes a copy of the EOB. Each claim document must stand alone.



HELPFUL HINTS FROM PROVIDER INQUIRY (PI)

In order to better serve you, please have the provider number, recipient number, date of service (DOS), and amount billed available. Having this information available will reduce the amount of time it takes for us to assist you with your inquiry.

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When calling to verify eligibility, if you do not have the recipient's ID number, you will need to provide the recipient's first and last name, date of birth, and social security number.

## NEW MMIS System under Development

The State of Alaska has awarded FHSC the contract to develop a new MMIS (Medicaid Management Information System). Part of this development includes re-enrolling all active providers by September 2005. Please watch for upcoming articles highlighting functionality of the new system.

## THE IMPORTANCE OF CHECKING ELIGIBILITY

In order to be reimbursed by Alaska Medicaid, the patient must be eligible for Medicaid on the day that service was provided, and the service must be a covered service by Medicaid.

Therefore, it is important that you check the following information prior to providing services:

- Is the patient eligible for Medicaid? Ask to see the recipient's card/coupon.
- Does Medicaid cover this service? To find out, review your billing manual.
- Does Medicaid cover this service for this patient? For example, does this service have any age limitations? To find out, review your billing manual.
- Does this service require Prior Authorization? If it does, obtain the prior authorization before providing the service.

By using the Eligibility Verification System (EVS), you can check recipients' eligibility and find out additional information (limit 30 inquiries per call) at any time using a touch-tone phone. To use EVS, call 1-800-884-3223; enter the unique personal identification number (PIN) assigned to your provider.

If you need an EVS (PIN) identification number or an EVS instruction packet, contact the Provider Inquiry unit at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska)

**We're Here to Assist YOU.  
1.907.644.6800 or  
1.800.770.5650**