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Alaska Medical Assistance Newsletter

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Tamper-Resistant Prescription Forms Required by April 1st, 2008

As of April 1, 2008, all Medicaid-covered prescriptions that are not submitted electronically (e-prescribing or facsimile) or verbally must be written on tamper-resistant prescription forms.

These tamper-resistant prescription forms must contain a serial number (to help prevent counterfeit prescriptions) and the prescriber's NPI. These forms must also employ (1) one industry-recognized feature designed to prevent unauthorized copying of a completed prescription, and (2) one industry-recognized feature designed to prevent erasure or modification of information written on the prescription. The tamper-resistant prescription form may also contain other features to prevent the use of counterfeit prescriptions.

Many measures are available to prevent each of these types of prescription fraud (see inset, Page 2). Methods to address the **unauthorized copying of a completed prescription** can include:

- high-security watermarks on the reverse side of blank prescriptions,
- thermochromic ink that changes color or disappears when warmed;
- security patterns;
- void pantographs;
- microprinting
- prismatic printing;
- lenticular patterns;
- encodation schemes.

Methods to address the **erasure or modification of information written on the prescription**, including tamper-resistant background ink that shows erasures or attempts to change written information:

- toner anchorage - "anchoring" toner to paper to deter its removal;
- chemical stains used to reveal chemical eradication attempts against ink or toner;
- laid lines used to reveal cut-paste attempts on an item;
- chemical reactive inks used to reveal washing attacks;
- overcoatings, laminates, and varnishes used to secure written content on the item;
- erasable ink backgrounds used to reveal attempts at ink and toner removal;
- borders and fill characters used to complicate attempts to add-on extra information;
- on-item encodation techniques, bar codes, and patterns used to validate item content.

Tamper-Resistant Prescription Forms Required by April 1st, 2008, Continued...

Prescription Form Security Features



Artificial Watermark - Logo or pattern printed in opaque ink normally on back of document. Visible when viewed at 45 degree angle. Provides immediate verification of authenticity.



Thermochromic Ink - Specially treated ink changes color when heated to a defined temperature range. Rubbing or breathing supplies an ample temperature increase to demonstrate the disappearance, then reappearance, of the ink.



Void Pantograph - Background designs or screens which expose a hidden "VOID" pattern when scanned or copied. "VOID" commonly printed in repeat pattern for purpose of complicating counterfeiting attempts.



Microprinting - Miniature print or text which appears as screened line or border. Type commonly consists of a company name or warning message that is verified with a magnifying glass. Copied or scanned attempts appear plugged and/or unreadable.



Toner Anchorage - a chemical coating on the paper that securely bonds the toner to the paper during the laser printing process. Attempts to lift off type with tape will also remove the check paper, damaging the check and impeding efforts to change the printed information.

Methods that will help prevent **counterfeit prescription forms** include:

- serially numbered blanks;
- duplicate or triplicate blanks;
- thermochromic ink that changes color or disappears when warmed;
- color-shifting ink that changes color when viewed from different angles.

While employing at least one feature from each of the three categories, each prescription form must contain a serial number and the prescriber's National Provider Identifier (NPI) number.

If a written prescription does not comply with these requirements, the Department of Health and Social Services may take measures to recoup the cost of the prescription claim.

Anti-fraud efforts not only protect the bottom line but more importantly, they protect people from harm. Therefore, please do your part in helping prevent fraud, waste and abuse; recognize and report suspect behavior when you encounter it.

For more details and exceptions to the tamper-resistant prescription requirements refer to the state regulations; a copy of the regulations is available at:

<http://hss.state.ak.us/apps/publicnotice>.

To assist in finding the regulation, select **Filed with Lt. Governor** in the Status field and type "tamper resistant prescriptions" in the Project field; click the **Search** button.

Changes for Submitting Medicare Crossover Claims

When submitting Medicare crossover claims, all professional and institutional **paper** Crossover Claims must be submitted on the CMS-1500 or UB-04 claim form; this provides both the NPI and NDC information.

All Crossover Claims require the same information that is normally required by CMS-1500 and UB-04 claims. Complete the claim form as you would when billing Medicare. The total line charges will then represent the total billed to Medicare.

The following are the special billing requirements for Medicare.

Using the CMS-1500 for Professional Medicare Crossover Paper Claims

- Field 1: check both the Medicare and Medicaid box.
- Field 10D: (reserved for local use) enter the Medicare pay date.
- Field 11: enter the word "Medicare".
- Field 19: enter the deductible and coinsurance amounts using qualifiers A1 and A2 with a space between the qualifier and the amount (A1 100.00 A2 50.00).
- Field 24: Enter only one service (one line) per claim form, using the following steps:
 - Field 24A, *shaded area*: enter the qualifier N4 and the 11 digits of the NDC code (no hyphens or spaces).

Changes for Submitting Medicare Crossover Claims, Continued...

- Field 24D, *shaded area*: enter the NDC unit of measure (2 characters) and a total numeric quantity (9 digits) (99999.999). Be sure to enter the decimal point. Valid NDC unit of measurement codes are:
 - F2: International Unit
 - GR: Gram
 - ML: Milliliter
 - UN: Unit
- Field 24F, *shaded area*: enter the Medicare allowed amount.
- Field 24G, *shaded area*: enter "LTC" if the recipient is in a Long Term Care Facility (to exempt them from co-pay).
- Field 28, (total charge): enter the Medicare Billed Amount.
- Field 29, (amount paid): enter the Medicare Paid Amount.
- A copy of the Medicare EOMB must be attached to the claim.

Using the UB-04 for Submitting Institutional Medicare Crossover Paper Claims

- Field 50: enter the word "Medicare". If Medicare is the primary payer, all information pertaining to Medicare will be on line A.
- Field 54: enter the Medicare Paid Amount.
 - If there is no secondary payer, line B will contain the Medicaid information.
 - If there is a secondary payer, this information will be on line B.
 - If there is more than 1 secondary payer, line B will be the sum of all the secondary payers.
 - Line C will contain the Medicaid information.
- If Medicare is not the primary payer; the primary payer information will be on line A, the Medicare information on line B, and the Medicaid information on line C.
- A copy of the Medicare EOMB must be attached to the claim.

For more information on completing the CMS-1500 and UB-04 forms, download the appropriate claim form instructions at: <https://alaska.fhsc.com/providers/Billing.asp>.

J CODE NDC Requirement Effective April 1, 2008

For Drugs Administered in Outpatient Clinical Settings

CMS has granted Alaska Medical Assistance an extension to the deadline for changes to billing requirements for drugs administered in outpatient clinical settings. As a result, the new implementation date is now April 1, 2008. Please continue to work with your software vendors in preparation for this requirement.

- Additional information regarding changes to the billing requirements for drugs administered in outpatient clinical settings can be obtained at <https://alaska.fhsc.com/providers/provupdates.asp> (choose **Notice of Changes to Billing Requirements for Drugs Administered in Outpatient Clinical Settings**).
- A current listing of the manufacturers that have signed rebate agreements can be found on the CMS Website: http://www.cms.hhs.gov/MedicaidDrugRebateProgram/10_DrugComContactInfo.asp.
- UB-04 claim submission specifics can be found at <https://alaska.fhsc.com/providers/Billing.asp> (choose **New UB-04 Claim Form Instructions**) as well as at <http://www.nubc.org/>
- CMS-1500 claim submission specifics can be found at <https://alaska.fhsc.com/providers/Billing.asp> (choose **New CMS-1500 Claim Form Instructions - Set A, B, or C**) as well as at <http://www.nucc.org/>.
- For electronic claims, refer to <https://alaska.fhsc.com>, choose **HIPAA**, then **Companion Guides**.

NPI Required Effective February 13, 2008

Effective February 13, 2008, Alaska Medicaid requires the National Provider Identifier (NPI) number on all claims submitted electronically by covered entities (this includes 837I, 837D and 837P transactions).

Alaska Medicaid requires the National Provider Identifier (NPI) number for the ***billing provider*** on all of these claims. In addition, Alaska Medicaid requires the NPI number of the ***rendering/servicing provider*** on any claim for which current billing standards require identification of the rendering provider. If you are unsure whether the rendering provider information is required on a specific type of claim, please refer to the billing instructions in your provider billing manuals.

Billers need to continue to send Medicaid provider identification numbers (also called legacy identifiers) in addition to the required NPI number(s). Alaska Medicaid will notify you when these legacy identifiers are no longer needed or permitted on electronic transactions. Refer to the companion guides at <https://alaska.fhsc.com/providers/hipaa/guide.asp> for instructions on where these identifiers are keyed on electronic transactions.

Please note that failure to supply the NPI on electronic claims submitted on and after February 13, 2008 will cause them to be denied. Providers should confirm with their electronic transaction vendors that NPI information is included on their file transmissions to Alaska Medicaid.

The 837I, 837D and 837P claims must contain the NPI in the Billing Provider Loop 2010AA. In addition, for claims requiring identification of the rendering/servicing provider, see Rendering Provider Loop 2310B. Required fields and values are as follows:

<i>EDI 837 Field Name</i>	<i>EDI 837 Field Number</i>	<i>Values on Feb. 13, 2008</i>
Identification Code Qualifier	NM108	XX (Enter XX for NPI Qualifier)
Identification Code	NM109	10 digit NPI

Please direct any questions to the Provider Inquiry (PI) Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

PayerPath Professional Claim Submitters

NPI Professional Form Billing

Your NPI number is required on all electronic claims effective 2/13/2008. Failure to supply the NPI number in the correct field will result in the denial of your claim.

The following instructions are for Professional (1500) claims ONLY.

- To ensure correct and timely processing of your claims, the Billing Provider's NPI number must be in BOX 33 labeled "NPI" of the PayerPath data entry screen.
- If you currently bill with a rendering Provider ID, place the NPI number for the rendering provider in the NPI field of the charge line.

March 2008 Training for Providers

First Health Services provides Alaska Medical Assistance billing training.

These free training classes are sponsored by the State of Alaska. We encourage billers, direct practitioners, health care providers, office managers, admissions or front-desk staff, utilization review staff, case management staff, or other official personnel to attend. March 2008 classes are listed by date below:

Class Name	Length	Date	Start	End
Juneau				
Introduction to Alaska Medical Assistance	3.5 hrs	03/11/2008	8:30 a.m.	12:00 p.m.
Guidelines for Recordkeeping and Potential Audits	1 hr	03/11/2008	1:30 p.m.	2:30 p.m.
Eligibility	1 hr	03/11/2008	2:45 p.m.	3:45 p.m.
Prior Authorization (PA)	1 hr	03/11/2008	4:00 p.m.	5:00 p.m.
Completing Claim Forms: UB-04	1 hr	03/12/2008	11:00 a.m.	12:00 p.m.
Completing Claim Forms: CMS-1500	1 hr	03/12/2008	9:45 a.m.	10:45 a.m.
Electronic Transactions	1 hr	03/12/2008	8:30 a.m.	9:30 a.m.
Remittance Advice (RA)	1 hr	03/12/2008	1:30 p.m.	2:30 p.m.
Resubmission Turnaround Documents (RTD)	1 hr	03/12/2008	2:45 p.m.	3:45 p.m.
Appeals	1 hr	03/13/2008	9:45 a.m.	10:45 a.m.
Transportation & Accommodation	1 hr	03/13/2008	1:30 p.m.	2:30 p.m.
Adjustments & Voids	1 hr	03/13/2008	8:30 a.m.	9:30 a.m.
Edit Resolution	1 hr	03/13/2008	11:00 a.m.	12:00 p.m.
Care Management	1 hr	03/13/2008	2:45 p.m.	3:45 p.m.
Long Term Care	1 hr	03/14/2008	8:30 a.m.	9:30 a.m.
Mental Health	3 hrs	03/14/2008	1:30 p.m.	4:30 p.m.
IP/OP	2.25 hrs	03/14/2008	9:45 a.m.	12:00 p.m.
Palmer				
Introduction to Alaska Medical Assistance	3.5 hrs	03/18/2008	8:30 a.m.	12:00 p.m.
Guidelines for Recordkeeping and Potential Audits	1 hr	03/18/2008	1:30 p.m.	2:30 p.m.
Eligibility	1 hr	03/18/2008	2:45 p.m.	3:45 p.m.
Prior Authorization (PA)	1 hr	03/18/2008	4:00 p.m.	5:00 p.m.
Completing Claim Forms: UB-04	1 hr	03/19/2008	11:00 a.m.	12:00 p.m.
Completing Claim Forms: CMS-1500	1 hr	03/19/2008	9:45 a.m.	10:45 a.m.
Electronic Transactions	1 hr	03/19/2008	8:30 a.m.	9:30 a.m.
Remittance Advice (RA)	1 hr	03/19/2008	1:30 p.m.	2:30 p.m.
Resubmission Turnaround Documents (RTD)	1 hr	03/19/2008	2:45 p.m.	3:45 p.m.
Appeals	1 hr	03/20/2008	9:45 a.m.	10:45 a.m.
Transportation & Accommodation	1 hr	03/20/2008	1:30 p.m.	2:30 p.m.
Adjustments & Voids	1 hr	03/20/2008	8:30 a.m.	9:30 a.m.
Edit Resolution	1 hr	03/20/2008	11:00 a.m.	12:00 p.m.
Care Management	1 hr	03/20/2008	2:45 p.m.	3:45 p.m.
Direct Entry Midwife	2 hrs	03/21/2008	8:30 a.m.	10:30 a.m.

Anchorage

Introduction to Alaska Medical Assistance	3.5 hrs	03/25/2008	8:30 a.m.	12:00 p.m.
Guidelines for Recordkeeping and Potential Audits	1 hr	03/25/2008	1:30 p.m.	2:30 p.m.
Eligibility	1 hr	03/25/2008	2:45 p.m.	3:45 p.m.
Prior Authorization (PA)	1 hr	03/25/2008	4:00 p.m.	5:00 p.m.
Completing Claim Forms: UB-04	1 hr	03/26/2008	11:00 a.m.	12:00 p.m.
Completing Claim Forms: CMS-1500	1 hr	03/26/2008	9:45 a.m.	10:45 a.m.
Electronic Transactions	1 hr	03/26/2008	8:30 a.m.	9:30 a.m.
Remittance Advice (RA)	1 hr	03/26/2008	1:30 p.m.	2:30 p.m.
Resubmission Turnaround Documents (RTD)	1 hr	03/26/2008	2:45 p.m.	3:45 p.m.
Appeals	1 hr	03/27/2008	9:45 a.m.	10:45 a.m.
Transportation & Accommodation	1 hr	03/27/2008	1:30 p.m.	2:30 p.m.
Adjustments & Voids	1 hr	03/27/2008	8:30 a.m.	9:30 a.m.
Edit Resolution	1 hr	03/27/2008	11:00 a.m.	12:00 p.m.
Care Management	1 hr	03/27/2008	2:45 p.m.	3:45 p.m.

You may register for classes on the FHSC Website at <http://alaska.fhsc.com/>; choose **Training**, then **Online Registration**. You will receive a confirmation notice that you are registered for the class. You may also complete the registration form located on <https://alaska.fhsc.com/providers/Training/providerTraining.asp> and return it to FHSC via fax, email, or mail:

- The fax number is (907) 644-9845.
- The email address is anctraining@fhsc.com.
- The mailing address is:

First Health Services Corporation
 Attention: Training Unit
 P.O. Box 240808
 Anchorage, Alaska 99524-0808

March training sessions will be held at the following locations:

Juneau

Bartlett Regional Hospital,
 3260 Hospital Drive

Palmer

Wasilla Area Senior, Inc,
 1301 Century Circle

Anchorage

First Health Services Corporation
 1835 South Bragaw Street, 3rd floor training room

Due to limited seating, we cannot guarantee a seat if you are not registered. If you are unable to access the FHSC Website to obtain the registration information, please contact the provider trainers at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

Changes to Regulations for Residential Psychiatric Treatment Centers

On February 6, 2008, changes were made to the regulations governing Residential Psychiatric Treatment Centers (RPTCs), specifically 7 AAC 43. A new subsection was added to 7 AAC 43.560 which describes non-covered services and circumstances under which the department may deny payment, deny enrollment, or disenroll a RPTC in the Alaska Medical Assistance Program.

Please verify that you are not operating a facility or providing services to Alaska Medicaid patients using any of the following non-covered techniques as listed in 7 AAC 43.560(d):

- holding or rage therapy;
- verbal abuse and shaming;
- rebirthing;
- punitive approaches to behavior management, including militaristic-style boot camp and “scared straight” programs;
- corporal punishment, including slapping, punching, kicking, pinching, shaking, or striking with an object; and
- therapeutic interventions not specifically directed toward the psychosocial risks and functional impairments of the child.

Information regarding these new regulations can be obtained by visiting the State of Alaska, Division of Health Care Services' Website at <http://hss.state.ak.us/apps/publicnotice/> and choosing **Medicaid: Residential Psychiatric Treatment Center (RPTC) Reimbursement**.