



May '05

# alaska

## MEDICAID NEWSLETTER

First Health Services, in conjunction with the Division of Health Care Services, publishes a monthly newsletter. This newsletter offers providers useful information, monthly reminders, and tips on how to make billing easier.

### THE IMPORTANCE OF CHECKING ELIGIBILITY

In order to be reimbursed for services with Alaska Medical Assistance, the patient must be eligible for Medical Assistance on the day that service was provided, and the service must be covered by Medical Assistance.

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

- Is the patient eligible for Medical Assistance?
- Does the patient's category of Medical Assistance cover this service?
- Does Medical Assistance cover this service for this patient? For example, does this service have any age limitations? If so, verify that the patient's age is eligible.
- Does this service require Prior Authorization? To find out, review your billing manual; 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 at any time using a touch-tone phone (limit 30 inquiries per call). To use EVS, call 1-800-884-3223; you must have an identification number, which is unique for each enrolled provider.

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

MAY						
Holiday Closures						
■ S = State Offices Closed						
■ SF = State & FHSC Offices Closed						
1	2	3	4	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				

## Updates...

The following have been updated and are available to you on FHSC's Website at <https://alaska.fhsc.com>:

### Provider Billing Manuals

- IHS/Tribal

### Fee Schedules

- Physician
- Advance Nurse Practitioner/Nurse Midwife
- Podiatry
- Outpatient
- Physical Therapy
- Speech Pathology
- Occupational
- School Based

## Promoting a Positive Program:

### *Lock-In Recipients*

The Lock-In program provides continuity of care for selected Medicaid recipients. The program decreases the unnecessary use of services and prescriptions.

Recipients are selected for the Lock-In program based on their use of Medicaid services compared to others in their peer group. Once selected for the Lock-In program, a recipient is assigned to one physician, one dentist, and one pharmacy. This process assures the primary care physician that his/her patient is receiving uncompromised healthcare. The Lock-In recipient will be restricted to one physician who will monitor all medical services.

The provider can identify a Lock-In recipient by the unique Medicaid coupon, which lists the primary care provider, dentist, and pharmacy. The Lock-In recipient is required to access care through the listed providers. If you are not listed as the primary care provider and choose to render service, your claims may be denied. The rendering physician must have a referral letter from the primary care physician, and that letter must be sent in with all Medicaid claims. Only the primary care physician may refer the Lock-In patient to a colleague or specialist when it is determined to be medically necessary.

If a provider files claims for a Lock-In recipient without this letter, claims will be denied for Edit 228. If a claim is returned for Edit 228 – Provider Not Valid for Lock-In Recipient – First Health will need a referral letter or chart notes to process the claim.

A recipient may be seen in the emergency room for emergency conditions without a referral letter from the primary care physician.

Recipients may only fill prescriptions at their identified pharmacy. The pharmacy may only fill prescriptions that are written by the primary care physician, unless a referral letter accompanies prescriptions written by other providers. This referral letter is verification to the pharmacy that the recipient was properly referred to the colleague or specialist. The pharmacy can then call the MAP desk for an override. Please keep the referral letter in the patient file because it will be requested during a Medicaid review.

Participation in the Lock-In program provides continuity of care and ensures therapeutic levels of all prescribed medications.

If you would like to become a primary care provider for Lock-In recipients or if you want to refer a recipient to the Lock In Program please contact the First Health Program Integrity Unit at (907)644-6842 or (800)770-5650.

*Lock-In information is also provided in your Medicaid Provider Manual, Appendix C, page 4 and 7 AAC 43.027 (Alaska Administrative Code).*

## 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 Medical Assistance 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, pharmacy personnel must request a default Prescriber ID number from the Pharmacy Help Desk to use on the 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 ID 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).

*Remember...  
FHSC's Provider Inquiry Unit is here to assist you with any questions you may have. Simply call us at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska). We're here for you!*

**NEW TO ALASKA  
MEDICAL ASSISTANCE,  
OR SIMPLY WANTING A  
REFRESHER COURSE?**

All HIPAA, In-Depth, Introduction to Medicaid Billing, and Pharmacy POS training Webcasts are on FHSC's Website for viewing at your leisure. Visit our Website at <https://alaska.fhsc.com> for a full list of available Webcasts from 2004.

Webcasts are available on CD upon request. Contact the Training Dept. through e-mail (ANCTraining@fhsc.com), or call us at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska), to request your CD.

*Watch the Newsletter  
and the RA messages for  
the release of the June  
- September Training  
Scheulde.*

Thank you for your participation in making this program a success.



*Dana Broadwater  
Provider Trainer, FHSC*

## TRAINING E-MAIL AND FAX NUMBER

Medicaid's training e-mail address (ANCTraining@fhsc.com) is provided for your convenience to send in your questions and comments regarding training offered by FHSC, and to submit completed training registration forms.

Training also provides a fax number (907-644-5900) for your convenience in sending in registration forms or correspondence to FHSC's training department. Remember, our professional staff is ready to assist you, whatever your training needs may be.

**Please do not send sensitive or confidential information via e-mail, as this is not a securely protected environment.**

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

## May Training

Tuesday, 5/3/05 Fairbanks

- Introduction to Alaska Medicaid
- Eligibility
- Completing Claim Forms: UB-92
- Completing Claim Forms: CMS-1500
- Medicare Crossovers

Wednesday, 5/4/05 Fairbanks

- Remittance Advices
- RTDs
- Appeals
- Prior Authorizations (PAs)

Thursday, 5/19/05 Anchorage

- Enrollment
- Attachments

Friday, 5/20/05 Teleconference

- Enrollment
- Attachments

Tuesday, 5/24/05 Anchorage

- Introduction to Alaska Medicaid
- Eligibility
- Completing Claim Forms: UB-92
- Completing Claim Forms: CMS-1500
- Medicare Crossovers

Wednesday, 5/25/05 Anchorage

- Remittance Advices
- RTDs
- Appeals
- Prior Authorizations (PAs)
- Eyeware from Rochester Optical

Friday, 5/27/05 Teleconference

- Transportation & Accommodation

The current 2005 Provider Training Schedule is available on FHSC's website at <https://alaska.fhsc.com>.

## NOTIFICATION OF RETURNED CLAIMS

### ***You may receive the following notification in the mail:***

Dear Provider:

The attached claim(s) is/are being returned because it/they contain an invalid/missing/ineligible provider number.

Please verify that you are using the appropriate provider number (the number assigned to you when you enrolled with Alaska Medical Assistance).

Make any necessary modifications and return the claim(s) to First Health Services Corp. for timely processing.

- The provider number submitted on the claim is invalid/missing.
- The provider number submitted on the claim does not belong to the provider.
- The provider number submitted on the claim is valid, but the group number is not valid.
- The provider number submitted on the claim is illegible.
- The provider number submitted on the claim includes an invalid character (i.e., One or more characters may be missing or added; "O" instead of zero "0" [or vice versa]; "S" instead of "5" [or vice versa]; "I" instead of "1" [or vice versa]; "G" instead of "6" [or vice versa]; "Z" instead of "2" [or vice versa], etc).
- The hand-written provider number submitted on the claim includes an invalid character. It should have a slash through the letter "O" to be considered a zero "0".
- The provider number submitted on the claim does not appear in the correct field.

To expedite and ensure accurate processing of your claim, please do not send photocopies of claim forms when billing Alaska Medicaid. To obtain original claim forms, contact FHSC at 907-644-6800, fax in a completed Health Care Forms Order Request, or walk in to FHSC to request the forms.

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

Please refer to your Alaska Medicaid billing manual for additional billing instructions.

If you are not enrolled in the Alaska Medical Assistance Program, please complete and submit an enrollment application to First Health Services Corp. Applications can be downloaded from our Website (<http://alaska.fhsc.com>) or by contacting provider services at the numbers listed below.

Note: Timely filing guidelines require that claims be initially received by us within 12 months of the date of service. Receipt of this letter does not guarantee that your claim meets timely filing guidelines. Attach this letter to your claim(s) and/or enrollment application when you return them/it as proof of prior claim(s) submission. Submit your corrected claim(s) and/or completed enrollment application to the appropriate address listed in your Alaska Medical Assistance Provider Billing Manual.

If you have questions about this request, please contact our provider inquiry unit at 907-644-6800 or 1-800-770-5650 (toll-free in Alaska).

Sincerely,  
First Health Services Corporation