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February 2009

Alaska Medical Assistance Newsletter

Location:

Affiliated Computer Services, Inc.
1835 S. Bragaw St., Suite 200
Anchorage, AK 99508-3469

Currently found on the Web at:
<http://alaska.fhsc.com>

Toll-Free Phone Numbers:

(800) 770-5650
(907) 644-6800

Useful FAX Numbers:

PA: 644-8131
PI/Enrollment: 644-8127
EPS: 644-8122
Finance: 644-8120
Attachments: 644-8122 or 644-8123

Holidays:

Seward's Day
The State of Alaska offices will be closed on *Monday, March 30th, 2009*, in observance of **Seward's Day**. ACS will remain open.

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Need Help with Your J-Code claim?

Your claims will be denied if they are illegible or incomplete. The HCPCS code and quantity as well as the NDC code, unit of measure and quantity are required on claims submitted for drugs administered in outpatient clinical settings. A submitted NDC must contain 11 digits and be preceded by the "N4" qualifier. NDCs reported on claims should contain no dashes, symbols or spaces within the NDC number.

For examples of correct and incorrect NDC formatting on your claim form, refer to the last page of this newsletter.

Detailed instructions for NDC billing requirements are available at <http://alaska.fhsc.com>; choose **Providers → Updates → Billing Requirements for Drugs Administered in Outpatient Clinical Settings**, dated 4/14/08. You may also access this information directly at: http://alaska.fhsc.com/Downloads/Providers/Update_20080414_JCode_Drug_Rebate_Changes.pdf.

New Medicaid Coverage for Screening and Brief Intervention Services (effective November 1, 2008)

ACS mailed a flyer to applicable providers on December 26, 2008. Details on the Alaska Medicaid coverage for Screening and Brief Intervention Services implementation can be found on the Web at <http://alaska.fhsc.com>; choose **Providers → Updates → New Medicaid Coverage for Screening and Brief Intervention Services**, dated 12/26/08. You may also access this information directly at http://alaska.fhsc.com/Downloads/Providers/Update_20081226_Screening_and_Brief_Intervention.pdf.

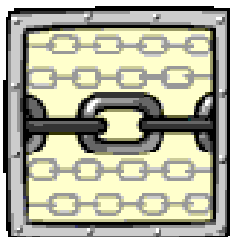
Useful Links

Once launched, new ACS Website for Alaska Medicaid providers - <http://www.medicaidalaska.com>

Current access to Alaska Medicaid provider information - <http://alaska.fhsc.com/>

New Medicaid Management Information System project - <http://www.alaskamedicaid.info/>

General information about ACS - <http://www.acs-inc.com/>



**Find it on the Website or
in the Remittance Advice (RA messages)**

2% Increase for All Assisted Living Home Services (RSLA Providers)

The Alaska Legislature and Governor Palin approved a 2% increase, for one year, for Assisted Living Homes, in addition to the 4% base rate increase. Watch your RA messages for more information.

Questions regarding the process for this one-time funding may be directed to Christina Sprague, ACS Waiver EPS staff person, at (907) 644-6830.

ACS Provider Newsletter

ACS, in conjunction with the Division of Health Care Services, publishes the Provider Newsletter on the Web at <http://alaska.fhsc.com>. If you would like a paper copy of the newsletter, please contact ACS' Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

When will the new Medicaid claims processing system be ready?

Last year, ACS was awarded a contract to design and build a new computer system to process Alaska Medicaid claims. The new system will become operational in the Summer of 2010 and will include features to provide enhanced services to providers. This modern Medicaid Management Information System will allow providers to perform Medicaid transactions real time, online. To find out more or to track our progress, please visit our project website at <http://www.alaskamedicaid.info/>.

2009 Provider Training

Affiliated Computer Services, Inc. offers a variety of training opportunities for providers who would like to gain a better understanding of Alaska Medical Assistance program requirements. We encourage billers, health care providers, office managers and other similarly-involved staff personnel to attend. All classes are subject to change; registered personnel who are affected by a schedule change will be informed via email or telephone.

Providers can access the training schedule and download training materials from the Web at <http://alaska.fhsc.com/>; under the **Training** tab.

ACS will provide training at the following locations and times:

March Locations	Date
Anchorage:	10th - 12th, 17th - 20th, 27th
Bethel:	11 th - 12 th
Nome:	23 rd - 27 th
Teleconferences:	3rd - 6th, 20th, 24th, 25th, 30th

April Locations	Date
Palmer\Wasilla:	6th - 10th
Anchorage:	21st - 24th
Teleconferences:	13th - 16th, 27th, 28th

Providers may complete the registration form found at <http://alaska.fhsc.com/providers/Training/providerTraining.asp> and return it to ACS via fax, email, or mail:

- The fax number is: (907) 644-9845.
- The email address is: anctraining@acs-inc.com.
- The mailing address is:
 Affiliated Computer Services, Inc.
 Attention: Training Unit
 P.O. Box 240808
 Anchorage, Alaska 99524-0808

Be sure to register and guarantee yourself a seat. If you are unable to access the Website to obtain the registration information, please contact ACS' Provider Inquiry Unit at (907) 644-6800 (option 1), or at (800) 770-5650 (toll-free in Alaska).

ClaimCheck® 8.5

As a result of the new upgrade, edits will be implemented in the claims processing system. Get more detailed information by visiting the Web at <http://alaska.fhsc.com>; choose **Providers** → **Updates** → **ClaimCheck 8.5 Training Tool and Flyer**, dated 11/7/08. You may also access this information directly at http://alaska.fhsc.com/Downloads/Providers/Update_20081107_ClaimCheck_Provider_training_documentation.pdf.

Group Enrollment Required of All Individual Providers Billing with an Organizational Type 2 NPI

Individual professional providers who submit claims to Alaska Medical Assistance with an Organizational Type 2 (Business/Group) NPI number **MUST** enroll with Alaska Medical Assistance as a group – otherwise claims processing will be **delayed**.

Individual professional providers who submit claims to Medicare as a group **MUST** enroll with Alaska Medical Assistance as a group – otherwise their crossover claims will be **denied**.

Individual professional providers with an Organizational Type 2 (Business/Group) NPI who submit claims to Alaska Medicaid using the Group NPI must enroll as a group, even if they are a **group of one**.

Examples of providers who must enroll as a group are:

- Physician/Osteopath• Chiropractor• Podiatrist
- Dentist• Optometrist/Optician• Psychologist

This listing is not all inclusive but is provided to give examples of individuals who can enroll as a group of one. Complete details can be found on the Web at <http://alaska.fhsc.com>; choose **Providers**→ **Updates** → **Group Enrollment Required for All Individual Providers Billing with an Organizational Type 2 NPI**, dated 12/12/08. You may also access this information directly at http://alaska.fhsc.com/Downloads/Providers/Update_20081212_Group_Enrollment_NPI.pdf.

Date Extended for Submission of NPI-Only Professional Claims (837P Format)

MMIS System Changes are underway to allow Group enrollment reflecting your business practices. For those providers impacted by this we will continue to accept both the NPI and the Medicaid Contract ID (MCI) on 837P claims.

When system upgrades are completed, a group enrollment can consist of any combination of the following health professionals:

- Physicians Physician Assistants*
- CRNAs*
- Physical Therapists
- Occupational Therapists
- Speech Pathologists
- PT, OT, SP Assistants*
- Nurse Midwives
- Advanced Nurse Practitioners
- Optometrists Opticians
- Audiologists

To prepare your practice for these changes, please submit enrollment applications for your Group Practices now. If you already have a Group Enrollment, please submit a change form to identify all health professionals in your practice. If your provider type is identified by an asterisk (*) above, submit an enrollment application and identify the business practice to which you are affiliated. A detailed NPI Enrollment Requirements flyer will be forthcoming to guide you in this effort.

If the above information does not apply to you, discontinue submitting your MCI on your claims. The prior dual use extensions allowed time for testing electronic NPI-only claim submissions and resolution of any issues. NPI-only electronic claims are the HIPAA compliant National Standard.

Please direct any questions to ACS' Provider Inquiry Unit at (907) 644-6800 (option 1) or (800) 770-5650 (toll-free in Alaska).

Need Help with Your J-Code claim?

J-Code Claim Form Examples

The standard NDC format consists of three segments of numbers separated by dashes (5-4-2). The first segment indicates the labeler code and is assigned by the FDA (if the first segment contains fewer than 5 digits, insert the appropriate number of zeros at the beginning of the segment so that the result is a 5 digit segment).

The second segment is the product code which identifies a specific strength or dosage form of the drug (if the second segment contains fewer than 3 numbers, insert the appropriate number of zeros at the beginning of the segment so that the result is a 4 digit segment). The package code or package size and type is specified by the third segment of numbers (if the third segment contains only 1 digit, insert a zero at the beginning of the segment so that the result is a 2 digit segment).

Examples:

- 1234-5678-91 becomes 01234-5678-91
- 12345-678-91 becomes 12345-0678-91
- 12345-6789-1 becomes 12345-6789-01

Reminder: NDCs reported on claims **should not** consist of dashes, symbols or spaces within the NDC number to separate the three segments. It **should** contain 11 digits, and be immediately preceded by the qualifier "N4." **Example:** **N412345678901**

The following examples illustrate incorrect and correct layout for submission of professional claims.

NDCs reported on claims should not consist of dashes, symbols, or spaces within the NDC number. In addition, there should not be a space between the "N4" qualifier and the NDC number.

X INCORRECT:

24. A. DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
From					PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	EPSDT	ID.	RENDERING	
MM	DD	YY	MM	DD	SERVICE	EMG	CPT/HCPCS	MODIFIER			POINTER		OR	Family	QUAL.	PROVIDER ID. #	
N4 00714-0259-45							ML.5					5 00					
06	12	08	06	12	08	11	J1200									NPI	

CORRECT:

24. A. DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
From To					PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	EPSDT	ID.	RENDERING	
MM	DD	YY	MM	DD	SERVICE	EMG	CPT/HCPCS	MODIFIER			POINTER		OR	Family	QUAL.	PROVIDER ID. #	
N400714025945							ML.5					5 00					
06	12	08	06	12	08	11	J1200									NPI	

There should not be a space between the Unit of Measure (UOM) and Quantity (qty). There should be a decimal.

X INCORRECT:

24. A. DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
From To					PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	EPSDT	ID.	RENDERING	
MM	DD	YY	MM	DD	SERVICE	EMG	CPT/HCPCS	MODIFIER			POINTER		OR	Family	QUAL.	PROVIDER ID. #	
N463323016501							ML 2 5					5 00					
06	12	08	06	12	08	11	J1200									NPI	

CORRECT:

24. A. DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.	
From To					PLACE OF		(Explain Unusual Circumstances)				DIAGNOSIS	\$ CHARGES	DAYS	EPSDT	ID.	RENDERING	
MM	DD	YY	MM	DD	SERVICE	EMG	CPT/HCPCS	MODIFIER			POINTER		OR	Family	QUAL.	PROVIDER ID. #	
N463323016501							ML2.5					5 00					
06	12	08	06	12	08	11	J1200									NPI	

Milligram (MG) is not a recognized Unit of Measure by Medicaid. The valid UOM codes are International Unit (F2), Gram (GR), Milliliter (ML), and Unit (UN). Also, there should not be a space between the UOM and qty. The UOM and qty should be entered in the area above Field 24D.

X INCORRECT:

24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From To							PLACE OF	EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
12	20	08	12	20	08	11		J1040	MG	40		22 00				NPI	

CORRECT:

24. A. DATE(S) OF SERVICE							B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From To							PLACE OF	EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER								
12	20	08	12	20	08	11		J1040	GR	04		22 00				NPI	

Detailed instructions regarding NDC billing requirements for professional and institutional claims are available at <http://alaska.fhsc.com>; choose **Providers** → **Updates** → **Billing Requirements for Drugs Administered in Outpatient Clinical Settings**, dated 4/14/08.