



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.

October Holiday Closures						
■ S = State Offices Closed						
■ SF = State & FHSC Offices Closed						
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The AK-05 Adjustment/Void Request Form

The Adjustment/Void Request Form (AK-05) must be used to do any of the following:

- Change (i.e., “adjust”) a paid claim line that was billed or processed incorrectly.
- Void a paid claim line.
- Repay an overpayment to Alaska Medical Assistance.

Each AK-05 submitted should have an attached copy of the claim and a copy of the page of the Remittance Advice (RA) indicating its paid status.

Note: Do not use the AK-05 if a claim line is denied.

When a claim line is denied, submit a new claim with corrected information in order to be reconsidered for payment. To determine what corrections to make, refer to the explanation of benefits (EOB) code associated with the denied claim line.

The following steps are outlined to help you submit an adjustment/void request for a PAID claim on the AK-05 request form:

PART I: Provider Information

Fill out the fields on the form as follows:

1. Billing Provider name and address.
2. Billing Provider Medicaid ID number
 - If the claim was billed under an incorrect provider ID, enter the incorrect provider ID number. If the payment was made for the wrong provider, the PAID claim must be VOIDED and a new, corrected claim submitted.
3. Rendering provider Medicaid ID number, if different from billing provider
 - If you bill under a group identification number, enter it in Field 2. If the rendering provider ID number is different from the information in Field 2, fill in Field 3. Otherwise, leave it blank.

PART II: Claim Information

Updates...

The following has been updated and is available to you on FHSC’s Website:

- Behavioral Health Policy & Procedures Manual (<https://alaska.fhsc.com/providers/priorauth/ppmanuals.asp>)
- October - December 2005 Training Schedule (<https://alaska.fhsc.com/training/providerTraining.asp>)

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 should bring their provider billing manual(s).

Because of limited space, you are encouraged to register early; registration for each class will close one 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.

October Training

10/14/05

Pharmacy

Teleconference

10:00 am – 12:00 pm

10/19/05

Lock-In Program
Adjustments & Voids

Anchorage

9:00 am – 10:30 am
1:00 pm – 3:00 pm

10/21/05

Lock-In Program
Adjustments & Voids

Teleconference

9:00 am – 10:30 am
1:00 pm – 3:00 pm

10/26/05

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

Anchorage

8:30 am – 11:30 am
11:30 am – 12:30 pm
1:30 pm – 2:15 pm
2:30 pm – 3:15 pm
3:30 pm – 4:15 pm

10/27/05

Remittance Advices
RTDs
Appeals
Prior Authorizations (PAs)

Anchorage

8:30 am – 9:30 am
9:45 am – 11:45 am
1:00 pm – 2:00 pm
2:15 pm – 3:15 pm

TRAINING SCHEDULE

OCTOBER - DECEMBER 05
IS NOW AVAILABLE

The training schedule through December 2005 is now 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.

CLASSES POSTPONED

The Audiology training class scheduled for October 14, 2005, at 1:00 p.m., and the Personal Care Teleconference schedule for October 4, 2005 at 1:00 p.m. has been postponed. Providers will be notified when these training classes have been rescheduled.

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4. Overpayment if money is owed to Medicaid

- If you owe money, you can either send a check or it will be automatically taken out of a future RA. If you send a check, make it out to State of Alaska, attach to form, indicate the amount of the overpayment, and check number. Otherwise, leave Field 4 blank.

5. Recipient name as it appears on the RA

- If the payment was made for the wrong recipient, the PAID claim must be VOIDED and a new, corrected claim submitted.

6. Recipient number as it appears on the RA

7a. Claim Control Number: Enter the first eleven digits of the Claim Control Number (CCN) as it appears in the left column of the RA.

7b. Line number: Claim line numbers appears in the far-left column of the RA; each line of the claim has its own number.

7c. Reason for ADJUSTMENT: Please state what needs to be adjusted or voided. For example, "Increase billed units to 10, increase billed charges to \$100.00, and reprocess."

7d. Comments. Add more information, if needed.

Signature and date: Requires signature of original provider OR representative. Enter the date the adjustment request is signed.

If you need further assistance in filling out the AK-05, please call Provider Inquiry at (907) 644-6800 or (1-800-770-5650, toll-free, in-state).

ATTACHMENTS

Each claim should be able to stand on its own. 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 recipient information is not evident. The only recipient information that should be readable on the EOB is the one for which you are seeking reimbursement from Alaska Medical Assistance.

September 2, 2005

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE FOR CIVIL RIGHTS
HURRICANE KATRINA BULLETIN:
HIPAA PRIVACY and DISCLOSURES IN EMERGENCY SITUATIONS**

Persons who are displaced and in need of health care as a result of a severe disaster - such as Hurricane Katrina - need ready access to health care and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all the following ways:

- **TREATMENT.** Health care providers can share patient information as necessary to provide treatment.
 - Treatment includes
 - sharing information with other providers (including hospitals and clinics)
 - referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
 - coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
 - Providers can also share patient information to the extent necessary to seek payment for these health care services.
- **NOTIFICATION.** Health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
 - The health care provider should get verbal permission from individuals, when possible; but, if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
 - Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify or otherwise notify family members and others as to the location and general condition of their loved ones.
 - In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.
- **IMMINENT DANGER.** Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.
- **FACILITY DIRECTORY.** Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition. Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

For more information please visit <http://www.hhs.gov/ocr/hipaa/>

NATIONAL PROVIDER IDENTIFIER (NPI)

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.

NPI Update

A Medlearn Matters article (SE0005) titled “Medicare’s Implementation of the National Provider Identifier (NPI): The Second in the Series of Special Edition Medlearn Matters Articles on NPI-Related Activities”, is now available on the Medlearn Matters Webpage at: www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0555.pdf

The information covered in this article affects providers and suppliers who conduct HIPAA standard transactions, such as claims and eligibility inquiries. In addition, organizations and associations that represent providers and plan to obtain NPIs for those providers should take note of this article.



ALASKA CARE COORDINATION

First Health Services Corporation recently hired two new Care Coordinators:

Lyn Tashea, LPC (907) 644-8119 email: lyntashea@fhsc.com

Denise Marenah, MSW: (907) 644-8118 email: dmarenah@fhsc.com

Care Coordination in Alaska is a service that works hand-in-hand with constituents looking for solutions to effectively and efficiently link children to levels of care appropriate to their clinical needs. Care Coordinators provide information regarding adequate resources to achieve the best possible outcomes for Alaska’s children with special needs.

We are currently updating the Web page with more comprehensive resources for providers to enhance level of care for Alaska’s youth. Watch for updates and changes on the revised Care Coordinator Website at www.alaska.fhsc.com/links

If you have additional questions, please call or send an email to one of our Care Coordinators for more assistance.

IN QUEUE TIME

Please listen carefully to FHSC's Prior Authorization and Provider Inquiry Unit telephone message. The system has recently been updated. Information has been provided that will assist you in expediting your call.

ADJUSTMENTS

Please remember to sign your adjustments upon returning them to FHSC. Any unsigned documents will be returned for final completion and will 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).

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 not evident.

ERASE PHI Before Discarding Old Hard Drives

Remember, when throwing away old computers, be sure and erase the hard drives. PHI can be obtained by anyone searching the hard drive unless it has been properly erased. Protect both your organization's reputation and your patients' PHI by double checking that all data stored on your computer is destroyed - - before you send your hard drives to the trash pile.

Bits n' Pieces of information to assist you...

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.

New Pharmacy Enrollment Process

The First Health Services enrollment process for Pharmacy providers has changed. This includes providers who dispense medications (such as Physicians and NPs who use the Point of sale billing mechanism). Effective immediately, the original signed Provider Information Submission Agreement (PISA) is a requirement for enrollment, in addition to the existing enrollment requirements for pharmacy and dispensing providers.

For more information on this process, please call Provider Inquiry at (907) 644-6800 or (1-800-770-5650, toll-free, in-state).

Adjustment or Void?

Provider # and Recipient ID #'s cannot be changed on an adjustment/void form; they must be voided and rebilled. If the claim was billed in a crossover format and was supposed to be billed in a straight claim format, or vice versa, the claim will need to be voided and rebilled in the proper format. The format can not be changed in an adjustment since they are different claim types.

ATTENTION:

When a claim is being rebilled, it is not necessary to mail the claim to the attention of a specific person. This may cause a delay in the processing of the claim and possibly cause a missed cycle, or timely filing (depending on how close to timely filing the specific claim is being submitted).

[The 835 \(Electronic RA\)](#) registration form and other information can be found on FHSC's Website at <https://alaska.fhsc.com>. Choose HIPAA, then choose Agreements. The form is located near the bottom of the page.

Providers need to obtain a Submitter ID in order to directly receive an 835, otherwise the Billing Agent is able to receive it on the providers' behalf.

If you have further questions regarding the 835, please call the HIPAA support hotline at (907) 644-6800, option 3, or 1-800-770-5650 (toll-free in Alaska), option 4.



P.O. Box 240808
Anchorage, AK 99524-0808