First Health Services, in conjunction with the Department of Health & Social Services, publishes this monthly newsletter to offer providers useful information, monthly reminders, and tips on how to make billing easier.

NPI CONTINGENCY PLAN

In April 2007, the Centers for Medicare & Medicaid Services (CMS) announced that it is implementing a contingency plan for covered entities who will not meet the May 23, 2007 deadline for compliance with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

The CMS guidance clarifies that covered entities that have been making a good faith effort to comply with the NPI provisions may implement contingency plans that could include accepting legacy provider numbers on HIPAA transactions in order to maintain operations and cash flows.

Alaska Medical Assistance announces the following NPI Contingency Plan for health care providers submitting HIPAA-compliant electronic transactions:

1. **Share Your NPI With Alaska Medical Assistance:** Submit NPI information updates to your provider enrollment records no later than June 1, 2007. If you have not already completed and returned your NPI verification form, that form is due no later than June 1, 2007. Please follow the instructions included in the NPI Verification Packet previously provided when completing the form. A copy of the verification form can also be found at [https://alaska.fhsc.com](https://alaska.fhsc.com). Providers who have not yet obtained NPI(s) need to do so immediately and use the NPIs in HIPAA transactions as soon as possible. Providers can apply for an NPI online at [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov) or can call the NPI enumerator to request a paper application at (800) 465-3203.

2. **Use It—Dual Use:** Submit both your Medicaid Provider ID number (MCI) and NPI number on electronic transactions. After May 23, 2007, continue to submit both your Medicaid Provider ID number (MCI) and NPI number on electronic transactions.
   a. Each electronic biller will be tested for appropriate NPI crosswalk outcomes before converting to sending only the NPI number on their claims. First Health will notify providers about your conversion date after your testing produces successful crosswalk outcomes. First Health will work with providers to accommodate unique provider issues.
NPI CONTINGENCY PLAN (continued)

b. Pharmacy claim billers will receive a separate notice outlining the requirements and effective dates for submitting NPI on pharmacy claims.

3. Full NPI compliance:

a. Full NPI compliance will be assessed on an individual provider basis. As providers successfully test and are approved to convert to billing with only the NPI number, NPI edits will be applied to their claims.

b. Alaska Medical Assistance will announce the sunset of the dual use period at a future date. Alaska Medical Assistance will be assessing health care provider submission of NPIs on claims. As soon as the number of claims submitted with an NPI for primary provider fields is sufficient to do so, Alaska Medical Assistance will issue a notice of Full NPI Compliance and the sunset date for accepting Medicaid Provider ID (MCI) numbers. In August 2007, Alaska Medical Assistance will conduct the first analysis of the number of submitted claims containing an NPI. If the analysis shows a sufficient number of submitted claims contain an NPI, a sunset date announcement will be issued no later than August 31, 2007. If a sufficient number of claims do not contain NPIs in the August analysis, Alaska Medical Assistance will assess compliance again in November, 2007. Alaska Medical Assistance will provide advance notice to providers of the date when a decision has been made to implement Full NPI compliance.

The Alaska Medical Assistance NPI Contingency Plan is intended to enable our trading partners to continue to move toward compliance in a manner that reduces the potential for operational and cash flow impacts.

CMS April Roundtable

The transcript for the NPI Roundtable on the Contingency Guidance at:


has a lot of very helpful information. Approximately half of the industry’s health plans are not ready to use NPIs on the adjudication of claims and more than one-third of the clearinghouses will not be ready to process transactions by the deadline.

The announcement of contingency plans does not alleviate the requirement that all covered entities must comply with the NPI provision by May 23, 2007. CMS wants everyone to understand that there is no extension of the compliance date. Providers may risk payment disruptions if they do not get their NPI and do not start using it and testing the process. What has changed is that non-compliant entities must immediately begin developing a contingency plan.

The conference included an informative question and answer segment. One question that is asked repeatedly, although perhaps in different scenarios, concerns sharing NPIs. As it relates to conducting normal business between covered entities, CMS advises an emphatic affirmative, you must share your NPI number. For resolutions of another organization not sharing their NPI you may want to find out if that organization has a HIPAA compliance officer and ask that individual for the requested NPI number. Another situation that keeps arising is getting the NPI number(s) from/to a referring physician when they either do not have a number yet or they do not want to share the number. How your organization handles these types of situations could be included in your contingency plan.
CMS April Roundtable (continued)

CMS cannot dictate what is included in any covered entity’s plan, however, documentation is key. Keep records of when you received your NPI, what your organization has done to update your procedures in using your NPI and how you would respond to various noncompliant scenarios.

NPI: It's not just a good idea, it's the law.

Swing Bed

Changes in Level of Care

The following options are available for patients whose medical needs have changed to the extent that they have been decertified for, or are at risk of being decertified for acute level of care (LOC):

Pursue authorization for administrative wait bed, swing bed, or nursing facility services when the attending physician’s opinion is that the patient’s medical needs no longer require acute care, but require continued institutional care at a lower LOC. Discharge planners and social workers may contact the Division of Senior and Disabilities Services (DSDS) to request authorization for these services.

During the early 1970s a trend in rural hospital’s excess acute bed capacity and a shortage of extended-care beds existed. In 1973, a three-year pilot program began to test the financial and medical treatment viability of using open acute care beds for those patients that had an acute care issue which had been treated but the patient was still in a “near acute” status or lacked the acuity to be sent home or to a long-term care facility.

Urologic Disease

According to the National Institute of Health, bladder, prostate and other urinary tract diseases cost Americans nearly $11 billion a year.

<table>
<thead>
<tr>
<th>TOP 10 DISEASES BY COST</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection (Women &amp; Men)</td>
<td>$3.5 Billion</td>
</tr>
<tr>
<td>Kidney Stones</td>
<td>$2.1 Billion</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>$1.3 Billion</td>
</tr>
<tr>
<td>Bladder Cancer</td>
<td>$1.1 Billion</td>
</tr>
<tr>
<td>BPH/Prostate Enlargement</td>
<td>$1.1 Billion</td>
</tr>
<tr>
<td>Urinary Incontinence</td>
<td>$463.1 Million</td>
</tr>
<tr>
<td>Kidney Cancer</td>
<td>$401.4 Million</td>
</tr>
<tr>
<td>Erectile Dysfunction</td>
<td>$327.6 Million</td>
</tr>
<tr>
<td>Prostatitis</td>
<td>$84.4 Million</td>
</tr>
<tr>
<td>Interstitial Cystitis/PBS</td>
<td>$65.9 Million</td>
</tr>
</tbody>
</table>
The National Uniform Claim Committee website has excellent information concerning the new CMS-1500. [http://www.nucc.org/](http://www.nucc.org/)

CMS-1500 Forms

**Section 17**

17a. Enter ZZ and then the taxonomy code; or
17b. 1D and then the Alaska Medical Assistance number.

Enter the corresponding referring, ordering or supervising provider NPI.

<table>
<thead>
<tr>
<th>Nos. 1-6 of Section 24 are service lines.</th>
</tr>
</thead>
</table>

The shaded area corresponding to the service line numbers accommodates supplemental information. Supplemental information must fit within 24A-24G.

**Section 24**

<table>
<thead>
<tr>
<th>24B Place of Service is a required field.</th>
</tr>
</thead>
</table>

24C Is a required space which must have either a Y for yes it was an emergency or blank if it was not.

24I Enter the ID qualifier, such as 1D for Medicaid

24J In the shaded area enter the corresponding Rendering Provider ID, such as your Alaska Medical Assistance number (this field allows for the entry of 11 characters).

24J In the white space enter the Rendering Provider NPI.
Take a Bite of NPI

The 2006 ADA claim form, which supports the use of NPIs, is now available. A sample of the 2006 form with detailed completion instructions can be found at:

http://www.ada.org/prof/resources/topics/topics_claimform.pdf

Dental assistants and hygienists are "providers" and are eligible to obtain an NPI, however, unless they submit electronic claims for their services neither are required to obtain an NPI. Polish up your contingency plan, test your NPI with your vendors.

Locum Tenens in Alaska

As a locum tenens in Alaska, you play an important role in covering gaps in medical delivery—particularly in rural areas. In Latin, locum tenens translate as “holding the place,” or literally “placeholder.” Your assignment might be to cover a vacationing physician’s assistant or bolster a small clinic in the summer to help handle an influx of tourists and seasonal workers.

In order to work as a locum tenens in Alaska, you must apply for a permit with the State of Alaska and hold a National Provider Identifier (NPI). Alaska only permits medical and osteopathic physicians and physicians’ assistants to be locum tenens. Apply online at http://www.ced.state.ak.us/occ/pmedl.htm. Plan ahead though, as the process usually takes eight weeks for you to receive a permit.

In order to be reimbursed for services rendered to Alaska Medical Assistance recipients, you must enroll as an Alaska Medical Assistance provider. Enrollment applications can be obtained by visiting the First Health Services Corporation (FHSC) website at https://alaska fhsc.com/documents/enrollment.asp or by calling FHSC’s Enrollment Department at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska). FHSC is the fiscal agent for the State of Alaska and performs all of the claims processing functions for Alaska Medical Assistance.

If you provide health care services and conduct standard Health Insurance and Accountability Act (HIPAA) electronic transaction or have others do so on your behalf, you are required by HIPAA to obtain a National Provider Identifier. This number is free of charge and easily obtained.

When applying for a NPI, you must supply at least one taxonomy code to describe yourself. Codes can be found at http://www.wpc-edi.com/codes/taxonomy.

Apply for your NPI to the National Plan and Provider Enumeration System at http://nppes.cms.hhs.gov, by calling (800) 465-3203 or (800) 692-2326 (TTY), or by mail to NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059.

2007 June Training Schedule

SITKA

Tuesday, June 12, 2007 - Sitka

Introduction to Alaska Medical Assistance
8:30 a.m. – 12:00 p.m.

Eligibility
1:30 p.m. – 2:30 p.m.
According to the National Marine Fisheries Service, Sitka is the fourth most valuable commercial fisheries port in the State of Alaska with $43.3 million dollars generated in 2004.

### 2007 June Training Schedule (continued)

### SITKA

#### Tuesday, June 12, 2007 - Sitka
- Guidelines for Recordkeeping and Potential Audits  
  2:45 p.m. – 3:45 p.m.
- Care Management Program  
  4:00 p.m. – 5:30 p.m.

#### Wednesday, June 13, 2007 - Sitka
- Adjustments and Voids  
  8:30 a.m. – 9:30 a.m.
- Remittance Advice (RA)  
  9:45 a.m. – 10:45 a.m.
- Resubmission Turnaround Documents (RTD)  
  11:00 a.m. – 12:00 p.m.
- Form Completion CMS-1500  
  1:30 p.m. – 2:30 p.m.
- Form Completion UB-04  
  2:45 p.m. – 3:45 p.m.
- Edit Resolution  
  4:00 p.m. – 5:30 p.m.

#### Thursday, June 14, 2007 - Sitka
- Electronic Transactions  
  8:30 a.m. – 9:30 a.m.
- Prior Authorizations (PA)  
  9:45 a.m. – 10:45 a.m.
- Appeals  
  11:00 a.m. – 12:00 p.m.
- Transportation and Accommodations  
  1:30 p.m. – 2:30 p.m.
- Dental Services  
  2:45 p.m. – 4:45 p.m.
- TPL Avoidance  
  5:00 p.m. – 5:30 p.m.

#### Friday, June 15, 2007 - Sitka
- IHS Manual Overview  
  8:00 a.m. – 10:00 a.m.
### 2007 June Training Schedule (continued)

#### SITKA

**Friday, June 15, 2007 - Sitka**

- Outpatient Mental Health/Substance Abuse
  - 10:15 a.m. – 11:30 a.m.
  - (break for lunch)
  - 1:00 p.m. – 2:15 p.m.

- Workplace Visit/Edit Resolution
  - 2:30 p.m. – 5:00 p.m.

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#### PALMER

**Class Location: PALMER**

**June 13 & 14, 2007**

Mat-Su Regional Medical Ctr
2500 Woodworth Loop
Pioneer Peak Room
June 13, 2007
Talkeetna Room
June 14, 2007

Palmer began in 1916 as a railway station for the Alaska Railroad.

**Wednesday, June 13, 2007 - Palmer**

- Care Management Program
  - 8:30 a.m. – 10:00 a.m.

- TPL Avoidance
  - 10:15 a.m. – 10:45 a.m.

- Pharmacy
  - 11:00 a.m. – 12:00 p.m.
  - (break for lunch)
  - 1:30 p.m. – 3:00 p.m.

- Inpatient/Outpatient Hospitals
  - 3:00 p.m. – 5:30 p.m.

**Thursday, June 14, 2007 - Palmer**

- Physicians/Osteopaths/Advanced Nurse Practitioners
  - 8:30 a.m. – 11:30 a.m.

- Inpatient Mental Health/Substance Abuse
  - 1:00 p.m. – 3:30 p.m.

- Vision Services
  - 3:45 p.m. – 5:30 p.m.

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#### ANCHORAGE

**Tuesday, June 19, 2007 - Anchorage**

- Introduction to Alaska Medical Assistance
  - 8:30 a.m. – 12:00 p.m.

- Eligibility
  - 2:00 p.m. – 3:00 p.m.

- Guidelines for Recordkeeping and Potential Audits
  - 3:15 p.m. – 4:15 p.m.
2007 June Training Schedule (continued)

ANCHORAGE

Tuesday, June 19, 2007 - Anchorage

Care Management Program
4:30 p.m. – 5:30 p.m.

Wednesday, June 20, 2007 - Anchorage

Adjustments and Voids
8:30 a.m. – 9:30 a.m.

Remittance Advice (RA)
9:45 a.m. – 10:45 a.m.

Resubmission Turnaround Documents (RTD)
11:00 a.m. – 12:00 p.m.

Form Completion CMS-1500
2:00 p.m. – 3:00 p.m.

Form Completion UB-04
3:00 p.m. – 4:00 p.m.

Edit Resolution
4:15 p.m. – 5:30 p.m.

Thursday, June 21, 2007 - Anchorage

Electronic Transactions
8:30 a.m. – 9:30 a.m.

Prior Authorizations (PAs)
9:45 a.m. – 10:45 a.m.

Appeals
11:00 a.m. – 12:00 p.m.

Transportation and Accommodations
2:00 p.m. – 3:00 p.m.

Dental Services
3:15 p.m. – 5:30 p.m.

SOLDOTNA

Tuesday, June 26, 2007 - Soldotna

Introduction to Alaska Medical Assistance
8:30 a.m. – 12:00 p.m.

Eligibility
1:30 p.m. – 2:30 p.m.

Guidelines for Recordkeeping and Potential Audits
2:45 p.m. – 3:45 p.m.
## 2007 June Training Schedule (continued)

### SOLDOTNA

**Tuesday, June 26, 2007 - Soldotna**

- Care Management Program  
  4:00 p.m. – 5:30 p.m.

**Wednesday, June 27, 2007 - Soldotna**

- Adjustments and Voids  
  8:30 a.m. – 9:30 a.m.

- Remittance Advice (RA)  
  9:45 a.m. – 10:45 a.m.

- Resubmission Turnaround Documents (RTD)  
  11:00 a.m. – 12:00 p.m.

- Form Completion CMS-1500  
  1:30 p.m. – 2:30 p.m.

- Form Completion UB-04  
  2:45 p.m. – 3:45 p.m.

- Edit Resolution  
  4:00 p.m. – 5:30 p.m.

**Thursday, June 28, 2007 - Soldotna**

- Electronic Transactions  
  8:30 a.m. – 9:30 a.m.

- Prior Authorizations (PA)  
  9:45 a.m. – 10:45 a.m.

- Appeals  
  11:00 a.m. – 12:00 p.m.

- Transportation and Accommodations  
  1:30 p.m. – 2:30 p.m.

- Dental Services  
  2:45 p.m. – 4:45 p.m.

- TPL Avoidance  
  5:00 p.m. – 5:30 p.m.

**Friday, June 29, 2007 - Soldotna**

- Outpatient Mental Health/Substance Abuse  
  8:30 a.m. – 11:00 a.m.

- Pharmacy  
  11:15 a.m. – 12:15 p.m.  
  (break for lunch)  
  1:45 p.m. – 2:45 p.m.
### 2007 June Training Schedule (continued)

#### SOLDOTNA

**Friday, June 29, 2007 - Soldotna**

- Inpatient/Outpatient Hospitals
  - 3:00 p.m. – 5:30 p.m.
- Wednesday, June 6, 2007 – Teleconference

#### TELECONFERENCE

**Wednesday, June 6, 2007**

- Dental Services
  - 1:00 p.m. – 3:00 p.m.