

Frequently Asked Questions (FAQ's) regarding the GOLDEN TICKET

1. What is the Golden Ticket?

The Golden Ticket is a pre-approved service authorization number (SA#) assigned to providers who have had 99 – 100% of their SA requests approved over the past two fiscal years. The Golden Ticket allows the provider to render services without having to first obtain a service authorization number.

2. How were providers chosen for the Golden Ticket?

A review of prior authorization history for the past two fiscal years was conducted. Those providers who had 99-100% of their requests approved, received the Golden Ticket.

3. Is the Golden Ticket number for my practice or for individual providers within the practice?

The Golden Ticket is specific to an individual provider and cannot be shared with other providers in a practice.

4. Where can I find a list of providers who received Golden Tickets?

The complete list of selected providers can be viewed on the Conduent website at: <https://medicaidalaska.com> and the Division of Health Care Services website: <http://dhss.alaska.gov/dhcs>

5. Does the Golden Ticket expire?

Yes, the Golden ticket is only valid from January 1 to December 31 each year. Health Care Services will review providers annually to determine any additional assignments and/or continuations of the Golden Ticket.

6. How often will providers be reviewed for a Golden Ticket?

Health Care Services (HCS) will review providers annually to determine additional assignments of the Golden Ticket.

7. Can I lose my Golden Ticket?

Yes, the Golden Ticket is a privilege that can be revoked.

8. How can I lose my Golden Ticket?

Yes, a provider can lose the privilege of having a Golden Ticket SA# by not complying with all requirements and regulations regarding rendering of services. Medical necessity is still a requirement for certain procedures and services. HCS will be conducting post-payment reviews to ensure all requirements are still being met. If it is determined that the provider is not complying the Golden Ticket SA# is subject to revocation.

9. What is Post-payment review?

Post-payment review is a process where claims are reviewed in full after determination and payment has been made. This process is used to ensure medical necessity and other requirements were met prior to rendering of services. The Department may request medical records during the review.

10. Which services are covered or not covered by the Golden Ticket?

The Golden Ticket is valid for all services except the following:

- *Medications*
- *Durable medical equipment (DME)*
- *Long-term care*
- *Waiver services*
- *Behavioral health*
- *Transportation*

The above services will require providers to obtain a requested service authorization number prior to rendering the service.

11. Is a facility required to get a service authorization number if the surgeon has a Golden Ticket?

Facilities should follow their current practice regarding surgeries/procedures. The facility may use the Golden Ticket SA# belonging to the provider who is conducting the surgery/procedure.

12. Is the assistant surgeon required to get a service authorization number if the main surgeon has a Golden Ticket?

Assistant surgeons should follow their current practice regarding surgeries/procedures. The facility may use the Golden Ticket SA# belonging to the main surgeon who is conducting the surgery/procedure.

13. What if I choose not to use the Golden Ticket?

This is an optional program to help reduce the amount of time enrolled Medicaid providers and their staff spend requesting authorizations. If you choose not to utilize the Golden Ticket, nothing will happen.

14. Do I put the Golden Ticket number on ALL claims or only those services that require prior authorization?

You may place the Golden Ticket number on all claims for the individual provider if this is easier for your system, however, the only claims that must have the Golden Ticket SA# number on them are those that require a service authorization.

15. Where do I write my Golden Ticket SA# on the claim form?

- *CMS 1500 place the SA# in Box/Field 23*
- *UB-04 place the SA# in Box/Field 63*

16. What happens when a patient has already previously been denied an authorization do to medical necessity, are they still covered under this letter?

The Golden Ticket SA# cannot be used to cover a previously denied service authorization due to lack of medical necessity. The provider must still ensure medical necessity for the procedures that require it. Health Care Services will be conducting post-payment reviews to ensure all requirements are have been met. If it is determined that the provider is not complying with the requirements, the provider is at risk of having their Golden Ticket SA# revoked and any payments for claims that lack medical necessity documentation are subject to recoupment.