

DECEMBER HOLIDAY CLOSURES

State Offices Closed

State & FHSC Offices Closed

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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**JANUARY 2005
HOLIDAY CLOSURES**

All State offices will be closed on January 17, 2005 in observance of Martin Luther King, Jr.'s Day.

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

Pended Edits

A pended edit on your Remittance Advice is Medicaid's way of informing you that we are still reviewing your claim.

When your claim comes into the FHSC office by paper, we sort and scan (microfilm) the claim and assign it a claim control number. The claim control number permits tracking of the history of any claim. The paper claim is then entered into the MMIS (Medicaid Management Information System) by our data processing personnel. The MMIS then processes your claim.

An electronic claim is directly entered into our system. We assign a claim control number and your claim will process through our MMIS the same as other claims.

All claims, once entered into the MMIS go through an automated review, that is, the computer system will review and edit all claims. This system review will automatically put specific claims into a pended status. For example, if the procedure code you are billing requires medical justification, the claim will be pended for review. This is a manual review.

You will receive a Remittance Advice that includes pended edits, on the In-Process claims page, informing you that we are reviewing your documents. A pended claim does not require any action on the part of the provider. When we have completed the manual review, and have determined that all of your claim information is complete and accurate, your claim will continue to process normally through the MMIS. Examples follow.

EDIT 248 "Unlisted procedure requires written justification-pend for review"

If this is a pended claim, the edit on the In-Process page of the Remittance Advice is telling you that we are reviewing the documents you have sent. Once the manual review is completed, your claim will continue to process normally through the MMIS.

EDIT 287 "Sterilization-pend for review"

In order for providers to be paid for sterilization procedures rendered to a recipient a specific consent form, signed by the physician and the patient, must accompany all claims submitted. The edit on the In-Process claims page in the Remittance Advice will inform you that we are reviewing the documents you sent in with your claim.

EDIT 324 "TPL attachment review"

All claims which include TPL (Third Party Liability) must be accompanied by an EOB attachment. The EOB is the explanation of benefits statement the TPL sent showing how the claim has been processed. If the TPL denied your claim, the EOB will state this; however, you still must submit the EOB from the TPL along with your claim. A Pend Edit 324 is letting you know that we have received your TPL attachment. We are reviewing it. Your claim will continue to process through the MMIS when the manual review is completed.

Training Opportunities

Anchorage

In-Depth Classes

- *Waivers*
- *HIPAA Update*

Monday, December 13, 2004
FHSC, 1835 South Bragaw St. Training Room

Teleconferences*

- *CHA/P's: Transportation and Accommodation*

Thursday, December 9, 2004
Wednesday, December 15, 2004
Wednesday, December 22, 2004
Wednesday, December 29, 2004

- *Waivers*
- *HIPAA Update*

Thursday, December 16, 2004
* *Registration is required in order to receive the dial-in phone number.*

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 ANCTraining@fhsc.com.

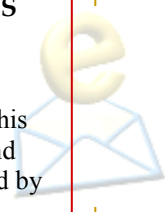
New to Medicaid? Need a refresher course?

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.

Webcasts are available on CD upon request. Contact FHSC's Provider Inquiry Unit at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska).

CHANGE OF EMAIL ADDRESS

The e-mail address for Medicaid Training has changed to anctraining@fhsc.com. Please use this contact to send us your questions and comments regarding training offered by First Health Services.



EVS Phone Number on Denali KidCare Card

Some Denali KidCare insurance cards may have a misprinted telephone number on the back of the card under Eligibility Verification for the Eligibility Verification System (EVS). The correct number for providers to call is 1-800-884-3223. We are working to correct the problem; however, the cards are effective for six months. If you have further questions, contact FHSC's Provider Inquiry Unit at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska).

CLAIM FORM

Common Errors

- Double check for incorrectly keyed information. A few of the most common areas where information is incorrectly keyed is: Date of service, amount of billed charges, units being billed, and ID #'s.
- When filing for Third Party Liability, remember not to check "Y" for TPL when the recipient only has US Public Health coverage.
- When billing for an escort and child under the age of 2 years old, Taxi and airline providers must bill using the "TK" modifier for the escort. Medicaid does not pay for transportation services for recipients under the age of two; without using the modifier, it reflects a bill for the patient alone.
- When billing an unlisted procedure code (edit 285), please send medical records AND indicate what the unlisted procedure is by highlighting or making a note on the record. This will assist for any necessary medical review.
- Item 9d and 11d are frequently incorrectly marked; Providers should only mark yes if there is a true TPL and then fill out 9D. Do not mark "yes" if it is Medicare. Please bill the TPL before sending the claim to Medicaid as the complete EOB with reason codes must be sent in.

Tips & Tools for ADJUSTMENTS & VOIDS

When increasing billed units, check to make sure you don't need to increase the billed charges as well.

Adjustments: you can only adjust paid claim lines, you cannot adjust denied claim lines or claims. You must rebill for denied claims.

For more information, contact FHSC's Provider Inquiry Unit at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska).

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.

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

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

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

The Imaging Department reminds us...

To avoid a returned or misfiled claim, be sure to enter a valid provider number into the appropriate field on the claim form; Pharmacies must enter their NCPDP number. It must be clearly visible; claims will go into an invalid provider file due to provider numbers not being visible or neatly written; or may possibly be returned.

If a Medicare ID, Tax ID, License Number, Phone Number, Internal Tracking Number, etc., is entered in the field(s) where the Alaska Medicaid Provider ID number, or Pharmacy NCPDP number is required, the claims will be returned.

If crossovers are filled out incorrectly, they will be keyed as is or returned. Be sure to put "Coinsurance" and not "Co pay" when completing the claim form.

If claims are too light or too dark or a claim does not have at least one valid line to key, the claims will be unreadable during imaging and returned.

If dashes or other symbols are included within the provider number, the claim will be returned.