

Alaska Medicaid Recipient Services



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Dear Reader,

As Director of the Division of Health Care Services, I am pleased to provide you with this booklet of information regarding health care programs for Alaskans in need.

The purpose of this booklet is to help you understand available programs and, if you are eligible, how to effectively use the coverage. This handbook is not designed to provide detailed and individual information, but instead is able to provide a broad overview of the program and services available. If you have questions regarding any aspect of the programs, please call the Recipient Information Helpline toll free at 1-800-780-9972.

It is important to understand that this is only a guide to provided services and is not intended to determine eligibility. Each person's situation is different. There are many factors which must be taken into consideration. Final determination of eligibility is made by the Division of Public Assistance. Please see the inside back cover of this booklet for the Public Assistance office nearest to you.

Our programs help you take responsibility for your own health by paying for a wide variety of services. To get the most benefit, you should follow the guidelines, use the services wisely, and most importantly, lead a healthy lifestyle. By doing these things, you will help to maintain the integrity of Alaska's medical assistance programs.



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Using your Alaska medical assistance card or coupon

When you become eligible to receive Alaska Medicaid follow these steps to receive services available to you:

1. **Most recipients receive a Recipient Identification Card**, with coupons (stickers) for each recipient in the household. Others will receive a Denali KidCare Card. CAMA recipients receive a new coupon each month they are eligible.
2. **Check with your health care provider when you make your appointment to make sure they are enrolled** with Alaska Medicaid and will accept you or your child as a Medicaid patient.
3. **Show your Recipient Identification Card, DKC Card or coupons** to your physician or other health care provider each time you receive medical treatment. *You must always do this or you may have to pay for the full cost of your treatment. You may be responsible for a small share of the cost. This is called a co-payment. (See page 16.)*
4. **For your records**, you may also ask for a copy of the bill or a receipt. This is proof that you have provided your Medicaid information at the time of service.
5. **Arrive on time** for your appointment. Call your health care provider's office if you are unable to make it on time. If you need to cancel, let them know 24 hours before your appointment time. **You are responsible for paying for your "no show" appointments.**

If you have other medical insurance or health coverage

Generally, Medicaid is the "payer of last resort." This means that if you have other health insurance or belong to other programs that can pay a portion of your medical bills, payment will be collected from them first. Medicaid may then pay all or part of the amount that is left.

This is very important: When you apply for Medicaid, you **MUST** indicate if you have any

other type of health care insurance or benefits.

Also very important: If you obtain insurance or medical coverage while you are on Medicaid, you must contact your caseworker immediately and provide the insurance information.

This type of health insurance and medical coverage is sometimes referred to as **Third Party Liability**. If you fail to tell your caseworker about your other health care coverage, you may be responsible for part of your medical bill and lose your Medicaid eligibility. Your Division of Public Assistance caseworker can help you determine if you have any other type of health care coverage.

NOTE: You are responsible for providing your caseworker the specific information relating to your insurance coverage. Please include the name, mailing address and phone number of the insurance, the policy and group numbers and all other information required for medical claims billing.

Other sources of health coverage include, but are not limited to the following:

- Private health insurance
- Veterans Administration (VA) benefits
- Medicare/Medicare Part D
- Tricare / Tricare for Life / Champus
- Medical support from absent parents
- Court judgments or liability settlements for accidents or injuries
- Workers' Compensation
- Long-term care insurance
- Fisherman's Fund (for commercial fishermen in Alaska)

Covered Services for Medicaid Qualified Alaskans

Services covered by Medicaid are described in this section. There are limits to these services and some may require prior authorization. You are responsible to ask your provider if the service they want you to receive is covered by Medicaid. You are responsible for the payment of any services you receive that are not covered by Medicaid

Physicians & Advanced Nurse Practitioners

Adults

Services you receive from a Physician or an Advanced Nurse Practitioner (ANP) in the provider's office or at the hospital are generally covered if they are medically necessary for diagnosing and treating an illness or injury. If your provider sends you to another provider or specialist, Medicaid may also pay for those procedures.

Surgery: Medically necessary surgery ordered by a physician can be covered whether performed in a hospital or an outpatient surgery center. Some surgical procedures require prior authorization.

Cosmetic and experimental surgeries are not covered.

Children

In addition to the coverage listed above, children under age 21 receive preventive care such as health screenings, well child exams, and immunizations.

Behavioral Health Services Mental Health Services

Adults and Children

Coverage for mental health services is available through the following types of providers:

- Community Mental Health Clinics
- Federally Qualified Health Centers

- Mental Health Physician Clinics
- Independently Practicing Physicians, Psychiatrists, and Advanced Nurse Practitioners
- Psychologists and Licensed Clinical Social Workers (for Medicare and Medicaid dual eligible recipients only).

Coverage for mental health services is based on a recipient's need as established through a comprehensive mental health assessment sometimes called an intake assessment.

Clinic Services:

- Crisis Intervention
- Individual, Family, and Group Psychotherapy
 - Intake Assessment
 - Neuro-psychological Testing and Evaluation
 - Pharmacologic Management
 - Psychiatric Assessment
 - Psychological Testing and Evaluation.

Rehabilitation Services:

Rehabilitation services are only available through Community Mental Health Clinics and include:

- Case Management
- Functional Assessment
- Individual, Family and Group Skills Development
- Medication Administration
- Recipient Support Services.

An Alaska Medicaid enrolled provider of mental health services refers a recipient to a Community Mental Health Clinic for mental health rehabilitation services if, during an assessment, evaluation, or treatment the provider determines the recipient may be a severely emotionally disturbed child, a severely emotionally disturbed adult, or a chronically mentally ill adult.

Coverage for mental health services is based on a recipient's need as established through a comprehensive mental health assessment.

Covered Services for Medicaid Qualified Alaskans

Inpatient Psychiatric Facility Services:

These services are only covered for people who are under age 21 or age 65 and over. Prior authorization is needed.

Residential Psychiatric Treatment Centers (RPTC):

Adults

Not covered by Medicaid.

Children

Primarily for the diagnosis and treatment of mental, emotional, or behavioral disorders in a facility that also provides basic residential care for recipients up to age 21.

Alaska Medicaid requires prior authorization of inpatient psychiatric and RPTC admissions and continued stays at both in-state and out-of-state facilities. A diagnostic evaluation, a certification of need for inpatient psychiatric services, and a plan of care must be completed by an Inpatient Interdisciplinary Team and will need to be provided to Alaska Medicaid for review. Out-of-state RPTC services will only be authorized when the needed services are not available in Alaska. Any other medical services required by the patient outside of the RPTC must be provided by physicians, dentists, hospitals, or other providers who are enrolled with Alaska Medicaid.

If you are over 21 and do not have Medicare, Alaska Medicaid will not cover chiropractic services.

Day Treatment Services:

Adults

Not covered by Medicaid.

Children

A few community mental health clinics have coordinated their resources with local school district services and resources to assist severely emotionally disturbed children to improve their daily functioning within, or make a transition to, the community-based school environment. Day treatment services combine both therapeutic and academic activities that

must be specified in the recipient's individualized treatment plan. Contact your local community mental health clinic to see if they have established a day treatment services program with the school district.

Behavioral Health Services Substance Abuse Rehabilitation Services

Adults

Medicaid covers certain substance abuse treatment services, depending on the treatment provider's certification. Services include:

- Assessment services to determine the nature of the substance abuse problem.
- Outpatient counseling services that allow a substance abuse client to live at home while receiving outpatient services.
- Residential treatment during which the substance abuse client resides at a substance abuse treatment center while receiving services.
- Medical services, including detoxification and methadone maintenance.

Substance abuse treatment is available for adults, youth and pregnant women. Certain substance abuse treatment facilities have programs

that allow young children to stay with their mothers at the facility during treatment.

Substance abuse treatment providers must be certified by the Division of Behavioral Health (DBH) and receive funding from DBH. Treatment services must be medically necessary. Travel to Alaska Medicaid enrolled treatment providers must be approved by DBH. The provider will contact DBH for authorization for your travel.

Children

Substance abuse treatment is available for youth as listed above for adults.

Covered Services for Medicaid Qualified Alaskans

Breast and Cervical Cancer Checkups

Adults and Children

Mammograms or breast x-rays are covered by Medicaid if ordered by your health care provider.

Women who have breast or cervical cancer may qualify for Alaska Medicaid. See page 20 for more information.

Chiropractic Services

Adults

If you have Medicare and are over age 21, reimbursement for chiropractic services is limited to the deductible and coinsurance amounts. If you are over age 21 and do not have Medicare, Alaska Medicaid will not cover chiropractic care.

Children

The Alaska Medicaid program covers chiropractic services for children under age 21. Coverage is limited to 12 spinal manipulations and one chiropractic x-ray exam per recipient, per calendar year (January through December). If the recipient is under age six, the chiropractor must get prior authorization before treating the child.

Dental services for adults are limited to services that will relieve pain and infection.

Dental Services

Adults

Dental services for adults over age 21 are limited to services that will relieve pain and infection. This usually means extractions and fillings only. Dentures, denture repairs and root canals are not covered for adults over age 21.

Children

Dental services for children who are under age 21 include emergency, preventive and routine dental services. Exams, X-rays, scaling,

polishing, fluoride treatment and sealants are covered. Dentures, crowns, caps, root canals and oral surgery are also covered. Some of these services may require your dentist to obtain prior authorization before providing the service.

Orthodontia is covered by Medicaid for recipients under age 21 only when **all** of the following conditions are met:

1. Orthodontia is for severe conditions such as cleft palate or some skeletal malformations, which require the services of an orthodontist as well as an oral surgeon.
2. When orthodontic work is requested it must include a plan of care and documentation that will provide medical justification and must confirm that the oral surgeon and the orthodontist agree on the necessity for the orthodontia. This is to be submitted for prior authorization by the orthodontist and oral surgeon.
3. The orthodontist must be a board-eligible or board-certified orthodontist.

Dialysis/End Stage

Renal Disease

Adults

Medicaid will cover services provided for treatment of kidney disease that would cause kidney failure if left untreated. Services are covered whether received in a hospital, free standing agency, or at home.

Children

Children receive the same services listed for adults.

Emergency Care

Adults

Medicaid will cover immediate medical care that is necessary when a sudden, unexpected occurrence creates a medical emergency. A

Covered Services for Medicaid Qualified Alaskans

medical emergency exists when there is a severe, life-threatening or potentially disabling condition that requires medical intervention within hours. If the services do not meet the definition of emergency services you will be required to pay the co-payment amount for physician services and hospital outpatient care. If the use of an ambulance is determined not to be an emergency, Medicaid may not pay the bill, and you may be held responsible for the amount due.

Children

Children receive the same services listed in the first paragraph above for adults.

Family Planning Services and Supplies

Services include family planning counseling and medical services related to birth control medications and devices. Medicaid also covers many over-the-counter birth control items such as contraceptive creams, gels, foams and condoms if your health care provider writes a prescription for them. These supplies also are available from family planning clinics in larger towns. All women and men can receive family planning services at public health centers statewide.

Medicaid covers family planning services for women enrolled with Denali KidCare for two months after the birth of their child. These women can receive family planning services and supplies from any enrolled Medicaid provider statewide.

Hearing Services

Adults

Hearing services include audiology, diagnostic testing, hearing therapy, rehabilitative therapy, hearing aids (including approved accessories and supplies), and hearing item repairs. These services must be determined medically neces-

sary, prescribed, and ordered by a physician or other licensed health care practitioner trained to administer hearing assessments and evaluations within the scope of the practitioner's license

Children

Hearing services for children include audiology, universal newborn hearing screening, diagnostic testing, hearing therapy, cochlear implants, Personal FM systems, hearing aids (including approved accessories and supplies), and hearing item repairs. These services must be determined medically necessary, prescribed, and ordered by a physician or other licensed health care provider trained to administer hearing assessments and evaluations within the scope of the practitioner's license.

NOTE: Medicaid will **not cover** repairs or replacements while a hearing aid is under warranty and no more than two ear molds per

ear per year. Prior authorization is required for specific hearing services and items including digitally programmable hearing aids and digital hearing aids.

Non-covered services are your responsibility

Home Health/Personal Care Attendant Services

Adults

Home Health Services

Home Health Services covered by Medicaid include: physical therapy, occupational therapy, and speech-language pathology and audiology services that are prescribed by a physician, advanced nurse practitioner, or other licensed health care practitioner within the scope of the practitioner's license and provided to the recipient by or under the supervision of a qualified practitioner.

- Intermittent or part-time nursing services of a registered professional nurse or licensed practical nurse, provided under the continued direction of the recipient's

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physician and within the limitations of the nurse's license.

- Home health aide services prescribed by and under the continued direction of a physician and supervised by a professional nurse.
- Nursing and home health aide services to the recipient in his or her place of residence, including a residential care facility or adult assisted living home.
- Medical supplies, equipment, and appliances suitable for use in the recipient's residence.

Personal Care Services

Personal care assistant services (PCA) include help with activities of daily living (ADLs) such as bathing, dressing, grooming and toileting. In conjunction with ADLs you may also receive authorization for help with instrumental activities of daily living (IADLs) such as meal preparation, grocery shopping, personal laundry and light housekeeping.

The type of care authorized is dependent upon each individual's functional need, living situation and availability of other caregivers. The cost of PCA services is paid by Alaska Medicaid, if the recipient is eligible, or by the recipient on a sliding fee scale.

Services are provided through the following PCA agency models:

- **Agency-Based PCA Program (ABPCA)** - allows recipients to receive services through an agency that oversees, manages and supervises their care — this model has been operational for more than 10 years.
- **Consumer-Directed PCA Program (CDPCA)** - allows consumers (recipients) to manage their own care by selecting, managing, scheduling and supervising their own PCA. The Consumer-Directed agency provides administrative support to

the recipient and the PCA — this model was implemented on October 1, 2001.

Functionally disabled Alaskans of all ages, and frail, elderly Alaskans who have a functional limitation and need hands-on help to perform activities of daily living (ADLs), including bathing, dressing, grooming and toileting, are eligible for PCA services.

Also, in conjunction with ADLs, help with instrumental activities of daily living (IADLs) such as shopping, meal preparation and light housekeeping may also be allowable. A person does not have to be on a Medicaid waiver to receive PCA services. Personal care is a regular Medicaid service.

Hospice Care provides up to 24 hours of care and services for terminally ill patients.

For more information see the PCA web pages at <http://health.hss.state.ak.us/dsds/pca/>

Children

Children may receive the same services as listed above for adults.

Hospice Care

Adults

Hospice Care provides up to 24 hours of care and services for terminally ill recipients with life expectancy of six months or less. These services may be provided in a home or an inpatient setting by hospice. These services include:

- Routine home care
- Continuous home care
- Inpatient respite care
- General inpatient care
- Hospice nursing home care.

A written plan of care must be submitted by a provider for prior authorization of these services.

Children

Children receive the above services listed for adults.

Covered Services for Medicaid Qualified Alaskans

Hospital Services

Adults

A hospital is an institution that provides medical care for the treatment of sick and injured people. The care you receive at a hospital must be for a Medicaid approved service, and some services must be prior-authorized. This care may be for both inpatient and outpatient services. If you must stay in the hospital (inpatient), Medicaid will pay for a semi-private room. Payment is made for a private room only if your physician says you need it and Medicaid approves it. Telephone calls, television, and other personal items are not covered by Medicaid. If you must receive treatment at a hospital but you do not have to stay in the hospital (outpatient), Medicaid will pay for the treatment. Your physician must schedule this care with the hospital. Emergency room services are covered.

Contact the Recipient Helpline for a list of providers in your area.

Children

Children receive the same services as those listed above for adults.

Lab/X-ray Services

Adults

Alaska Medicaid covers services, tests, and procedures performed by a laboratory when the services are medically necessary, covered by Medicaid, and ordered by a qualified provider.

Children

Children receive the same services as those listed above for adults.

Long Term Care Facilities

Adults

Long Term Care Facility services are covered for Alaska Medicaid recipients who require supervised nursing care services of a certified

and licensed Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or Intermediate Care Facility for the Mentally Retarded (ICF/MR). All Long Term Care Facilities services require prior authorization by the State of Alaska, Division of Senior and Disabilities Services. When long term care is approved, the level of care for the recipient and length of stay are included in the authorization. The recipient's level of care is determined by considering the type of care required, the qualifications of the person who will provide the direct care, and the stability of the recipient's overall condition. A recipient may receive authorization for long term care facility services as a new admission, transfer, or continuing placement.

Children

Children receive the same services as those listed for adults.

Medical Equipment and Supplies

Adults

Durable Medical Equipment and Supplies (DME): Medically necessary supplies and equipment are covered if ordered by your physician and approved by Medicaid. Some supplies and equipment require prior authorization.

Prosthetic Devices: Medicaid will cover prosthetics such as artificial limbs, and orthotic devices such as body braces when medically necessary and ordered by your health care provider.

Home Infusion Therapy: Medically necessary home infusion therapy services are covered if ordered by your physician. This service requires prior authorization.

Respiratory Therapy Assessment Visits:

Adults

All respiratory therapy assessment visit ser-

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Services for ventilator-dependent patients require prior authorization. A plan of care is required and must be maintained on file with the physician's prescription that supports the plan of care. The assessment visit includes servicing of the equipment to assure that the equipment is safe, operating properly, and meets patient's needs under the established plan of care.

Children

Children receive the above services listed for adults.

Nutrition Services

Adults

Nutrition services for recipients over age 21 are covered only for pregnant women. Pregnant women must be referred by one of the following: physician, advanced nurse practitioner, registered dietician employed by a hospital or WIC program, or other licensed health care practitioner who may order nutrition services within the scope of the practitioner's license.

Coverage for referred pregnant recipients includes one initial assessment within a calendar year and up to 12 additional hours within a calendar year for counseling and follow up care. If additional visits are needed they must be prescribed by your provider along with medical justification when services exceed 12 hours in a calendar year.

Children

Children and pregnant recipients under age 21 receive the same coverage as listed above for pregnant women. The child also must be determined to be at high risk nutritionally.

Outpatient (Ambulatory) Surgical Care

Adults

All surgical procedure services rendered in an ambulatory surgical care (ASC) facility must

be medically necessary and must be performed by or under the direction of a physician or dentist. Dental services provided in an ASC for a recipient over age 21 are limited to treatment for the immediate relief of pain and acute infection only. In order to receive treatment at an ASC facility you must not require overnight hospitalization. Prior authorization is required for some procedures.

Children

Children receive all services listed for adults, and additional dental services if under age 21. See dental coverage for children on page 5.

Pharmacy Services

Adults

Most prescription drugs are covered. Some prescription drugs require special authorization or documentation, which your doctor or pharmacist will submit. Adults are responsible for a \$2.00 co-payment for each new or refilled prescription. Some over-the-counter drugs such as birth control, prenatal vitamins, drugs for yeast infections, laxatives, etc., may be covered if your health care provider prescribes them. Check with your provider about drugs covered by Medicaid.

Children and Pregnant Women

A co-payment is not required of children under age 18 and pregnant women.

Medicare Part D Prescription Drug Plan

If you are enrolled in both Medicaid and Medicare your prescription drug coverage changed as of January 1, 2006. Medicare Part D will now pay for your prescription drugs instead of Medicaid. Medicaid will only pay for two types of prescription drugs that are not covered by Medicare: barbiturates, used to treat seizures; and benzodiazepines, used to treat acute anxiety, panic attacks, seizure disorders and muscle spasm for individuals with cerebral palsy. In addition, Medicaid will continue to pay for some over the counter drugs that are

Nutrition services are reserved for children under the age of 21 and pregnant women.

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prescribed for you. You may need to pay small copay for each prescription. Medicaid will continue to pay for your other covered health care costs.

To learn more, or if you need help choosing a Medicare Prescription drug plan that meets your needs, you may call the Medicaid Recipient Helpline at 1-800-780-9972 for a list of trained volunteers in your community; or call Medicare at 1-800-633-4227. TTY users should call 1-877-486-2048, or visit www.medicare.gov on the web; or call the Senior Care Information Office at 907-269-3680 (in Anchorage) or 1-800-467-6065 statewide.

Podiatry Services

Podiatry includes preventive care, examination, diagnosis, treatment and care of conditions of the ankles and feet.

Adults

No podiatry services are available to adults unless you are a Medicare recipient. If you have Medicare you are eligible only for payment of the deductible and coinsurance of Medicare-covered services.

Children

Podiatry services are available only to Medicaid eligible children under age 21.

Pregnancy and Postpartum Care

Medicaid covers regular prenatal care checkups and other services provided by a physician, clinic, advanced nurse practitioner, or direct entry midwife. The coverage continues during pregnancy and for two months after your baby is born. You must notify your Public Assistance caseworker when your baby is born. You will receive eight weeks of postpartum coverage and coverage will start for your baby. You must give the hospital and any other provider of services a copy of your baby's eligibility card or coupon.

Private Duty Nursing

Adults

Only adults under certain Medicaid waivers are eligible for private duty nursing services.

Children

Private duty nursing may be paid for by Medicaid if it is provided to children under age 21 who:

- had a well child exam within the last 12 months,
- need medical services that can only be provided by a RN, LPN or ANP,
- have been recently discharged from a hospital or nursing home, or who have a physical health condition that Medicaid would determine is eligible for admission to a hospital or nursing home.

Private duty nursing must be provided by an agency enrolled as an Alaska Medicaid provider. Services must be prior authorized by Alaska Medicaid before they are rendered.

Substance abuse treatment is available for adults, youth and pregnant women.

Rural Health Clinic (RHC)/ Federally Qualified Health Centers (FQHC) Services

Adults

Rural Health Clinic (RHC) Federally Qualified Health Center (FQHC) Services may provide the following services:

- Primary Care Services
- Ambulatory Services
- Dental Services
- Mental Health Services.

A Rural Health Clinic may provide medical emergency procedures as a first response to life-threatening injuries and acute illnesses.

Children

Children receive the same services as listed above for adults.

Covered Services for Medicaid Qualified Alaskans

School Based Services

Children

Medicaid will cover some therapy services when the service is provided by the School District for children with disabilities. The therapies need to be medically necessary and recommended by the child's Individual Family Support Plan (IFSP), or the Individualized Education Plan (IEP). The therapies include:

- certain hearing and speech-language therapy
- certain physical and occupational therapy
- certain behavioral health therapy

Please ask your child's IFSP or IEP team if school based services are appropriate for your child.

Alaska Medicaid cannot pay the doctor, hospital or pharmacy if they are not enrolled as a provider in Alaska Medicaid.

Therapy Services

Outpatient Physical Therapy Centers

Adults

Medicaid will cover some services of a physical therapist to rehabilitate and restore body functions following an illness or accident if ordered by a health care provider. Services include evaluations, massage and manipulation, therapeutic exercise and other forms of treatment to rehabilitate and restore normal body functions after acute physical illness or acute physical trauma.

Swimming therapy, weight loss programs, programs to improve overall fitness, and maintenance therapy are **not** covered services.

Children

Children receive all of the services listed above. Maintenance physical therapy services related to conditions caused by developmental disabilities or delays may be provided to a recipient under age 21.

Occupational Therapy

Adults

Occupational therapy is covered when medically necessary and ordered by a physician, advanced nurse practitioner or other licensed health care practitioner.

Children

Children receive the same services listed above for adults.

Speech-Language Therapy

Adults

Speech-Language Pathology services are covered when medically necessary and ordered by a physician, advanced nurse practitioner or other licensed health care practitioner. Services include screening, evaluation, and treatment of defects and disorders of the voice and spoken/written communication.

Children

Children receive the same services listed above for adults.

Travel for non-emergency medical services

Your health care provider may refer you to a doctor or specialist in another community. Medicaid will pay for transportation under certain conditions. First, the referral must be for tests or treatment that is covered by Medicaid and not available in your community. Secondly, Medicaid will cover transportation to the nearest available facility that provides the recommended service. Lastly, Medicaid will cover the least expensive type of transportation based upon your health condition.

When you need to be seen in another community, your health care provider will call First Health Services Corporation and describe why travel is needed. First Health will use this information to determine eligibility for

Covered Services for Medicaid Qualified Alaskans

transportation service. When it is determined that you are eligible, First Health will prior authorize the travel. Once you have a prior authorization, call the State Travel Office at 1-800-514-7123. Friendly travel agents will book your travel on an available air carrier.

The State of Alaska has contracted with air carriers to transport Medicaid recipients to health care in other communities. The State Travel Office will book your travel on an approved air carrier. You will need to travel on the approved carrier. You will not be able to choose or change air carriers without authorization from Medicaid.

Travel Tips:

Traveling to another community for health care can be a stressful time, especially when you or a loved one is not feeling well. Here are some travel tips to help make the trip more pleasant:

- Be sure that your travel has been approved and properly booked before you go. Medicaid cannot pay for travel, taxi rides or a hotel room that was not properly authorized.
- Prepare to travel only for the length of time needed to complete your appointment. Medicaid cannot cover weekends or extra days that are not related to your medical care.
- Bring personal identification and bring your Medicaid coupons or Denali KidCare Card. You are responsible for giving a coupon or showing your card for all your appointments.
- Bring some money for things that are not covered by Medicaid. Medicaid cannot cover room service, tips, phone calls, pay-per-view movies, movie rentals or other extra services. If you order these things, you will need to pay for them.

Traveling by taxi:

- Use of the taxi voucher in your home

community is not authorized. Medicaid does not cover a ride to the airport in your home community.

- Once you arrive in the community where you will receive health care, the taxi vouchers can be used to travel from the airport to your place of lodging, medical appointments, referrals for medical services and back your place of lodging and the airport
- Taxi vouchers cannot be used for personal travel such as visiting family or friends or for shopping.
- Using a Medicaid taxi voucher for travel other than from the airport to

your place of lodging, medical appointments, referrals for medical services and back to your place of lodging and the airport is an erroneous benefit and must be paid back to Health and Social Services.

If you have any questions about how to use Medicaid travel

benefits please call the Recipient Helpline at 1-800-780-9972.

Frequently asked questions about Medicaid Travel:

My child needs to travel for medical care. Will Medicaid pay for me also?

Yes. Medicaid will cover one adult to escort a child to a necessary medical appointment. Under certain conditions, Medicaid will pay for an adult to have an escort. First Health will prior authorize an escort for an adult if it is medically necessary.

My child needs to stay in the hospital for a long time. Will Medicaid authorize an extended stay for me, or can I travel back and forth?

Medicaid recognizes that this is a difficult time for families. First Health will work with you and your health care provider to determine the most appropriate level of support.

Travel services must be requested by your health care provider and prior authorized by First Health Services.

Covered Services for Medicaid Qualified Alaskans

My health care provider referred me to a doctor in another state. Will Medicaid send me out-of-state?

Maybe. Medicaid will cover transportation to another state if the service is not available in state; it must be a Medicaid covered service and be medically necessary. Remember, transportation is provided to the nearest hospital or facility that provides the kind of health care recommended by your doctor.

Children under the age 18 who are traveling out-of-state for medical services must travel with a legal parent or guardian.

When I'm traveling for health care, will Medicaid pay for taxi rides and hotels?

Yes. First Health will determine and authorize the services that are necessary while you are traveling. You will receive vouchers that cover hotel and appropriate taxi rides. Adults who are traveling with an escort are expected to share a hotel room.

Contact the Recipient Helpline, 1-800-780-9972 for a list of hotels with resteraunts.

When I'm traveling for health care, will Medicaid cover my meals?

Yes. First Health will determine the number of meals for you and/or your escort. Medicaid can pay up to \$36 for three consecutive meals if the restaurant where you choose to eat is enrolled in Alaska Medicaid. You may want to plan to stay at a hotel that has a restaurant enrolled with Alaska Medicaid.

My doctor said that I need to stay longer, what do I do?

When your travel plans change for medical reasons or bad weather, your health care provider needs to call First Health as soon as possible. First Health will make the necessary changes to your hotel and airplane prior authorization. After your health care provider has called First Health, you will need to call the State Travel Office to update your air tickets.

My child is going to an out-of-state residential psychiatric treatment center. Can I travel

with my child?

Yes. Medicaid will pay for one parent, legal guardian, or designee to travel with the child to the treatment center and back home. Siblings or other relatives are not covered for travel. Medicaid may also cover limited travel for one parent or legal guardian to travel to the treatment center for therapeutic visits.

My plans changed and I didn't travel. What do I do with the tickets?

Call the State Travel Office. They will make arrangements for you to return the tickets so that Medicaid may collect a refund.

I need to travel for a medical service, but I want to stay with family or friends.

Great! First Health can help identify the things that Medicaid can and cannot cover when you stay with family or friends.

I need transportation to a medical appointment in my home community. Can Medicaid help?

Maybe. Medicaid does not typically provide transportation services in your home community. However, the "Early Screening Program" provides assistance for pregnant women and children to attend medical and WIC appointments. Please call 269-4575 in Anchorage, or 1-888-276-0606 Statewide to see if you might qualify.

Vision Services

Adults

Medicaid will cover one vision examination per calendar year by an optometrist or an ophthalmologist to determine if glasses are required and for treatment of diseases of the eye. Medicaid will pay for one pair of Medicaid approved glasses per calendar year. Additional vision coverage may be authorized if medically necessary.

Children

Children receive the same services listed above for adults.

Covered Services for Medicaid Qualified Alaskans

Waiver Services

Adults

Home and Community Based Waiver Services: People of any age who experience long term medical conditions that require a level of care offered in a nursing home, and those with mental or developmental disabilities that could be served in an institution may be able to get their care at home through the Home and Community Based Waiver Services programs.

Children under age 21 with complex medical care needs, individuals of any age who are mentally or developmentally disabled, and people over age 21 experiencing medical problems who would otherwise qualify for care in a nursing home, are served by:

Division of Senior and Disabilities Services (DSDS)

<http://hss.state.ak.us/dsds>

Phone: (In Anchorage) 907-269-3666

Hearing impaired, TDD: 907-269-3624

Home and community based waiver services are provided in addition to all regular Medicaid services. Home and community based waiver services are not available to people receiving regular Medicaid unless they are approved for those services under a specific waiver program.

Children

Children under age 21 with complex medical care needs, or who are mentally or developmentally disabled may qualify to receive the same services listed above for adults.

Environmental Modifications

Environmental Modifications are available to recipients who have been approved for Alaska Medicaid and waiver services. **The recipient whose need for physical adaptations to the home has been identified in the recipient's plan of care** may receive environmental modifications.

Environmental modifications include those physical adaptations to the home that are necessary to ensure the health, welfare, and safety

of the recipient, or which enable the recipient to function with greater independence in the home and prevent institutionalization. Modifications include:

- ramps and grab bars
- porch or stair lifts
- widening of doorways and removal of walls
- bathroom modifications
- specialized electric and plumbing systems
- installation of vehicle or van lifts for safe transfer and transportation.

All environmental modification services require prior authorization.

Residential Supported Living/Assisted Living Home Services

After a recipient's eligibility for Alaska Medicaid and waiver services is determined, the recipient who cannot live alone may receive assistance with activities of daily living in a residential setting or in an Assisted Living Home.

Provided services are:

- meals
- housekeeping
- transportation
- assistance with eating
- bathing
- dressing
- grooming
- toileting
- transferring
- walking
- personal laundry
- medication monitoring
- social and recreational activities.

All Residential Supported Living/Assisted Living Home services require prior authorization and must be identified in the plan of care.

Covered Services for Medicaid Qualified Alaskans

Well Child Exams

These preventative health exams are also referred to as EPSDT, or the Early and Periodic Screening, Diagnosis and Treatment program for Medicaid eligible children under 21 years of age in the state of Alaska.

Medical

Complete physical exams, or check-ups, are covered until a child turns 21. A complete check-up should include:

- Height and weight measurement
- Vision, hearing, and dental screening
- Immunizations, if needed
- Growth and development assessment
- Time for parents, children and teens to have questions answered
- Age-related information about normal development, food, health, and safety
- Referrals for dental care, vision exams, and WIC depending on the patient's age.

Regular check-ups help parents keep track of their child's growth. They also increase the chances that health problems are found early. Children and teens should have a complete exam at the following ages:

- Birth, 2, 4, 6, 9 and 12 months
- 15, 18 and 24 months
- 3, 4, 5 and 6 years
- At least every other year after age 6.

If you want this exam to count as a physical for school activities or camp, bring the school's forms with you to the appointment.

Dental

Children and teens should visit a dentist at the following times:

- Birth through 2, when needed.
- At least every year starting at age 3.

Vision

Children and teens should visit a vision specialist at the following times:

- Birth through 4, when needed;
- At least every year starting at age 5.

If you need help in finding a provider to give your child an exam, or making an appointment for an exam, they should call the Recipient Helpline. If they need help finding local transportation to an exam, you may call EPSDT travel with the Division of Health Care Services at 269-4575 in Anchorage, or 1-888-276-0606 elsewhere in Alaska.

Care Management Program

The Care Management Program (CMP) is a program within Alaska Medicaid that has been set up to help selected recipients establish a primary care provider for their health care services and medication needs. The CMP selects recipients that have used services in an amount or at a frequency that is not medically necessary. (7AAC 43.027)

Once a recipient is placed in the Care Management Program they are restricted to one provider and one pharmacy for a period of 12 months of eligibility. Your primary care provider is the only provider who can refer you to another doctor or specialist. If you see another provider without a referral you will be responsible for payment of the bill. The only exception to this is in the case of a medical emergency. When you are seen in the Emergency Room for a true medical emergency you will not need a referral. If the reason you are seen in the Emergency Room is not related to an emergency you will be responsible for payment of the bill.

Recipients in the Care Management Program do not receive their coupons from their Public Assistance caseworker. The coupons are printed and sent out by a CMP coordinator and list the primary care provider and pharmacy that have been chosen for your care. You may contact the Recipient Helpline if you need additional coupons and they will direct you to a Care Management Program coordinator.

Managing Your Care

Eligibility

The Division of Public Assistance (DPA) is responsible for establishing eligibility policy and determining the eligibility of individuals and families who may need Medicaid or CAMA benefits. The Department of Health and Social Services is responsible for establishing coverage and payment policy and for administering the processing and payment of Medicaid and CAMA provider claims. Medical benefits are part of the safety-net of services delivered through DPA. DPA staff will assess each applicant and identify the Medicaid program available to meet their needs. DPA staff determine eligibility and authorize benefits for all children and adults except those children served by or in the custody of the Office of Children's Services.

As families transition from welfare to work, DPA staff members ensure that eligible family members continue to receive Transitional Medicaid benefits.

See back cover for Division of Public Assistance office locations.

Ask your health care provider if the service you wish to receive is covered and paid for by Medicaid.

How Medicaid billing works

When you show your recipient identification card to your health care provider, you are giving them your recipient billing information. Your provider will send a bill directly to Alaska Medicaid for payment.

A provider may either take a coupon sticker or a copy of your card or coupon. If you did not receive your card or coupons, or need more coupons, you may call your Public Assistance or Denali KidCare caseworker or eligibility technician.

Medicaid regulations do not allow for reimbursement to a recipient if they pay for their own services.

Co-payment due from you

You may be required to share the cost for some services that you receive. Your "co-pay" amounts may include:

- \$50.00 a day up to a maximum of \$200.00 per discharge for inpatient hospital services,
- \$3.00 for each visit to a health care provider or clinic,
- Five percent of the allowed amount for outpatient hospital services (except emergency services),
- \$2.00 for each prescription drug that is filled or refilled.

You pay the co-payment amount directly to your health care provider when you receive services. If you cannot pay *at this time*, you will still receive services. Your provider will bill you for the co-pay amount. If you do not pay your co-payments when you are billed, your provider may refuse to see you for future appointments.

No co-payment is required for:

- Children under the age 18
- Pregnant women
- People in nursing homes
- Family planning services and supplies
- Emergency services
- Hospice care
- CAMA recipients.

If you are pregnant, notify your Division of Public Assistance caseworker right away. Your coupons will be changed to show you are pregnant and you will not be charged a co-payment.

Prior Authorization

Some services covered by Medicaid require a prior authorization before they are received.

Do not call the Recipient Information Helpline to obtain this authorization.

Managing Your Care

Only your provider can make a request for prior authorization on your behalf. In some instances the health aide in your village will be required to make the request for prior authorization. If your provider is unsure if a service or procedure needs to be prior authorized, the provider's office must contact First Health Services Corporation. Following is a list of some of the most common services that will require your provider to obtain a prior authorization:

- Travel, lodging and meals
- Some prescription drugs
- MRIs
- Some surgical procedures
- Hospitalization
- Hospice
- Home Health Care
- Orthodontia
- Some medical supplies.

Only your provider can make a request for prior authorization for you to receive services.

Doctor or hospital visits while out of state

If you are traveling or vacationing out of state and need to visit a hospital or doctor or get a prescription filled please be aware of the following:

1. Carry your coupons or card with you.
2. Present your card or coupon at the time of your visit and make sure that out-of-state providers know you have **Alaska Medicaid**.
3. Alaska Medicaid cannot pay the doctor, hospital or pharmacy if they are not enrolled as a provider in Alaska Medicaid.
4. A provider may treat you and then enroll with and bill Alaska Medicaid within one year of the services. The provider will need to contact First Health Service Corporation at 1-800-770-5650 to enroll.
5. If they are not enrolled and do not want to enroll with Alaska Medicaid you are responsible for paying for all services that were provided to you and your family.

Before you travel out of state it is advised that you contact the Recipient Information Helpline at 1-800-780-9972 for a list of Alaska Medicaid providers in the area where you will be travelling.

If you receive a bill

The medical assistance programs do not reimburse for non-covered services, including "no-show" or cancellation fees charged by a provider to all patients. Please plan to **keep your scheduled appointment** if possible, or notify your provider as soon as you know that you must cancel or reschedule.

If you get a bill you should first contact the provider at the phone number on the bill or statement to confirm that the provider has

your correct recipient information in order to Alaska Medicaid. A recipient may also contact the Recipient Information Helpline to verify if Alaska Medicaid paid the claim.

If you are issued retroactive or back-dated eligibility, you should receive a notice titled "Retroactive Medicaid Approved" or Back-dated Medicaid Approved from your Public Assistance or Denali KidCare caseworker or eligibility technician. Send copies of this notice to all of the providers who you received services from during the period covered by your retroactive back-dated eligibility.

Your provider is under no obligation to accept your retroactive or back-dated eligibility and you may continue to be responsible for the bill. If your provider does accept your retroactive or back-dated eligibility status, you are only responsible for non-covered services and co-payment amounts. You may contact the Recipient Information Helpline with questions about your bill.

Managing Your Care

Renewal Information

Adults and Children

To keep your benefits current, complete and return your renewal application by the requested date. That date is the fifth of the month your benefits are to end. If you turn in your renewal application on time and you are found eligible to continue receiving benefits there will be no gap in your coverage.

If you turn in your renewal application late, your Public Assistance caseworker may not have time to process your renewal application before your benefit eligibility coverage period ends. This means your Medicaid benefits will be delayed.

Your benefits will be effective on the first day of the month. If you need to use benefits before you receive your card, contact Public Assistance or Denali KidCare. Statewide offices are listed on the inside back cover of this book. Your coupon can be issued by fax machine directly to your health care provider.

Postpartum coverage under Denali KidCare

Women who receive pregnant women coverage or Denali KidCare are covered for the first eight weeks after their baby is born. They must apply for Family Medicaid benefits before the eight-week period ends and be found eligible in order to continue receiving medical assistance.

Newborns

You must notify your Public Assistance caseworker when your baby is born. Your baby may receive coverage up to age one year. The parent or guardian of the baby must renew the application before the baby's first birthday.

How you could lose your Medicaid eligibility

Some of the reasons you could lose your Alaska Medicaid eligibility are:

- You lose your status as a resident of Alaska.
- Your income or assets increase.
- Your household composition changes.
- You lose your disability status.
- You fail to cooperate with the Child Support Enforcement Division (CSED) when required.
 - Your Public Assistance caseworker loses contact with you.
 - Your age makes you ineligible for certain Medicaid categories.
 - You are untruthful about your Medicaid application or you knowingly break Medicaid rules.
- You fail to provide to Medicaid any information about insurance and other health coverage that is available to you.
- You or your legal representative fails to fully cooperate and repay Medicaid from financial settlements, judgments or awards obtained from a responsible third party for services that were paid by Medicaid.
- You do not send in your renewal application on time.

If you are unsure about your eligibility or what may cause you to become ineligible, contact your Public Assistance caseworker.

Medicaid regulations do not allow for reimbursement if you pay for services.

Managing Your Care

Fraud and Abuse

Misuse of the Medicaid program costs all of us. The following activities are common forms of misuse:

- A recipient makes false statements regarding their resources or income to eligibility workers.
- A provider bills Medicaid for services that the recipient never received.
- A recipient uses doctors or hospitals for social purposes rather than for needed health care.
- A recipient manipulates the program to acquire drugs or supplies for ineligible persons, or for personal gain.
- A recipient abuses narcotics purchased through the program.

You may report misuse of the Medicaid program by calling 1-800-256-0903 or 907-644-5975 by mailing a description of the activity to: First Health Services Corporation, Surveillance and Utilization Review, P.O. Box 240808, Anchorage, AK 99524-0808.

What is a Fair Hearing?

A fair hearing is when a recipient of Alaska Medicaid can have an impartial hearing officer decide if the action taken by Alaska Medicaid was appropriate.

Examples of issues which result in fair hearing requests are:

- Denial or reduction of covered services
- Prior authorization
- Claims
- Eligibility for HCB waiver services.

Applicants or recipients may request a fair hearing if:

1. Application for benefits under any assistance program is denied.
2. Assistance or level of benefits is changed, reduced, or benefits are terminated.
3. Coverage for a specific medical service is denied.

How to request a Fair Hearing

You or your representative may request a fair hearing if you disagree with an action taken by the Division of Public Assistance or Alaska Medicaid which affects program participation or benefit level.

If your denial is about your Medicaid program application or recertification, contact your nearest Division of Public Assistance office by phone or request a fair hearing in writing. The DPA offices are listed on the inside back cover of this booklet.

If your denial has to do with medical billing or services, contact the Recipient Information Helpline at 1-800-780-9972. You also may request a fair hearing in writing. Send your request to:

First Health Service Corporation
Recipient Services Department
1835 S. Bragaw St. Ste. 200
Anchorage, AK 99508-3469

Privacy and Confidentiality

Your personal health information is protected by both state and federal regulations. One federal regulation that offers added protection to the health information that the State of Alaska Department of Health and Social Services (DHSS) maintains about you is known as HIPAA. HIPAA stands for the Health Insurance Portability and Accountability Act. The Federal Government made this effective in 1996. HIPAA spells out your basic rights as an individual in respect to your own individual health information. To find out more about how the state is safeguarding your personal health information view the DHSS website at: <http://www.hss.state.ak.us/das/is/hipaa/> You may also view the DHSS privacy notice at: <http://www.hss.state.ak.us/das/is/hipaa/phci.htm>

Who is covered by Alaska Medicaid

Medicaid is an entitlement program created by the federal government. Federal funds cover approximately 60 percent of the cost and State general funds cover the other 40 percent. These percentages change from time to time.

The federal government establishes guidelines that require the states to cover specific categories of people and the types of benefits they may receive. The Alaska legislature determines which services are covered, the qualifying standards, and the categories of people who are eligible for benefits.

Family Medicaid, Breast and Cervical Cancer, Denali KidCare, Under 21 Medicaid, Adult Public Assistance related Medicaid, Nursing Home Medicaid, Home and Community Based Waivers, Care Management Program, and TEFRA are all Alaska Medicaid eligibility categories administered by the State of Alaska. These programs assist individuals and families with health care coverage. Each category has unique eligibility rules and guidelines.

Family Medicaid

Family Medicaid is the primary medical assistance category for financing basic health care for low-income families with dependent children.

Denali KidCare

Adults

The Denali KidCare program provides comprehensive health care coverage, including post-partum care of pregnant women who meet income guidelines.

Children

Denali KidCare is a program that ensures children and teens of both working and non working families have the health care coverage they need. Denali KidCare provides comprehensive health care coverage for children and teens through age 18 who meet income guidelines or whose family or parents meet income guidelines.

Breast and Cervical Cancer Checkups

Women who have breast or cervical cancer may qualify for Alaska Medicaid if they have been screened by the Alaska Breast and Cervical HealthCheck (BCHC) program. This program also provides free mammograms and Pap tests. To find out if you are eligible or to find a provider in your community, call the YWCA at 644-9600 if you live in Anchorage, or 1-800-410-6266 if you live outside of Anchorage. You can also go to the BCHC website at: www.hss.state.ak.us/dph/wcfh/bchc/default.htm for eligibility and information on where to obtain services.

Long Term Care

Individuals Living in Long Term Care Facilities

Recipients who need the supervised nursing care services of a certified and licensed Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), or Intermediate Care Facility for the Mentally Retarded (ICF/MR) may be eligible for Medicaid. All Long Term Care Services require prior authorization by the Division of Senior and Disability Services. Prior authorization can be obtained by calling 1-800-770-5650 toll free in-state.

Home and Community Based (HCB) Waiver Services

Home and Community Based (HCB) Waiver Services cover the cost of services not otherwise provided for by other Medicaid programs. HCB may allow for an eligible individual to remain at home and avoid institutionalization in other types of facilities such as nursing facilities, acute care hospitals, or intermediate care facilities for the mentally retarded. To be eligible for the HCB services, a person must meet specific income criteria and be in one of the following population groups:

- Aged

Who is covered by Alaska Medicaid

- Adult Physically Disabled
- Developmentally Disabled/Mentally Retarded
- Children with Medically Complex Conditions.

TEFRA (Disabled Children at Home)

A disabled child who does not qualify for SSI cash assistance due to parental income or resources may be eligible for TEFRA Medicaid based only on the child's own income and resources.

To be eligible for the TEFRA category a child must meet specific income criteria *and* the child must require a level of care provided in an acute care hospital, nursing facility, intermediate care facility for the mentally retarded or inpatient psychiatric hospital. (Also see page 23.)

Adult Public Assistance Related Medicaid

The Adult Public Assistance Program (APA) was established in 1989. APA provides financial assistance to needy, aged, blind, and disabled persons. APA helps with self-support or self-care. People who receive APA financial assistance are over age 65 or have severe and long term disabilities that impose mental and physical limitations on their day-to-day functioning. Individuals eligible for APA are also eligible for Medicaid.

Under 21 Medicaid

The Under 21 Medicaid categories provides comprehensive health care coverage for individuals between ages 19 and 21, who meet income and resource guidelines but do not qualify under other Medicaid categories.

CAMA

The Chronic and Acute Medical Assistance program (CAMA) is a state funded program designed to help needy Alaskans who have specific illnesses get the medical care they need to manage those illnesses. It is a program primarily for people age 21 through 64 who do not qualify for Medicaid benefits, have very little income, and have inadequate or no health insurance.

To be eligible for CAMA, you must have a diagnosis of:

- Terminal illness
- Cancer requiring chemotherapy
- Diabetes
- Diabetes insipidus
- Chronic hypertension
- Chronic mental illness
- Chronic seizure disorder.

A CAMA recipient with one of the conditions listed above is considered to have a "CAMA covered medical condition." Alaska Medicaid will cover the following services provided to eligible CAMA recipients:

- Physician services for a CAMA covered medical condition. (Physician services provided in an inpatient hospital or nursing facility are *not* covered).
- Three (3) prescriptions filled or refilled in a calendar month. Prescriptions cannot exceed a 30-day supply.
- Limited medical supplies necessary for monitoring or treating a CAMA covered medical condition. No durable medical equipment (DME) is covered.
- Prior-authorized outpatient hospital radiation and chemotherapy services for cancer treatment.

Definitions

Backdated eligibility: When an individual receives a finding of disability and medicaid is approved for prior months.

Billed Amount: The amount the provider charges for Medicaid covered services. If this amount is more than what Alaska Medicaid pays, you are **not** responsible for the difference.

CAMA: The Chronic and Acute Medical Assistance Program. (See page 21.)

Cards, Coupons and Stickers: Your proof of eligibility to receive medical services covered by Medicaid. You must show or give your card, coupon or sticker to your provider at each appointment or you may be responsible for paying for services you receive.

Caseworker: Your Division of Public Assistance or Denali KidCare contact person. Your caseworker sets up your eligibility file and makes information updates, such as changes of address, birth of your baby, number of household members, or changes in your income.

Copay or Copayment: The specific amount you pay when you receive services or purchase prescriptions. (See page 16.)

CPT Procedure Code: The American Medical Association's Current Procedural Terminology coding system for reporting medical services and procedures performed by practitioners.

Denali KidCare: A special Medicaid program for children and pregnant women. Some eligibility requirements differ from other Medicaid programs. (See page 20.)

Division of Public Assistance: State agency that administers the Temporary Assistance, Food Stamps, Adult Public Assistance, Child Care Assistance, and Work Services Programs. DPA also determines eligibility for Medicaid. A Statewide list of offices is located on the inside back cover of this book.

Eligibility: To be eligible for Alaska Medicaid programs you must meet minimum financial and non-financial guidelines. Your eligibility is determined when you apply at the Division of

Public Assistance. A list of statewide offices is on the inside back cover of this book.

Emergency: A sudden and unexpected change in a person's condition that, if immediate care is not provided, could be expected to result in loss of life or limb, significant impairment to bodily function, or permanent dysfunction of a body part.

Estate Recovery Program: Under certain conditions when a Medicaid recipient over age 55 dies or uses institutional services, Medicaid has a right to recover some of the health care costs it paid on behalf of that person. Recovery may include placing a lien on the recipient's property.

EPSDT: Early and Periodic Screening, Diagnosis and Treatment, or physical examinations available to children up to age 21, also referred to as a well-child exam. (See page 15.)

First Health Services Corp.: The corporation contracted by the State to handle provider billing and payments, provider enrollment, recipient questions and other administrative tasks for Alaska Medicaid.

HIPAA: Health Insurance Portability and Accountability Act. (See page 19.)

Care Management Program: Alaska Medicaid Care Management Program is for recipients who have used services or items at frequencies or in amounts that are not deemed medically necessary. (See page 15.)

Medicare: Federal health insurance available to people age 65 and over, or who have a qualifying disability. If you have Medicare, Alaska Medicaid may purchase your Medicare premiums for you. Ask your caseworker about Medicare Buy-in.

Preferred Drug List (PDL): The list of prescription medications within a therapeutic class and suggested as the first choice when prescribed for Medicaid patients.

Definitions

Prior Authorization: Your provider makes the request for you to receive certain services and procedures covered by Medicaid. (See page 16.)

Program Involvement Person: A person, usually a household member, listed in your public assistance file who can have access to your information.

Provider: The person or company that performs a service you need. A health care provider may be a physician, nurse, therapist or any other licensed health care practitioner or facility. A provider may also be a taxi company, restaurant or hotel.

Recipient ID number: The ten-digit number assigned and unique to you to identify your Medicaid information.

Retroactive eligibility: Retroactive Medicaid eligibility may be available to a Medicaid applicant who did not apply for assistance until after they received care, either because they were unaware of Medicaid or because the

nature of their illness prevented the filing of an application.

Retroactive eligibility may be available for up to three months immediately before the month of application if the individual meets all the eligibility criteria.

TEFRA: Tax Equity and Fiscal Responsibility Act is the federal law that allows certain children to qualify for Medicaid by excluding the income of the child's parents. To qualify, a child must be disabled and at risk of admission into a skilled nursing facility, but who can live at home if Medicaid coverage is available.

Third Party Liability: Any type of health care insurance or coverage you may receive. (See page 2.)

TRICARE: The federal Department of Defense's comprehensive military healthcare program.

Notes

Acknowledgments

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Public Assistance Offices In Alaska

(If your community is not listed here, please contact the nearest office.)

Anchorage District Office

400 Gambell Street
Anchorage, AK 99501
269-6599 - Phone
269-6450 - Fax

Anchorage APA Office

235 E. 8th Avenue, Suite 300
Anchorage, AK 99501
269-6000 - Phone
269-6004 - Fax

Anchorage/Muldoon Office

1251 Muldoon Rd Suite 111B
Anchorage, AK 99501
269-0001 - Phone
269-0070 - Fax

Bethel District Office

P.O. Box 365
Bethel, AK 99559
543-2686 - Phone
1-800-478-2686 - Phone
543-5912 - Fax

Coastal Field Office

3601 C Street, Suite 410
P.O. Box 240249
Anchorage, AK 99524
269-8950 - Phone
1-800-478-4372 - Phone
562-1619 - Fax

Denali KidCare

3601 C Street, Suite 120
P.O. Box 240047
Anchorage, AK 99524-0047
269-6529 - Phone
1-888-318-8890 - Phone
269-0986 - Fax
denali_kid_care@health.state.ak.us

Eagle River Job Center

11723 Old Glenn Hwy, Sp. B-4
Eagle River, AK 99577-7595
694-7006 - Phone
694-1490 - Fax

Fairbanks District Office

675 7th Avenue, Station D
Fairbanks, AK 99701
451-2850 - Phone
1-800-478-2850 - Phone
451-2923 - Fax

Homer District Office

270 W. Pioneer, Suite C
Homer, AK 99603
235-6132 - Phone
235-6176 - Fax

Juneau APA Office

10002 Glacier Hwy, Suite 200
Juneau, AK 99801
465-3537 - Phone
1-800-478-3537 - Phone
465-4657 - Fax

Juneau Family Services

10002 Glacier Hwy, Suite 200
Juneau, AK 99801
465-3537 - Phone
1-800-478-3537 - Phone
465-4657 - Fax

Kenai Peninsula Job Center

11312 Kenai Spur Hwy, Suite #2
Kenai, AK 99611
283-2900 - Phone
1-800-478-9032 - Phone
283-6619 - Fax

Ketchikan District Office

2030 Sea Level Dr., Suite 301
Ketchikan, AK 99901
225-2135 - Phone
1-800-478-2135 - Phone
247-2135 - Fax

Kodiak District Office

307 Center Street
Kodiak, AK 99615
486-3783 - Phone
1-888-480-3783 - Phone
486-3116 - Fax

Kotzebue District Office

P.O. Box 1210
Kotzebue, AK 99752
Phone: 442-3451 or 1-800-478-3451
442-2151 - Fax
1-888-856-2151 - Toll free fax

Mat-Su District Office

855 W. Commercial Drive
Wasilla, AK 99654
376-3903 - Phone
1-800-478-7778 - Phone
373-1136 - Fax

Nome District Office

P.O. Box 2110
Nome, AK 99762
443-2237 - Phone
1-800-478-2236 - Phone
443-2307 - Fax

Sitka District Office

201 Katlian Street, Suite 107
Sitka, AK 99835
747-8234 - Phone
1-800-478-8234 - Phone
747-8224 - Fax

Contact Numbers

If you have questions about:	Contact:
Bills, Claims, or Covered Services	Recipient Information Helpline: 1-800-780-9972 Email: recipienthelp@fhsc.com
Care Management Program	First Health Services Corporation: 1-800-770-5650 or 907-644-6842
Eligibility	Your nearest Public Assistance or Denali KidCare office (see inside back cover)
Fair Hearings	First Health Services Corp. Recipient Services: 1-800-780-9972
Fraud, waste, abuse, or misuse of Medicaid benefits	Fraud Hotline: 800-256-0930 or 644-5975
Medicare or Medicare Part D	1-800-Medicare or 1-800-633-4227
Medicare Buy-in	Medicaid Buy-in administrator: 907-334-2406
Travel Reservations	State Travel Office 1-800-514-7123
Well Child Care/EPSTD	907-269-4575 or 1-888-276-0606
WIC (Women, Infants and Children nutrition program)	Website: http://www.hss.state.ak.us/ocs/nutri/ Phone: 907-465-3100

Division of Health Care Services 4501 Business Park Blvd., #24 Anchorage, Alaska 99503-9972	Website: http://hss.state.ak.us/dhcs/Medicaid In Anchorage: 907-334-2400
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