

Individual Service Agreement (ISA) – ENROLLING AND BILLING in AKAIMS

How to Enroll a client in a Government Contract, Authorize services and units available to that client, and then bill the state for those services after they are provided. For billing, the client must have a **Profile**, **Intake** and **Admission** in AKAIMS. This guide addresses Adult and Youth ISA, but most of it is also useful for Trauma/Crisis ISA billing; a notable difference is billable services.

GOVERNMENT CONTRACT (For the training video: Contract & Authorization: click [HERE](#))

Once you have logged into AKAIMS, click on:

- **Client List** – in left menu; find the client you wish to enroll in an ISA
- **Profile** – blue link at right; puts you in the client profile screen/module
- **Client Group Enrollment** - in left menu in the module
- **Add Government Contract Enrollment** – link at right. *Note: Only one payor plan per payor – if the needed Govt. Contract already exists, do not create another (no end date!).* (If you only see: Add Benefit Plan Enrollment, call AKAIMS Helpdesk).
- Select the Plan and Group (Adult, Youth, or Crisis) - if you see ❌ **Client's age/gender is not valid for this group** it is because you have selected Adult for a youth or vice-versa
- Enter the start date on or after which billable services start for the client – this cannot precede the start date of your Provider Agreement with the State of Alaska.
- **Leave the end date blank** – you may fill it in when the contract ends
- Note the *Provider Agreement (PA) number, then click **Save**

AUTHORIZATION (Training video linked above covers this too)

- Click on **Authorization** – left menu
- Click on **Add New Authorization Record** – link at right
- Click on Group Enrollment – if there is more than one to choose from, the one most recently added is usually on top in the drop-down list
- The Authorization # can be *PA number noted above, *plus FY12, 13... or V2, 3... etc.*, or you may use an internal number for each Authorization - *duplicates cannot exist*.
- The start date must fall on or after the Govt. Contract start date (previous page)
- End date may be up to the end of the fiscal year
- Date approved defaults to today's date - you may change that if you wish

To add each service for which you will be billing, click on

- **Add Service** – link at right (once added, this is also where you may [edit](#) services/units)
- Select the service code from the drop-down list –refer to Planned Services in the Tx Plan
- Enter total number of units client is anticipated to need, but only up to the maximum allowed of \$7,500.00 per client per year; requests for exceptions will be considered
- Click **Finish**

ELIGIBILITY ATTESTATION (not required for Trauma/Crisis)

Risk must be supported by written clinical documentation in the client file via a Miscellaneous note. There must be one such note for each fiscal year in which ISA funding is used.

- In the Client Activity List, in the left menu click Notes, then the link at right to add a Misc Note to the client file

ISA Guide for ISA-billable services on or after November 1, 2013

- For **Type**, select: ISA Client Verification of Eligibility” for Youth or Adult
- For **Frequency**, select “Yearly”
- In **Summary**, type the fiscal year this note is for, e.g. “FY2014”
- Click the button **Add Note** - a box opens with text about the client’s eligibility.
- Type your note and click **Finish**, placing all text into the unsigned note box
- Click **Sign Note**, which adds your name, date, and time to the note and locks it
- Click **Finish** You will see on the list view the ISA verification and the year it’s for

BILLING FOR SERVICES

ISA Funding Cap: For ISA-specific services for Adults and Youth there is a cap of \$7,500.00 per client. For Trauma/Crisis, the cap is 10 (non-ISA specific) services.

Your staff account in AKAIMS must have correct assigned roles to see many needed links. These are assigned in your *agency staff account*, under *Account Information*. These may include “[Release to Billing](#)”, “[Create Batch](#)”, and “[Agency Billing](#).”

To create a billable service:

- **Encounter Profile** (for the training video, click [HERE](#))
 - Click on **Notes** – left menu
 - For an existing note, click **Go** and then **Review** – blue link on right - and make sure the steps below have been followed
 - For a new note, click on **Add New Treatment Encounter Note** – link on right
 - Select **Note type** as usual. ISA is available, and if selected and you enter note text on the next screen, clicking “Add Note” provides helpful text for your note (see [text](#) below).
 - From the Services drop-down list, select the appropriate ISA Service
 - For ISA services, both **Sessions/Days** and **Billing Units** must be filled in and must match (NOTE: Units is a white field). Most ISA services are one unit = \$1.00.
 - Rendering Staff – defaults to the person who is signed in to AKAIMS and entering the data; change it appropriately if someone else provided the service
 - At least Primary Diagnosis must be filled in; it auto-populates from Admission or most recent diagnosis elsewhere in the client file (updated BHA or Tx Plan).
 - Click **Save**

If entering the text of the note, click  (next); if not, skip forward to “**Release to Billing**”

- **Encounter Note** (text of Note, plus goals, etc. from Tx Plan)

This screen is only required for agencies using AKAIMS for keeping complete electronic clinical records. If you also have an active, signed tx plan in AKAIMS, those Goals, objectives, and interventions applicable to this service may also be selected and attached to this note.

- If note type selected on the previous page is ISA, click on **Add Note** which will open a box stating: “[Describe service provided in sufficient detail to assure the appropriate procedure code was selected and verified by a receipt at agency \(if an item purchased\) and indicate total amount of claim.](#)” Type your note and click **Finish** placing the text in the Unsigned Note box.

ISA Guide for ISA-billable services on or after November 1, 2013

- Click on **Add Goals** (or objectives or interventions) – link on right – for your reference and for a more complete note
- Select appropriate goal(s) from the active plan and click **Finish**
- Follow the same steps to add objectives and interventions to the note.
- Add to note text as needed, and click Sign Note, moving your note to the gray box and locking it. Additional notes may be added if needed, such as a clinician signing off on their note entered by admin staff.
- When you are satisfied all is correct, click **Save**

RELEASE TO BILLING

- When you are satisfied all is correct, on note Profile click **Release to Billing** – blue link under **Administrative Actions** near bottom of page (no link? Check staff account roles). This action locks down the entire encounter record, turning it gray and un-editable.
- Select the correct Group Enrollment and click **Finish**. If you get “**There is no active authorization for this service**”, check steps above - ensure date of service is after the start of the Govt. Contract Enrollment and within the date range in the Authorization, plus that the service selected is among those listed as authorized.

AFTER A NOTE IS RELEASED TO BILLING (but not yet billed to the state)

- In the left menu, click on **Agency – Billing – Claim Item List**
- Released items appear, or you may **Clear** fields or enter search criteria and click **Go**
- View/QA items by clicking on **Profile** – blue link on right, then **Finish** to return to list
- Click on **Create Batches** – blue link directly above “Claim Item List” on left. Once a month is adequate, but this may be done more frequently if you wish.
- A screen opens with Available Plans, select and move one or all and click **Go**
- The system batches items by plan – a statement appears: “...this may take a few minutes”
- Click on **Claim Batch List** – left menu (wait and click again if nothing appears)
- You may leave “Released” or clear or change criteria and click on **Go**
- Click on **Profile** – blue link on right - (or click on **Claim Items** to once more review each – this is your last chance to send a claim item back)
-  Click **Bill It to submit to the state** – blue link under **Administrative Actions**. *This is the vital point at which the services are actually BILLED.*
 - **NSF Note:** If you get an error for **insufficient funds**, you must request additional funding from your ISA contact (see the final page of this guide). Wait until adequate funding is added to your account, then *each item with the status “Awaiting Review-Insufficient Funds” must be re-released*, enabling re-batching and re-billing. It is strongly encouraged to keep track of spending using the ISA report in Report Manager that shows state to agency funds assigned, expended and remaining.
- A designated person at your agency receives an automatically generated e-mail saying the state has accepted the batch; it includes the total amount billed, but not necessarily what will be paid. Final adjudication occurs at the end of each month; the agency will receive an invoice and a check within 30 days of final adjudication.

REVERSALS & ADJUSTMENTS

Links to reverse/adjust vanish after the fiscal year (including the grace period of 30 days) - old claims must be manually refunded.

To prepare to reverse or adjust a claim item for a service provided in the current fiscal year:

- In claim item list, click **Clear** and type or paste any search criteria.
- Click **Go** (Suggestion: copy/write down the **encounter ID#**)
- Click on **Profile** – blue link on right – to open the claim item.

Before an item has been billed to the state (before **Administrative Action: “Bill It”**):

- The links **Awaiting Review** or **Hold** simply change the status for your internal purposes.
- **Reject (Back Out)** opens a note for you to type in the reason for sending it back; **Finish** unlocks the encounter in the client’s file. The status of the note is in **red** and says **“Rejected (details)”** and clicking on **Details** opens the note showing the reason. Changes can be made as needed, and it can be re-released, batched, and billed as usual.

After an item has been billed to the state and accepted and adjudicated, on the claim item:

- **Reverse** warns you “Are you sure you want to reverse this claim item?” Clicking **yes** puts a new item “Released” on your claim item list with the same Encounter ID# but with the billed amount negative, effectively reversing the charge to the state. You may then batch and bill it along with the rest. If the state pays the first one, the reversal refunds the state.
- **Adjust** is supposed to allow billing for a service that was partially paid by another payor, but the process has not been tested and proven. Until it is, this must be arranged the old fashioned way, by approval of Barb or Jim and on paper.
 - Clicking **Adjust** gives a warning “Are you sure you want to adjust this claim item?” and yes/no options. Yes reverses the claim, making it a negative identical amount.
 - **Administrative Actions** now available are **Awaiting Review**, **Hold**, and **Delete**. **Hold** changes your internal status of the billed item and may be used for your own needs. **Delete** reverses the reversal, negating the transaction and leaving the item as is. **Awaiting Review** places the item and its reversal in the Claim Item List.

REBILLING for a REVERSED / DENIED CLAIM

If it was billed and then a mistake was caught or the claim was denied, you must create a new encounter duplicating the original. Two differences will exist in the new encounter:

- The item(s) fixed/changed (e.g. hours from–to, changed units or sessions, added note info, etc. – essentially anything that could not be fixed via adjustment)
- An addendum to the note stating that it is a deliberate duplicate for billing purposes only, including the reason, changes, and the unique Encounter ID # of the original note.

ISA Guide for ISA-billable services on or after November 1, 2013

Individualized Service Agreement (ISA) Codes – These are the ISA-specific funded codes for Adults or Youth. Trauma Informed Care ISA services are not included.

Adult Services - Purchase items/services at least cost and maintain receipts \$7500/person annual limit				
Code	Service	Rate	Max Charge	Description
ISA-ARX	BH Rx meds	\$1.00	Maximum program limit	Payment for medications prescribed by a psychiatric provider not otherwise covered (co-pays or whole prescriptions) if ISA is payor of last resort.
ISA-ATR	Transport	\$1.00	Maximum program limit	Transportation from home (and return) to BH treatment/service - via staff transport (reimbursement at Federal Rate), cab vouchers, gas card, or bus pass.
ISA-AHA	Housing Assistance	\$1.00	Actual Cost	To facilitate client's move-in to rental housing. Limited to up-front cost of security deposit, and first and/or last month rent not to exceed two months' rent.
ISA-ATC	Transition Coord.	\$17/per 15 min.	Maximum program limit	Necessary coordination (face-face or phone) to facilitate discharge readiness or discharge planning during psychiatric in-patient admission.
Other goods and services specific only to Adult ISA				
ISA-ACR	Adult Crisis Respite	\$500 / day (7 day max)	\$3,500	To defray emergency housing and support costs for individuals assessed by a clinician to be at risk for a higher level of psychiatric care. Housing can be an apartment or other supervised living situation. 24 hour on-site supervision must be provided. Maximum two clients/agency at any one time. Programs are expected to develop procedures consistent with crisis respite guidelines.
ISA-ANS	Night Supervision	\$50/night	Maximum program limit	Non-RSS* supervision (*staff in staff office or staff apartment on-site but not in client's household). Must be on-site at least 4 hours/night to provide supervision for client safety. Can be provided to more than one ISA client simultaneously. Not payable for clients in licensed residential facilities.
ISA-Alab	Lab Work	\$1.00	Maximum program limit	Lab work ordered by psychiatric Provider (MD, ANP) directly related to the prescribing of psychiatric medication.
ISA-APPV	Pre-placement ASL Visit	\$45/day	7 days	Pre-placement day visits to Assisted Living Homes licensed for individuals with Mental Illness to assess appropriateness of longer term stay.
Youth Services - Purchase items/services at least cost and maintain receipts \$7500/person annual limit				
Code	Service	Rate	Maximum Charge	Description
ISA-YRX	BH Rx meds	\$1.00	Maximum program limit	Payment for prescription medications not otherwise covered (allowable for co-pays or full cost of prescriptions if ISA is payor of last resort)

ISA Guide for ISA-billable services on or after November 1, 2013

ISA-YTR	Transport	\$1.00	Maximum program limit	Transportation to/from client's home or school to BH treatment/service - via staff transport (reimbursement at federal rate), cab vouchers, gas card, or bus pass.
ISA-YHA	Housing Assistance	\$1.00	Actual cost	To facilitate move-in to rental housing. Limited to upfront costs of security deposit and first and/or last month rent, not to exceed two months' rent.
ISA-YTC	Transition Coordination	\$17/per 15 min.	Maximum program limit	Facilitation of discharge readiness or discharge planning (face-to-face or phone) provided during length of stay (admission through discharge) when youth is in RPTC or acute psychiatric care.
Other goods & services specific only to Youth ISA				
ISA-YR	Youth Respite	\$1.00	Maximum program limit	Service to relieve family or foster parents, primary unpaid caregivers, and court-appointed guardians.
ISA-YFS	Family therapy without the youth present when youth is in acute or RPTC	\$25/15 minutes	Maximum program limit	Family therapy (provided by a clinician) for family of youth in acute psychiatric care or RPTC from admission through discharge.
ISA-PLL	Multi-family group therapy without the youth present for Parenting with Love & Limits	\$25/15 min	Maximum program limit	Multi-family group therapy (provided by a clinician) for family of youth enrolled in PLL program, for specific services required in this program.
ISA-SWH	Home Visit	\$150	Per diem. Limited to 2x/yr.	Clinician visit, in the home, per diem. Assessment of home, physical and family environment to determine suitability to meet client BH needs. Not in licensed home.
ISA-YEC	Essential Clothing	\$1.00	Annual limit of \$500	Immediate need for essential clothing
ISA-YEF	Food/utilities	\$1.00	Annual limit of \$750	Immediate need for food, heating or cooking fuel, or utilities
ISA-YED	Educational Support	\$1.00	Maximum program limit	Educational assistance for youth (grades k-12) through completion of high school or GED, including tutoring and graduation expenses. Also covered are non-credit living skill classes. Does not include private school tuition/fees, trade schools, college or university tuition/fees, room & board or other associated expenses.
ISA-YSSA	Structured & Supervised Activities	\$1.00	Maximum program limit	Structured and supervised activities inside Alaska that are structured and supervised by staff other than CBHC paid staff, that will assist the youth to accomplish identified treatment goals.

ISA Guide for ISA-billable services on or after November 1, 2013

ISA- YPC	Parenting Classes	\$20	Per class	Per ISA youth in class
ISA- YAMG	Anger Management class	\$20	Per class	Per ISA youth in class
ISA- YSMG	Stress Management class	\$25	Per class	Stress management class
ISA- YHCM	Health Club membership	\$500	Annual cap	Health Club membership
ISA- YTML	Transport, meals, lodging	\$1.00	Maximum program limit	Transport, meals, or lodging not otherwise covered by Medicaid, OCS, or DJJ. Requires prior authorization.
ISA- MSC	Miscellaneous	\$1.00	Maximum program limit	Service or item not defined in Alaska Medicaid procedure codes or youth ISA service codes. Requires prior authorization.

Contact Information for ISA clinical, regulatory, or funding questions (not how to do something in AKAIMS):

Adult:

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Youth:

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*Trauma-Crisis ISA steps and billable services vary from Adult/Youth ISA. For clarification or specifics, please contact the AKAIMS helpdesk or Lisa Rosay.