



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.

January Holiday Closures

S = State Offices Closed
SF = State & FHSC Offices Closed

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February Closures

All State offices will be closed on February 21, 2005 in observance of President's Day. FHSC will remain open.

Most Recent Updates...

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

- Private Duty Nursing Services

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

NEW STATE TRAVEL OFFICE



The Department of Health and Social Services has contracted with USTravel to facilitate all non-emergent medical travel. No other office will be authorized to book Medicaid non-emergent approved air travel.

Effective January 1, 2005 Medicaid recipients will need to call the State Travel Office (STO) at 1-800-514-7123 to arrange non-emergent air travel.

Health Care providers continue to call First Health Services for prior authorization when referring patients to another community for health care. Once transportation is approved, the patient will need to call the STO to book the travel. The travel authorization forms will continue to be used for lodging, meals and taxi rides.

If you have any questions, please contact FHSC's provider inquiry unit at 907-644-6800 or 1-800-770-5650 (in-state, toll-free).

ELIMINATION OF 90 DAY GRACE PERIOD

Effective January 1, 2005, Alaska Medical Assistance will not accept deleted 2004 procedure codes for services delivered in 2005. In prior years, Alaska Medical Assistance allowed a 90 day grace period permitting coverage for deleted codes. However, HIPAA requires all covered entities (providers and health plans) to report/accept only valid code sets. Procedure codes must be valid at the time service is rendered to be considered for payment.

If you have any questions, please contact FHSC's provider inquiry unit at 907-644-6800 or 1-800-770-5650 (in-state, toll-free).

RESUBMISSION TURNAROUND Document EDITS



A RTD edit on your Remittance Advice is Medicaid's way of informing you that information on your claim is missing or in error. All RTDs require a response from the provider.

The RTD claim, in other words, is a claim in trouble and if you do not respond the claim in question will be denied.

The RTD is a worksheet sent with your Remittance Advice (RA). It is located at the back of the RA. This document/worksheet is your opportunity to fix an error or omission. You must return the RTD to First Health Services accompanied by any information that we may have requested. Response to the RTD may be as simple as filling in the blanks and returning it to us. Don't forget to sign and date the RTD.

A claim in RTD status will stop processing until the RTD is completed. If the claim has more than one line on it, for example four lines (on a CMS-1500 claim form), and only one line is put into RTD status, the entire claim is held up until the RTD is fixed. Even if the other lines on the claim are "clean" they will wait until the RTD is completed before Medicaid will pay them.

You have 90 days to respond to a RTD notice. The deadline is written on every RTD worksheet. We will send a second notice to you if you have not responded by 60 days from the original notice. Your deadline does not change. We are just sending a reminder. If you miss

your 90 days, your claim will be denied with denial code 076. We will discuss denial edits in a future newsletter.

If you receive a RTD for one of your claims and are not certain as to how to respond, please contact FHSC's Provider Inquiry Unit at 644-6800 or 1-800-770-5650.

The following two examples of RTD Edits are the most common problems for all provider types:

EDIT 358 "Bill Third Party"

Our system, the MMIS, knows when a recipient has TPL (Third Party Liability). TPL is another healthcare plan, in addition to Medicaid, which may be responsible for paying part or all of the patient's medical bill. Medicaid rules state that you must bill all third parties before billing Medicaid. If you send a claim to us without having first billed the TPL our MMIS will put your claim into RTD status and send you a notice, Edit 358, that you need to bill all TPLs before billing Medicaid.

After you have billed the TPLs, and they have responded, bill Medicaid and include the TPL information on your claim. If you have received an RTD for this claim, return it with the TPL information and amount TPL paid, and attach your EOB. Your claim will continue to process through the MMIS.

If you are not able to send in the TPL information within the 90 days time limit your claim will be denied. You must now submit a new claim, however, do not do so until you have all of the appropriate documentation from all TPLs. Your claim should process normally.

EDIT 218/258 "Recipient not eligible on date of service"

Medicaid recipients are responsible for keeping their eligibility up-to-date. It is the provider's responsibility to verify recipient eligibility before rendering service. Eligibility for regular Medicaid is one month at a time and must be renewed. Eligibility for Denali Kid Care is six months at a time. If the patient/recipient has not kept their eligibility up-to-date, providers will not be paid for services rendered.

If you receive one of these edits it is because the MMIS knows that the recipient is not eligible for the date of service on your claim. In order to fix this the recipient must contact their case worker at the DPA (Division of Public Assistance). You then return the RTD worksheet with the updated information to First Health Services and your claim should continue to process normally. Verifying eligibility at time of service is very important because the provider will not be paid unless the recipient is eligible.

Remember if you don't respond to the RTD your claim will also be denied. It is important to understand why your claims deny. Many of them can be resubmitted. Watch future newsletters for discussion of denial edits.

In one training session a provider commented that the way she remembers the importance of responding to a RTD is that she refers to the acronym RTD as meaning "ready to deny."

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 2004 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).

Watch
f o r
the 2005
Training
Schedule.

Provider training for 2004 saw some major changes and the response from providers was great. We expanded training, improved the availability, and reached out to providers across the State. We did our usual "live trainings" here in Anchorage and also several out-of-town sessions.

Training this year added some new modes, teleconferences and webcasts. All of the in-depth classes we did in Anchorage were also offered as a teleconference for those of you who could not get away to participate in the local training. We have also begun videotaping all of our training sessions which are then converted to webcasts. Many of our regular classes have already been posted to the FHSC website, <https://alaska.fhsc.com>, and many of you have viewed these presentations.



Dana Broadwater

We would like to thank all of you for your participation in training this past year and welcome your attendance at future trainings. Watch for our new training schedule for 2005. We look forward to seeing you all again.

Dana Broadwater
Provider Trainer, FHSC

NEW TRAINING eMAIL AND FAX NUMBER

The e-mail address for Medicaid Training has changed to ANCTraining@fhsc.com. Please use this email to send us your questions and comments regarding training offered by FHSC. Please do not send sensitive or confidential information via email, as this is not a securely protected environment.

Also, Training has a new Fax number; 907-644-5900. Please be sure to use the new fax number for sending registrations or correspondence to FHSC's training dept.; our professional staff is ready to assist you in your training needs.

Is there a class you'd like to see on the training schedule? Have suggestions or kudos for the class you just completed? Email us and tell us what you're thinking.

Reminder...

Prescriber Number Required

All claims for Pharmacy services require the Alaska Medicaid Prescriber Identification number. Many of the Drug Utilization Review recipient profiles are not usable due to incorrect information in the "prescriber identifier" field of the NCPDP Universal Claim Form (UCF) and equivalent field of other formats. This field must be filled with the Alaska Medicaid prescriber identification number, which is available either from the prescriber or from a list provided by FHSC.

Pharmacy personnel can look at this list for the prescriber ID. If the prescriber is not found on the list, pharmacy personnel can call the First Health Pharmacy Technical Help Desk at 1-800-884-7387 and ask if the prescriber has recently enrolled and has an Alaska Medicaid Prescriber ID number. If the prescriber is not enrolled, pharmacy personnel should ask if the facility where the prescriber is practicing is enrolled and use that number for a prescriber ID. If the facility is not known and the prescriber cannot be identified by the above methods, you will need to request a default prescriber ID number from the Pharmacy Help Desk to use on your claim; a new default prescriber ID number will be provided.

Please use the new default number only when the actual prescriber cannot be determined. Please note the default prescriber number will change at differing intervals.

To request a copy of the Alaska Medicaid Prescriber Identification Number list, contact FHSC's Provider Inquiry Unit at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska).

We're here to answer your questions...



voids can be processed on PAID claims. To submit a request for a void to a paid claim use the AK-05, pink "Adjustment/Void request form." Indicate on the AK-05 that you are requesting a VOID, not an adjustment.

This process may be necessary when a claim is mistakenly filed under the wrong recipient ID number, the wrong Provider ID number, the claim was filed for services that were never rendered, or a retroactive Medicare payment was received. It is very important for providers to keep accurate records that support requests for VOIDS.

DOS, procedure codes, and number of units may be adjusted rather than voided.

A completed void will result in refunding the entire amount of the payment to Alaska Medicaid. You can either submit a refund check with the Void request form (AK-05) or Medicaid will automatically recoup the money from your next RA and/or future RA's as necessary.

A few
TIPS
on VOIDS

- The 60-day filing limit does not apply to voids.
- Keep the "RETAIN FOR YOUR RECORDS" copy and submit the "ORIGINAL COPY" to FHSC at:

First Health Services Corporation
PO Box 240807
Anchorage, AK 99524-0807

For assistance with VOIDS or 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.

As a reminder...a few of the more common errors we are seeing on claim forms are:

- incorrect/invalid/partial provider ID numbers
- no lines billed
- illegibly printed numbers
- numbers too small to read
- numerical characters where alphabetical characters should be, i.e., "O" in place of a "0" (and vice versa).

These errors will prevent timely payment on your claims.

If you do not know your correct Medicaid provider ID number, or need more assistance, contact FHSC's Provider Inquiry Unit at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska), and let us assist you.

Did you know the
Claim Control Number
Breakdown?

- YJJJM XXX XXX XX
- Y=Year
 - J=Julian Date
 - M=Media
 - 0 - Paper Claim - No Attachments
 - 1 - EMC Claim
 - 2 - Paper Claim - Attachments
 - 3 - System Generated Voided Claim
 - 4 - HIPAA Claim
 - 8 - Point of Sale Claim