THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
DIVISION OF HEALTH CARE SERVICES
Director's Office

4501Business Park Blvd., Suite 24, Bldg L
Anchorage, Alaska 99503-7167
Main: 907.334.2400
Fax: 907.561.1684

Overview of Changes to Alaska Medicaid Regulations: Recordkeeping, Self-Reviews, and Audits

The Department of Health and Social Services recently revised Alaska Medicaid regulations regarding recordkeeping, audits, self-reviews, and other quality assurance efforts. The revised regulations apply to **all** Medicaid-enrolled providers and will be **effective June 7, 2018**.

This document is intended to serve as an overview of, and not a replacement for, the revised regulations. A copy of the regulations, signed by the Lieutenant Governor, is available at https://aws.state.ak.us/OnlinePublicNotices/Notices/Attachment.aspx?id=112295.

7 AAC 105.230. *Requirements for provider records*

- Providers may not submit a claim unless the provider's records comply with all requirements of 7 AAC 105.230.
- A time-based unit may be billed only if the direct service time exceeds 50 percent of the time value
- Providers may not use pre-populated clinical notes or timesheets to document time-based services
- A claim submitted and paid without proper documentation will be considered an overpayment
- Electronic signature by the individual performing the service must comply with the Uniform Electronic Transactions Act.
- Documentation of services must occur within 72 hours of providing the service.
- Electronic storage of medical records must be HIPAA-compliant, must protect against unauthorized modification, and must identify the name and date of individuals who create or modify a record.
- A provider is not allowed to submit a claim for any service if the records for that service are not compliant with the department's medical record keeping requirements.

7 AAC 160.110. *Fiscal audit*

- In addition to providers, audits conducted by the department or its designee may include subcontractors and grantees.
- Within 24-hours of the department's request, a provider must allow the department access to records or provide the reason and estimate of when records will be available.
- Based on audit findings, the department may require payment of interest on identified overpayments, impose sanctions, initiate administrative or civil action, and/or refer the matter to other local, state, or federal agencies.

7 AAC 160.115. *Duty of a provider to identify and repay self-identified overpayments* and 7 AAC 160.120. *Use of statistical sampling*

- Providers are required to conduct a self-review of a random sample of claims every two years.
- The department, its designee, and providers may use statistically valid sampling methodologies when conducting reviews.
- Self-review reporting requirements are dependent upon reimbursement amounts to the provider.
- Any overpayments identified by providers during the course of the self-review, or during the normal course of business must be reported to the department within 10 business days of the identification.
- A repayment agreement (lump sum or incremental over a period not to exceed 2 years) must be in place no later than 30 days after the identification of the overpayment.
- Provider default on repayment may result in department-imposed sanctions.

7 AAC 160.130. *Appeal*

- Appeal procedures and options include allowing for reconsideration by the department prior to a formal appeal.

7 AAC 160.140. *Quality assurance program*

- A department report will be issued when a review results in findings.