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December 6, 2010
 (Revised: See page 2, Loop 2420A)

Personal Care Agencies Conversion to Atypical Provider Billing Status

Effective January 10, 2011, personal care agencies doing business with Alaska Medicaid will be considered Atypical Providers. The HIPAA NPI standards will not be enforced on electronic claims transactions from this provider group. Billing rules for this change are provided below.

NON PAYERPATH BILLERS

Rules for submitting billing provider identifiers:

Date Required: All claims submitted on and after January 10, 2011.

Personal care agencies who currently submit claims using the 837P transaction may continue to use this transaction to send claims. The change to atypical status allows the billing provider the option of submitting the claim with their Medicaid ID number (PCG####) instead of their NPI, if they so choose. If the biller wishes to continue to submit their billing information with their NPI, they may do so and the claims processor will continue to match the NPI number to their PCG provider enrollment record. If the biller wishes to instead submit only their PCG#### number, they may do so. Rules for submitting billing information with only the billing Medicaid provider ID number follow.

Loop 2010AA:

EDI 837P Field Number	EDI 837P Field Name	Valid Value
REF01	Reference Identification Qualifier	Enter value '1D'
REF02	Reference Identification	Enter your agency Medicaid Provider ID number (PCG####)

Rules for submitting personal care assistant rendering provider identifiers:

Date Required: Start sending this upon receipt from ACS of your finalized PCA mass enrollment spreadsheet. This spreadsheet response will contain each personal care assistant's individual Medicaid ID number.

This is a new requirement. In addition to identifying the billing agency, information about the specific personal care assistant who rendered the service must be included on each claim line. Use the Alaska Medicaid assigned provider enrollment number in your billing (PC#####). Rules for submitting rendering provider information follow.



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Loop 2310B (if all services on the claim are performed by the same personal care assistant)
Loop 2420A (if services being billed on the claim were performed by different personal care assistants)

EDI 837P Field Number	EDI 837P Field Name	Valid Value
NM101	Entity Identifier Code	"82" Rendering Provider
NM102	Entity Type Qualifier	"1"- Person
NM103	Name Last or Organization Name	Rendering Provider Last Name
NM104	Name First	Rendering Provider First Name Required if NM102=1
NM105	Name Middle	Rendering Provider Middle Name Required if NM102=1
NM107	Name Suffix	Rendering Provider Name Suffix Required if Known
REF01	Reference Identification Qualifier	1D Medicaid Provider Number
REF02	Reference Identification	Enter the Medicaid provider ID number for the personal care assistant (PC#####)

Note: Some personal care assistants may have obtained NPIs. If you are a personal care agency that has obtained NPIs for your personal care assistants with the intent of submitting them on claims, please contact Lyla Crane, ACS Provider Enrollment Supervisor, at 907.644.6853.

Contact Jim Wood, ACS EDI Department manager, at 907.644.6833 if you have questions regarding these instructions.



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Payerpath Billers:

Instructions for Keying Personal Care Agency Atypical Claims into Payerpath

Date required: All claims submitted on and after January 10, 2011

Personal care agencies will use the CMS-1500 form (see below) to file/enter claims.

1. MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP / FECA / OTHER			1a. INSUREDS I.D. NUMBER 0600123456																																																																																																																
2. PATENTS name (Last, First, MI) SMITH BOB	3. PAT BIRTHDATE / SEX 01/01/2010 M / F	4. INSUREDS NAME (L, F, M) SMITH BOB																																																																																																																	
5. PATENTS ADDRESS (No., Street)	6. PATENT RELATIONSHIP 18 Sfr=18(Sp=01)Chd=19(Oth=GS)	7. INSUREDS ADDRESS (No., Street) 123 MAIN STREET																																																																																																																	
CITY STATE	8. PATENT STATUS S <input type="radio"/> M <input type="radio"/> O <input type="radio"/>	CITY STATE ANCHORAGE AK																																																																																																																	
ZIP / TELEPHONE	EMPLOYMENT / STUDENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	ZIP / TELEPHONE 99508																																																																																																																	
9. OTHER INSUREDS NAME (L, F, M)	10. CONDITION RELATED TO: Auto Accident=AA Employment=EM Other=OA	11. INS POLICY GROUP OR FECA #																																																																																																																	
a. OTHER INSUREDS POLICY	State: <input type="text"/>	a. INSUREDS BIRTHDATE / SEX / M / F																																																																																																																	
b. OTHER INS BIRTHDATE / SEX / M / F	b. Accident Indicator 1: <input type="checkbox"/>	b. EMPLOYERS NAME OR SCHOOL																																																																																																																	
c. EMPLOYERS NAME OR SCHOOL	c. Accident Indicator 3: <input type="checkbox"/>	c. INSURANCE PLAN NAME MEDICAID																																																																																																																	
d. INSURANCE PLAN NAME	10d. RESERVED FOR LOCAL USE	d. ANOTHER HEALTH PLAN? Y <input type="radio"/> N <input type="radio"/>																																																																																																																	
12. PATENTS OR AUTHORIZED PERSONS SIGNATURE / DATE Y			13. INSUREDS SIGNATURE Y																																																																																																																
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19. RESERVED FOR LOCAL USE		20. LAB CHARGES: Y <input type="radio"/> N <input type="radio"/>																																																																																																																	
21. DIAGNOSIS 1	DIAGNOSIS 3	22. CLAIM FREQ / ORIG. REF NO 1																																																																																																																	
DIAGNOSIS 2	DIAGNOSIS 4	23. PRIOR AUTHORIZATION NUMBER																																																																																																																	
<table border="1"><thead><tr><th>From Date</th><th>To Date</th><th>POS</th><th>TOS</th><th>HCPCS</th><th>Mod1</th><th>Mod2</th><th>Diag code</th><th>Charges</th><th>Units</th><th>FP</th><th>EMG</th><th>COB</th><th>Reserved</th><th>NPI</th><th>Del</th></tr></thead><tbody><tr><td>1</td><td>09/01/2010</td><td>12</td><td></td><td>0761P</td><td></td><td></td><td></td><td>\$21.00</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>				From Date	To Date	POS	TOS	HCPCS	Mod1	Mod2	Diag code	Charges	Units	FP	EMG	COB	Reserved	NPI	Del	1	09/01/2010	12		0761P				\$21.00	1							2																3																4																5																6															
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25. FED TAX ID: 123456789	26. PAT ACCT # 1	27. ACCEPT? <input checked="" type="checkbox"/> A Assigned=A/Not Assigned=C	28. TOT CHARGE \$21.00	29. AMT PAID	30. BAL DUE	31. SIGNATURE OF PHYSICIAN Y		32. FACILITY NAME		33. BILLING NAME ABC BILLING 123 MAPLE STREET ANCHORAGE AK 995081478 9075551212																																																																																																									
32. FACILITY NPI		33. BILLING PROV ID PCG001		RESERVED FOR LOCAL USE		NPI																																																																																																													

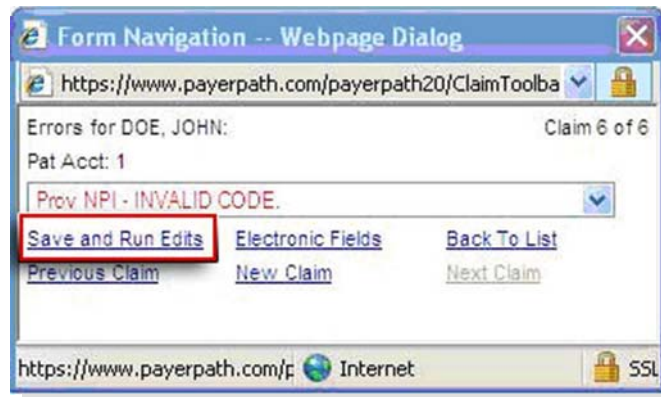
Enter the Alaska Medicaid legacy number in **Block 33: Billing Prov ID** (shown above).



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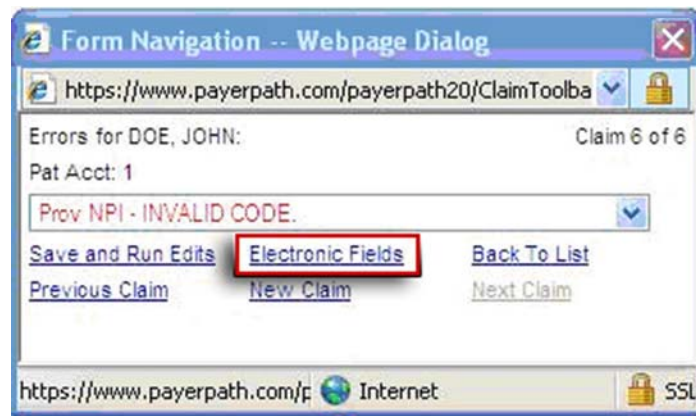
Once complete, click **Save and Run Edits** within the Form Navigation pop-up.



Rules for submitting Personal Care Assistant information as the rendering provider:

Date Required: Start sending this upon receipt from ACS of your finalized PCA mass enrollment spreadsheet. This spreadsheet response will contain each personal care assistant's individual Medicaid ID number.

Click on **Electronic Fields** within the Form Navigation pop-up.





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Click on the **Rendering Provider** blue bar as seen below. Fields marked with a *Red Asterisk are required once Rendering Provider is selected.

Ambulance	Display Charge Fields
Billing Provider	Display Charge Fields
Codes	Display Charge Fields
Coordination of Benefits Additional Adjustments B	Display Charge Fields
Coordination of Benefits Additional Adjustments C	Display Charge Fields
Coordination of Benefits-Other Payer B	Display Charge Fields
Coordination of Benefits-Other Payer C	Display Charge Fields
Facility	Display Charge Fields
Information	Display Charge Fields
Insured	Display Charge Fields
Legal Representative	Display Charge Fields
Other Insured-1	Display Charge Fields
Patient	Display Charge Fields
Pay To Provider	Display Charge Fields
Payer A	Display Charge Fields
Payer A Additional Fields	Display Charge Fields
Payer B Additional Fields	Display Charge Fields
Payer C Additional Fields	Display Charge Fields
Provider	Display Charge Fields
Purchased Service Provider	Display Charge Fields
Referring Provider	Display Charge Fields
Rendering Provider	Display Charge Fields
Rendering Provider ID Qualifier	<input type="text"/>
Rendering Provider ID	* PCA001
Rendering Provider Flag	<input type="text"/>
Rendering Provider First Name	* JACK
Rendering Provider Middle Initial	<input type="text"/>
Rendering Provider Last Name	* JONES
Rendering Provider Taxid	* 123456789
Rendering Provider Qualifier	* 24 (24= Employers Identification number 34= SSN)
Rendering Provider Entity Type Qualifier	* 1 (1=Person 2=Non-Person Entity)
Rendering Provider 2ND ID Qualifier	<input type="text"/>
Rendering Provider 2ND ID	<input type="text"/>
Rendering Provider 3RD ID Qualifier	<input type="text"/>
Rendering Provider 3RD ID	<input type="text"/>
Rendering NPI	<input type="text"/>
Supervising Provider	Display Charge Fields

Once completed click "Save and Run Edits" in the Form Navigation window.



Contact Jim Wood, ACS EDI Department manager, at 907.644.6833 if you have questions regarding these instructions.