

Alaska Medical Assistance Newsletter

A Monthly Newsletter for Alaska Medical Assistance Providers

April 2016

Xerox

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Web Address

<http://medicaidalaska.com>

Phone Numbers

907.644.6800
800.770.5650 (toll-free)

Fraud and Abuse Hotline

907.644.5975 or
800.256.0930 (toll-free)

Recipient Services

907.644.6800, option 6
800.780.9972, option 2 (toll-free)

Provider Inquiry

907.644.6800, option 1
800.770.5650, option 1, 1 (toll-free)

Provider Enrollment

<https://medicaidalaska.com/portals/wps/portal/ProviderEnrollment>

Fax Numbers

SA.....	907.644.8131
SA Travel, MRI	907.644.5982
SA Mental Health	866.653.1435
SUR.....	907.644.8128
EPS	907.644.9845
Finance.....	907.644.8120
Training.....	907.644.9845
Attachments.....	907.644.8122
or	907.644.8123
Enrollment	907.646.4273
Provider Inquiry.....	907.644.8126

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New and Updated Provider Training

Alaska Medicaid is pleased to announce several new and updated training courses now available! Updated courses include Arranging Member Travel, Appeals, Claims Management, EPSDT, Service Authorization, and Transportation & Accommodations. Many more new classes and updates of existing classes are scheduled to roll out over the next few months. Watch your newsletter, RA messages, and the Learning Portal at <https://learn.medicaidalaska.com> for class information and training schedules!

All Changes to Enrollment Information Must Be Reported Within 30 Days of Change

Providers must report all changes to their enrollment information within 30 days of the change. Notifications of enrollment changes must be made in writing and an original signature is required; changes will not be made based on oral requests. Use the *Update Provider Information Request Form* available at <http://manuals.medicaidalaska.com/docs/forms.htm> to report any change in the following:

- Ownership
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or replacements in group membership
- Mailing address or phone number
- Medicare provider identification number

Questions? Contact Provider Enrollment at 907.644.6800, option 2, or 800.770.5650, option 1, 3.

Holiday Closures

The State of Alaska and Xerox offices will be closed Monday, May 30, 2016 in observance of Memorial Day.

Cost of Gloves Used by Assisted Living Home Staff

Alaska Medicaid has issued a policy clarification for enrolled durable medical equipment providers and assisted living providers regarding responsibility for the cost of gloves used by employees of assisted living homes in the provision of care for Medicaid-eligible residents. The cost of gloves is the responsibility of the employer and is not separately reimbursable to the durable medical equipment/medical supply provider by the Alaska Medicaid program. Compliance is required by May 1, 2016. The notice is available at <http://manuals.medicaidalaska.com/docs/updates.htm>. If you have questions or encounter any difficulty accessing the notice, please contact Kristina Rice at 907.334.2418.

Attending Provider Name and NPI Required on Institutional Claims

All providers submitting institutional claims via UB-04/8371 must report the name and NPI of the attending physician in field 76, or equivalent for electronic submissions. Failure to complete this required field may impact claim adjudication.

Acknowledgement and Repayment of Payment Errors

Providers should closely review each remittance advice (RA) to ensure it reflects accurate payment for all billed services, including correct member details and services provided. In accordance with 7 AAC 105.220(e), Alaska Medicaid providers have 30 days from the time of payment to notify the department in writing of a payment error. Federal law (42 U.S.C. 1320(d)) requires repayment of overpayments to the department within 60 days of identifying the overpayment. Mail the written overpayment notification and a copy of the RA page detailing the overpayment to the address below:

Xerox State Healthcare, LLC
 P.O. Box 240807
 Anchorage, Alaska 99524-0807

Provider Documentation Requirements

Medicaid providers are required to maintain accurate and complete financial, clinical, and other records in compliance with 7 AAC 105.230 and necessary to support the services for which the provider requests payment. Providers are also responsible for ensuring that their staff, billing agents, and other entities in charge of provider record maintenance meet these requirements. The text of 7 AAC 105.230 is available at

<http://manuals.medicaidalaska.com/docs/ProviderReference.html>; select "Provider Documentation Requirements", 02/22/2016.

Provider Training Dates

Alaska Medicaid is coming to your area! In April, training is scheduled in Bethel. In May, training is scheduled in Juneau, Anchorage, and via WebEx.

April	
Bethel	April 19 — 21
May	
Juneau	May 3 — 5
WebEx	May 10 — 12
Anchorage	May 17 — 19

Register Today!

Alaska Medicaid training courses will guide you and your staff in understanding and billing for services reimbursed by Alaska Medicaid and Denali KidCare. Included are introductory courses such as Member Eligibility, Adjustments and Voids, Claims Management, and Service Authorizations. Register online at <http://learn.medicaidalaska.com>.

New Required Professional Claim Fields

All providers submitting professional claims via CMS-1500/837P must report the name and NPI of the referring, ordering, prescribing, and supervising providers in fields 17 and 17b, or equivalent for electronic submissions, if applicable for that claim. Failure to complete these required fields may impact claim adjudication and payment.

Meeting Notice

Alaska Medicaid Pharmacy & Therapeutics Committee Meeting

Meeting Date

Friday, April 29, 2016, 8:00 a.m.

Meeting Location

Frontier Building
3601 C Street, Rooms 890/896
Anchorage, Alaska

Agenda is posted on the Health Care Services Preferred Drug List Program website
<http://dhss.alaska.gov/dhcs/Pages/pdl/default.aspx>.

Drug Utilization Review Committee Meeting

Meeting Date

Friday, April 29, 2016, 1:00 p.m.

Meeting Location

Frontier Building
3601 C Street, Room 896
Anchorage, Alaska

Agendas are posted on the Health Care Services Drug Utilization website
http://dhss.alaska.gov/dhcs/Pages/pdl/drugutiliz_b_pdl.aspx.

If you would like to join either meeting via teleconference, please dial 800.315.6338 and use access code 24251#. Individuals with disabilities who need special accommodations in order to participate should contact Erin Narus at 907.334.2425 no later than 2:00 p.m., Wednesday, April 27, 2016.

Ask Medicaid

Q: I'm a care coordinator and I tried submitting a claim for a TEFRA screening using procedure code T1023 but the claim was denied. Am I using the wrong procedure code?

A: No, T1023 is the correct code to use for program intake screenings, but the CG modifier is also required when billing for members with TEFRA coverage. Also, care coordinators must receive an assessment coupon from the Division of Public Assistance validating member eligibility for the service provided in order to bill for TEFRA services. Use the table below to determine the correct code and modifier combinations based on the member's coverage:

TEFRA Service	Procedure Code	Modifier	Service Limit
Program Intake Screening	T1023	CG**	1*
Service Assessment	T2024	-	1*
Service Reassessment	T2024	U4	1 per 365 days
Plan of Care Development	T2024	CG**	1 per 365 days

*upon entering program

**new modifier requirement

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).

