

Up-to-Date with Alaska Medicaid

A Monthly Newsletter for Alaska Medicaid Providers

November 2018

Conduent

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Web Address

<http://medicaidalaska.com>

Fraud and Abuse Hotline

907.644.5975 or 800.256.0930 (toll-free)

Recipient Services

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

Provider Inquiry

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

Provider Enrollment

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

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CMS Certifies Alaska Medicaid MMIS

On September 28, 2018, the Centers for Medicare and Medicaid Services approved the Department of Health and Social Services' request for certification of its Medicaid Management Information System (MMIS). Certification allows the department to receive 75 percent Federal Financial Participation (FFP) funds for costs associated with implementation of the system.

Providers May Request AK-04 Forms Via E-mail

Providers may request supplies of the AK-04 (Travel Voucher) by submitting a request to AKtravelvoucher@conduent.com. Requests must include provider name, provider Alaska Medicaid ID number, quantity requested, and delivery address. Conduent will still accept requests for AK-04s submitted using the Healthcare Forms Order Request or requests from providers that contact Provider Inquiry. The AK-04 is a controlled form, each bearing a distinct identifying number. Providers must keep these controlled forms in a secure location.

The Healthcare Forms Order Request is available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

Procedure Code Required When Billing 036X Revenue Codes Effective 12/1/18

Effective December 1, 2018, all inpatient and outpatient claims submitted with any revenue code 036X (Operating Room Services) will require an appropriate CPT/HCPCS procedure code in form locator 44, *HCPCS/Accommodation Rates/HIPPS Rate Codes*. Claims submitted with any 036X revenue code that do not include a CPT/HCPCS procedure code will be denied for exception code 4309, *Procedure Code Required for Revenue Code*.

Alaska Medicaid UB-04 Claim Form Instructions, a supplement to the NUBC UB-04 Data Specifications Manual, has been updated to reflect this requirement, and are available at <http://manuals.medicaidalaska.com/docs/ProviderReference.html>.

Emergency Room Behavioral Health Hold Coverage Max 120 Hours Effective 9/1/18

Effective September 1, 2018, Alaska Medicaid will reimburse observation bed services for Behavioral Health holds for a maximum of 120 consecutive hours per episode. If the submitted claim exceeds 120 consecutive hours on a single line, the claim line will be cut back to 120 hours. If the maximum 120 hours are reimbursed and additional hours are billed on a new line or claim for the same episode, the new line or claim will be denied. Additional guidance will be provided regarding sustainability and end dates.

Medicaid Compliance Notice: Billing Procedures for Dental-Related Operating Room Services

Alaska Medicaid recently conducted a review of facility claims related to revenue code 036x, *Operating Room Services*. Based on findings of incorrect billing practices for dental-related operating room services, Alaska Medicaid has issued a compliance notice outlining that hospital providers must

- Use revenue code 0360 with procedure code 41899, *Unlisted procedure, dentaoalveolar structures*, on a single claim line to account for dental-related operating room charges.
- Submit an operative report supporting the unlisted procedure attached to the claim.

For more information, see the "Medicaid Compliance Notice: Billing Procedures for Dental-Related Operating Room Services" dated 10/30/2018 available at <http://manuals.medicidalaska.com/docs/updates.htm>.

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://www.legis.state.ak.us/basis/aac.asp#7.105.230>.

Medicaid Policy Clarification: Newborn Bloodspot Screening

Alaska Medicaid will reimburse healthcare providers for the fees charged by the Department for performing **required** newborn bloodspot screenings on eligible Medicaid recipients. Providers may submit a claim with procedure code S3620 for reimbursement. For additional information, refer to provider flyer "Medicaid Policy Clarification: Newborn Bloodspot Screening" dated 10/22/2018 at

<http://manuals.medicidalaska.com/docs/updates.htm>.

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

New Provider Billing Manual Now Available for Home Health Services

A new Alaska Medical Assistance Provider Billing Manual is now available for home health agencies.

The updated manual contains three sections:

- Section I: Provider-Specific Services, Policies, and Procedures
- Section II: Claims Management
- Section III: General Program Information

All billing manuals are available at <http://medicidalaska.com> and select Documentation > Documents & Forms > Provider Billing Manuals.

If you have difficulty accessing your billing manual online, please call Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska) for assistance.

Opioid Training/CEU Opportunity for Prescribing Providers

New Alaska legislation requires a minimum of two hours of continuing education in pain management, opioid use, and addiction for prescribing providers (unless you do not hold a valid DEA registration). For information on applicable courses, view the Opioid and Pain Management training flyers at <https://medicidalaska.com/portals/wps/portal/ProviderMessagesAnnouncements>.

Proposed Regulations and Public Hearing: Medicaid Coverage – HCBW Services, Nursing Oversight, and Care Management

On October 1, 2018, the Department of Health and Social Services issued a public notice announcing proposed regulation changes to HCBW services, nursing oversight, and care management. The public comment period ends on November 15, 2018 at 5:00 p.m. AKT.

A public hearing will be held from 1:00 p.m. – 3:00 p.m. AKT on November 2, 2018 at 550 W. 7th Avenue, Room 104, Anchorage, AK 99501, at which time oral and written comments will be accepted.

The proposed regulations and additional details are available at <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=191603>.

Frequency Limit for Procedure Code 81025 Effective 12/1/2018

Effective December 1, 2018, procedure code 81025 – *urinary pregnancy test, by visual color comparison methods* will be covered at a maximum of two tests per member per month. Any additional tests beyond the maximum limit will require a service authorization. The Service Authorization Request form is available at <http://manuals.medicaidalaska.com/docs/forms.htm>.

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

Medicaid Regulations Filed: Prospective Payment System

New regulations affecting providers with prospectively determined rates were adopted by the Department of Health and Social Services, signed by the Lieutenant Governor, and are effective November 10, 2018. The signed regulations are available at <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=191754>.

MAT Provider Prior Authorization Attestation

The Alaska Medicaid DUR Committee has approved a change to the process for oral buprenorphine based products requiring prior authorization; prescribers may choose to continue to request prior authorizations on an individual basis following the initial 28-day period or the prescriber may opt to attest to Alaska MAT standards of care consistent with Federal regulations for the provision of Medication Assisted Therapy for Opioid Use Disorder. The attestation prior authorization will encompass each of the provider's patients' prescriptions for oral buprenorphine based products and can be renewed annually. Prescriptions filled during the prescriber's 12-month authorization period will not require separate individual prior authorizations. Prescribers of office-based opioid treatment wishing to demonstrate compliance with Alaska Medicaid Standards of Care may complete and submit the Provider Attestation and Application for review to Magellan Medicaid administration. The forms can be found at: http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriora_uthoriz.aspx. Fax completed forms back to Magellan Medicaid 888.603.7696. Attesting to meeting the Alaska Medicaid standards of care criteria does not guarantee approval of the application or continued patient prior authorization. Refer to the public notice Alaska Medicaid Pharmacy Update – September 2018 found at: <http://manuals.medicaidalaska.com/docs/pharmacy.htm>.

Medicaid EOMBs Accessible to Members 10/10/2018

Beginning on October 10, 2018, Alaska Medicaid members who are 18 or older will have access to Medicaid Explanation of Medical Benefits (EOMB) via a personal computer or smartphone. The EOMBs will display a limited selection of data fields from the claims that providers have billed on the member's behalf. Members may register to view EOMBs at <https://alaska-auth.medexperthealth.com>. For more information, see "Medicaid Explanation of Medical Benefits FAQs" available on the Member tab in Alaska Medicaid Health Enterprise at <https://medicaidalaska.com>.

Vitamin D is important for strong bones and may contribute to overall good health. Alaskans should select foods that are high in vitamin D, such as Alaska salmon, and should talk with their health care provider about vitamin D and the risks and benefits of supplementation.

Medical Justification Required for Procedure Code 84030 Effective 12/1/18

Effective for claims with dates of service on and after December 1, 2018, all claims with procedure code 84030, *Phenylalanine (PKU), blood*, must be accompanied by medical justification.



Pharmacy Program Updates – 2018 Fall

The Alaska Medicaid Fall 2018 Pharmacy Program Updates is now available at <http://manuals.medicaidalaska.com/docs/updates.htm>. In this update you will find information about pharmacy changes resulting from the work of the Alaska Medicaid Drug Utilization Review Committee, including:

- Updates to claims processing edits in the pharmacy point of sale system on 10/15/2018 for Vitamin D & Folic Acid for pregnant women and Vitamin D for infants.
- A revised claims processing edit, effective 10/15/2018, in the pharmacy point of sale system for the Early Refill Accumulation for products on the 90 Day Generic Medication list.
- Statewide Opioid Initiatives and links to tools and resources that are available to prescribers and pharmacists.

Holiday Closures

The State of Alaska offices will be closed Monday, November 12, 2018 in observance of Veterans' Day. The State of Alaska and Conduent offices will be closed Thursday, November 22, 2018 in observance of Thanksgiving Day and Tuesday, December 25, 2018 in observance of Christmas Day.

Request for Comments: 1915c Waiver Amendments

The Division of Senior and Disabilities Services requests comments from waiver service providers, recipients, and other stakeholders on amendments to Alaska's five 1915c home and community-based waiver programs, prior to the department's submission of amendments to the Centers for Medicare and Medicaid Services. Comments are due by November 15, 2018 at 5:00 p.m. AKT. Details about the amendments and how to submit your comments are available at <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=191637>.

Responses to Questions: Proposed Medicaid Payment Rates, Behavioral Health Services Regulations

On June 15, 2018, the Department of Health and Social Services issued a public notice announcing proposed regulation changes to community behavioral health services Medicaid rates. The public comment period for the proposed regulations closed on August 2, 2018. Responses to questions received during the public comment period and a link to the original public notice are both available at <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=190870>.

UB-04 Present on Admission Indicator Requirement for Principal Diagnosis

Effective 10/01/2018 and in compliance with National Uniform Billing Committee (NUBC) instructions, Alaska Medicaid will begin editing on the Present on Admission (POA) Indicator for the principal diagnosis. The principal diagnosis POA indicator is required on claims for inpatient admissions to general acute care hospitals.

Refer to current NUBC manual for FL 67, pages 1-3 for reporting options and definitions. The POA indicator must be entered in the shaded area of this field. Alaska-specific claims submission information is available at http://manuals.medicaidalaska.com/docs/dnld/Billing_UB-04_Instructions.pdf.

Hospice Quality Reporting Requirements

Effective October 1, 2015, payment rates for hospice providers will be contingent upon whether or not a hospice provider has complied with the quality data submission requirements outlined in Section 3004 of the Affordable Care Act. To ensure that you are correctly reimbursed for services rendered, you must provide confirmation or an attestation to Alaska Medicaid that your agency has completed the quality data submission as required by Section 3004. As required by Section 1814(i)(5)(A) of the Social Security Act, reimbursement rates will be reduced for providers who do not comply with this requirement.

Effective October 1, 2018, the Centers for Medicare and Medicaid Services established new Medicaid Hospice Payment Rates that are calculated based on the annual hospice rates established under Medicare and that are authorized by section 1814(i)(1)(C)(ii) of the Social Security Act. Additional information on new hospice rates can be found at <https://www.gpo.gov/fdsys/pkg/FR-2018-08-06/pdf/2018-16539.pdf>.

To ensure that your rates are not reduced, please submit your confirmation or attestation no later than September 19, 2018 to tracy.stephens@alaska.gov or 907.269.3622 (facsimile).

Questions? Contact Tracy Stephens at 907.334.2436.

Provider Training Dates

In November, training is scheduled in Ketchikan and via Instructor-led Webinar. In December, training is scheduled in Anchorage and via Instructor-led Webinar.

November	
Webinar	November 6 — 8
Ketchikan	November 13 — 15
December	
Webinar	December 4 — 6
Anchorage	December 18 — 20

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://manuals.medicaidalaska.com/docs/akmedicaidtraining.htm>.

Alaska's Settings Transition Plan Receives Final Approval

The Division of Senior and Disabilities Services is pleased to announce that Alaska's Settings Transition Plan received final approval from the Centers for Medicare and Medicaid Services (CMS) on August 22, 2018. Alaska is only the ninth state in the nation to receive final approval.

Alaska's Settings Transition Plan outlines the processes for assuring to CMS that all Medicaid long term services and supports will be provided in settings that ensure individuals have the opportunity to receive services in a manner that protects individual choice, promotes community integration, and supports full access to the greater community.

The final approved Alaska's Settings Transition Plan is available at <http://dhss.alaska.gov/dsds/Pages/transitionPlanHCBS/HCBStransition.aspx>.

Medical Pharmacy Claims Billing: NDC Requirements and Policy Guidance

Alaska Medicaid has published an enhanced guide to billing J-code claims titled "Medical Pharmacy Claims Billing: NDC Requirements and Policy Guidance" available on the Provider Reference page at <http://manuals.medicaidalaska.com/docs/ProviderReference.html>. Please reference this document when reviewing your current billing processes and submitting new claims to Medicaid. Conduent Enhanced Provider Specialists will be reaching out to providers who may benefit from additional assistance in billing J-code claims.

