

Alaska Medicaid Dental Providers FAQ 5/9/2023

Service Authorizations

Q. It is taking a long time to get responses to our Dental SA requests. Are you taking steps to speed up this process?

A. Our new dental consultants are now in place and over the past few weeks have completed the review of over 700 SAs.

Q. On the Dental SA form, field 16 does not allow for data entry. When will this be fixed?

A. The document has been updated and reposted to the website [here](#).

Q. The fax number on the Dental SA forms is 800-780-2219. When speaking to a rep at the new Fiscal Agent, I was told to use either 907-644-8131 or 888-772-3632. Which numbers should I use?

A. The Dental SA fax numbers are 907-644-9861 or 866-780-2219. The staff have been retrained to provide the correct fax numbers going forward.

Q. Since Adult Dental Enhanced services don't all need service authorization, how can we be assured we will be paid for services provided?

A. In addition to the AVR, you may utilize the [Recipient Eligibility Inquiry: Dental Services](#), to verify member eligibility and benefit limits prior to rendering services. This form also provides information on denture and Pano services. Please fax this form to 907-644-8126.

If you believe that a claim is improperly denied, the division recommends utilizing the first-level appeals process.

Once the member's annual limit is met, dental providers may bill recipients for any remaining balance owed. Providers must inform the recipients of any obligation to pay for a service which exceeds the annual limit and document this notice in the patient's record.

Q. I was told by State staff that I only needed to send an SA request for the anesthesia part of upcoming treatment for a patient but was told by fiscal agent staff that I needed to request an SA for the dental treatment as well. We do not want to do that as we did not know what treatment will be needed. How can issues like these be resolved?

A. If this is related to travel and you are unsure of the procedure that will be performed, please request the Service Authorization for the anesthesia prior to travel. Once a treatment plan is determined, the provider may request an update to the authorization using the [Dental Authorization update form](#).

Q. Sometimes our response to an SA request is blank. What should we do when this happens?

A. Escalate to AKSAEscalations@gainwelltechnologies.com

Q. Can we send our SA requests in via encrypted email?

A. No. At this time requests must be faxed or mailed in.

Q. Why are service authorization requests being lost?

A. If you have faxed in a service authorization request and feel that it has not been received, please escalate your request to AKSAEscalations@gainwelltechnologies.com.

Q. Why do I receive different responses for SAs depending on the agent that process the request?

A. Responses for the same request with no variations should result in the same outcome. If you are experiencing inconsistencies, please provide examples to:

AKSAEscalations@gainwelltechnologies.com.

Claims

Q. Many of our claims have been held up for months for medical review. The claims are for different services but are all held up for review of medical justification. When will our claims be paid?

A. Our claims staff is working hard to bring down the number of unresolved claims. However, if you have older claims that have not been processed, please escalate these issues to

AKSAEscalations@gainwelltechnologies.com.

Q. What should I do if I am seeing general data entry errors?

A. Please escalate these issues to AKSAEscalations@gainwelltechnologies.com.

Q. Is the red claim form required or can a black and white form be submitted?

A. Yes, the red claim form is required if submitting via paper claim. Claims may also be submitted electronically or entered directly into MMIS.

Q. Why is SDF not covered?

A. Silver Diamine Fluoride is a non-covered service at this time. We have been researching and will notify providers via RA if the coverage for this service changes.

Q. We have claims for single tooth extractions suspended because there is no service authorization when one is not needed. Why is this happening?

A. The division is working through system coding improvements. If you believe a claim is improperly denied, the division recommends utilizing the first-level appeals process.

Q. When I submit claims with payments from other coverage, the claims team is not including the TPL payments in their processing. Then I have to pay back the overpayment. What are you doing to correct these issues?

A. This issue is being reviewed by the Division of Health Care Services. If you have experienced this overpayment, please submit an encrypted email to:

AKSAEscalations@gainwelltechnologies.com.

Q. We did not receive any notification or update on requirements for indicators on claims sent with attachments. Was this information posted anywhere for providers to see?

A. The [Dental Services Claims Management Manual](#) has included this information as of January of 2019:

Electronic Claims Attachment Transmittal

When submitting an electronic claim requiring an attachment transmittal, enter the appropriate codes on the electronic claim (see tables below) and complete the [Attachment Fax Cover Sheet](#). Fax this form with any required attachment on the same day that the electronic claim is submitted. Include the recipient name, Alaska Medical Assistance Contract ID, and unique attachment control number (any alphanumeric code between two and 80 characters) on the attachment cover page. Use only the fax number shown on the transmittal form.

Identify documentation attachments for any of the following by entering the appropriate HIPAA compliant code in the attachment field(s) when completing the electronic claim:

Documentation Indicator	
AA	Available on Request at Provider Site
BM	By Mail
FX	By Fax

Type of Documentation	
B2	Prescription
B3	Physician Order
B4	Referral Form
CK	Consent Form
EB	Explanation of Benefits
M1	Medical Records
OZ	Support Data for Claim

These codes will identify that an attachment has been submitted and the claims will suspend for review of the attachments. If the codes are not entered on the electronic claim when submitted, the claim will automatically suspend and remain in suspended status until the provider submits the required documentation.

Q. I have had several claims denied for needing medical justification that had chart notes attached. Why did that happen?

A. If the claims were submitted with the claim attachment indicator marked and the claims were denied, please submit an encrypted email to: AKSAEscalations@gainwelltechnologies.com with the claims details for research and resolution.

Q. Some of our claims deny for TPL, though the member says that they no longer have the insurance that shows on their eligibility information. How can this be resolved?

A. The member needs to contact the Division of Public Assistance and submit the information that the insurance is no longer in effect. Alternately, you can submit documentation along with your claims showing the TPL no longer covers the patient. Please send your inquiry with associated documentation to: DMATPL@alaska.gov.

Q. Claims not requiring pre-approval are denying, what should we do?

A. The division requests specific examples in order to review claims processing rules. If you believe a claim is improperly denied, the division recommends utilizing the first-level appeals process.

Q. Claims are being denied for missing the SA when we do have an approved SA for the service. Why is this happening?

A. Here are some tips for success on billing for services that require an SA from the [Dental Claims Management manual](#):

When billing for a dental service for which a service authorization (SA) was obtained, keep these requirements in mind:

- The authorized provider (individual or group) must match the pay-to provider listed in field 49 of the dental claim form.
- Record the issued SA number in field 2 of the dental claim form, the SA number should match the recipient for whom it was obtained.
- The procedure code, units of service, tooth, surface, and quadrant distinctions approved on the Dental Service Authorization Request form must match the procedure code, units of service, tooth, surface, and quadrant distinctions submitted on the dental claim form.
 - If any changes to the SA are required, send a fax to the [Service Authorization Unit](#) to request an update to the SA prior to submitting the claim.

You may submit an example of denied claims for the above-stated reason using an encrypted email to: AKSAEscalation@gainwelltechnologies.com for research and resolution.

Q. Can you update the Alaska Medicaid portal so that we can check the remaining amount on the member's Adult Enhanced Dental limit, if the patient is eligible for a pano, and how many extractions they've had in the last 12 months?

A. In addition to the AVR, you may utilize the [Recipient Eligibility Inquiry: Dental Services](#) form. This form provides recipient information to include (dentures, Pano, TPL, benefit \$ limits and member eligibility). Please fax this form to 907-644-8126.

Q. Can we use the portal to look up dental SAs rather than using the AVR?

A. No. Currently providers need to use the AVR as their self-help option for checking existing SAs.

Q. The current path to get to the Dental forms on the website is Documentation>Documents & Forms> Forms> Dental forms. Is there any way you could make it easier to get to those forms?

A. An upcoming refresh of the website should reduce the steps needed to get to many of the documents. However, as an immediate step, you can add the forms page or even specific forms to your favorites in your web browser to make it quicker and easier to get to those forms.

[Alaska Medicaid Travel](#)

Q. Patients are having to wait until 2 days prior to travel to get a seat with AK Medicaid, which is causing problems with full flights and difficulty in getting to appointments. How can this be improved?

A. There is no need to wait until 2 days prior to travel for non-urgent travel. When a dental PA is in the system, the travel SA can be approved ahead of time. Travel can be requested up to a year in advance. Please refer to [Presumptive Travel Authorization Process](#).

Q. Sometimes flights are cancelled due to weather, and patient are often forced to bear the additional costs because there is no one to approve extended travel after 5:00 pm.

A. HMS Urgent phone line is open until 6:00pm Alaska Time. Provider may also fax in the Travel Request update form to get extensions for existing travel. If a flight is cancelled, patients or their escorts should speak directly with the air carrier to update their flight or may call Corporate Travel Management to rebook the flight.

Q. The forms on the Alaska Medicaid website still say Conduent. Are they going to be updated?

A. Yes. While we work to deploy an updated version of the website, current documents/forms are available [here](#).

Call Times

Q. When we need to call Provider Inquiry, we are often on hold 45 minutes or more. Can anything be done about this?

A. Yes. We are adding staff and working to optimize our processes so that call times are much shorter than they have been. New staff has been hired and are in the training process. They are expected to be taking calls by 05/22/23.

Q. There are very long hold times when I call in for a travel SA for my patients. How is this being resolved?

A. HMS has restructured the SA team, hired additional staff, and optimized staff hours to reduce call hold times. HMS has additional staff in training that will be available to support fax processing and taking calls by 05/22/23.

General

Q. What is the result of us sending in no-show forms?

A. Quality Assurance reviews these reports to determine actions that may be taken to reduce no show occurrences. As a result of this review referrals may be made to the Care Management Program.