Alaska Medicaid

Recipient Handbook

State of Alaska Department of Health & Social Services
Division of Health Care Services

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services
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Dear Fellow Alaskan,

As 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.

It is also important to understand that this is only a guide and is not intended to determine eligibility. There are many factors that must be taken into consideration. Each person's situation is different, and there are many categories of Medicaid, each with its own set of eligibility rules. Final determination of eligibility is made by the state Division of Public Assistance. See the back of this booklet for the Public Assistance office nearest to you.

Our programs help you take a proactive approach to your own health by paying for a wide variety of services. To get the most benefit, you should follow program guidelines, understand benefits available to you, work in partnership with your health care provider to use services wisely, and, most important, make healthy lifestyle decisions. By doing these things, you will help to maintain the integrity of Alaska Medicaid and receive the care you need to maximize your overall health.

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

Renee Gayhart
Director

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About This Handbook

The Department of Health and Social Services (DHSS) is the state agency designated to administer the Alaska Medicaid program, which includes:

- Medicaid
- Denali KidCare (DKC)
- Chronic and Acute Medical Assistance (CAMA)

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.

Changes made after the printing of this book will be made only to the online version, which is located on the Member tab Alaska Medicaid Health Enterprise.

Recipient Helpline

Call 800.780.9972 or email (memberhelp@conduent.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@conduent.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 initial and authorizes benefits for Medicaid, Denali KidCare, and CAMA for all 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. DPA issues written documentation that a recipient is eligible for Medicaid coverage in a given month. Any of the following documents will serve as proof of your Medicaid eligibility:

Medicaid Card/Coupon

Most Medicaid recipients will receive a recipient identification card. This ID card contains the name, recipient ID number, date of birth, eligibility month and year, and eligibility code. A non-standard recipient identification card has the same recipient and medical resource information as the standard card, but is used for a recipient whose Medicaid coverage is restricted to certain services, such as an exam for disability, or emergency treatment for an alien.

Denali KidCare Card

Each child enrolled in Denali KidCare (DKC) will receive a DKC card. This card can be used for health care and medical-related services only for the person named on the card. The coverage period is generally one year and is valid for the period shown on the front of the card.

CAMA Card/Coupon

Each CAMA coupon is issued on a monthly basis and is good only for those services covered by the CAMA program and provided by an enrolled provider. The CAMA coupon verifies a recipient's eligibility and informs the provider what services the recipient is eligible to receive.

Care Management Program Card/Coupon

The Care Management Program (CMP) coupon is a full size sheet of paper and is issued on a monthly basis. 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 907.644.6842.

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 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 left.

- When you apply for Medicaid, you must indicate if you have any other type of health care insurance or benefits.
- If you obtain insurance or medical coverage while you are eligible for Medicaid, you must contact your DPA office immediately and provide the insurance information.
- If there is a change in your other coverage while you are on Medicaid, you must contact your DPA office immediately. Some important TPL changes include new health insurance because it is a new year, coverage ended or a dependent is no longer eligible due to age or other circumstance.

You are responsible for providing your DPA office 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. Your DPA office 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?

Medicaid Expansion

Medicaid expansion provides coverage to Alaskans 19 to 64 years old who are not eligible for another type of Medicaid and who have incomes that are less than 138 percent of the federal poverty level.

Family Medicaid

Family Medicaid is the primary Medicaid category for low-income families with dependent children.

Denali KidCare

Adults

Denali KidCare (DKC) is a program that provides comprehensive health care coverage, including post-partum care of pregnant women who meet income guidelines.

Children

DKC is a program that ensures children and teens of both working and nonworking families have the health care coverage they need. DKC provides comprehensive health care coverage for children and teens through age 18 who meet income guidelines or whose family or parents meet income guidelines.

Ladies First Breast and Cervical Cancer Program

Women who have been screened by a Ladies First provider and found to have either a precancerous condition or cancer of the breast or cervix may be eligible for health coverage. The Ladies First program provides breast and cervical screening services to women 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 Ladies First Program for more information.

Long-Term Care

Recipients who need the nursing care services in a skilled nursing facility (SNF), intermediate care facility (ICF), or intermediate care facility for individuals with intellectual and developmental disabilities (IDD) may be eligible for Medicaid.

Home and Community-Based Waiver Services

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

To be eligible for the HCBW services, an individual must be in one of the following population groups:

- Aged
- Adult physically disabled
- Intellectually and developmentally disabled (IDD)
- Children with complex medical conditions (CCMC)

TEFRA (Disabled Children at Home)

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.

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.

Adult Public Assistance Related Medicaid

The adult public assistance program (APA) provides financial assistance to needy, aged, blind, and disabled persons. Individuals who receive APA financial assistance must be age 65 or older or have a severe and long term disability that imposes mental or physical limitations on their day-to-day functioning. Individuals eligible for APA are also eligible for Medicaid.

Under 21 Medicaid

The under 21 Medicaid categories provide comprehensive health care coverage for individuals between age 19 and 21 who meet income and resource guidelines but do not qualify under other Medicaid categories.

CAMA

The chronic and acute medical assistance program (CAMA) is a state-funded program designed to help Alaskans age 21 to 65 who are not eligible for Medicaid but who need help with one or more specific illnesses.

To be eligible for CAMA, you must have a terminal illness or a diagnosis of cancer requiring chemotherapy, diabetes or diabetes insipidus, chronic hypertension, chronic mental illness, or chronic seizure disorder.

A CAMA recipient with one of the conditions listed above is considered to have a "CAMA-covered medical condition." Alaska Medicaid covers the following services provided to eligible CAMA recipients:

- Physician services for a CAMA-covered medical condition. Physician services provided in an inpatient hospital or nursing facility are not covered.
- Three prescriptions filled or refilled in a calendar month; prescription supplies cannot exceed 30-days.
- Limited medical supplies necessary for monitoring or treating a CAMA-covered medical condition. CAMA does not cover durable medical equipment (such as wheelchairs and walkers).
- Authorized outpatient hospital radiation and chemotherapy services for cancer treatment.

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. Listed below in the chart is a brief description of the code printed on your Medicaid card or coupon as well as general services to which you may be entitled.

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 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

All surgical procedures performed in an ambulatory surgical center (ASC) must be performed by or under the direction of a physician or dentist. Dental services provided in an ASC for a recipient over age 21 are limited to treatment for the immediate relief of pain and acute infection only. In order to receive treatment at an ASC facility you must not require overnight hospitalization. A service authorization is required for some procedures.

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, comprehensive community support services for adults, day treatment services in a school setting, support services for those at risk of harm to self or others, substance use disorder treatment, and peer support

Eligibility for Community Behavioral Health Services

Community behavioral health services are provided only within Alaska.

- Screening services are available for all Medicaid recipients
- Clinic services are covered for Medicaid recipients who meet the following criteria:
  - an adult or child experiencing an emotional disturbance
  - a child experiencing a severe emotional disturbance
  - an adult experiencing a chronic mental illness
  - an adult or child experiencing a substance use disorder
- Rehabilitation services are available for Medicaid recipients who meet the following criteria:
  - a child experiencing a severe emotional disturbance
  - an adult experiencing a chronic mental illness
  - an adult or child experiencing a substance use disorder
  - a child 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
- Psychologists (coverage is limited to psychological testing only)

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 Ladies First based on a diagnosis of breast or cervical cancer.

Chiropractic Services

Chiropractic Services for Children

Chiropractic coverage for children 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.

Chiropractic Services for Adults

Chiropractic coverage for adults is limited to those who have Medicare Part B coverage. Reimbursement is limited to the Medicare Part B deductible and coinsurance amounts.

Community First Choice Program

The Community First Choice Program (CFC) 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 Short-Term Assistance and Referral Agency (STAR).

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.
- **Skills training:** Training to you to be more independent with your ADLs and IADLs
- **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:

- 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)
- DSDS 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. Once a recipient reaches the annual $1,150 limit, the recipient is responsible for any additional dental costs incurred during the remainder of the year.

- The adult enhanced dental benefit year begins July 1 and ends June 30 each year.
- The patient remains 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 age 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 enhanced dental services before

performing any 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.

- Your dentist will help you prioritize your dental care needs. If your annual cap covers only part of a service, you are be responsible for portion that Medicaid does not pay. If you have no cap left, you are responsible for the full cost of the services.

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 user 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 your health care provider writes a prescription for them. These supplies also are available from 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 enrolled with Denali KidCare (DKC) for 60 days after the birth of their child.

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 does not cover repairs or replacements while a hearing aid is under warranty and covers no more than two ear molds, per ear per year. A service authorization is required for specific hearing services and items including digitally programmable hearing aids and digital 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 (DSDS), and all waiver services are provided in addition to other regular Medicaid services.

Contact a local Aging and Disability Resource Center (ADRC) or a Short-Term Assistance and Referral Agency (STAR) 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.
- **Chore Services:** Regular cleaning and heavy household chores in a home.
- **Meals:** Food for recipients age 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, hand

held 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 age 21 and older to prevent behavior regression.
- **Specialized private duty nursing services:** Continuous services for individuals age 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:

- 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)
- DSDS for individual who are Hearing Impaired (TTY): 907.269.3691
- Division of Senior and Disabilities Services (DSDS)
- DSDS Home and Community Based Waiver Programs

Home Health Services

Home health services are covered by Medicaid when provided 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 (IDD). All long-term care facilities services require a service authorization by the Division of Senior and Disabilities Services (DSDS). 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 your physician and approved by Medicaid. Some supplies and equipment require a service authorization.

Prosthetic Devices

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

Home infusion therapy

Home infusion therapy services must be ordered by a physician, physician assistant, or advanced nurse practitioner; service authorization is required.

Respiratory Therapy Assessment Visits

All respiratory therapy assessment visit services for ventilator-dependent patients require a service authorization. A plan of care is required and must be maintained on file with the physician's prescription that supports the plan of care. The assessment visit includes servicing of the equipment to assure that the equipment is safe, operating properly, and meets patient's needs under the established plan of care.

Nutrition Services

Nutrition services are covered for children under age 21 who are at high risk nutritionally, and for pregnant women. 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 for pregnant women 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 your 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.

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 limitation and 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 general Medicaid services for both adults and children; the individual does not have to be eligible for a Medicaid Waiver in order to receive PCA services.

For more information, visit Personal Care Services Program.

Pharmacy Services

Prescription Drugs

Most prescription drugs are covered. Some prescription drugs require special authorization or documentation, which your doctor or pharmacist will submit. Some over-the-counter drugs such as birth control, prenatal vitamins, drugs for yeast infections, laxatives, etc., may be covered if your health care provider prescribes them. 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 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 considered to be a dual 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. Also you will not incur the Medicare Part D gap or "doughnut hole" as long as you are a Full Benefit Dual Eligible. Medicaid will continue to pay for barbiturates, used to treat seizures, and benzodiazepines, used to treat acute anxiety, panic attacks, seizure disorders and muscle spasm for individuals with cerebral palsy. Medicaid will continue to pay for some over- the-counter drugs that are prescribed for you. You may need to pay 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 and Advanced Practice Registered Nurse Services

Services you receive from a physician 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 under age 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 60 days after the end of your pregnancy if you applied for Medicaid on or before the day your pregnancy ends. Postpartum coverage begins on the day the pregnancy ends through the last day of the month in which the 60 days 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 RN, LPN or ANP; or
- have been recently discharged from a hospital or nursing home, or who have a physical health condition that Medicaid would determine is eligible for admission to 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.

Surgery

Medically necessary surgery ordered by a physician can be covered whether performed in a hospital or an ambulatory surgery center. Some surgical procedures require a service authorization.

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 Conduent or the appropriate Alaska Native Tribal entity to obtain authorization for your travel. Authorization is based on criteria such as the medical necessity of the appointment and the availability of other modes of transportation. Contact your provider if you need ground transportation in order to get to your appointment. Allow enough time for the provider's office to mail you the transportation voucher.

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

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 in Anchorage, or 888.276.0606 toll-free elsewhere in Alaska.

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 Conduent 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, Conduent 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

907.543.6625 or 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 Conduent 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 ther 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.
- 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 Conduent 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 Conduent, 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, Conduent, 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, Conduent, 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, Conduent, 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! Conduent 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 the 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

Medicaid will cover one vision examination per calendar year by an optometrist or an ophthalmologist to determine if glasses are required and for treatment of diseases of the eye. Medicaid will pay for one pair of Medicaid-approved glasses per calendar year. One company makes all of the eyeglasses for Medicaid. The same eye doctor that gives you a prescription can order your glasses. If you want different frames or a feature that is 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.

Additional vision coverage may be authorized if medically necessary.

Well Child Exams

These 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.

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; and
- 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
- CAMA recipients

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.

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 Accounting and 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 of 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 application by the requested date. That date is the fifth of the month your benefits are to end. If you turn in your renewal application on time and you are found eligible to continue receiving benefits there will be no gap in your coverage.

If you turn in your renewal application late, your Public Assistance office may not have time to process your renewal application 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 your Public Assistance office or Denali KidCare (DKC). Statewide offices are listed in the back of this book. Your coupon can be issued by fax directly to your health care provider.

Postpartum Coverage

If you are pregnant and you receive Medicaid or Denali KidCare (DKC), you are covered for the first 60 days after the end of your pregnancy if you applied for DKC on or before the day your pregnancy ends. You must apply for Family Medicaid benefits before the 60-day period ends and be found eligible in order to continue receiving Medicaid.

Newborn Coverage

You must notify your Public Assistance office when your baby is born. Your baby may receive coverage up to age 1 year. For continued coverage after age 1, the parent or guardian of the baby must renew the application before the baby's first birthday.

How You Could Lose Your Medicaid Eligibility

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.
- You do not send in your renewal application on time.

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

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 3) or 907.644.6800 (option 7), or by mailing a description of the activity to:

Conduent
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 restricted 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?

If you disagree with a decision or action about your Medicaid, you have the right to ask for a fair hearing. A fair hearing is an administrative procedure in which an impartial hearing officer decides if the decision or action you disagree with was appropriate. The following are examples of decisions or actions that may result in a fair hearing request:

- denied application for Medicaid, home and community-based waiver services, or other benefits
- terminated, reduced, or changed benefits
- denied coverage for a specific medical service
- denied or partially denied service authorization or claim

How to request a Fair Hearing

Requests for Medicaid fair hearings must be made **in writing.** A request for a fair hearing may be submitted by you or your representative.

If you disagree with a decision that was made about your Medicaid application or recertification, or if your Medicaid benefits were terminated, submit your request for a fair hearing to the Division of Public Assistance (DPA). The notice you received from DPA explains how and where to submit your request. DPA office addresses and telephone numbers are also included in this booklet.

If your denial is related medical services or billing, submit your fair hearing request by fax to 907.644.8126, attention Fair Hearings, or by mail to:

Conduent State Healthcare
Attn: Fair Hearings
PO Box 240808
Anchorage, AK 99524

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 or to view the DHSS privacy notice, visit DHSS HIPAA.

Glossary

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

Backdated eligibility: When an individual receives a finding of disability and Medicaid is approved for prior months.

Billed amount: The amount the provider charges for Medicaid covered services. If this amount is more than what Alaska Medicaid pays, you are not responsible for the difference.

CAMA: The Chronic and Acute Medical Assistance Program

Cards/coupons: Your proof of eligibility to receive medical services covered by Medicaid. You must show your card or coupon to your provider at each appointment or you may be responsible for paying for services you receive.

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

Conduent: 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.

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): A special Alaska Medicaid program for children and pregnant women. Some eligibility requirements differ from other Medicaid programs.

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 Public Assistance District and Field Offices in this handbook.

EPSDT: Early and Periodic Screening, Diagnosis, and Treatment, or physical examinations available to children up to age 21, also referred to as a well-child exam.

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. For a statewide list of offices, refer to Public Assistance District and Field Offices in this handbook.

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.

Medicare: Federal health insurance available to people age 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 to receive 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.

Medicaid Contacts

Medicaid Recipient Helpline

Call 800.780.9972 or email memberhelp@conduent.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: 800.514.7123

8:00 a.m. – 5:00 p.m., Mon – Sat

12:00 p.m. – 4:00 p.m., Sun

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

TCC Patient Travel

Toll-free: 800.478.6682, ext. 3711 or

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

Toll-free: 855.543.6625 or

Anchorage: 907.543.6625

8:30 a.m. – 5:30 p.m., Mon – Sun

Early Screening (EPSDT) Program Travel

Statewide: 888.276.0606 or Anchorage: 907.269.4575

Public Assistance District and Field Offices

Anchorage District Office
400 Gambell Street
Anchorage, AK 99501
Phone: 907.269.6599
Toll-free: 888.876.2477

Bethel District Office
460 Ridgecrest Dr.
Suite 121
Bethel, AK 99559
Phone: 907.543.2686
Toll-free: 800.478.2686

Coastal Field Office I
Phone: 907.269.8950
Toll-free: 800.478.4364 or 800.478.4372

Fairbanks District Office
675 7th Avenue, Station E
Fairbanks, AK 99701
Phone: 907.451.2850
Toll-free: 800.478.2850

Heating Assistance Program Office
10002 Glacier Hwy
Suite 200
Juneau, AK 99801
Phone: 907.465.3058
Toll-free: 800.470.3058

Homer District Office
3670 Lake Street
Suite 200
Homer, AK 99603
Phone: 907.226.3040
Toll-free: 877.235.2421

Juneau District Office
10002 Glacier Hwy
Suite 200
Juneau, AK 99801
Phone: 907.465.3537
Toll-free: 800.478.3537

Kenai Peninsula Job Center
11312 Kenai Spur Hwy
Suite #2
Kenai, AK 99611
Phone: 907.283.2900
Toll-free: 800.478.9032

Ketchikan District Office
2030 Sea Level Drive,
Suite 301
Ketchikan, AK 99901
Phone: 907.225.2135
Toll-free: 800.478.2135

Kodiak District Office
211 Mission Rd., Suite 101
Kodiak, AK 99615
Phone: 907.486.3783
Toll-free: 888.480.3783

Kotzebue District Office
Phone: 907.442.3451
Toll-free: 800.478.3451

Long-Term Care Office
3601 C Street
Suite 120
Anchorage, AK 99503
Phone: 907.269.8950
Toll-free: 800.478.4372 or 800.478.4364

Mat-Su District Office
855 W. Commercial Drive
Wasilla, AK 99654
Phone: 907.376.3903
Toll-free: 800.478.7778

Muldoon District Office
1251 Muldoon Road
Suite 111B
Anchorage, AK 99504
Phone: 907.269.0001
Toll-free: 888.876.2477

Nome District Office
214 E. Front Street
Nome, AK 99762
Phone: 907.443.2237
Toll-free: 800.478.2236

Senior Benefits Office
855 W. Commercial Drive
Wasilla, AK 99654
Phone: 907.352.4150
Toll-free: 888.352.4150

Sitka District Office
Toll-free: 800.478.3573

Visit Public Assistances Offices for the most up-to-date list.

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, contact Adult Protective Services or call 907.269.3666.

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, child care, drug and alcohol programs, legal assistance, transportation needs, and educational opportunities. For more information, Alaska 2-1-1, 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 Alaska Commission on Aging or call 907.465.1398.

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 888.290.0616.

Division of Public Assistance

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

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 Governor's Council on Disabilities and Special Education or call 888.269.8990.

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 age 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 DHSS)

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 Medicare Information Office or call 800.478.6065, statewide or 907.269.3680 in Anchorage.

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 WIC or call 907.465.3100

Questions?

Call the Recipient Helpline at 800.770.9972 or email MemberHelp@conduent.com.