

**Questions by Category**

**Error messages when trying to download documents:**

I'm trying to download a document which is available for review, such as an RA (Remittance Advice). When I click on it to download it, I get a download error. Why is this happening? What can I do to resolve it?

Where can I report error messages regarding specific billing codes?

Where can I learn about progress in fixing errors on billing codes?

What do I do if I get an error message when trying to bill for a specific billing code?

**Getting information about service authorizations:**

Are service authorizations still being mailed out like they used to be?

Do Care Coordinators still receive SAs (service authorizations)?

How do I look up a service authorization online?

**Answers**

There may be an issue on how the document is being transmitted onto your computer or a permissions issue for the user. Please call Provider Inquiry at 907-644-6800 option 1, 1 and we can assist you with retrieving the document. If we have issues downloading the RA we can provide an Excel version of the RA.

Please call Provider Inquiry at 907-644-6800 option 1, 1 to see if an error code is a known defect. If it is not a known issue they will direct it to the correct department so we can document the issue and track accordingly.

Use the provider updates on the Alaska Medicaid website: Go to <https://medicaidalaska.com/portals/wps/portal/EnterpriseHome> then select <https://medicaidalaska.com/portals/wps/portal/DocumentsandForms> then choose <http://manuals.medicaidalaska.com/docs/updates.htm> Choose the most recent link that says "MMIS Status" on this page (check the dates on the left hand side).

Please call Provider Inquiry at 907-644-6800 option 1, 1.

This was a deferred item and is actively being worked. Providers can call in to Provider Inquiry 907-644-6800 option 1, 1 to obtain a Service Authorization number or request a detail report for a given time span for all their authorizations.

All providers can look up SAs online by logging into the Health Enterprise portal.

Xerox is working on getting a new flyer or job aid created to assist providers with viewing these online.

Can providers get a list of all their service authorizations?

Yes. Please call Provider Inquiry 907-644-6800 option 1, 1 to request a list of Service Authorizations. This will be either mailed or faxed through secure means to protect PHI.

Does the care coordinator have to provide the SA to the individual provider?

All providers can call Provider Inquiry 907-644-6800 option 1, 1 to obtain a Service Authorization or request a detailed report with all authorizations approved for you individual provider number. You can also view service authorizations online.

Is there a way to get the end date of the service authorization on the main screen when they populate through the portal?

If the search brings back a service authorization number it should have approved begin and end dates on the results table. You can also click on the line item with the procedure code you are billing to see available units.

How do providers know when a service authorization has been extended?

Providers can call Provider Inquiry 907-644-6800 option 1, 1 to see if a SA has been extended. If there are a large number of SAs they are inquiring about they may request a SA Report or they can search on Enterprise.

We received the list of service authorizations; however the list appears to be on multiple pages for a single client. There is no way to match up the lines to ensure we are looking at the correct SA for the correct client with the correct service codes and correct authorized numbers of units.

These faxed SA Reports may be confusing because these reports are on an Excel spreadsheet and you need to align the sheets correctly to view the document. You may request these SA Reports to be sent in a secured e-mail as well if the provider would prefer working with an electronic document.

How do Care Coordinators get service authorizations for screenings?

Contact DSDS.

Are screening coupons (sticker) still required for screenings?

Yes.

Is there any way to get a list of all SAs that have been generated for our agency since Oct 1, 2013?

Yes, please call Provider Inquiry to request a list of Service Authorizations.

I have an SA that says it has been exhausted when in fact it isn't. Who do I talk to about this?

This is a known defect and some of the exception codes you may be seeing are 8040 and 8050. We are working to resolve these exceptions and process claims.

What do we do when we get “SA not on file”?

Expand your search criteria. Such as 01/01/2012-01/01/2015. If this does not work please call Provider Inquiry, 907-644-6800 option 1, 1.

What changes can SDS make to SAs?  
Who do we contact?

DSDS can make several changes to a SA such as changing the effective dates. Please call Provider Inquiry 907-644-6800 option 1, 1 and we will communicate with DSDS regarding the SA.

We have been told that SAs are not going to be specific to the service provider but rather specific to the client, so the same SA may cover more than one provider. Is this correct?

Yes, multiple Providers can be on a single SA.

#### **Training needed:**

What training is available for providers who need to know how to use the Enterprise system?

Training for all providers is available on the training portal:  
<http://learn.medicaidalaska.com/>

Are there any hands on trainings available specifically for Care Coordinators?

Not specifically for Care Coordinators but hands on training may be available to Providers. Training for Payerpath can be directed to our EMC HIPAA Department by calling 907-644-6800 option 3.

Is it possible to access updated information about ongoing issues and solutions? Where?

Use the provider updates on the Alaska Medicaid website:  
Go to <https://medicaidalaska.com/portals/wps/portal/EnterpriseHome> then select <https://medicaidalaska.com/portals/wps/portal/DocumentsandForms> then choose <http://manuals.medicaidalaska.com/docs/updates.htm>  
Chose the most recent link that says “MMIS Status” on this page (check the dates on the left hand side).

#### **Who to contact for help:**

Is there a direct phone line we can call when we need Technical Support?

Xerox provider inquiry 907-644-6800 option 1, 1 and we will direct your call to our Technical Support team.

Who do I talk to about ongoing AVR issues that have yet to be resolved?

Please call Provider Inquiry and we can assist you with obtaining information if you are experiencing issues with the AVR system.

Who do I talk with to get my AVR accounts unlocked, I have called 5 times and given an email and contact number and have yet to get an answer

When the AVR system is locked, you would need to unlock the AVR Pin through Enterprise. Once you are logged in, you can unlock the AVR PIN by going to Manage Users then Change AVR PIN. This will give you a one-time password to access the AVR system.

What is the Xerox call provider inquiry phone number?

(907) 644-6800 option 1, 1 for Provider Inquiry.

Where is the matrix located on the AK Medicaid website?

This information is not provided by Xerox. This is a publication by DSDS which can be located on their website.

I have called provider inquiry and still waiting over 24 hours for a call back. I have a specific urgent problem. If I need further assistance who should I call about:

Please e-mail [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) .

- Billing problems
- Getting error codes
- Service authorizations
- Remittance advice

I have a problem that has risen beyond the level of calling provider inquiry. I need to talk to a supervisor. Who can I call about:

Please e-mail [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) .

- Billing problems
- Getting error codes
- Service authorizations
- Remittance advice

We have been waiting on certain SAs for a very long time. We can see some on the portal but we need info about specific SAs. Who can we contact?

Please send the urgent ones to Odette Jamieson at SDS  
[Odette.Jamieson@alaska.gov](mailto:Odette.Jamieson@alaska.gov)

Is there any way that providers could be notified of scheduled Enterprise down times? And/or could scheduled down times be scheduled for non-business hours.

We typically deploy every Saturday night after 5:30 pm and we still have unscheduled down times during the week as look to get data fixes deployed. As we reach a more stable period with the system we will be able to provide a more accurate schedule of our down time.

What should I do if I have delivered the service and requested payment but have not been paid due to the new system's problems? The agency is in a financial emergency because of this!

Contact Margaret Brodie, Director, HCS  
[Margaret.Brodie@alaska.gov](mailto:Margaret.Brodie@alaska.gov)

What are my responsibilities if I have received an advance payment from Xerox?

Providers must be aware that incomplete recoupment of advanced amounts can lead to termination of Medicaid provider enrollment status and permanent exclusion from the program. The Department will not commence recoupment efforts until all Claims processing issues have been identified and resolved. Providers will be given ample advance notice prior to recoupment.

I'm having trouble accessing the AVR system. How can I get help?

Please call Provider Inquiry. When the AVR system is locked, you would need to unlock the AVR Pin through Enterprise. Once you are logged in, you can unlock the AVR PIN by going to Manage Users then Change AVR PIN. This will give you a one-time password to access the AVR system.

I am experiencing hold times of one hour or more when calling provider inquiry. What can I do?

Xerox apologizes for the long wait times when calling Provider Inquiry due to a high volume of calls. Please be patient when we assist every call efficiently and effectively. You can also make a web inquiry on Enterprise, leave a voicemail, and fax-in inquiries regarding Claim Status' and Member Eligibility.

**Cost of Care:**

How is cost of care being processed now?

There is a defect with processing cost of care on Claims. When this defect is fixed adjustments and recoupments will be done.

**Billing for plans of care (POC):**

Renewal POCs are sent in one month in advance now per regulation. Are these being denied due to Xerox not paying more than one POC per year?

If you have a denied Claim, please send the example to [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) .

**Tax related:**

How are held up claims factored into the 1099s?

Suspended/Pended Claims will not be on the 1099s.

Will the advances be included in the 1099s?

Yes

Who do I call with questions about my specific 1099?

Puni Pedro at Health Care Services, 907-334-2452

## Claims, voids and recoups:

Is the weekly processing cut off returning to Thursday, (instead of Friday) on a regular basis now?

Yes

I have claims that I billed in September that need to be corrected by Xerox. These claims have a payment that reduced the amount being billed to Medicaid. However these claims were paid at full rate, creating an overpayment to us. What should I do?

Contact [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) or you can call Provider Inquiry Department for assistance.

When creating an institutional claim in MMIS I do not have the option to select "Explanation of Benefits" as a type of attachment. Why? What can be done?

Please bill these services using Payerpath, trading partners' clearinghouse or paper. We are working on the UB Institutional claim form inside the provider portal.

When billing on enterprise, I get an EOB for Care Coordination claims for screening and Plans of Care that require a referral number. Provider Inquiry says the current screen does not have a field to enter this referral number. How should we bill for these services?

Please bill these services using Payerpath, trading partners' clearinghouse or paper.

It was mentioned that Adjustments and Voids can be done through Enterprise. Does that mean all claims, or only those that have been billed through Enterprise?

Only Claims that were billed through Enterprise Portal.

Will the design of the remits change so they are easier to read?

Yes, there is a work group of providers and staff working on this. Check for updates at <http://manuals.medicaidalaska.com/docs/updates.htm>

Do we still need to use our old provider numbers to bill for any claims that need to be rebilled for Dates of Service prior to Oct 1?

The old Provider IDs should be used for Dates of Service prior to October 1, 2013 for Atypical Providers such as Personal Care. Residential Living, Care Coordination and Home Community based are not Atypical so Claims needs to be submitted with NPI, Taxonomy, and Zip + 4.

Regarding Remittance Advices (RAs):  
There was a previous statement indicating the having Excel versions of RAs would be phased out. Excel versions are the most reliable and are more easily interpreted than past and present PDF versions; could Xerox, or whatever agency made the statement, revisit this decision?

How do we know which claims should be re-billed?

I'm having trouble getting the RA to print on Enterprise system, the system will let me view the RA, but will not let me print it out, is this a known issue and is it being worked on?

Who would I call for help with the inability to view claims on the system?

Could you please just post a list of error listings that can be re-billed for now?

When will claims be worked that are pending for manual review?

At some point, can we have the previous remittance advices re-issued alphabetically?

We received a check but no RA, what should we do?

Enhancements are still being made to the Remittance Advices. These enhancements will make the Remittance Advices provider friendly. Check for updates at <http://manuals.medicaidalaska.com/docs/updates.htm>

If a claim denied for a known defect that has been fixed Xerox will be reprocessing these claims. If a claim denied for several known defects and one of the defects is fixed but the other known defects are not fixed then do not resubmit. Please call Provider Inquiry or visit our updates page for the latest updates to known claim issues. Check for updates at <http://manuals.medicaidalaska.com/docs/updates.htm>

If you are unable to print out the RA there may be a computer system issue. This isn't related to any issues on Enterprise. If you are unable to view the RA then please contact Provider Inquiry and we can assist you in retrieving the RA.

The claim inquiry screen inside the portal will only return results if the claim was filed through the provider portal. Xerox is working on getting this enhancement available for all claim and media types.

Please refer to the Updates on MMIS Status on the Provider Updates section on the website. It will provide you with updates regarding the system and Claims processing. This is updated regularly to give Providers recent updates. Check for updates at <http://manuals.medicaidalaska.com/docs/updates.htm>

Claims are worked every day for manual review. There is no ETA on when a claim will be processed. Xerox is working as diligently as possible to process all claims.

You are able to request previous Remittance Advices alphabetically. A new form, Remittance Advice Sort Request, is available on the Forms page. You can view the information at [http://manuals.medicaidalaska.com/docs/dnld/Update\\_Remittance\\_Advice\\_Sorting\\_approved\\_20140225.pdf](http://manuals.medicaidalaska.com/docs/dnld/Update_Remittance_Advice_Sorting_approved_20140225.pdf)

RAs are sent out by mail separate from the checks. If you cannot retrieve your RA by these methods please call Provider Inquiry at 907-644-6800 option 1, 1.

**Provider ID problems:**

Where can I get updated information about fixing provider ID problems?

<http://manuals.medicaidalaska.com/docs/updates.htm>

How can we get our rates of reimbursement corrected?

Some procedure codes are not being paid at the correct rate. These will be reprocessed by Xerox.

Where can I see a conversion list of old provider numbers to the new ones?

Please call Provider Enrollment at 907-644-6800 option 2. Xerox can also provide a list of active affiliated providers such as Personal Care Attendants that are affiliated to your new provider ID number.

What can I do if I hear from Xerox that we have the wrong provider number associated with the service authorization?

Please contact Provider Inquiry and we can assist in communicating with SDS if there is a problem with the authorization. 907-644-6800 option 1, 1.

Could billing providers be able to see what is put into the system by a requesting provider?

Please send Case Management/TEFRA Case Management example to [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) . If the NPI and Taxonomy is the same us Zip + 4.

How about fixing the Case Management overlap of Waiver Care Coordination, Targeted Case management for Infant Learning, and TEFRA case management? We can't get paid--all case management types/codes share one taxonomy code.

We were told that the Case Management issue is a Xerox System issue--any provider that does more than one type Case management must wait to bill until a system fix is done--no timeline. Is this true?

Please send the example to [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) .

**Extended SAs:**

How do providers know when there is an extended SA?

Providers can call Provider Inquiry to see if a SA has been extended. If there are a large number of SAs they are inquiring about they may request a SA Report or they can search on Enterprise. Providers can also send us a list and we can coordinate with SDS on the SA extensions.

Should we start rebilling our suspended claims?

No please let these claims process.

How can we get SA numbers for the plan of care annual charge on extension PA's?

Some of the SA issues are creating an issue for possible timely filing issues; will we have any options to address these beside appeals?

We can't get SA numbers for the POCs for the extension SAs. I call SDS and they tell me Xerox is the problem, and I call Xerox, and they tell me they have received nothing from SDS.

### **Payerpath**

Currently, Payerpath is running simultaneously while issues with Enterprise are resolved and providers learn the new system. When will Payerpath cease as an option for billing?

Do we need to use our new provider number in Payerpath for after Oct 2013?

We just started providing some new services within our agency. When I am putting in claims into Payer Path it asks for a POS number. Where do I find these numbers for each service?

### **Other:**

Are there stability issues with the website itself? Half of the time I am not even able to log on.

Providers can call Provider Inquiry to see if a SA has been extended. If there are a large number of SAs they are inquiring about they may request a SA Report or they can search on Enterprise. Providers can also send us a list and we can coordinate with SDS on the SA extensions.

Please refer to the letter on timely filing and audits from Department of Health and Social Services Commissioner Streur. This letter offers guidance on meeting timely filing guidelines and answers questions providers may have regarding claims processing and audits.

Most SAs are available on the portal. Please send the urgent missing ones to Odette Jamieson at SDS [Odette.Jamieson@alaska.gov](mailto:Odette.Jamieson@alaska.gov)

At this time there is no date when Payerpath will cease. When a date is known, Xerox will let Providers know well in advance so that Providers can prepare and we can provide adequate training on billing through the Provider Portal.

The old Provider IDs should be used for Dates of Service prior to October 1, 2013 for Atypical Providers such as Personal Care. For Dates of Service after October 1, 2013 the new Provider ID needs to be used. Residential Living, Care Coordination and Home Community based are not Atypical so Claims needs to be submitted with NPI, Taxonomy, and Zip + 4.

Please call Provider Inquiry for Place of Service codes. Please call EMC/HIPAA for placement of Place of Service code in Payerpath. They can be contacted at 907-644-6800 option 3.

This is a browser issue. Enterprise is compatible with Internet Explorer 9. You can also contact Provider Inquiry for assistance on this at 907-644-6800 option 1, 1.

Where can we get a DSM account?

See this website and apply following the directions on the website <http://ak-ehealth.org/for-providers/join-our-providers/>

Will there be any forgiveness or waiver of timeliness during this challenging time? Besides the appeal process? When will enrollment for new providers be fixed? Enrollment applications have been in for four months and no response.

Please refer to the letter on timely filing and audits from Department of Health and Social Services Commissioner Streur. This letter offers guidance on meeting timely filing guidelines and answers questions providers may have regarding claims processing and audits. Please call our Provider Enrollment department for any questions related to enrollment. Provider Enrollment can be reached at 907-644-6800 option 2.

We are having a lot of trouble successfully billing claims for TEFRA clients. Who can walk us through the correct process; we cannot find any written material to guide us through this, from start to finish for successful payment.

Please send the example to [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) and we will contact the provider.

If we are sending AK-05 in by mail, how can we verify that they have been received in case the adjustment run's us into a timely filing issue?

Please refer to the letter on timely filing and audits from Department of Health and Social Services Commissioner Streur. This letter offers guidance on meeting timely filing guidelines and answers questions providers may have regarding claims processing and audits.

How do the requirements for audit submission relate to the cost survey requirements in light of these challenges with Enterprise? Do we need to include this year or omit this year?

Please contact Office of Rate Review for your specific situation: Hyung Kim, office of Rate Review: 907-375-7734.

What should we do if we cannot bill due to invalid NPI numbers?

Please send the example to [AK-EPS@xerox.com](mailto:AK-EPS@xerox.com) and we will contact the provider.