Community Behavioral Health Services (CBHS) Grantee Provider Agency Requirements

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

• Possess Department Approval for the applicable services, service area, and business locations
  – Accreditation from approved agency (7 AAC 70.150)
  – Working toward accreditation while meeting Interim Standards for Operation (7 AAC 70.200)
Provider Information Resources - Documents/Publications

REGULATIONS

• Internet Access – STATE OF ALASKA
  http://www.state.ak.us/

REFERENCE MATERIALS

• Internet Access - STATE OF ALASKA, DHSS/DBH
  http://health.hss.state.ak.us/dbh/
  • Program Policies & Claims Billing Procedures Manuals
  • Training Materials
  • Frequently Asked Questions/Answers
  • Links

• Internet Access – FISCAL AGENT – ACS, Inc.
  http://www.medicaidalaska.com
  • Program Policies & Claims Billing Procedures Manuals
  • Forms
How to find Regulations on the Internet

• **START at the Alaska State home page** (http://www.state.ak.us/)
  – select “Find State Statutes & Regulations” located under the heading “Services” midway down page
  – scroll down and find the heading labeled “Alaska Law Resources" and then select "Alaska Administrative Code”
  – select "Title 7 - Health and Social Services"

• **Select Part 5 entitled “Services for Behavioral Health Recipients, Seniors, and Persons with a Disability (7 AAC 70 – 7 AAC 75)”**
  – Chapter 70 – Behavioral Health Services
    • Applicability & Scope; BH Services Provider Qualifications; BH Services Interim Standards for Operation; General Provisions

• **Select Part 8 entitled “Medicaid Coverage and Payment (7 AAC 105 – 7 AAC 165)”**
  – Chapter 105 – Medicaid Provider & Recipient Participation – applicable to all services
    • Provider Enrollment, Responsibilities, Record-keeping, Payments & Overpayment Recovery, Appeals, Sanctions/Restrictions
  – Chapter 110 – Medicaid Coverage; Professional Services – applicable to all services
    • Physician (7 AAC 110.400-455), ANP (7 AAC 110.100-105), Psychologist (7 AAC 110.550)
  – Chapter 135 – Medicaid Coverage; Behavioral Health Services
    • Scope; Recipient Eligibility; Provider Enrollment; Service Authorization; BH Services; Residential BRS, Definitions
  – Chapter 145 – Medicaid Payment; Conditions and Methods – applicable to all services
    • Timely Filing, Reassignment Prohibition, Payment Methodologies, Cost Sharing by Recipients, Out-of-State Coverage/Payment;
  – Chapter 160 – Medicaid Program; General Provisions
    • Program Integrity & Quality Assurance (includes Audits); Third-Party Liability & Estate Recovery
    • Adoption by Reference (7 AAC 160.900)
    • Definitions (7 AAC 160.990) – applicable to all services (in addition to separate definitions included in specific chapters)
How to Find State of Alaska – Department of Health & Social Services/Division of Behavioral Health (DHSS/DBH) Website

• **START at the Alaska State home page** ([http://www.state.ak.us/](http://www.state.ak.us/))
  – Select the “Health” tab located under the heading “Services” midway down page
  – Select “More Dept. of Health & Social Services”
  – Select “Behavioral Health” under the heading “Organization” on the right side midway down page

• **Double-Click on the words “Use this link for New Integrated Behavioral Health Regulations Implementation” located to the right of the DBH Director’s picture**
  – New Integrated Regulations
  – Provider Communications
  – Provider Training
  – Resources
  – Medicaid Billing Related
  – Technical Assistance
  – Frequently Asked Questions (FAQs)
  – Regulation Clarification Process

• **Select from the following to obtain other information**
  – Programs
    • Alaska Psychiatric Institute, Policy & Planning, Prevention & Early Intervention, Program Integrity, Treatment & Recovery
  – Resources
    • Documents & Publications, Forms, Policies & Procedures, Training & Conferences, etc
Fiscal Agent - Contracted with the Department of Health and Social Services

Xerox
1835 South Bragaw Street, Suite 200
Anchorage, Alaska 99508-3438
www.medicaid.alaska.com
Anchorage: (907) 644-6800
Outside Anchorage: (800) 770-5650
(In State Toll Free)
Fiscal Agent Functions

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

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

State of Alaska – DHSS/DBH:

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

Fiscal Agent – Xerox

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

1. Procedure for providers to inquire about meaning or applicability of Behavioral Health Services Regulations

2. Mechanism for DHSS/DBH to *explain* (FAQ) or *interpret* (Clarification) Behavioral Health Services Regulations

3. Method for compiling information leading to updates in provider manual and potential revisions of Behavioral Health Services Regulations
Regulations Clarification Process

Procedure:

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