Alaska Medicaid Recipient Handbook

State of Alaska Department of Health
Division of Health Care Services

Dear Fellow Alaskan,

As Interim Director of the Division of Health Care Services, I am pleased to provide you with this handbook of information regarding health care programs for financially eligible Alaskans. The purpose of this handbook is to help you understand available programs and, if you are eligible, how to effectively use the coverage. This handbook is not designed to provide detailed and individual information, but instead to offer a broad overview of the program and services available.

What are the first steps to managing my own health?

The most important step to maximize your overall wellness is to make healthy lifestyle decisions and stay connected to your health provider. Understanding program guidelines and the benefits available to you will assist you in making choices for yourself or your family members eligible for Medicaid. Working alongside your health care provider to understand your health care needs and which programs you may qualify for, is an important step in achieving your health goals.

Am I eligible for Medicaid?

Not everyone is eligible for the programs described in this handbook because there are many factors that must be taken into consideration based on each person's situation. The Division of Public Assistance makes the final determination on a person's eligibility for Medicaid and there are resources in this book to assist you in knowing where to apply.

Where can I call if I have questions?

If you have questions regarding any aspect of the programs, call the Alaska Medicaid Recipient Helpline toll-free at 800.780.9972.

Lynne Keilman-Cruz

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About This Handbook

The Department of Health (DOH) is the state agency designated to administer the Alaska Medicaid program. Updates to this handbook are necessary from time to time as federal and state regulations are adopted. As updates are made, each affected part of the handbook will be noted with the date of change.

Recipient Helpline

Call 800.780.9972 or email memberhelp@gainwelltechnologies.com

If you have questions about Medicaid coverage, call 800.780.9972, Monday through Friday between 8:00 a.m. and 5:00 p.m. Alaska Time. After hours, leave a message and your call will be returned the following business day.

You may also email the helpline staff at: memberhelp@gainwelltechnologies.com. The recipient services representative will assist you with your questions about services covered by Alaska Medicaid, provide a list of Medicaid-enrolled providers, and explain how to use your Medicaid benefits in general. Most problems are solved with the initial call or with a call back. Some problems take longer to investigate and will need more time.

How Alaska Medicaid Works

Proof of Eligibility

The Division of Public Assistance (DPA) determines eligibility and authorizes Medicaid benefits for all individuals except children served by, or in, the custody of the Office of Children's Services. If you are eligible for Medicaid, you will receive an identification (ID) number.

Medicaid Card/Coupon

Most Medicaid recipients will receive a recipient identification card (ID). This card can be used for health care and certain medically related services only for the person named on the card. The coverage period is generally 12 months and is valid for the period shown on the front of the card as long as the recipient remains eligible. Although the cards display coverage dates it is not a guarantee of coverage or eligibility. Medicaid ID cards are mailed to recipients in the following circumstances:

- One card per recipient per authorized application
- One card per individual per authorized month of retroactive Medicaid
- One card per new member add-on
- One card per recipient per authorized renewal.

Non-standard recipient ID cards are issued to individuals whose Medicaid coverage is restricted to certain services, such as an exam for blindness or disability determination or waiver screening. This ID card will contain a statement of the service limitation.

Care Management Program Card/Coupon

The Care Management Program (CMP) coupon is a full-size sheet of paper and is issued monthly. Unlike other cards and coupons, CMP coupons are issued by the CMP and not by DPA. A CMP coupon contains the recipient's name, ID number, and the names of the primary provider and pharmacy that have been selected for the recipient. If a replacement CMP card/coupon is needed, contact the Care Management Program at 907.644.6800 (option 2, 3) or toll free at 800.770.5650 (option 2, 3)

How to Use Your Medicaid

- Check with your health care provider when you make your appointment to make sure the provider is enrolled with Alaska Medicaid and will accept you or your child as a Medicaid patient.
- Arrive on time for your appointment. Call your health care provider's office if you are unable to make it on time. If you need to cancel, let them know 24 hours before your appointment time. You are responsible for paying for the cost of any appointment you do not keep.
- Show your Medicaid card/coupon to your physician or other health care provider each time you receive medical treatment. If you don't, you may be responsible for the full cost of your treatment.
- For your records, you should also ask for a copy of the bill or a receipt. This is proof that you have provided your Medicaid information at the time of service.

Other Medical Insurance/Health Coverage

Medicaid is the “payer of last resort.” This means that if you have other health insurance or belong to other programs that can pay a portion of your medical bills, payment will be collected from those sources first. This is called third-party liability (TPL). Medicaid may then pay all, or part, of the amount that is remaining.

Medicaid households are required to report specific changes in the household circumstances that may affect their eligibility. All changes that a household is required to report must be reported within 10 days of the date the household knows of the change. Applicants and recipients must report any information that may affect their eligibility including if anyone starts, stops, or has changes in health insurance coverage, including Medicare.

You are responsible for providing DPA with the specific information relating to your insurance coverage. Include the name, mailing address, and phone number of the insurance, the policy and group numbers and all other information required for medical claims billing.

If you don’t tell DPA about any other health care coverage you have, you may be responsible for part of your medical bill and could lose your Medicaid eligibility. DPA can help you determine if you have any other type of health care coverage.

Some other sources of health coverage include:

- Employment-related health insurance, either the recipient’s or that of a family member
- Individually purchased health insurance
- Veterans Administration (VA) benefits
- Medicare Parts A, B, C, and D
- Tricare/Tricare for Life
- Medical support from absent parents
- Court judgments or liability settlements for accidents or injuries
- Workers’ Compensation
- Long-term care insurance
- Fisherman’s Fund (for commercial fishermen in Alaska)

Who is covered by Alaska Medicaid?

MAGI Medicaid

Modified Adjusted Gross Income (MAGI) Medicaid primarily covers low-income children, pregnant women, families, and adults between the ages of 19 and 64 who ae not eligible for another category of Medicaid.

Postpartum Coverage

A pregnant woman who was eligible for and receiving Medicaid coverage under any eligibility category on the last day of pregnancy, including retroactively, is eligible for 12-month postpartum coverage. Coverage begins on the day the pregnancy ends through the last day of the month in which the 12 months ends.

Newborn Medicaid

Children born to a woman eligible for and receiving Alaska Medicaid in the month of delivery are automatically eligible for Medicaid without an application. This period of automatic Medicaid eligibility for the newborn continues through the last day of the month of the child's first birthday.

You must notify DPA when your baby is born to receive this automatic newborn coverage.

ADLTC Medicaid

Aged, Disabled, and Long-Term Care (ADLTC) Medicaid primarily covers the elderly, blind, and permanently disabled.

The Alaska Breast and Cervical Cancer Program

The Alaska Breast and Cervical Screening Assistance Program provides breast and cervical screening services to women aged 21-64 who meet certain income guidelines, who do not have insurance or whose insurance does not pay for breast and cervical health screening services, or who cannot pay their insurance deductible. Call 800.410.6266 to find the screening services nearest you or visit the Breast and Cervical Cancer Screening website for more information.

Home and Community-Based Waiver Services

Home and community-based (HCB) waiver services cover the cost of additional services that are not covered by Medicaid. HCB waiver services may help an eligible individual to remain at home and avoid institutional care in a nursing facility, acute care hospital, or other facility.

There are five HCB Waivers approved for Alaska, each designed to serve a specific group of individuals:

1. **Children with Complex Medicaid Conditions (CCMC)**: This waiver is for a child through age 21 who requires a level of care provided by a hospital or nursing facility.
2. **Individuals with Intellectual and Developmental Disabilities (IDD)**: This waiver is for a child or adult that requires a level of care provided by an intermediate care facility (ICF) for those with intellectual and developmental disabilities.
3. **Adults with Physical and Developmental Disabilities (APDD)**: This waiver is for an individual aged 21 and over who is both physically and developmentally disabled, that requires a level of long-term care provided by a nursing facility.
4. **Alaskans Living Independently (ALI)**: This waiver is for a disabled adult over 21 that requires a level of long-term care provided by a nursing facility or an adult aged 65 and over that requires a level of long-term care provided by a nursing facility.
5. **Individualized Supports (IS)**: This waiver is for a child or adult with intellectual and developmental disabilities that meets an ICF/IDD level of care who can be supported safely in a non-residential community setting with less intensive supports than those offered under the IDD waiver.

Disabled Children at Home (TEFRA)

A disabled child who does not qualify for SSI cash assistance due to parental income or resources may be eligible for TEFRA Medicaid based only on the child's own income and resources. TEFRA is named after the Tax Equity and Fiscal Responsibility Act. P.L. 97-248 that authorized this eligibility category.

To be eligible for the TEFRA category, a child must meet specific income criteria, and the child must require a level of care provided in an acute care hospital, nursing facility, intermediate care facility for individuals with intellectual and developmental disabilities, or inpatient psychiatric hospital.

Medicaid Coverage Categories

There are many types of Alaska Medicaid, and each type has an assigned eligibility code. The eligibility code indicates to your provider what type of services you are eligible to receive through Medicaid.

Most Medicaid categories provide coverage for medical, dental, hospital, and transportation services. Waiver categories provide additional benefits, while other categories such as disability exam (15), waiver determination (19), QMB (67), and SLMB (68) provide limited coverage. For more information on what your Medicaid category covers, contact the Medicaid Recipient Helpline at 800.780.9972.

Medicaid Covered Services

The services described in this section may be covered by Medicaid. All services must be medically necessary. Some services have limits and some require service authorization. You are responsible for asking your provider if a service is covered by Medicaid. You are responsible for the payment of any services you receive that are not covered by Medicaid.

Ambulatory Surgical Center Services

Ambulatory surgical centers (ASC) are special medical facilities where people go to have surgeries that do not require an overnight stay in a hospital. These centers are not part of a hospital or a regular doctor or dentist's office. Not all surgeries can be performed in an ASC. Speak to your healthcare provider about options available to you.

Behavioral Health Services

Behavioral health services focus on the treatment of mental health and/or substance use disorders. Medicaid recipients can access integrated behavioral health services at community behavioral health services providers throughout the state. These providers offer screenings, assessments, and individualized treatment plans designed to meet each patient's behavioral health needs. These treatment plans are developed with input from the patient and his or her family. Treatment plans are periodically reviewed and updated to assess progress toward treatment goals.

Community Behavioral Health Services

- Screening services to determine the presence and severity of behavioral health disorders
- Clinic services, including assessments, psychotherapy (individual, group, family), psychological testing, medications management, and crisis intervention services
- Rehabilitation services, including assessments, autism services, case management, medication administration, therapeutic behavioral health services for children, community recovery support services, day treatment services in a school setting, high acuity crisis services, substance use disorder treatment, and peer support.

Eligibility for Community Behavioral Health Services

Community behavioral health services are provided only within Alaska.

- Behavioral health screening services are available for all Medicaid recipients
- Behavioral health clinic and rehabilitative treatment services are covered for adult and youth Medicaid recipients experiencing symptoms of emotional disturbance, mental illness or substance abuse disorder that are not the result of intellectual, physical, or sensory deficits.
- Autism rehabilitation services are available for youth Medicaid recipients diagnosed with autism spectrum disorder

Other Outpatient Mental Health Services Providers

Behavioral health services, including clinic services and screening and referral for treatment of substance use disorders, are available at the following enrolled service providers:

- Federally qualified health centers (FQHC), rural health clinics (RHC), and tribal health clinics.

- Mental health physician clinics, physicians, and advanced practice registered nurses who specialize in psychiatry.
- Licensed independent psychologists, clinical social workers, marital & family therapists, and professional counselors (coverage is limited by scope of practice).

Inpatient Psychiatric Hospital and Residential Psychiatric Treatment Services

A diagnostic evaluation, a certification of need for inpatient psychiatric services, and a plan of care must be completed by an inpatient interdisciplinary team and submitted to Alaska Medicaid for review. Alaska Medicaid requires a service authorization for all psychiatric admissions and continued stays at in state and out-of-state facilities.

Inpatient Psychiatric Hospital Services

Inpatient psychiatric hospital coverage is limited to people with acute psychiatric needs who are either under the age of 21 or over the age of 65. Coverage for general inpatient services is available to all eligible recipients with acute psychiatric needs.

Residential Psychiatric Treatment Centers

Residential psychiatric treatment centers (RPTC) coverage is limited to individuals up to age 21. RPTCs provide residential care and treatment of mental, emotional, or behavioral disorders.

Out-of-state services will be authorized only when the needed services are not available in Alaska. Any other medical services required by the patient outside of the facility must be provided by other healthcare providers who are enrolled with Alaska Medicaid.

Breast and Cervical Cancer Checkups

Mammograms or breast X-rays must be ordered by your health care provider.

Women who otherwise would not be eligible for Medicaid may qualify for screening services based on a diagnosis of breast or cervical cancer.

Chiropractic Services

Chiropractic Services for Individuals under the age of 21

Chiropractic coverage for recipients under the age of 21 is limited to 12 spinal manipulations and one chiropractic X-ray exam per calendar year. A service authorization is required for chiropractic services for a recipient under age 6, as well as a referral from a physician, physician assistant (PA) or advanced practice registered nurse (APRN).

Chiropractic Services for Adults 21+

Chiropractic coverage for adults is limited to those who have Medicare Part B coverage.

Community First Choice Program

The Community First Choice (CFC) program covers in-home personal care services and other supports

for those who qualify for admission to a facility such as a nursing home. CFC is administered through the Division of Senior and Disabilities Services (SDS) and applicant need for services must be assessed.

To learn more about the Community First Choice Program, contact a local Aging and Disability Resource Center (ADRC) or a Development Disabilities Resource Connection (DDRC) office.

CFC program services include:

- **Community First Choice** - Personal Care Service: Help with activities of daily living, e.g., bathing, personal hygiene, and help with instrumental activities of daily living (e.g., laundry, shopping).
- **Supervision and reminders:** Help with reminding you about activities like bathing, personal hygiene, dressing, laundry, shopping and cleaning your home if assessed to have a need.
- **Chore Services:** Regular cleaning and heavy household chores in a home.
- **Skills training:** Training to you to be more independent with your Activities of Daily Living and Instrumental Activities of Daily Living.
- **Worker supervision:** Training to help you manage your personal care assistant.
- **Personal Emergency Response System (PERS):** An emergency response system or medical alert system that calls for help at the push of a button in the event of an emergency.

For more information regarding the Community First Choice (CFC) program, contact:

- SDS Anchorage office: 907.269.3666 or 800.478.9996 (toll-free)
- SDS Fairbanks office: 907.451.5045 or 800.770.1672 (toll-free)
- SDS Juneau office: 907.465.3372 or 866.465.3165 (toll-free)
- Hearing Impaired (TTY) 907.269.3691
- Division of Senior and Disabilities Services (SDS)
- Community First Choice Program

Dental Services

Dental Services for Adults

Adult Emergency Dental Services

Alaska Medicaid provides adults with emergency dental coverage for the immediate relief of pain or acute infection.

Adult Enhanced Dental Services

Alaska Medicaid provides adults with enhanced (non- emergent) dental coverage up to $1,150 annually. You are responsible for tracking your annual limit. Any costs over $1,150 are your responsibility for the remainder of the year.

- The adult enhanced dental benefit year begins July 1 and ends June 30 each year.
- Recipients remain eligible for emergency dental services, even after the adult enhanced dental services have been exhausted.
- Adult enhanced dental services provide preventive and restorative care. Covered services include cleanings, exams, crowns, root canals, and dentures.
- Recipients aged 21 and over requiring upper and lower dentures or partials may be eligible to obtain both during one fiscal year by combining the current and upcoming years' adult enhanced dental benefits. If the upcoming year's limit is used in advance, no benefits are available the following year.
- The state requires your dentist to obtain a service authorization for some enhanced dental services before performing the services. Ask your dentist if he or she has obtained a service authorization BEFORE you have any dental work done; otherwise, the services may not be covered.
- Work with your dentist to prioritize your dental care needs. If your annual benefit limit covers only part

of a service, the remainder will be your responsibility. Any annual limit left over at the end of the year will not rollover, so work closely with your dentist to maximize your benefits each year.

Dental Services for Children

Dental services for children who are under 21 are covered by Denali KidCare/Alaska Medicaid. At a minimum, the services include relief of pain and infections, restoration of teeth and maintenance of dental health. Exams, X-rays, scaling, polishing, sealants, and fluoride varnish are covered. Fluoride varnish is a protective medication that is painted on teeth to prevent cavities. It is quick, easy, and painless. Dentures, crowns, caps, root canals, and oral surgery are also covered. Some of these services may require your dentist to obtain a service authorization before providing the service.

Orthodontia

Orthodontia services are covered for children under age 21 when performed by an enrolled orthodontist. Braces are approved for children and teens who may have severe problems with their teeth. Orthodontia solely for cosmetic or esthetic reasons is not covered. A service authorization is required for all orthodontic services and must be requested by the orthodontist who will provide the services.

Dialysis/End Stage Renal Disease

Medicaid covers services for treatment of kidney disease that would cause kidney failure if left untreated. Dialysis is covered, regardless of age, at free standing dialysis centers, at hospitals, and at home.

Emergency Care

Medicaid covers medical care that is necessary when a sudden, unexpected occurrence creates a medical emergency. A medical emergency exists when there is a severe, life-threatening, or potentially disabling condition that requires medical intervention within hours. If the services, including use of an ambulance, do not meet the definition of emergency services, you may be responsible for the cost.

Family Planning Services and Supplies

Medicaid covers family planning counseling and medical services related to birth control medications and devices. Medicaid also covers many over-the-counter birth control items such as contraceptive creams, gels, foams, and condoms if prescribed by your health care provider. These supplies are also available at family planning clinics. All women and men can receive family planning services at public health centers statewide. Medicaid also covers family planning services for women for 12 months after the birth of their child. Family planning clinics may also provide counseling and treatment for sexually transmitted infections.

Hearing Services

Hearing Services for Adults

Hearing services include audiology, diagnostic testing, hearing therapy, rehabilitative therapy, hearing aids (including approved accessories and supplies), and hearing item repairs. Services must be prescribed or ordered by a physician or other licensed health care practitioner trained to administer hearing assessments and evaluations within the scope of the practitioner’s license.

Hearing Services for Children

Hearing services for children include audiology, universal newborn hearing screening, diagnostic testing, hearing therapy, cochlear implants, personal FM systems, hearing aids (including approved accessories and supplies), and hearing item repairs. Services must be prescribed or ordered by a physician or other licensed health care provider trained to administer hearing assessments and evaluations within the scope of the practitioner's license.

Repairs and Replacements

Medicaid covers a limited number of hearing aid repairs and replacements once a manufacturer's warranty expires. For adults, Medicaid allows up to two new ear molds per ear, two repairs per hearing aid, and one full replacement of a lost or broken device within a three-year period. For children under 21, Medicaid allows an unlimited number of ear molds and repairs and up to two full replacements of lost or broken devices within a three-year period. Service authorization may be required for specific hearing services and items, including certain hearing aids.

Home and Community-Based Waiver Services

Alaska's five Medicaid waivers support the independence of Alaskans who experience physical or developmental disabilities and need a level of care that would otherwise be provided in in an institution. Waiver recipients receive services in their homes and in the community rather than in an institution such as a nursing home. Each waiver program covers a different set of services. Which services are available depend on a person's age and where the person lives. One of the waivers, the Individualized Supports Waiver, has a total cost cap for waiver services. All waiver programs are administered through the Division of Senior and Disabilities Services (SDS), and all waiver services are provided in addition to other regular Medicaid services.

Contact a local Aging and Disability Resource Center (ADRC) or a Developmental Disability Resource Connection (DDRC) office for more information about waiver programs and eligibility.

Waiver programs provide a wide range of services delivered within a variety of private and licensed residential settings as well as community settings. Waiver services include:

- **Care Coordination:** All waiver recipients must use a care coordinator to communicate with SDS. A care coordinator helps identify services and ensures the services are provided.
- **Residential habilitation:** Help to get, keep, or improve self-help and social skills in residential settings through in-home supports, supported living, and residential habilitation.
- **Day habilitation:** Recreational other activities outside the home to develop self-help and social skills.
- **Adult day services:** Center-based adult day care provided by an organization.
- **Respite:** Occasional breaks for unpaid caregivers.
- **Supported employment:** Training, support, and supervision to help get and keep a job.
- **Transportation:** To work and to access community resources and activities
- **Environmental modifications:** Health and safety-related home modifications such as wheelchair ramps, stair lifts, widening of doors and hallways, bathroom modifications, and grab bars.
- **Meals:** Food for recipients aged 18 and older, delivered to home or provided in a group setting other than an assisted living home.
- **Specialized medical equipment and supplies (SME)**: Equipment to assist with communication, performing daily activities, and accessing the community, such as reachers, shoe/sock donners, handheld shower heads, adaptive eating devices, wheelchair lift installation for vans, and portable ramps.

- **Nursing oversight:** A registered nurse ensures that care of a medical nature is delivered safely.
- **Intensive active treatment (IAT):** Professional treatment/therapy for individuals aged 21 and older to prevent behavior regression.
- **Specialized private duty nursing services:** Continuous services for individuals aged 21 and older by a licensed nurse, specific to your needs.
- **Residential supported living Group Home and Family Habilitation:** Services to help with activities of daily living for individuals who reside in assisted living. Services include meals, bathing, dressing, laundry, transportation, walking/transferring, medication monitoring, and social/recreational activities.

For more information regarding any of the above programs or services, contact:

- SDS Anchorage office: 907.269.3666 or 800.478.9996 (toll-free)
- SDS Fairbanks office: 907.451.5045 or 800.770.1672 (toll-free)
- SDS Juneau office: 907.465.3372 or 866.465.3165 (toll-free)
- SDS for individual who are Hearing Impaired (TTY): 907.269.3691
- Division of Senior and Disabilities Services (DSDS)
- SDS Home and Community Based Waiver Programs

Home Health Services

Home health services are covered by Medicaid when provided under an approved service authorization to a recipient in their place of residence, which may include an adult assisted living home. These services include:

- Intermittent or part-time skilled nursing services provided by a registered nurse or licensed practical nurse.
- Home health aide services provided under the supervision of a registered nurse.
- Physical therapy, occupational therapy, speech-language pathology, and audiology services provided by or under the supervision of a qualified practitioner.
- Medical supplies, equipment, and appliances suitable for use in the recipient's residence.

Hospice Care

Hospice care provides up to 24 hours of care and services for terminally ill recipients with life expectancy of six months or less. These services may be provided in a home or an inpatient setting. A written plan must be submitted by a provider for a service authorization of hospice services. Covered services include:

- Routine home care
- Continuous home care
- Inpatient respite care
- General inpatient care
- Hospice nursing home care

Hospital Services

Medicaid covers most inpatient and outpatient hospital services; many of those services require authorization. If you must stay overnight in the hospital, Medicaid will pay for a semiprivate room unless a private room is medically necessary. Medicaid also covers emergency department and outpatient hospital services when you do not have to stay in the hospital.

Lab/X-ray Services

Alaska Medicaid covers services, tests, and procedures performed by a laboratory or X-ray provider when the services are ordered by a qualified provider.

Long-Term Care Facilities

Long-term care facility services are covered for Alaska Medicaid recipients who require supervised nursing care services at a certified and licensed skilled nursing facility (SNF), intermediate care facility (ICF), or intermediate care facility for Individuals with intellectual and developmental disabilities (ICF/IDD). All long-term care facility services require a service authorization by the Division of Senior and Disabilities Services (SDS). When long-term care is approved, the level of care for the recipient and length of stay are included in the authorization. The recipient's level of care is determined by considering the type of care required, the qualifications of the person who will provide the direct care, and the stability of the recipient's overall condition. A recipient may receive authorization for long-term care facility services as a new admission, transfer, or continuing placement.

Medical Equipment and Supplies

Durable Medical Equipment (DME) and Supplies

Supplies and equipment must be ordered by a qualified health care provider and approved by Medicaid. Some supplies and equipment require service authorization.

Prosthetic Devices

Prosthetics, such as artificial limbs, and orthotic devices, such as body braces must be ordered by a qualified health care provider.

Home Infusion Therapy

Home infusion therapy services must be ordered by a qualified health care provider. Home infusion therapy services require service authorization.

Respiratory Therapy Assessment Visits

All respiratory therapy assessment visit services for ventilator-dependent patients require a service authorization and a plan of care approved by a qualified health care provider. The assessment visit includes servicing of the equipment to assure that the equipment is safe, operating properly, and meets the patient's needs under the plan of care.

Nutrition Services

Nutrition services are covered for pregnant women and for children under age 21 who are nutritionally high risk. Pregnant women must be referred by a physician, advanced practice registered nurse, registered dietician employed by a hospital or WIC program, or other licensed health care practitioner who may order nutrition services within the scope of their license. Nutrition services are limited to one initial assessment per calendar year and up to 12 additional hours counseling and follow-up care per calendar year. If additional visits are needed, they must be prescribed by the provider and require medical

justification.

Additional nutrition services are available from the Women, Infants, and Children (WIC) program. For more information about WIC, refer to Resources Beyond Medical Assistance, in this handbook or visit the Women, Infants and Children Program website.

Personal Care Services

Personal care assistant (PCA) services include help with activities of daily living (ADLs) such as bathing, dressing, grooming, and toileting. In addition, a recipient who is over 18 may also receive authorization for help with instrumental activities of daily living (IADLs) such as meal preparation, grocery shopping, personal laundry, and light housekeeping.

The type of care authorized is dependent upon each individual's functional need, living situation, and availability of other caregivers. Services are provided through the following PCA agency models:

- **Agency-Based PCA Program (ABPCA)** — allows recipients to receive services through an agency that oversees, manages, and supervises their care.
- **Consumer-Directed PCA Program (CDPCA)** — allows recipients to manage their own care by selecting, scheduling, and supervising their own PCA. The consumer-directed agency provides administrative support to the recipient and the PCA.

Functionally disabled Alaskans of all ages, and frail, elderly Alaskans who have a functional limitationand need hands-on help to perform activities of daily living (ADLs), including bathing, dressing, grooming, and toileting, are eligible for PCA services. Help with instrumental activities of daily living (IADLs) such as shopping, meal preparation, and light housekeeping may also be allowable.

PCA services are Medicaid services for adults and some children; the individual does not have to be eligible for a Medicaid Waiver to receive PCA services but needs to be assessed by Division of Senior and Disabilities Services (DSDS).

For more information, visit the Personal Care Services Program website.

Pharmacy Services

Prescription Drugs

Most prescription drugs are covered. Some prescription drugs require special authorization or documentation to be submitted by the doctor or pharmacist. Some over-the-counter drugs such as birth control, prenatal vitamins, drugs for yeast infections, laxatives, etc., may be covered if prescribed by a health care provider. Check with your provider about drugs covered by Medicaid.

Pharmacy Copayment

Adults are responsible for a $.50 copayment for each new or refilled prescription that costs $50 or less, and $3.50 for prescriptions that cost more than $50. Copayments are not required of children under age 18 and pregnant women.

Other Pharmacy Coverage

If you have other coverage available for pharmacy benefits, you must contact your Division of Public Assistance (DPA) office immediately and give them your insurance information. Contact your DPA office when your pharmacy coverage is terminated or ended. If your other pharmacy coverage ends and you do not report it to DPA, there will be delays when you are picking up a prescription. The only way Medicaid knows you no longer have other insurance is when you report it to DPA.

Medicare Prescription Drug Plan

If you are enrolled in both Medicaid and Medicare, you are dually eligible, and your prescription drug coverage is provided by Medicare Part D instead of Medicaid. As a dual eligible you do not pay a Part D premium or Part D deductible. These costs are subsidized, and you will not incur the Medicare Part D gap or "doughnut hole" as long as you are a Full Benefit Dual Eligible. Medicare Part B covers some medications, usually administered by a physician or other practitioner. For details on Medicare Part B medication coverage, please visit the Centers for Medicare and Medicaid Services (CMS) website. Pharmacies must also bill medications covered under Medicare Part B before billing Alaska Medicaid. Medicaid may continue to pay for some over-the-counter drugs that are prescribed for you. You may need to pay a small Medicaid copay for each prescription.

To learn more, call the Alaska Medicare Information Office at 907.269.3680 in Anchorage, 800.478.6065 statewide (TTY users call 800.770.8973), or the official U.S. Government Medicare office at 800.633.4227 or visit Medicare.gov.

Physician, Physician Assistant, and Advanced Practice Registered Nurse Services

Services you receive from a physician, physician assistant (PA) or an advanced practice registered nurse (APRN) in the provider's office or at the hospital are generally covered if they are medically necessary for diagnosing and treating an illness or injury. If your provider sends you to another provider or specialist, Medicaid may also pay for those procedures.

Children under age 21 may receive preventive care such as health screenings, well child exams, and immunizations.

Podiatry Services

Podiatry services are covered only for adults who are dually eligible for Medicare Part B and Medicaid and for Medicaid-eligible children from birth through the last day of the month in which the individual turns 21. Covered podiatry services include preventive care, examination, diagnosis, treatment, and care of conditions of the ankles and feet.

Pregnancy and Postpartum Care

Medicaid covers regular prenatal care checkups and other services provided by a physician, clinic, advanced nurse practitioner, or direct entry midwife. The coverage continues during pregnancy and for 12 months after the end of your pregnancy. Postpartum coverage begins on the day the pregnancy ends through the last day of the month in which the 12 months end. You must notify your DPA office when your baby is born. You must give the hospital and any other provider of services a copy of your baby's eligibility card or coupon.

Private Duty Nursing

Private Duty Nursing Services for Adults

Private duty nursing services are available to adults who are eligible under certain Medicaid waivers.

Private Duty Nursing Services for Children

Private duty nursing may be paid for by Medicaid if it is provided to children under age 21 who:

- Had a well child exam within the last 12 months
- Need medical services that can be provided only by a registered nurse (RN), licensed practical nurse (LPN) or advanced nurse practitioner (ANP)
- Have been recently discharged from a hospital or nursing home, or who have a serious health condition that would qualify the child for care in a hospital or nursing home

Private duty nursing must be provided by an agency enrolled as an Alaska Medicaid provider. All private duty nursing services require a service authorization.

Rural Health Clinic and Federally Qualified Health Centers Services

Rural health clinics (RHC) and federally qualified health centers (FQHC) may provide the following services:

- Primary care services
- Ambulatory services
- Dental services
- Mental health services

An RHC may provide medical emergency procedures as a first response to life-threatening injuries and acute illnesses.

School-Based Services

Medicaid will cover some therapy services when the service is provided by the school district for children with disabilities. The therapies need to be medically necessary and recommended by the child's individual family support plan (IFSP), or the individualized education plan (IEP). The therapies include:

- Hearing and speech-language therapy
- Physical and occupational therapy
- Behavioral health therapy

Your child's IFSP or IEP team may determine if school-based services are appropriate for your child.

Therapy Services

Physical Therapy

Adults

Medicaid covers physical therapy services when provided by an enrolled physical therapist or physical therapy assistant. Services include evaluations, massage and manipulation, therapeutic exercise, and other forms of treatment to rehabilitate and restore normal body functions after acute physical illness or acute physical trauma.

Swimming therapy, weight loss programs, programs to improve overall fitness, and maintenance therapy are not covered services.

Children

In addition to the services listed above, children under age 21 are eligible to receive maintenance physical therapy services related to conditions caused by developmental disabilities or delays.

Occupational Therapy

Occupational therapy is covered for both adults and children when medically necessary and ordered by a physician, advanced nurse practitioner, or other licensed health care practitioner.

Speech-Language Therapy

Speech-language pathology services are covered for both adults and children when medically necessary and ordered by a physician, advanced nurse practitioner, or other licensed health care practitioner.

Services include screening, evaluation, and treatment of defects and disorders of the voice and spoken/written communication.

Travel – Non-Emergency

Local Ground Transportation

Alaska Medicaid may provide coverage for local ground transportation, e.g., taxi, bus, wheelchair van, for a Medicaid recipient, and escort, if necessary, to travel to/from a medical appointment. Your health care provider must call HMS/Gainwell or the appropriate Alaska Native Tribal entity to obtain authorization for your travel. Authorization is based on criteria including the medical necessity of the appointment and the availability of other modes of transportation. Contact your provider if you need ground transportation to get to your appointment. Allow enough time for the provider's office to mail the transportation voucher.

If you have any questions about how to use Medicaid travel benefits, call the Recipient Helpline at 800.780.9972 or visit our Medicaid Transportation website.

EPSDT Transportation

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program, also known as Early Screening, provides assistance for pregnant women and children to attend medical and WIC appointments.

You do not have to contact your provider to request travel for EPSDT-related appointments. If you need help finding local transportation to go to an exam, you may call Early Screening travel with the Division of Health Care Services at 907.269.4575.

Travel Outside Your Home Community

Your health care provider may refer you to a doctor or specialist in another community. Medicaid will pay for transportation under certain conditions:

- The referral must be for services that are covered by Medicaid and not available in your community.
- Medicaid will cover transportation to the nearest available facility that provides the recommended service. Medicaid will cover transportation for an Indian Health Services beneficiary to travel to the nearest available Indian Health Services facility that provides the recommended service.
- Medicaid will cover the least expensive type of transportation based upon your health condition and

transportation providers available in your area.

Your health care provider must call HMS/Gainwell or the appropriate Alaska Native Tribal entity to obtain authorization for your travel. This information will determine your eligibility for transportation service. If you are eligible, HMS/Gainwell or the Tribal entity will authorize the travel. Once you have a service authorization, call the appropriate Medicaid travel office (see below) to arrange your travel. If you do not know which Medicaid travel office to call, ask your referring provider. Do not contact air carriers directly.

Travel agents will book your travel on an approved carrier. You will need to travel on the approved carrier for Alaska Medicaid to pay the cost of your travel. You cannot choose or change carriers without authorization from Medicaid.

Medicaid Travel Offices

Alaska Medicaid Travel Office

800.514.7123 or Alaska Medicaid Travel Office

8:30 a.m. – 5:30 p.m., Monday – Saturday; 12:00 p.m. – 4:00 p.m., Sunday

ANTHC Travel Management Office

907.729.7720, option 1 or 866.824.8140, option 1 (toll-free in Alaska)

8:30 a.m. – 5:30 p.m., Monday – Sunday

TCC Patient Travel

907.451.6682, ext. 3711 or 800.478.6682, ext. 3711

8:00 a.m. – 5:00 p.m., Monday – Friday; 10:00 a.m. – 2:00 p.m., Saturday

YKHC Medicaid Patient Travel

855.543.6625 (toll-free in Alaska)

8:30 a.m. – 5:30 p.m., Monday – Sunday

Travel Tips for Alaska Medicaid Recipients

Before you travel outside your home community

- Your healthcare provider should request authorization for travel at least 10-days prior to non-emergency travel. Travel requested less than 10-days before the travel date may not be approved.
- Be sure that your travel has been approved before you go. Medicaid cannot pay for transportation and hotel stays that are not properly authorized.
- Prepare to travel only for the length of time needed to complete your medical care. Medicaid does not cover weekend travel or extra days that are not related to your medical care.
- Get all approved travel vouchers from your health care provider. You will need to know your appointment dates and times at your destination.
- Make airline or ferry reservations through the Medicaid travel office that approved your travel (see **Medicaid Travel Offices** in this handbook. If you do not know which Medicaid travel office to call, ask your referring provider. Do **not** contact air carriers or the Alaska Marine Highway System directly.
- Make lodging arrangements with an Alaska Medicaid-enrolled hotel or motel. Call the Recipient Helpline at 800.780.9972 to ask for a list of enrolled hotels. When making hotel reservations, you must give the exact date you will be checking-in to the hotel.
- Confirm your checkout date and time with the hotel, any additional costs for staying past the agreed upon checkout time is your responsibility.

- Make sure that you arrive at the airport in time to check in and proceed through security. Except in unavoidable situations, Medicaid will not pay to rebook a missed flight.

When you travel, take with you

- All travel vouchers from your healthcare provider; copies of travel vouchers will NOT be accepted.
- Personal identification and your Medicaid card/coupon or Denali KidCare (DKC) card. You are responsible for giving a coupon or showing your card for all your appointments.
- Money for things that are not covered by Medicaid. Medicaid does not cover room service, tips, phone calls, pay-per-view movies, or other extra services. If you order these things, you will need to pay for them. Medicaid will not pay for security deposits that are required by some hotels.

At your destination

- Use meal vouchers at the in-hotel restaurant only.
- Use taxi vouchers with an Alaska Medicaid enrolled taxi provider to travel from the airport to your place of lodging, medical appointments, referrals for medical services, and back to your place of lodging and the airport.
- Do not use taxi vouchers for personal travel such as visiting family or friends or for shopping.

If your travel plans change

- If your travel plans change, or you cannot make a scheduled flight that was paid for by Alaska Medicaid, you MUST call the Medicaid travel office that arranged your travel (see **Medicaid Travel Offices** in this handbook) BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.
- If you miss a flight without cancelling in advance, the remainder of your itinerary will be cancelled, and Alaska Medicaid may NOT pay to rebook your flight(s).
- If weather or mechanical issues delay your flight, the air carrier will reschedule your flight. Your health care provider should call HMS/Gainwell for approval of additional lodging, meals, or transportation, if required.
- If you have a hotel booked, call the hotel to update your reservation with any changes.

Travel Tips for Recipient Escorts

Before you travel as an escort

- The Medicaid recipient's healthcare provider should request authorization for travel at least 10-days prior to non-emergency travel. Travel requested less than 10-days before the travel date may not be approved.
- Be sure that travel for you and the recipient has been approved before you go. Medicaid cannot pay for transportation and hotel stays that are not properly authorized.
- Prepare to travel only for the length of time needed to escort the recipient. Medicaid does not cover weekend travel or extra days that are not related to the recipient's medical care.
- Get all approved travel vouchers for you and the recipient from the health care provider.
- Make airline or ferry reservations through the Medicaid Travel Office that approved your travel (see **Medicaid Travel Offices** in this handbook). If you do not know which Medicaid office to call, ask your referring provider. Do not contact air carriers or the Alaska Marine Highway System directly.
- Make lodging arrangements with an Alaska Medicaid enrolled hotel or motel. Call the Recipient Helpline at 800.780.9972 to ask for a list of enrolled hotels. When making hotel reservations, you must give the exact date you will be checking-in to the hotel.
- Confirm your checkout date and time with the hotel, any additional costs for staying past the agreed upon checkout time is your responsibility.
- Make sure that you and the recipient arrive at the airport in time to check in and proceed through

security. Except in unavoidable situations, Medicaid will not pay to rebook a missed flight.

- Make sure you know the recipient's appointment dates and times at your destination.

When you travel, take with you

- All travel vouchers from the recipient's healthcare provider; copies of travel vouchers are NOT accepted.
- Personal identification for you and the recipient and their Medicaid card/coupon or Denali KidCare (DKC) card. You are responsible for giving a coupon or showing your card for all your appointments.
- The recipient's Medicaid card or coupon for all appointments. You or the recipient are responsible for giving a coupon or showing the recipient's card for all appointments
- Money for things that are not covered by Medicaid. Medicaid does not cover room service, tips, phone calls, pay-per-view movies, or other extra services. If you order these things, you will need to pay for them. Medicaid will not pay for security deposits that are required by some hotels.

At your destination

- Use meal vouchers at the in-hotel restaurant only.
- Use taxi vouchers with an Alaska Medicaid enrolled taxi provider to travel from the airport to your place of lodging, medical appointments, back to your place of lodging, and to the airport. Do not use taxi vouchers for personal travel such as visiting family or friends or for shopping.
- Check your flight reservations carefully; you may have to travel home while the recipient receives health care services, then back for the recipient's return trip home, depending on trip duration and cost effectiveness.

If your travel plans change

- If your travel plans change, or you cannot make a scheduled flight that was paid for by Alaska Medicaid, you MUST call the Medicaid travel office that arranged your travel (see **Medicaid Travel Offices** in this handbook), BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.
- If you miss a flight without cancelling in advance, the remainder of your itinerary will be cancelled, and Alaska Medicaid may NOT pay to rebook your flight(s).
- If weather or mechanical issues delay your plans, the air carrier will reschedule your flight. The recipient's health care provider should call HMS/Gainwell for approval of additional lodging, meals, or transportation, if required.
- If you have a hotel booked, call the hotel to update your reservation with any changes.

Frequently asked questions about Medicaid travel

My child needs to travel for medical care. Will Medicaid pay for me also?

Medicaid will cover travel costs for one adult to escort a child to a necessary medical appointment. Under certain conditions, Medicaid will pay for travel costs of an escort for an adult child if medically necessary and authorized by HMS/Gainwell, the Medicaid fiscal agent.

My child will be in the hospital for a long time. Can I travel back and forth?

Medicaid recognizes that this is a difficult time for families. The Medicaid fiscal agent, HMS/Gainwell, will work with you and your health care provider to determine the most appropriate level of support.

My health care provider referred me to a doctor in another state. Will Medicaid pay for travel?

Maybe. Medicaid will cover transportation to another state if the service is not available in Alaska; it must

be a Medicaid-covered service and be medically necessary. Children under the age 18 who are traveling out of state for medical services must travel with a legal parent or guardian.

Will Medicaid pay for taxi rides and hotels?

Yes. The Medicaid fiscal agent, HMS/Gainwell, will determine and authorize the services that are necessary while you are traveling. You will receive vouchers that cover hotel and appropriate taxi rides. Adults who are traveling with an escort are expected to share a hotel room.

When I'm traveling for health care, will Medicaid cover my meals?

Yes. The Medicaid fiscal agent, HMS/Gainwell, will determine the number of meals for you and/or your escort. Medicaid can pay up to $36 for three consecutive meals if the hotel where you stay is enrolled with Alaska Medicaid and it has a restaurant.

My doctor said that I need to stay longer. What do I do?

When your travel is extended because your doctor orders additional services, your health care provider must call the appropriate travel authorization department as soon as possible to request an extension of your travel authorization. If the extension is approved, you MUST call the Medicaid Travel Office that originally arranged your travel (see **Medicaid Travel Offices** in this handbook), BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.

If you do not cancel a flight prior to departure, the remainder of your itinerary will be cancelled, and Alaska Medicaid may NOT pay to rebook your missed flight(s).

My plans changed and I can't travel. Who do I notify?

If you have decided not to travel to your scheduled appointment or your appointment has been rescheduled, you MUST call the Medicaid travel office (see **Medicaid Travel Offices** in this handbook) that originally arranged your travel, BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.

If you do not cancel your flight prior to departure, the remainder of your itinerary will be cancelled, and Alaska Medicaid may NOT pay to rebook your missed flight(s).

Is travel assistance available 24 hours/day?

No. See **Medicaid Travel Offices** in this handbook for hours of operation.

My flight is delayed. What do I do?

If weather or mechanical issues delay your flight, the air carrier will reschedule your flight. Your healthcare provider should call the appropriate travel authorization department for approval of additional lodging, meals, or transportation, if required.

My child is going to an out-of-state residential treatment center. Can I travel with my child?

Yes. Medicaid will pay for one parent, legal guardian, or designee to travel with the child to the treatment center and back home.

Siblings or other relatives are not covered for travel. Medicaid may also cover limited travel for one parent or legal guardian to travel to the treatment center for therapeutic visits.

I need to travel for a medical service, but I want to stay with family or friends.

Great! HMS/Gainwell can help identify the things that Medicaid can and cannot cover when you stay with family or friends.

Does Medicaid cover transportation to a medical appointment in my home community?

Medicaid provides non-emergency travel assistance in your home community for pregnant women and children to attend medical and WIC appointments. Call 907.269.4575 in Anchorage, or 888.276.0606 toll-free statewide to see if you might qualify.

Medicaid also provides the least expensive transportation services to medically necessary appointments for adults who otherwise do not have transportation through themselves or any other voluntary source. Your healthcare provider must contact request authorization for your local transportation at least one day before your appointment.

I need help getting in and out of a taxi. Can someone go with me to my appointment?

An escort, who could be a family member, a care provider, etc., can accompany you to and from your appointment if your medical condition requires it. Your health care provider must request authorization for an escort at the same time transportation services are requested for the Medicaid recipient. Make sure to ask your health care provider to request an escort if you will need it.

I cannot ride a bus due to my mental and/or physical condition. Can I take a taxi instead?

Yes. Medicaid will pay for the least expensive mode of transportation to your appointment. The type of transportation must be one that you are able to access. Medicaid must take into account your mental and/or physical condition(s). This means that if you are unable to take the bus due to your mental and/or physical condition(s), Medicaid will pay for you to get to your appointment using a form of transportation you can access such as a taxi. Make sure to notify your health care provider of any restrictions you might have when accessing transportation so that the proper form of transportation can be requested.

My relative died while traveling for medical care. Will Medicaid pay to return his/her body home?

Medicaid cannot pay for any services, including transportation, after a Medicaid recipient dies. However, the Division of Public Assistance may help pay for some, or all, of the costs associated with transporting a deceased Medicaid recipient's body back to their home community if the Medicaid recipient was transported from their last place of residence to the place of death using Medicaid funding and they are determined eligible for the General Relief Assistance Burial Program.

Will Medicaid pay for an escort's return travel if a recipient dies away from their home community?

The cost of an escort's return trip is covered by Medicaid if a Medicaid recipient dies while receiving medical treatment away from their home community, and Medicaid approved travel for an escort to accompany the recipient. If a change of return date is necessary, the escort is responsible for making arrangements with the airline, through the Medicaid Travel Office.

Vision Services

Covered Vision Products

Medicaid covers eyeglasses, contact lenes, and prosthetic vision products. One company makes all eyeglasses for Medicaid. The same eye doctor that gives you a prescription can order your glasses. Contact lenses and prosthetic devices may be obtained directly from your vision or prosthetic healthcare provider.

Medicaid does not cover the following vision services, products, or features:

- Aspherical lenses
- Progressive or no*line multi*focal lenses

- Polarized lenses
- Anti-reflective or mirror coating
- Placement of lenses in frames if those frames and lenses were not covered by Alaska Medicaid
- Fitting fees for products not covered by Alaska Medicaid
- Repair of vision products not covered by Alaska Medicaid
- Vision therapy for members 21 years and older

If you want different frames or a feature that are not covered, you will need to pay the entire cost of the glasses yourself. The amount that Medicaid would have paid cannot be applied to the cost of other glasses.

Routine Vision Exams

Medicaid covers routine vision examinations provided by your optometrist or ophthalmologist to determine if glasses are required and for treatment of diseases of the eye. Alaska Medicaid covers one routine vision examination per calendar year.

Additional routine vision examinations may be covered when medically necessary and authorized by the department.

Additional vision examinations may be authorized if medically necessary.

Benefit Limit for Eyeglasses and Contact Lenses

Benefit limits for eyeglasses are described below by age category.

Child Benefit Limit (0-20yrs Old)

- One complete pair of eyeglasses per calendar year
- One additional pair of eyeglasses if one of the following scenarios apply:
    - 2nd pair of glasses were broken and unable to be repaired.
    - 1st pair of glasses were lost.
    - Your prescription has changed.
- Any eyeglasses beyond the 2nd pair must be medically necessary and authorized by the department

Adult Benefit Limit (21 years and Older)

- One complete pair of eyeglasses per 2 calendar years.
- One additional pair of eyeglasses may be covered if medically necessary and authorized by the department.

Contact Lenses

Contact lenses may substitute for eyeglasses if needed, as a result, of one of the following conditions:

- Post cataract surgery
- Aphakia
- Keratoconus
- Corneal degeneration
- Rejection of an implant
- Ocular surface disease or abrasion when used as a contact lens bandage

Prose Devices

Prosthetic Replacement of the Ocular Surface Ecosystem (PROSE) devices may be covered when medically necessary. PROSE devices fit over the entire exposed surface of the eye which are different then contact lenses which only cover the non-white areas of the eye.

Covered PROSE devices include:

- ***Scleral Cover Shells*** through your prosthetic supplier when prescribed by an ophthalmologist and determined medically necessary and authorized by the department.
- ***Scleral Contact Lenses*** through your optometrist or ophthalmologist, coverage requirements for contact lenses must be met.

Treatment for Eye Conditions

Alaska Medicaid covers treatment for eye conditions when medically necessary and provided by an ophthalmologist or optometrist.

Commonly Covered Treatments:

- Prescription medication prescribed by your optometrist or ophthalmologist
- Laboratory and imaging services
- Vision therapy for members under 21 years of age
- Early Periodic Screening, Diagnosis, and Treatment services for members under 21 years of age:
    - Vision screenings provided by your primary care provider to determine need for treatment
    - Referrals for vision treatment by an optometrist or ophthalmologist

Well Child Exams

For recipients under the age of 21, Medicaid will cover preventive health exams are also referred to as EPSDT, or the Early and Periodic Screening, Diagnosis and Treatment program for Medicaid-eligible children under 21 in Alaska. For additional information please visit our Early and Periodic Screening, Diagnostic, and Treatment website or the APP Parenting website.

Medical

Complete physical exams, or checkups, are covered until a child turns 21. A complete checkup should include:

- Physical examination
- Height and weight measurement
- Vision, hearing, and dental screening
- Immunizations, if needed
- Growth and developmental/behavioral assessment
- Time for parents, children, and teens to have questions answered
- Age-related information about normal development, food, health, and safety

- Age-appropriate referrals for dental care, vision and hearing exams, and WIC

Regular checkups help parents keep track of their child's growth. They also increase the chances that health problems are found early. Children and teens should have a complete exam at the following ages:

- Birth, 3–5 days, 1, 2, 4, 6, 9 and 12 months
- 15, 18, 24 and 30 months; and
- Yearly from age 3 to 21 years.

If you want this exam to count as a physical for school activities or camp, bring the school's forms with you to the appointment.

Dental

Children should visit a dentist at least every year, starting at age 1.

Vision

Children should visit a vision specialist at the following times:

- birth through 3 years as needed; and
- at least every year starting at age 3

If you need help in finding a provider to give your child an exam, you should call the Recipient Helpline. If you need help finding local transportation to an exam, you may call Early Screening travel with the Division of Health Care Services at 907.269.4575 in Anchorage, or 888.276.0606 toll-free elsewhere in Alaska.

Managing Your Care

How Medicaid Billing Works

Proof of Eligibility

You must show your Medicaid identification card to your health care provider before receiving services. Your provider will send the bill directly to Alaska Medicaid for payment.

Your health care provider may make a copy of your Medicaid identification card or coupon. If you did not receive your card or coupons, you may call your Division of Public Assistance office.

Medicaid cannot repay you if you or your representative pay out of pocket for medical services.

Your Copayment

You may be required to share the cost for some services that they receive. This amount is called a "copayment", and may include:

- $50 a day up to a maximum of $200 per discharge for inpatient hospital services
- $3 for each visit to a health care provider or clinic
- 5 percent of the allowed amount for outpatient hospital services (except emergency services)
- $.50 or $3.50 for each prescription drug that is filled or refilled, depending on the cost of the drug.

You will be asked to pay the copayment amount directly to your health care provider when you receive services. If you cannot pay at the time services are provided, you will still receive services. Your provider will bill you for the copay amount. If you do not pay your copayments when you are billed, your provider may refuse to see you for future appointments.

Copayment is NOT required for:

- Children under the age 18
- Pregnant women
- Tribal health services provided to an individual who is American Indian or Alaska Native
- Services provided to an individual who is eligible for both Medicare and Medicaid if Medicare is the primary payer for the service
- People in nursing homes
- Family planning services and supplies
- Emergency services
- Hospice care

If you are pregnant, notify your Division of Public Assistance office right away. Your coupons will be changed to show you are pregnant so that you will not be charged a copayment.

If you receive a bill

If you receive a medical bill for an amount other than your copayment, contact the provider at the phone number on the bill or statement to confirm that the provider has your correct Medicaid recipient information. You may also contact the Medicaid Recipient Helpline to verify if Alaska Medicaid paid the claim. Alaska Medicaid does not reimburse for non-covered services, including "no-show" or cancellation fees charged by a provider. For additional assistance you may contact the Division of Health Care Services at 907.334.2400 and ask to speak with someone in the Recovery Unit.

If you receive a payment for services paid by Medicaid

In the event you receive a payment from any other source of health insurance, you must first contact your provider. If the provider confirms that Medicaid has already paid your medical bill, you must contact the Division of Health Care Services at 907.334.2400 and ask to speak with someone in the Recovery Unit for guidance on how to refund Medicaid.

If you fail to repay or refund money you have received for services paid by Medicaid, the state will take action that may affect your eligibility for Medicaid.

Retroactive or backdated eligibility

If you are approved for retroactive or backdated eligibility, you will receive a notice titled “Retroactive Medicaid Approved” or “Backdated Medicaid Approved” from your Public Assistance or Denali KidCare (DKC) office. Provide copies of this notice to all the providers you received services from during the period covered by your retroactive, backdated eligibility. If your provider accepts your retroactive or backdated eligibility status, you are responsible only for non-covered services and copayment amounts. You may contact the Medicaid Recipient Helpline with questions about your bill.

If your provider does not accept your retroactive or backdated coverage, or you do not provide a copy of the notice to your provider, you will be responsible for the service(s).

Service Authorization

Some services covered by Medicaid require a service authorization. Only your provider can request a service authorization on your behalf. Do not call the Alaska Medicaid Recipient Helpline to obtain this authorization. The following is a list of some of the most common services that require authorization:

- Travel, lodging, and meals
- Some prescription drugs
- MRIs
- Some surgical procedures
- Hospitalization
- Hospice
- Home health care
- Orthodontia
- Some medical supplies

Medical Care While Out of State

If you are traveling or vacationing out of state and need to visit a hospital or doctor or get a prescription filled, please be aware of the following:

- Carry your coupons or card with you.
- Present your card or coupon at the time of your visit and make sure that out-of-state providers know you have Alaska Medicaid.
- Alaska Medicaid cannot pay the doctor, hospital, or pharmacy if they are not enrolled as a provider in Alaska Medicaid.
- A provider that is not enrolled with Alaska Medicaid has up to one year from the date of your visit to enroll at Provider Enrollment.
- If the provider is not enrolled and does not want to enroll with Alaska Medicaid, you are responsible for paying for all services that were provided to you and your family.
- Federal regulations do not allow Alaska Medicaid to pay for medical services outside the United

States and its territories.

Before you travel out of state, call the Alaska Medicaid Recipient Helpline at 800.780.9972 to ask for a list of Alaska Medicaid providers in the area where you will be traveling.

Medicaid Renewal Information

To keep your benefits current, complete and return your renewal form by the requested date if you receive one in the mail. If you turn in your renewal application on time and you are found eligible for continued Medicaid benefits, there will be no gap in your coverage.

If you turn in your renewal application late, DPA may not have time to process your renewal before your benefit eligibility coverage period ends. This means your Medicaid benefits will be delayed. If you need to use benefits before you receive your card, contact DPA.

Reasons Your Medicaid Eligibility Could End

Some of the reasons you could lose your Alaska Medicaid eligibility are:

- You move or lose your status as a resident of Alaska.
- Your income or assets increase.
- Your household composition changes.
- You lose your disability status.
- You fail to cooperate with the Child Support Enforcement Division (CSED).
- Your Public Assistance office cannot locate you.
- Your age makes you ineligible for certain Medicaid categories.
- You are untruthful about your Medicaid application, or you knowingly break Medicaid rules.
- You fail to provide to Medicaid any information about insurance and other health coverage that is available to you.
- You or your legal representative fail to fully cooperate and repay Medicaid from financial settlements, judgments, or awards obtained from a responsible third party for services that were paid by Medicaid.

If you are unsure about your eligibility or what may cause you to become ineligible, contact DPA.

Fraud and Abuse

Misuse of the Medicaid program costs all of us. The following activities are common forms of misuse:

- A recipient makes false statements regarding resources or income to eligibility workers.
- A provider bills Medicaid for services that the recipient never received.
- A recipient uses doctors or hospitals for social purposes rather than for needed health care.
- A recipient manipulates the program to acquire drugs or supplies for ineligible persons, or for personal gain.
- A recipient abuses narcotics purchased through the program.

You may report misuse of the Medicaid program by calling 800.770.5650 (option 2, option 4) or 907.644.6800 (option 2, option 4), or by mailing a description of the activity to:

Alaska Medicaid Fiscal Agent

Attention: Surveillance and Utilization Review
P.O. Box 240808
Anchorage, AK 99524-0808

Care Management Program

The Care Management Program (CMP) helps selected recipients establish a primary care provider for their health care services and medication needs. Recipients who have used services in an amount or at a frequency that is not medically necessary are placed in the CMP and are assigned to one provider and one pharmacy.

Once a recipient is placed in the CMP, he or she remains in the program for a period of 12 months of eligibility. The primary care provider is the only provider who can refer a CMP recipient to another doctor or specialist. Except for emergency services, if another provider is seen without a referral, the recipient will be responsible for payment of the bill. In the event of a true medical emergency, a referral is not needed. Recipients who are seen in an emergency room for non-emergency services will be responsible for payment of the bill.

The Care Management Coupon (CMP) is printed on a full-size sheet of paper and is issued on a monthly basis. Unlike other cards and coupons, CMP coupons are issued by the Care Management Program and not by DPA. A coupon contains the recipient's name and other identifying information, as well as the primary provider and pharmacy that have been selected for the recipient. When a recipient needs another coupon issued or has questions regarding the program he or she may contact the Care Management Program at 907.644.6842.

Fair Hearings

What is a Fair Hearing?

A Fair Hearing is a chance for you to tell an administrative law judge why you think that the Department of Health is incorrect in what has occurred with your Medicaid services. The administrative law judge will schedule the hearing, listen to both sides of the dispute, and issue a written decision indicating whether the Department's actions are legal. The written decision may order the Department to make a different decision about your Medicaid services.

You may request a fair hearing if:

- Your application for Medicaid benefits, programs, or waivers has been denied or is not being acted on in a reasonable amount of time.
- Your Medicaid program benefits have been denied, terminated, reduced or you have experienced a change in your program benefit level.
- You have been denied or partially denied coverage or prior authorization of coverage for specific Medicaid services.
- You have been placed into the Care Management Program.
- Any other action by the Department of Health that you think is incorrect.

How to request a Fair Hearing
A fair hearing request can be submitted by telephone or via text, email, USPS mail, or by fax.

- By Telephone: 907-644-6800 (opt. 2, opt. 3, opt. 2), or 1-800-780-9972 (opt. 2, opt. 3, opt. 2)
- Text or Email: fairhearings@gainwelltechnologies.com
- USPS:

Alaska Medicaid Fiscal Agent
Attention: Fair Hearings
PO Box 240808
Anchorage, AK 99524

- By fax: (907) 644-8126, Attention: Fair Hearings

Anyone can write and submit the written request for you however it must state that you or your Legal Representative is the person who is asking for a hearing. Remember to identify yourself and the specific issue(s) for which you are requesting a hearing.

For additional information on Fair Hearings, go to the Alaska Medicaid Member Resources website.

Privacy and Confidentiality

Your personal health information is protected by state and federal regulations, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA provides you with basic rights with respect accessing and protecting to your own individual health information. To find out more about how the state is safeguarding your personal health information visit our HIPPA Resources website.

Glossary

Authorized representative: A person, usually a household member, listed in your public assistance file who can have access to your information.

Billed amount: The amount the provider charges for Medicaid covered services.

Cards/coupons: Your proof of eligibility to receive medical services covered by Medicaid.

Care Management Program: The Care Management Program (CMP) restricts a recipient to one provider and one pharmacy.

Copayment or copay: The specific amount you pay when you receive services or purchase prescriptions.

CPT Procedure Code: The American Medical Association's Current Procedural Terminology coding system for reporting medical services and procedures performed by practitioners.

Denali KidCare (DKC): The Alaska Medicaid program for children.

Division of Public Assistance (DPA): The state agency that administers the Temporary Assistance, Food Stamps, Adult Public Assistance, Child Care Assistance, and Work Services Programs. DPA also determines eligibility for Medicaid. For a statewide list of offices, refer to the Dwebsite.

EPSDT: Early and Periodic Screening, Diagnosis, and Treatment, or physical examinations available to children up to age 21.

Eligibility: To be eligible for Alaska Medicaid programs you must meet minimum financial and non-financial guidelines. Your eligibility is determined when you apply at the Division of Public Assistance.

Emergency: A sudden and unexpected change in a person's condition that, if immediate care is not provided, could be expected to result in loss of life or limb, significant impairment to bodily function, or permanent dysfunction of a body part.

Estate Recovery Program: Under certain conditions when a Medicaid recipient over age 55 dies or uses institutional services, Medicaid has a right to recover some of the health care costs it paid on behalf of that person. Recovery may include placing a lien on the recipient's property.

HIPAA: Health Insurance Portability and Accountability Act.

HMS/Gainwell: The Alaska Medicaid fiscal agent, contracted to handle provider billing and payments, provider enrollment, recipient questions, and other administrative tasks for Alaska's Medicaid program.

Medicare: Federal health insurance available to people aged 65 and over, or who have a qualifying disability. If you have Medicare, Alaska Medicaid may purchase your Medicare premiums for you. Ask your Public Assistance office about Medicare buy-in.

Preferred Drug List (PDL): The list of prescription medications within a therapeutic class and suggested as the first choice when prescribed for Medicaid patients.

Provider: The person or company that performs a service you need. A health care provider may be a physician, nurse, therapist, or any other licensed health care practitioner or facility. A provider may also be a taxi company, restaurant, or hotel.

Recipient ID number: The unique 10-digit number assigned to you to identify your Medicaid information.

Retroactive eligibility: Retroactive Medicaid eligibility may be available to Medicaid applicants who did not apply for assistance until after they received care, either because they were unaware of Medicaid or because the nature of their illness prevented the filing of an application.

Retroactive eligibility may be available for up to three months immediately before the month of application if the individual meets all the eligibility criteria.

Service authorization: Your provider makes the request to Medicaid for you prior to you receiving certain services and procedures covered by Medicaid.

TEFRA: Tax Equity and Fiscal Responsibility Act is the federal law that allows certain children to qualify for Medicaid by excluding the income of the child's parents. To qualify, a child must be disabled and at risk of admission into a skilled nursing facility, but who can live at home if Medicaid coverage is available.

Third Party Liability (TPL): Any type of health care insurance or coverage you may receive.

TRICARE: The federal Department of Defense's comprehensive military health care program.

Qualified Health Care Provider: A health care provider whose licensure and scope of practice allows them to perform services

Medicaid Contacts

Medicaid Recipient Helpline

Call 800.780.9972 (option 1, 4) or email memberhelp@gainwelltechnologies.com to verify your Medicaid eligibility or if you have questions about how to use your Medicaid.

Medicaid Travel Offices

Alaska Medicaid Travel Office

Alaska Medicaid Travel Office

Toll-free: 800.770.5660 (option 1, 5)

8:00 a.m. – 5:00 p.m., Mon – Fri

12:00 p.m. – 4:00 p.m., Sat, Sun (urgent travel only)

ANTHC Travel Management Office

Toll-free: 866.824.8140, option 1 or

Anchorage: 907.729.7720, option 1

8:30 a.m. – 5:30 p.m., Mon – Sun

Email: tmo@anthc.org

TCC Patient Travel

Anchorage: 907.451.6682, ext. 3711

8:00 a.m. – 5:00 p.m., Mon – Fri

10:00 a.m. – 2:00 p.m., Sat

YKHC Medicaid Patient Travel

Anchorage: 907.543.6625

8:30 a.m. – 5:30 p.m., Mon – Sun

Early Screening (EPSDT) Program Travel

Anchorage: 907.269.4575

Email: doh.hcs.wct.epsdt@alaska.gov

Public Assistance Contact Information

Phone: 800-478-7778

Fax: (907) 269-6520 or 1-888-269-6520 outside of Anchorage

Email: hss.dpa.offices@alaska.gov

If you need a language interpreter, call 1-800-478-7778 and we will provide one at no cost to you. If you are deaf, hard of hearing, or have a speech disability, dial 711 to reach an Alaska Relay Communications Assistant.

Visit https://health.alaska.gov/en/division-of-public-assistance/for the most up-to-date list of Public Assistance Offices and contact details

Senior and Disabilities Contact Information

- DSDS Anchorage office: 907.269.3666 or 800.478.9996 (toll-free)
- DSDS Fairbanks office: 907.451.5045 or 800.770.1672 (toll-free)
- DSDS Juneau office: 907.465.3372 or 866.465.3165 (toll-free)
- Hearing Impaired (TTY) 907.269.3691
- Division of Senior and Disabilities Services(DSDS)
- a local Aging and Disability Resource Center (ADRC) or
    - DSDS Anchorage office: 907.269.3666 or 800.478.9996 (toll-free)
    - DSDS Fairbanks office: 907.451.5045 or 800.770.1672 (toll-free)
    - DSDS Juneau office: 907.465.3372 or 866.465.3165 (toll-free)
    - Hearing Impaired (TTY) 907.269.3691
    - Division of Senior and Disabilities Services(DSDS)
    - a local Aging and Disability Resource Center (ADRC) or

Other Resources

Adult Protective Services

Adult Protective Services helps to prevent or stop harm from occurring to vulnerable adults. For more information or to file a report of harm, visit our Adult Protective Services website or email doh.sds.info@alaska.gov

Alaska 2-1-1 (United Way of Alaska)

Alaska 2-1-1 connects Alaskans with a wide variety of vital resources in the community such as emergency food and shelter, counseling, senior services, healthcare, childcare, drug and alcohol programs, legal assistance, transportation needs, and educational opportunities. For more information, visit the 211 Alaska website or call 2-1-1 or 800.478.2221, or email alaska211@ak.org.

Alaska Commission on Aging

The Alaska Commission on Aging advocates for state policy, public and private partnerships, and citizen involvement to assist Alaskans with aging successfully in our homes, and in or close to our communities and families. For more information, visit our Alaska Commission on Aging website or call 907.465.1398, or email: doh.acoa.info@alaska.gov

Alaska Comprehensive Health Insurance Association

ACHIA provides health insurance to adult Alaska residents who have been denied coverage. For more information, visit ACHIA or call 888.277.9133

Division of Public Assistance

The Division of Public Assistance is responsible for determining eligibility for Medicaid, SNAP (food stamps), heating assistance, cash assistance, and other programs. Visit our Division of Public Assistance website.

Governor's Council on Disabilities and Special Education

The Council works to ensure that Alaskans with disabilities have access to the services they need. For more information, visit our Governor's Council on Disabilities and Special Education website or email doh.gcdse.info@alaska.gov.

HealthCare.gov

HealthCare.gov is the federal health insurance exchange designed to assist with the purchase of health insurance. If you apply through HealthCare.gov, you will be notified if you qualify for Medicaid.

Indian Health Service Affordable Care Act Information

The Indian Health Service assists Alaska Natives and American Indians to better understand and take advantage of the potential benefits of the Affordable Care Act.

Medicare

Medicare provides health insurance and prescription drug coverage for seniors aged 65 and older and for disabled individuals under age 65. For information, visit Medicare.gov or call 800.MEDICARE (800.633.4227).

Medicare Information Office (Alaska DOH)

The Alaska Medicare Information Office provides counseling to Medicare beneficiaries; offers tips on how to spot and report Medicare errors, waste and fraud; and hosts Medicare classes. For more information visit our Alaska Medicare Information Office website or call 800.478.6065 or 907.269.3680 in Anchorage, or email doh.mio.info@alaska.gov

WIC

The women, infants, and children (WIC) program helps pregnant women, new mothers and children eat well, learn about good nutrition and stay healthy. For more information visit our Women, Infants and Children website or call 907.465.3100.

Questions?

Call the Recipient Helpline at 800.780.9972 or email memberhelp@gainwelltechnologies.com