

Division of Behavioral Health



Provider Agency Requirements Information Resources for Providers

Community Behavioral Health Services (CBHS)

Grantee Provider Agency Requirements

- Must meet requirements for CBHS provider outlined in 7 AAC 70.100
 - Be a city, borough or nonprofit
 - Must receive money from the Department which must be used for costs of service provision not capital expenditures
 - Have formal agreement with physician if providing clinic services
 - Collect and report statistical and service data as requested by the Department
 - Participate in Department service delivery planning
 - Maintain “Medicaid standard” requirement for clinical records
 - Have Policies & Procedures to apply fees based on individual personal financial circumstances
 - Provide services to eligible consumers regardless of ability to pay
 - NOT replace local funding with grant funds
 - Be a “dual diagnosis capable” or “dual diagnosis enhanced” program -7 AAC 70.990 (19)(20)
 - Meet additional requirements for *Alcohol and Drug Detoxification Services OR Residential Substance Use Treatment Services*
- Possess Department Approval for the applicable services, service area, and business locations
 - Accreditation from approved agency (7 AAC 70.150)
 - Working toward accreditation while meeting Interim Standards for Operation (7 AAC 70.200)

Provider Information Resources - Documents/Publications

REGULATIONS

- Internet Access – STATE OF ALASKA

<http://www.state.ak.us/>

REFERENCE MATERIALS

- Internet Access - STATE OF ALASKA, DHSS/DBH

<http://health.hss.state.ak.us/dbh/>

- Program Policies & Claims Billing Procedures Manuals
- Training Materials
- Frequently Asked Questions/Answers
- Links

- Internet Access – FISCAL AGENT – ACS, Inc.

<http://www.medicaidalaska.com>

- Program Policies & Claims Billing Procedures Manuals
- Forms

How to find Regulations on the Internet

- **START at the Alaska State home page (<http://www.state.ak.us/>)**
 - select “Find State Statutes & Regulations” located under the heading “Services” midway down page
 - scroll down and find the heading labeled “Alaska Law Resources” and then select “Alaska Administrative Code”
 - select “Title 7 - Health and Social Services”
- **Select Part 5 entitled “Services for Behavioral Health Recipients, Seniors, and Persons with a Disability (7 AAC 70 – 7 AAC 75)”**
 - Chapter 70 – Behavioral Health Services
 - Applicability & Scope; BH Services Provider Qualifications; BH Services Interim Standards for Operation; General Provisions
- **Select Part 8 entitled “Medicaid Coverage and Payment (7 AAC 105 – 7 AAC 165)”**
 - Chapter 105 – Medicaid Provider & Recipient Participation – applicable to all services
 - Provider Enrollment, Responsibilities, Record-keeping, Payments & Overpayment Recovery, Appeals, Sanctions/Restrictions
 - Chapter 110 – Medicaid Coverage; Professional Services – applicable to all services
 - Physician (7 AAC 110.400-455), ANP (7 AAC 110.100-105), Psychologist (7 AAC 110.550)
 - Chapter 135 – Medicaid Coverage; Behavioral Health Services
 - Scope; Recipient Eligibility; Provider Enrollment; Service Authorization; BH Services; Residential BRS, Definitions
 - Chapter 145 – Medicaid Payment; Conditions and Methods – applicable to all services
 - Timely Filing, Reassignment Prohibition, Payment Methodologies, Cost Sharing by Recipients, Out-of-State Coverage/Payment;
 - Chapter 160 – Medicaid Program; General Provisions
 - Program Integrity & Quality Assurance (includes Audits); Third-Party Liability & Estate Recovery
 - Adoption by Reference (7 AAC 160.900)
 - Definitions (7 AAC 160.990) – applicable to all services (in addition to separate definitions included in specific chapters)

How to Find State of Alaska – Department of Health & Social Services/Division of Behavioral Health (DHSS/DBH) Website

- **START at the Alaska State home page** (<http://www.state.ak.us/>)
 - Select the “Health” tab located under the heading “Services” midway down page
 - Select “More Dept. of Health & Social Services”
 - Select “Behavioral Health” under the heading “Organization” on the right side midway down page
- **Double-Click on the words “Use this link for New Integrated Behavioral Health Regulations Implementation” located to the right of the DBH Director’s picture**
 - New Integrated Regulations
 - Provider Communications
 - Provider Training
 - Resources
 - Medicaid Billing Related
 - Technical Assistance
 - Frequently Asked Questions (FAQs)
 - Regulation Clarification Process
- **Select from the following to obtain other information**
 - Programs
 - Alaska Psychiatric Institute, Policy & Planning, Prevention & Early Intervention, Program Integrity, Treatment & Recovery
 - Resources
 - Documents & Publications, Forms, Policies & Procedures, Training & Conferences, etc

Fiscal Agent - Contracted with the Department of Health and Social Services

Xerox

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Anchorage: (907) 644-6800

Outside Anchorage: (800) 770-5650

(In State Toll Free)

Fiscal Agent Functions

- Processes all Medical Assistance claims, including technical support to accommodate electronic submission of claims and other transactions
- Provides customer service for providers and recipients
- Enrolls providers in Medical Assistance
- Provides Medical Assistance billing training to the provider community
- Publishes and distributes provider billing manuals
- Maintains website of information for providers
- Prior authorizes some services
- Performs First Level Provider Appeals
- Performs Intake for Recipient Fair Hearing Requests
- Generates and issues claim payments and tax information
- Perform Surveillance and Utilization Review (program integrity)

How to find Alaska Medical Assistance Information using the Fiscal Agent's Website

1. Start at the fiscal agent's Alaska Medical Assistance page (<http://www..medicaidalaska.com>)
2. Select "Providers" located in the horizontal list at the top of the page
 - Select "Billing Manuals" then click on the boxed word "Accept" at bottom of page
 - Program Policies & Claims Billing Procedures Manuals
 - Community Behavioral Health Services Providers
 - Mental Health Physician Clinic Services Providers
 - Inpatient Psychiatric (includes residential psychiatric treatment centers)
 - Other Service Providers (Physician, Advanced Nurse Practitioner, Federally Qualified Health Center, Tribal Services, School Based Services, etc.)
 - Claim Form Instructions
 - CMS-1500 Professional Services (Set B is for use by outpatient behavioral health services providers)
 - UB-04 Institutional Services (inpatient and residential psychiatric treatment center services)
 - select "Forms"
 - Provider Enrollment Application forms
 - Information Submission Agreements
 - Service Authorization Request Forms
 - Claim Form Instructions (see above)
 - select "Updates"
 - Manual replacement pages and other updates
 - select "HIPAA"
 - Companion Guides for all Electronic Transactions
 - Tool kit , testing procedures, and other information for becoming an electronic submitter/receiver
 - select "Training"
 - Schedule, Registration, Materials, etc.
 - select "Contact Us"
 - Contact information for designated work units, staff, mailing addresses, etc.

Provider Resources – Training & Staff Support

State of Alaska – DHSS/DBH:

- Area Trainings, Change Agent Conferences, Topic Specific Webinars, Stakeholder Meetings
- Regulations Clarification Process
- Staff in Program Integrity, Treatment & Recovery, and AKAIMS

Fiscal Agent – Xerox

- Area Trainings (focus on billing and payment)
- Enhanced Provider Support Staff – Chandra Lewis

Regulations Clarification Process

1. Procedure for providers to inquire about meaning or applicability of Behavioral Health Services Regulations
2. Mechanism for DHSS/DBH to *explain* (FAQ) or *interpret* (Clarification) Behavioral Health Services Regulations
3. Method for compiling information leading to updates in provider manual and potential revisions of Behavioral Health Services Regulations

Regulations Clarification Process

Procedure:

1. Provider completes and submits Clarification Request Form (Appendix I-F in provider manual)
2. DHSS/DBH staff researches question & develops recommended response
3. DHSS/DBH Executive Team reviews, edits and approves response
4. DHSS/DBH staff posts response as FAQ on website, and informs provider who submitted request; OR
5. Publishes response as a regulation clarification in provider manual