

August '05

alaska **MEDICAID NEWSLETTER**

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

The following letter was mailed out to actively enrolled RPTC providers on Friday, July 29, 2005, along with a Letter of Attestation to be completed and send back to FHSC.

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			

Dear Facility Director -

On January 22, 2001, the Centers for Medicare & Medicaid Services (CMS) published an interim final rule of standards for the use of restraint and seclusion in Psychiatric Residential Treatment Facilities (PRTFs) providing Psych Under 21 services (the Psych Under 21 rule). An amendment and clarification to this rule was published on May 22, 2001, with an immediate effective date. The rule establishes Conditions of Participation (CoP) for the use of restraint and seclusion that PRTFs must comply with in order to provide, or to continue to provide the Medicaid Inpatient Psych Under 21 benefit. Section 483.374(a) of the rule requires enrolled PRTFs to provide state Medicaid agencies attestation letters of compliance. Further information regarding these rules can be found on CMS's website at <http://www.cms.hhs.gov>.

The State of Alaska's Division of Behavioral Health has been assigned Medicaid authority for these facilities and oversight of attestations of compliance.

To maintain your active enrollment with Alaska Medicaid, please complete and return the attached Letter of Attestation by September 1, 2005 to:

First Health Services Corporation
Provider Enrollment Unit
P.O. Box 240808
Anchorage, Alaska 99524-0808

Remember...:

- Actively enrolled providers will have until September 1st of this year to send in their attestation letter
- New providers will need to send it in at the time of enrollment
- In either case subsequent letters of attestation are due annually by July 21st

Failure to provide this Letter of Attestation will result in deactivation of your Alaska Medicaid Provider number and delays in claim processing. Subsequent Letters of Attestation must be provided to FHSC annually by July 21st.

If you have any questions, please contact the FHSC Provider Enrollment Unit at (907) 644-6800, or 1-800-770-5650 (toll free in Alaska).

Sincerely,
First Health Services Corporation

PROVIDER TRAINING

Providers and billing staff are encouraged to attend training. There is no charge to attend, as training is sponsored under contract with the State of Alaska, Department of Health and Social Services, Division of Health Care Services. All participants are encouraged to bring their provider billing manual(s).

Because of limited space, you are encouraged to register early; registration for each class will close 1 week prior to the date of the class. Only registered attendees (with a confirmed registration) are guaranteed a seat; those without a confirmed registration may be turned away. If registration requests exceed the available seats, additional sessions may be offered.

Register for classes in one of the following ways:

- Complete the online registration form on the First Health Services Website at <http://alaska.fhsc.com>
- Complete the registration form found in the Alaska Medicaid Training Schedule and fax to First Health Services at 907-644-5900 or mail to P.O. Box 240808, Anchorage, Alaska 99524-0808

After your registration is received and processed by First Health Services, you will receive a confirmation for the classes in which you are enrolled.

August Training

08/10/05 TPL Avoidance	Anchorage 10:00 am – 12:00 pm
08/12/05 TPL Avoidance	Teleconference 10:00 am – 12:00 pm
08/17/05 Appeals Top 10 Edits	Anchorage 10:00 am - 11:00 am 1:00 pm - 3:00 pm
08/19/05 Appeals Top 10 Edits	Teleconference 10:00 am – 11:00 am 1:00 pm - 3:00 pm
08/24/05 Adjustments & Voids	Anchorage 10:00 am - 12:00 pm
08/26/05 Adjustments & Voids	Teleconference 10:00 am - 12:00 pm

TRAINING SCHEDULE THROUGH SEPTEMBER 05 IS AVAILABLE

The training schedule through September 2005 is available on First Health Services' Website at <http://alaska.fhsc.com>. If you would like an electronic version sent to you, please contact the FHSC training unit at anctraining@fhsc.com. If you prefer a paper copy of the schedule, please contact the First Health Services Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll free in Alaska).

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.

DME CLASS POSTPONED

The Durable Medical Equipment training class schedule for August 30 and September 2, 2005 from 9:00 a.m. - 12:00 p.m. has been postponed. Providers will be notified when the training class has been rescheduled.

NEW Classes for 2005 Provider Training

Medicare Crossovers
Resubmission Turnaround
Documents (RTD)
Enrollment
Appeals II
Attachments
TPL avoidance
Edits II
Medical Justifications for Travel
Lock-in program

Keeping You Informed..

Medicaid/DKC now pays for Meningococcal Conjugate Vaccine (MCV-4) for eligible children enrolled in the program.

Because the vaccine is not currently available through Alaska's Vaccines for Children Program (VFC), Medicaid will pay up to \$97.38 per dose plus an administration fee for MCV-4. Coverage is limited to eligible recipients 11 through 20 years old. The CPT code is 90734.

The CDC's Advisory Committee on Immunization Practices (ACIP) recommends meningococcal vaccine for adolescents and college freshmen living in dorms. It recommends routine vaccination of young adolescents with MCV4 at the pre-adolescent visit (11-12 year old) and, for those who have not previously received MCV4, vaccination before high school entry. For more information see: <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>

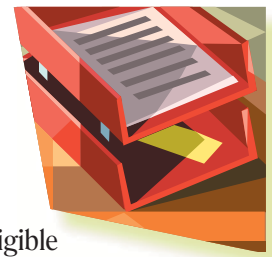
The new meningococcal vaccine was licensed by the U.S. Food and Drug Administration in January 2005 for use in people 11-55 years of age. It is manufactured by Sanofi Pasteur and is marketed as Menactra™.

The MCV-4 vaccine supply may be limited the first few years after licensure. If it is not available or appropriate, and the recipient meets ACIP recommended indicators, the meningococcal polysaccharide vaccine (MPSV-4) may be used. See ACIP meningococcal resolution at: http://www.cdc.gov/nip/vfc/acip_vfc_resolutions.htm. Because this vaccine also is not currently available through the VFC program, Medicaid/DKC will pay up to \$102.25 per dose for eligible recipients. MPSV-4's CPT code is 90733.

NATIONAL PROVIDER IDENTIFIER

The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI). If you need an NPI, you can apply online by going to <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>. The estimated time to complete the NPI application form is approximately 20 minutes. If you would like a paper application, please call 1-800-465-3203.

Health care providers are required by law to apply for a National Provider Identifier (NPI). For the latest NPI information, visit www.cms.hhs.gov/hipaa/hipaa2.



Explanation of Benefits (EOB)

Be sure to send in the relevant EOB(s) for the single recipient billed on an individual claim. Information pertaining to all other recipients should be marked out so it is unreadable.

ATTACHMENTS

Each claim should be able to stand alone. For example, if you receive an EOB from an insurance company with multiple Alaska Medical Assistance recipients on it, make a copy of the EOB and attach a separate copy of the EOB to each individual claim submitted to Alaska Medical Assistance. Each claim should include attachments associated with that claim only. Any additional recipients indicated on the EOB should be marked out so that it is not readable. The only recipient information that should be readable on the EOB is the one for which you are seeking reimbursement from Alaska Medical Assistance.

ADJUSTMENTS

Please remember to sign your adjustments upon returning them to FHSC. Any unsigned documents will be returned for final completion and slow the payment process. Complete paperwork allows for timely payment. If you need assistance in completing any claim forms or adjustments, please call FHSC at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska).

OTHER NOTES & TIDBITS...

Slow down in order to Speed up the processing of a claim - -

- On the CMS-1500 Claim form, always put the Provider ID# in Field 33.
- Wait until you receive an RTD or EPS worksheet requesting additional information before sending extra documentation with your RA.
- Synagis, during an emergency room visit, should not be billed as an emergency room charge; by doing so your claim will be denied. Synagis requires a PA.
- Always cross out information on a claim that relates to anyone other than the recipient in question.
- Adjustments and voids: If units are being adjusted, consider whether the billed amounts should be adjusted as well.
- When returning an RTD, do not send the RA page showing the claim is RTD'd; send the RTD with appropriate information filled out.
- Physician's Assistants cannot bill Medicaid as surgical assists; this will cause the claim to deny.

CLAIMS *RESOLUTION* TIPS

- Please keep a copy of all claims for your records.
- Be sure to use the correct address when sending in claims:

Hospital, ESRD, and LTC
First Health Services Corporation
P.O. Box 240729
Anchorage, AK 99524-0729

(IHS) Indian Health Services
First Health Services Corporation
P.O. Box 241609
Anchorage, AK 99524-1609

Pharmacy
First Health Services Corporation
P.O. Box 240649
Anchorage, AK 99524-0649

All Others
First Health Services Corporation
P.O. Box 240769
Anchorage, AK 99524-0769

- FHSC is not able to image receipts that are small. Please copy small receipts onto a 8.5 x 11 sheet of paper before mailing in for better imaging. This process will assist FHSC in processing your claims in a more timely manner.