

Alaska Medicaid and Alaska Behavioral Health 2026 Spring Provider Outreach

May 6 & 7, 2026

9:00 am – 4:20 pm AKT

Comagine Health

UAA Alaska Center for Rural Health and Health Workforce
University of Alaska Anchorage

Welcome to Comagine Health Combined Physical & Behavioral Health Provider Education Series
Accreditation Statement & Disclosure

Approved Provider Statements: In support of improving patient care, the Alaska Department of Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education and the National Association of Boards of Pharmacy (NABP), and the American Nurses Credentialing Center (ANCC), American Academy of Physician Assistants (AAPA), American Psychological Association (APA), Association of Social Work Boards (ASWB), American Dental Association's Continuing Education Recognition Program (ADA CERP), Commission on Dietetic Registration (CDR), and the Council on Optometric Practitioner Education (COPE) to provide continuing education for the healthcare team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Joint Provider Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint Providership of the University of Alaska Anchorage College of Health Center for Rural Health & Health Workforce (ACRH-HW). ACRH-HW is accredited by the ACCME to provide continuing education for the healthcare team.

Contact Hours: ACRH-HW designates this activity for a maximum of 8 contact hours, commensurate with participation.

- American Medical Association (AMA) Physician's Recognition Award (PRA) Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- American Nurses Credentialing Center (ANCC) Continuing Nursing Education
- Association of Social Work Boards (ASWB)
- American Psychological Association (APA)
- Other members of the Healthcare Team

CACHE
Clearinghouse of Alaska's Continuing Health Education

Financial Disclosures: No commercial or in-kind support was received for this educational activity. All speakers, reviewers, and planners report no relevant financial relationships related to the content of this activity.

Requirements for Successful Completion: To receive CE credit please make sure your attendance is recorded, you have actively engaged in the activity, and completed the course evaluation provided by the program facilitators to claim your credit.

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Agenda Day 2

9:00 - 9:10 am **Opening Remarks**

Yvette Stratton, RN BSN CCM
Executive Director, Care Management, Comagine Health

9:10 – 10:10 am **Alaska Medicaid Coordinated Care Initiative (AMCCI) Program**

Grace Ingrim, RN, CCM
Manager, AMCCI, TEFRA, and DSDS Waiver, Comagine Health

10:10– 11:10 am **Zero Suicide Initiatives and Updates**

Sheli Delaney
Statewide Suicide Prevention Coordinator, Division of Health Care Services

11:10 am – 12:10 pm **Care Coordination and CM Breakout Session**

Kim Lawrence, MSW, LCSW, CCM — Care Coordination- Behavioral Health
Care Coordinator Lead, Comagine Health

Deon Westmorland, RN, BSN, CCM — Case Management-Complex- Physical Health
Senior Director, Implementation and Quality, Comagine Health

12:10 pm – 1:10 pm **Lunch Break**

1:10 – 2:10 pm **TEFRA and SDS Programs**

Grace Ingrim RN, CCM
Manager, AMCCI, TEFRA and DSDS Waivers, Comagine Health

2:10 pm – 3:10 pm **Medicaid Travel Presentation**

Carrie Silvers, RHIT, CPC
Medicaid Program Specialist IV, Division of Health Care Services

3:10 – 4:10 pm **Utilization Management (UM) Services Breakout Session**

Teresa Kirn, RN, ICQI — UM- Physical Health
Clinical Manager, Comagine Health

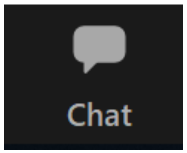
Linda Rasmussen, LCSW — UM – Behavioral Health
Clinical Supervisor, Comagine Health

4:10 – 4:20 pm **Closing Remarks**

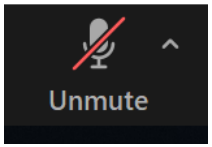
Yvette Stratton, RN BSN CCM
Executive Director, Care Management, Comagine Health

Housekeeping

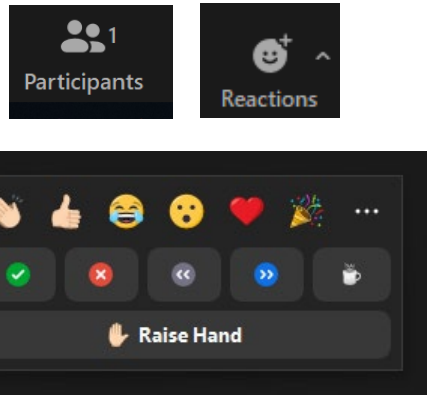
Use the **Chat** as a backchannel for questions and comments & to participate in activities



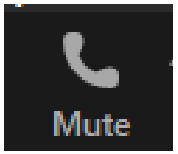
Remain on **mute** when you're not speaking. Unmute yourself only when you want to speak.



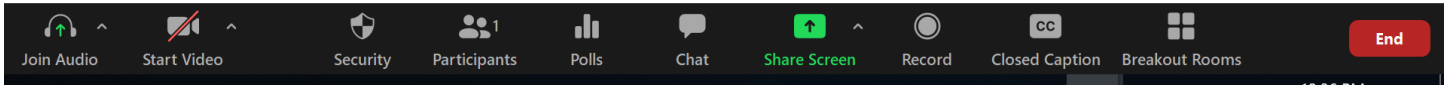
Click on **Participants** or **Reactions** to share reactions



If you are joining us **by phone**, please **dial *6 to mute / unmute.**



Note: This session is being recorded. The recording and slide deck will soon be posted to the Comagine Health website.



Comagine Health

Comagine Health

Opening Remarks

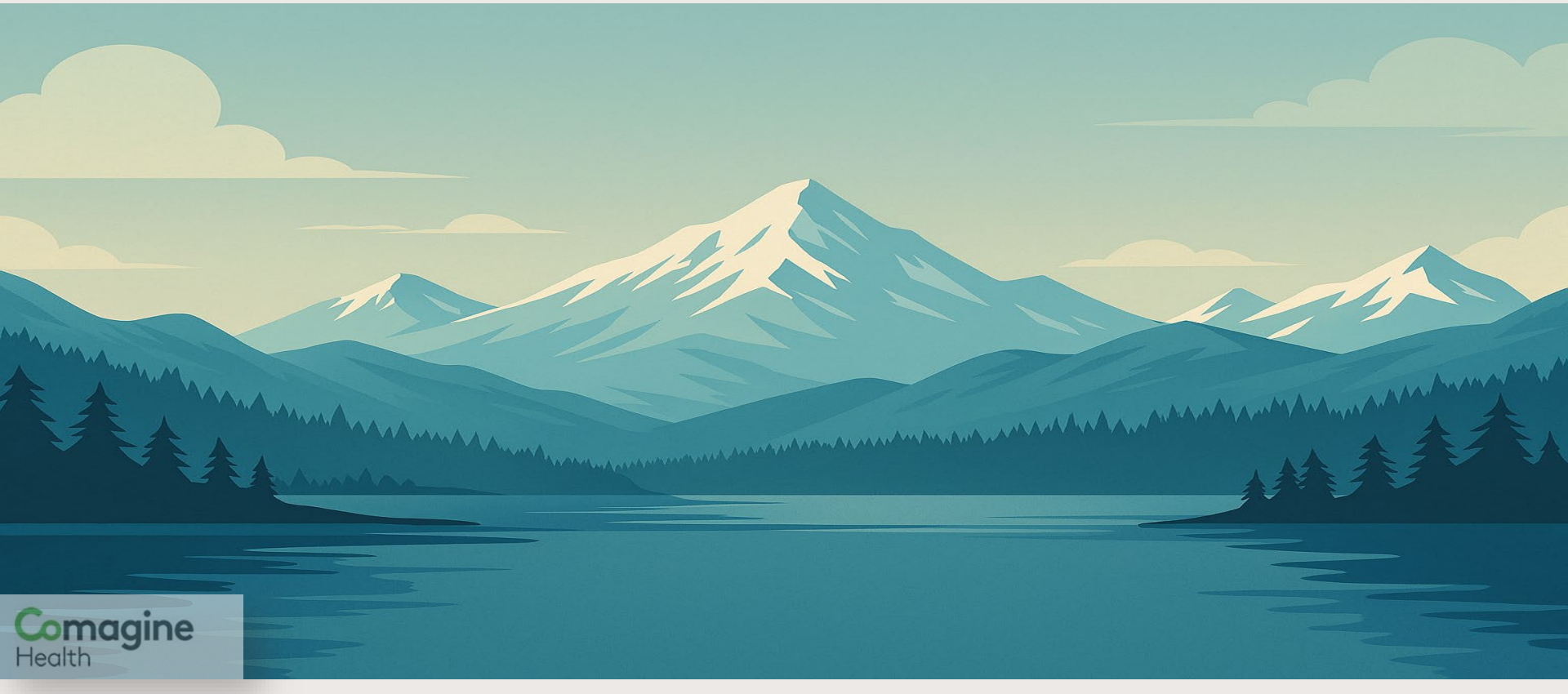
Yvette Stratton, RN, BSN, CCM
Associate Vice President, Care Management, Comagine Health

Comagine Health

Alaska Medicaid Coordinated Care Initiative (AMCCI) Program

Grace Ingrim, RN, CCM

Manager, AMCCI, TEFRA, and DSDS Waiver, Comagine Health



Alaska Medicaid Coordinated Care Initiative (AMCCI)

Overview and Insights into Healthcare Coordination Strategies

Grace Ingrim BSN, RN, CCM

Some content and photos generated through AI and reviewed by Grace



TODAY'S FOCUS

Purpose of AMCCI

AMCCI addresses systemic and clinical challenges in healthcare, explaining why the program was created.

Program Operations

The program works through a service model involving care coordination and integration of community health workers and nurse case managers.

Outcomes and Impact

AMCCI delivers measurable outcomes, real-world impact, and practical value to providers and members.

PURPOSE

AMCCI Strategic Partnership

AMCCI is a strategic partner with the State of Alaska Dept of Health supporting recipients and providers caring for high-risk Medicaid members across Alaska with issues of complex medical and behavioral health.

Challenges for Clinicians

The program acknowledges challenges like high ER use, fragmented care, limited behavioral and specialty health access, and social determinants of health impacting care outcomes.

Shared Goals and Outcomes

AMCCI focuses on improving patient outcomes, stabilizing utilization, partnering with providers, and improving health literacy.

Statewide Integration

AMCCI is embedded within Alaska's Medicaid infrastructure through partnership with the Department of Health and Comagine Health.



The Problem AMCCI was Designed to Solve



WHY AMCCI EXISTS

Complex Patient Challenges

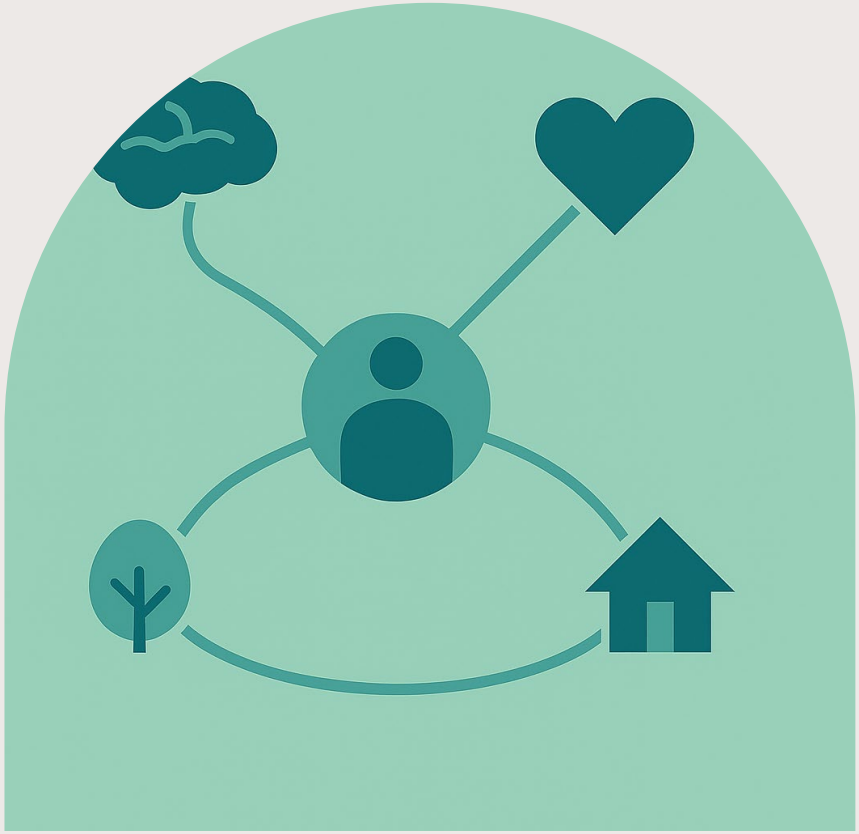
Alaska's Medicaid patients face multiple chronic conditions, behavioral health issues, and social barriers impacting health outcomes.

Fragmented Care System

Fragmented healthcare delivery leads to poor treatment adherence and avoidable hospitalizations, frustrating clinicians and patients alike.

AMCCI's Purpose

AMCCI addresses gaps in traditional care by integrating whole-person needs and social determinants into Medicaid management.



THE AMCCI SOLUTION

WHAT MAKES AMCCI DIFFERENT

Relationship-Based Case Management

AMCCI offers personalized, one-on-one case management by nurses and community health workers building trust over time.

Voluntary, Member-Centered Approach

The program emphasizes motivational interviewing, personalized goals, and member trust.

Whole-Person Care Integration

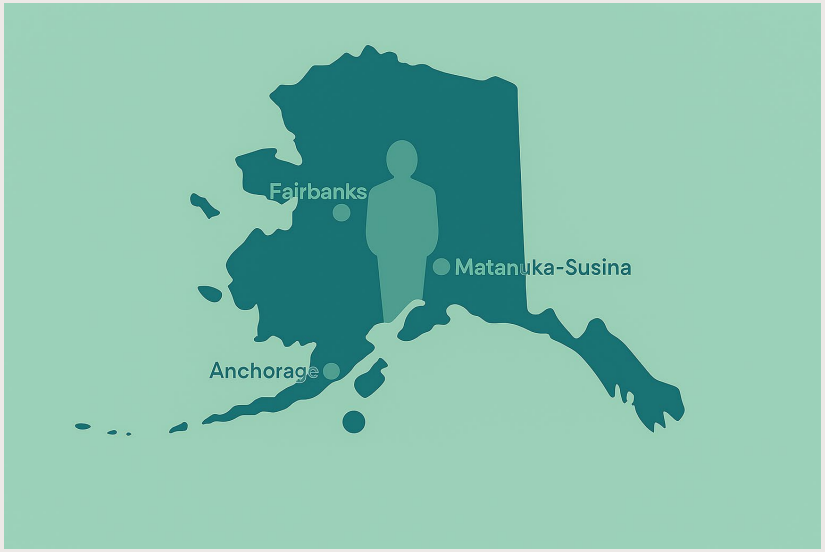
AMCCI addresses medical, behavioral health, and social needs for comprehensive and sustainable health improvements.

Strong Community Partnerships

Partnerships help overcome barriers like transportation, housing, and benefits access beyond traditional clinical care.



SERVICE MODEL



Flexible and Scalable Model

AMCCI's model adapts to Alaska's diverse geography and population with scalable telephonic and in-person services.

Targeted Geographic Coverage

Services focus on Anchorage, Matanuska-Susitna, Kenai Peninsula, and Fairbanks, tailoring care to local needs.

Focus on High-Risk Members

The program targets high-risk, high-utilizing individuals identified through claims and referrals for specialized support.

Integrated Behavioral Health

Behavioral health and substance use disorder case management are integrated to meet evolving member needs

HOW AMCCI WORKS IN PRACTICE



THE AMCCI MEMBER JOURNEY

Member Identification

Members are identified through claims data, provider referrals, community partners, or self-referral, ensuring broad outreach.

Outreach and Engagement

AMCCI staff engage members voluntarily, focusing on trust-building and personalized communication for effective participation.

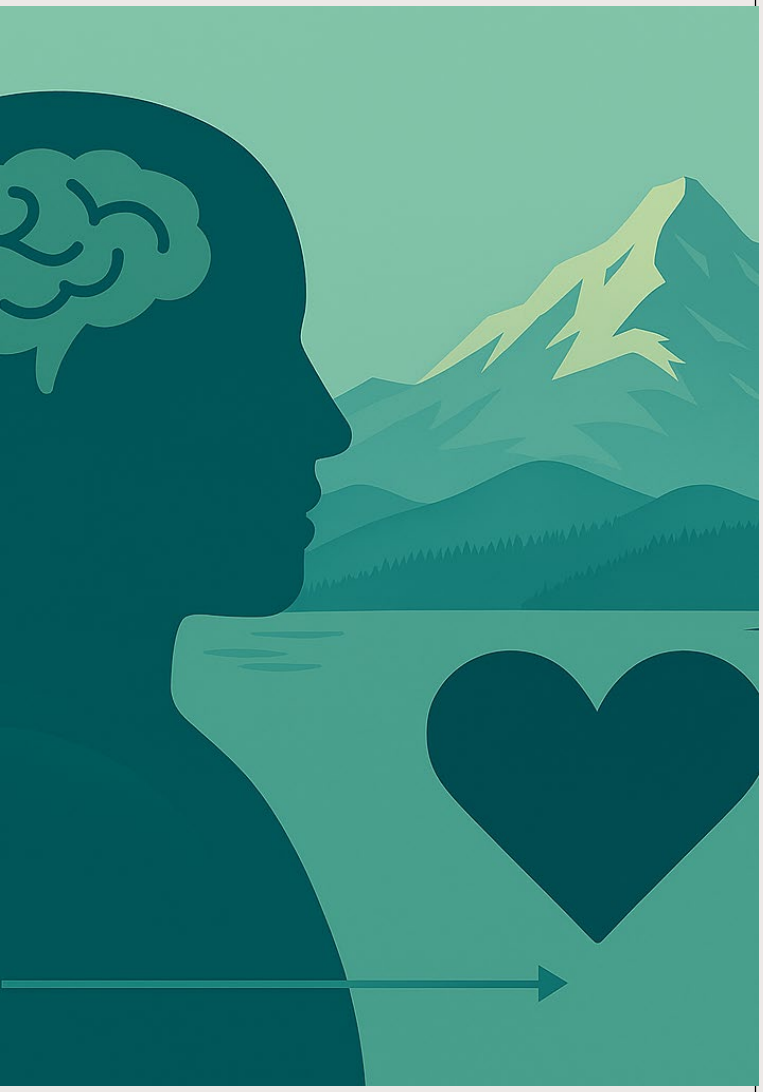
Comprehensive Assessment

Assessments cover medical, behavioral health, and social needs to develop individualized care plans with achievable goals.

Care Coordination and Transition

Ongoing care coordination ensures access to services while building self-management skills for eventual transition out of intensive care.

BEHAVIORAL HEALTH INTEGRATION



WHY BEHAVIORAL HEALTH INTEGRATION MATTERS

Health Risks and Barriers

Individuals with mental illness and substance use disorders face higher morbidity and barriers to quality healthcare, including stigma and fragmented systems.

Frequent Emergency Use

These patients often rely heavily on emergency departments due to poor engagement with preventive and primary care services.

Coordinated Case Management

Integrating behavioral health case management addresses physical, mental, and social needs in a coordinated approach for better outcomes.

Clinical Value of Integration

Providers benefit from integrated care approaches managing patients whose health outcomes depend on treating behavioral conditions.

REAL-WORLD APPLICATION

THE MEMBER'S STORY & BARRIERS

Couch surfing with housing issues

History of substance misuse and legal issues

Limited income and ability to gain employment from legal history. Food stamps. Temp work for income

Intermittently had phone / mailing address making contact difficult

Needing to establish with Primary Care Physician (PCP), Behavioral Health; referrals for specialty care

Issues of mistrust with the healthcare system

Physical limitations with chronic pain / limited endurance /medication side effects

Barriers with depression / transportation / prior legal issues limiting access to resources and services







WHAT DO WE KNOW

Complex Health and Social Challenges

The member faced multiple chronic medical conditions and social instability, increasing clinical complexity and care needs but was motivated and had capacity for resilience.

Coordinated Care and Support

AMCCI provided coordinated nursing, community health worker support, transportation, and advocacy to address member needs.

Improved Outcomes and Stability

The member achieved stabilized housing, consistent care, and progress toward self-management through sustained support.



GOALS AND CARE PLANNING

- *Develop Trust and Collaborative Relationship*
- *Establish PCP/ BH/Specialty Providers*
- *Need of housing and community resources*
- *Identify education and work opportunities*
- *Knowledge of his medication and treatment plan*
- *Education on ER utilization*



INTERVENTIONS

- *Assisted with transportation vouchers and onsite support at PCP appt*
- *Identified providers for PCP / BH services*
- *Coaching on community resources and housing*
- *Supported referrals for specialty care*
- *Ongoing assessment and updates to plan of care*
- *Coaching ,advocacy and support*

TRANSITION PLAN

Active engagement in counseling

Adhering to medical and medication treatment plans

Expanded knowledge of accessing community resources

Move to self management of chronic illnesses

Development of work skills to support income





MEMBER OUTCOMES

- *Enrolled in DVR and worked temporary jobs*
- *Obtained grant monies to have vehicle repaired*
- *Worked with landlord for continued housing*
- *Compliant with medical and BH treatments*
- *Developed worsening depression with winter seasonal and required more support*
- *Obtained stable housing and employment*
- *Moving more to self management*

VALUE FOR PROVIDERS AND NEXT STEPS



PROVIDER PARTNERSHIP IN ACTION

Reducing Emergency Visits

AMCCI reduces avoidable emergency department visits and inpatient admissions, stabilizing care for complex patients.

Improved Care Adherence

Addresses social, behavioral and access barriers.

Coordinated Care Partnership

Simplifies care coordination for high-risk Medicaid members.

Provider Support System

Maintains communication with providers as needed

Supports sustainable outcomes while reducing utilization.





IMPACT AND OUTCOMES

11/1/2015 to 12/31/2025

RESULTS 2025

Comagine Health served 200 members and achieved the following results:

Emergency Room Cost Reduction

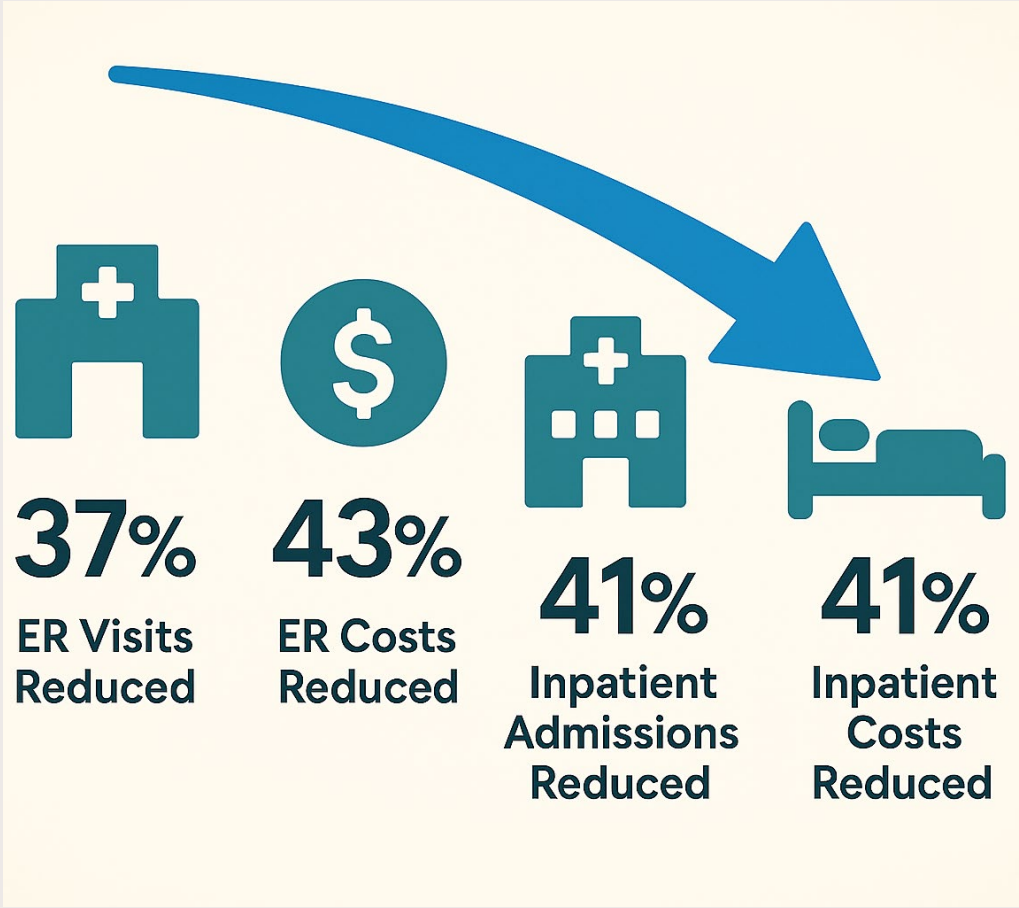
Emergency room costs decreased by 43% and ER visits dropped by 37%, easing hospital strain.

Inpatient Cost and Admission Decline

Inpatient costs fell by 41% and admissions by 41%, indicating better care stability and resource use.

Improved Care and Access

Outcomes reflect improved care stability, better access to services, and less crisis-driven utilization.



CURRENT REFERRAL PROCESS

Send referrals to Comagine Health

- Fax To: (866) 891-5123
- Attn: AMCCI Team

Referral forms available at: Case Management Services | State of Alaska | Department of Health (scroll down to AMCCI)

Program Information at: Alaska Medicaid Coordinated Care Initiative (AMCCI) | State of Alaska | Department of Health



SIMPLIFYING REFERRAL PROCESS

Moving to One -Step Referral Process

Providers / Patients/ Other identify eligible Medicaid members, complete referral forms, and AMCCI manages outreach and engagement.

Ease and Low Burden

The referral process is designed to be simple and minimize administrative workload for providers.

FUTURE REFERRALS

How to submit a referral

The referral form will be available on the Comagine Health website under Provider Portal and on the Alaska Department of Health website.

Fax: 877-265-9549

Email: AKcasemanagementreferrals@comagine.org

Phone: 888-240-437

COMAGINE HEALTH WEBSITE RESOURCES



Comagine Health: Program Search | Comagine Health



Program Information: State of Alaska, Department of Health, Division of Health Care Services – Coordinated Care Initiative (AMCCI) | Comagine Health

QUESTIONS / CONTACT INFORMATION



We want your feedback



Comagine AMCCI contact

Grace Ingrim (907) 205-9590

gingrim@comagine.org



DHCS AMCCI contact

Elizabeth LaRue (907) 334-2400

Liz.larue@alaska.gov

QUYANAQ

THANK YOU FOR PARTNERING WITH AMCCI.



Comagine Health

Zero Suicide Initiatives and Updates

Sheli Delaney

Statewide Suicide Prevention Coordinator, Division of Health Care Services

Division of Behavioral Health Suicide Prevention Program Updates

Presented by:

Sheli C. DeLaney, M.A.
Statewide Suicide Prevention Program Coordinator

May 7, 2026

OVERVIEW

- Alaska youth suicide rates
- New 988 messaging materials from Future Elder
- AK988 Implementation updates
- Zero Suicide implementation at YKHC
- Suicide Prevention in Utqiagvik
- Sustainability updates

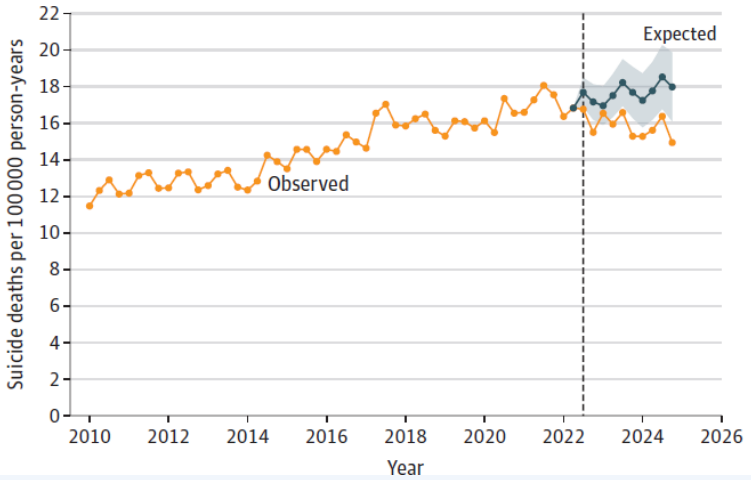
YOUTH SUICIDE IN ALASKA

- The rate of youth (ages 11-19) suicide doubled in 2025 for Alaska
- Epi bulletin forthcoming in August 2026
- SOA Epidemiology to release new dashboard
- DBH suicide prevention will provide recommendations
- Feedback needed from stakeholders and partners

SUICIDE MORTALITY AMONG ADOLESCENTS AND YOUNG ADULTS AFTER LAUNCH OF A SUICIDE AND CRISIS LIFELINE

The researchers found that among individuals aged 15 to 34 years, from July 2022 through December 2024, nationwide observed suicide mortality was lower than expected based on pre-988 Lifeline trends.

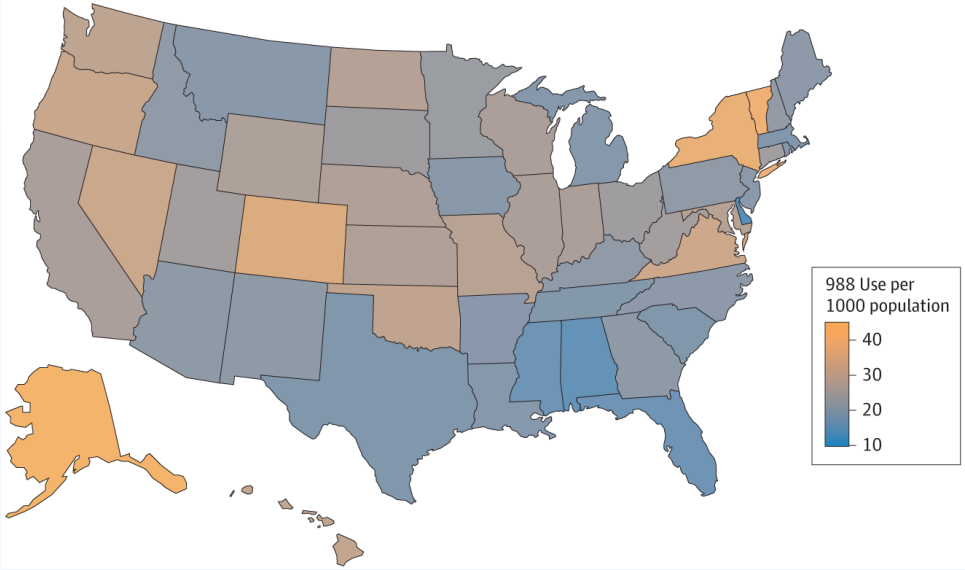
Figure 1. Graph of Suicide Deaths After Launch of the 988 Lifeline Among Adolescents and Young Adults



Patel VR, Liu M, Jena AB, et al. Suicide mortality among adolescents and young adults after launch of a suicide and crisis lifeline. JAMA. Published April 22, 2026. doi:10.1001/jama.2026.5157.

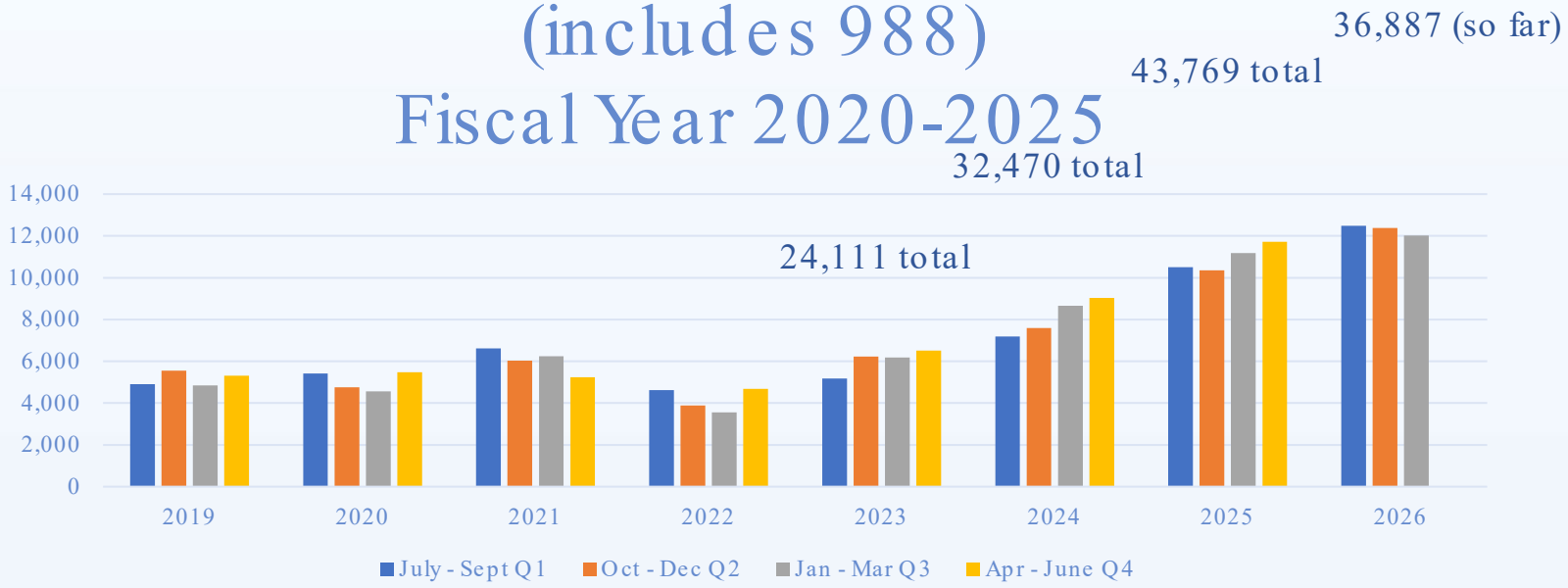
USE OF THE 988 SUICIDE AND CRISIS LIFELINE AT NATIONAL, REGIONAL, AND STATE LEVELS

"At the state-level, past-year 988 contact incidence rates ranged from highs of 45.3 and 40.2 per 1000 population in Alaska and Vermont, respectively."

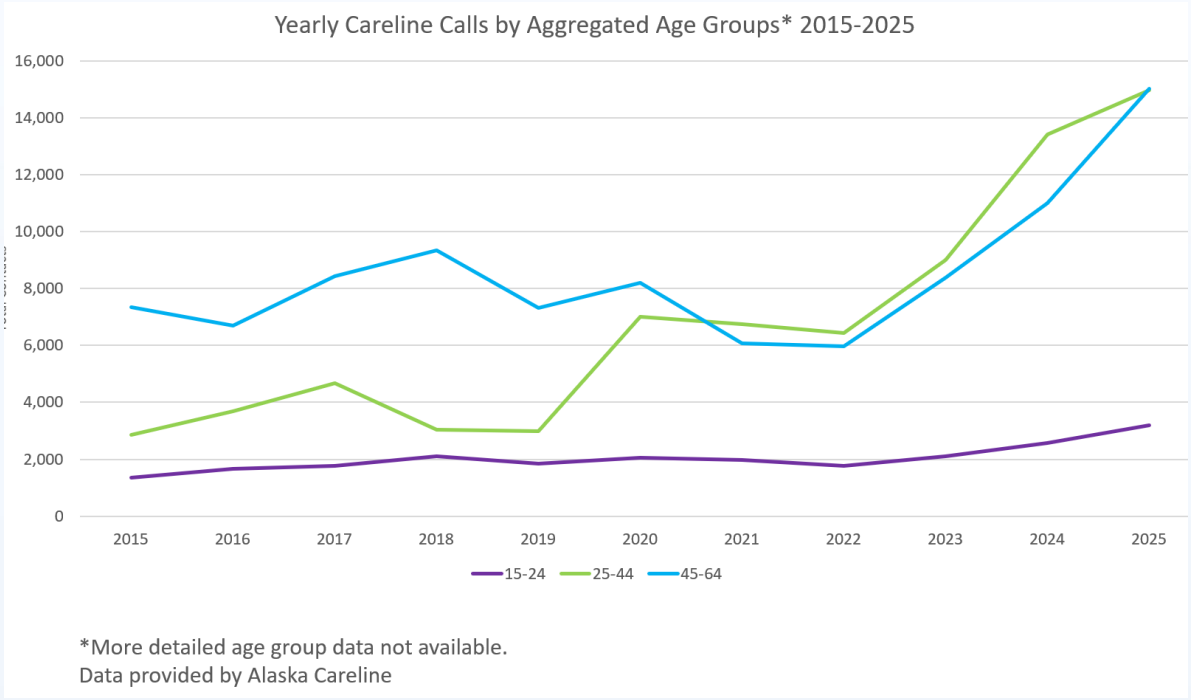


Purtle J, Mauri AI, Bandara S, Stuart EA. Use of the 988 Suicide and Crisis Lifeline at National, Regional, and State Levels. JAMA Netw Open. 2025;8(6):e2514323. doi:10.1001/jamanetworkopen.2025.14323

Total Contacts to Alaska Careline (includes 988) Fiscal Year 2020-2025



CALLS TO CARELINE BY AGE GROUPS



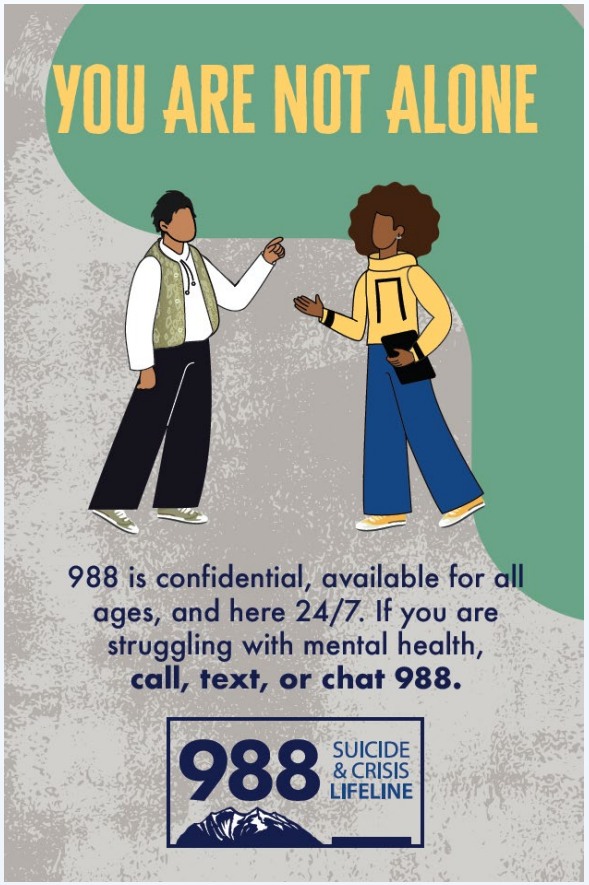
*More detailed age group data not available.
Data provided by Alaska Careline

MESSAGING PROJECT WITH FUTURE ELDER

- One year project: August 2025-August 2026
- Develop customized 988 messaging
- Focus on youth, Alaska Native, and rural populations
- Multi-media: print, digital, video on social media, streaming, community events, and more
- Funded by NASMHPD (National Association of State Mental Health Program Directors)









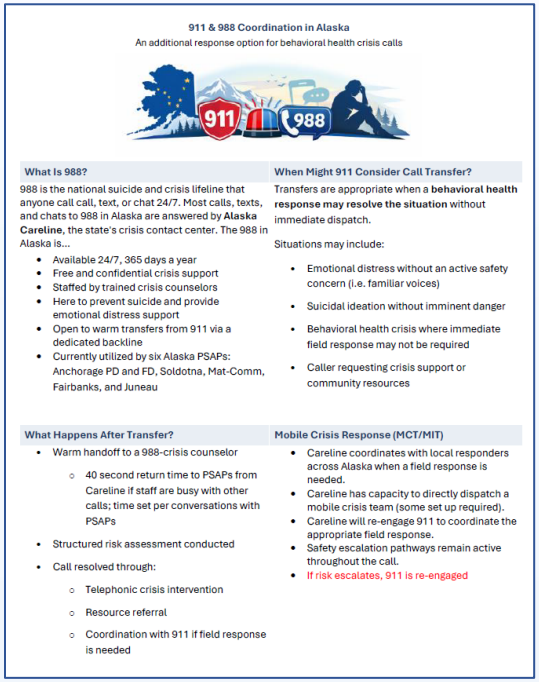




STATE OF ALASKA DEPARTMENT OF HEALTH

988 IN ALASKA

- 988/911 Coordination
  - 988-911 Info Sheet
  - 911 PSAP transfer data summary
- Next AK988 Coalition meeting is **Thursday May 28, 1:30 p.m.**
  - 988/911 Coordination
  - Sustainability
  - Messaging



911 & 988 Coordination in Alaska

An additional response option for behavioral health crisis calls

What Is 988?

988 is the national suicide and crisis lifeline that anyone call call, text, or chat 24/7. Most calls, texts, and chats to 988 in Alaska are answered by **Alaska Careline**, the state's crisis contact center. The 988 in Alaska is...

- Available 24/7, 365 days a year
- Free and confidential crisis support
- Staffed by trained crisis counselors
- Here to prevent suicide and provide emotional distress support
- Open to warm transfers from 911 via a dedicated backline
- Currently utilized by six Alaska PSAPs: Anchorage PD and FD, Soldotna, Mat-Comm, Fairbanks, and Juneau

When Might 911 Consider Call Transfer?

Transfers are appropriate when a **behavioral health response may resolve the situation** without immediate dispatch.

Situations may include:

- Emotional distress without an active safety concern (i.e. familiar voices)
- Suicidal ideation without imminent danger
- Behavioral health crisis where immediate field response may not be required
- Caller requesting crisis support or community resources

What Happens After Transfer?

- Warm handoff to a 988-crisis counselor
  - 40 second return time to PSAPs from Careline if staff are busy with other calls; time set per conversations with PSAPs
- Structured risk assessment conducted
- Call resolved through:
  - Telephonic crisis intervention
  - Resource referral
  - Coordination with 911 if field response is needed

Mobile Crisis Response (MCT/MIT)

- Careline coordinates with local responders across Alaska when a field response is needed.
- Careline has capacity to directly dispatch a mobile crisis team (some set up required).
- Careline will re-engage 911 to coordinate the appropriate field response.
- Safety escalation pathways remain active throughout the call.
- If risk escalates, 911 is re-engaged



Getting Started

Crisis response capabilities vary by region. Coordination discussions can help clarify how 988 integrates with your local response structure.

1. Coordination Meeting
PSAP leadership meets with Careline and the 988 Program Coordinator to review call types, transfer scenarios, escalation pathways, and operational workflow.

2. Develop or Adapt a Local SOP
Together, we define how 911 and 988 will coordinate locally.

- When 911 may transfer to 988
- Warm handoff procedures
- Documentation expectations
- How 988 will re-engage 911 if risk escalates
- Example SOPs and templates are available and align with NENA 988-911 coordination guidance.

3. Establish Memorandum of Understanding (MOU)
An MOU helps formalize agreed workflows and clarify roles, responsibilities, and communication pathways between agencies. Template MOUs are available.

4. Backline Access & Implementation
Careline provides a dedicated backline number for 911 transfers. Once local procedures are established, PSAPs can begin transferring calls, with a follow-up check-in after implementation to review how the process is working.

Why Partner with Alaska's Crisis Contact Center?

- Nationwide movement toward integrated, multi-agency crisis response
- Standards issued by NENA (2025) outline policies, technology, and training for 911–988 coordination.
- Can help reduce time spent on calls that primarily need emotional support or resources
- May reduce non-emergent law enforcement dispatch when a field response is not required
- Ensure the appropriate level of response for behavioral health calls
- Can serve as an additional option for frequent callers who may benefit from behavioral health support
- Provides access to crisis counseling, community resource referrals, 211 integration, and a Tribal health mapping tool in development to help connect callers with culturally relevant local services across Alaska
- Language interpretation services available for callers who prefer another language

Aggregate data from participating Alaska PSAPs is available upon request.

Questions?

Anneliese Hudson, 988 Program Coordinator Department of Health
anneliese.hudson@alaska.gov | 907-269-0044

Donnie Lane, 911 Program Coordinator Department of Public Safety
donald.lane@alaska.gov | 907-334-4464

Susanna Marchuk, Executive Director
Careline Crisis Services
executivedirector@akccsi.org | 907-452-2771

Yukon-Kuskokwim HEALTH CORPORATION

YKHC: ALASKA'S FIRST ZERO SUICIDE PILOT SITE

- Three-year project (August 2025-August 2028)
- Hire and/or assign staff to form Zero Suicide Team
- Attending trainings, such as Zero Suicide Academy
- Providing support and resources to surrounding villages
- Enhance ability for universal screening, warm transitions, data collection, and care coordination

STATE OF ALASKA DEPARTMENT OF HEALTH

ZERO SUICIDE RESULTS AT YKHC, Q1

- Q1: The Beginning
  - Zero Suicide Steering Council is established
  - Universal screening in emergency services is introduced, no data on screenings reported
  - Suicide attempts: baseline number established
  - Suicide deaths: baseline number established
  - Staff training efforts get started



ZERO SUICIDE RESULTS AT YKHC, Q2

- Q2: Things start moving
  - 224 patients are screened using evidence-based suicide risk screening tool
  - 135 patients assessed, 71 referred to follow-up care
  - Suicide attempts: at baseline
  - **Suicide deaths: down 17%**
  - 16 staff completed recommended suicide prevention trainings, 13 are enrolled



ZERO SUICIDE RESULTS AT YKHC, Q3

- Q3: Momentum is building
  - 264 patients are screened using evidence-based suicide risk screening tool
  - 189 patients assessed, 99 referred to follow-up care
  - **Suicide attempts: down 38%**
  - **Suicide deaths: down 67%**
  - 15 staff completed recommended suicide prevention trainings, 6 are enrolled



DBH SUICIDE PREVENTION IN UTQIAGVIK

- North Slope Borough Health Department Integrated Behavioral Health hosted
- Connect Training program conducted April 21-22
- Community planning April 23
- Met with IBH, Samuel Simmonds Hospital Staff, and Utqiagvik Police Department

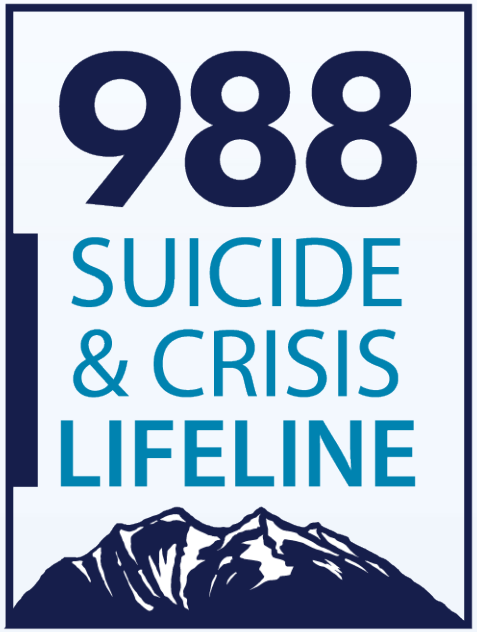


FREE SUICIDE PREVENTION TRAININGS

- UAA Center for Human Development
  - CAMS and CAMS4Teens (Collaboration and Management of Suicidality)
  - CBT-SP (Cognitive Behavioral Therapy for Suicide Prevention)
  - Be Sensitive, Be Brave
- Assessing and Managing Suicide Risk (AMSR) for direct staff providing inpatient and outpatient care
- Lethal Means Safety: PC CARES training about hold conversations with parents about lethal means reduction
- The Connect Program
  - In person, on site suicide prevention, postvention, and youth leadership trainings available for FY26
  - eLearning for healthcare providers, mental healthcare providers, school staff, and community members

SUSTAINABILITY OF 988 IN ALASKA

- Alaska Careline received 5-year contract (awarded by DBH) to continue as 988 operator
- SB 196 Behavioral Health Crisis Surcharge and Fund (SFC hearing May 5)
- DBH Suicide Prevention staff applied for Zero Suicide funding from SAMHSA to expand to new sites
- Three more years of 988 Capacity funding for states and territories expected from SAMHSA



OUR TEAM

- Sheli DeLaney, Suicide Prevention Team Lead: Sheli.Delaney@alaska.gov
- Anneliese Hudson, 988 Program Coordinator: Anneliese.Hudson@alaska.gov
- Lanisha Wuitschick, Project Assistant: Lanisha.Wuitschick@alaska.gov
- Eric Morrison, Statewide Suicide Prevention Council Program Coordinator: Eric.Morrison@alaska.gov

Thank you!

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Care Coordination and Case Management Breakout Session

Kim Lawrence, MSW, LCSW, CCM — **Care Coordination- Behavioral Health**

Deon Westmorland, RN, BSN, CCM — **Case Management-Complex- Physical Health**

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Care Coordination and Discharge Planning

Kimberley Lawrence, MS, LCSW, CCM
Lead Care Coordinator
Comagine Health

Leanne Barske, RN, MSN, NC-BC
Care Coordinator
Comagine Health

Objectives

- Describe role of Comagine Health Care Coordinators
- Share goals of care coordination services
- Describe the four phases of care coordination work
- Increase understanding of transition process and potential barriers
- Share information regarding available resources

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Overview of Care Coordination Role

Comagine Health Care Coordinators

- Work directly with psychiatric residential treatment facility (PRTF) providers to facilitate discharge planning
  - Work with both in-state and out-of-state PRTFs
- Assess and identify needs related to discharge planning
- Encourage collaboration between PRTF and lower level of care providers
- Facilitate access to community/resources/services
  - Identify viable services in remote communities
  - Identify service limitations

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Care Coordination Goals

- Support information sharing
- Provide updates to providers
- Facilitate discharge planning and access to community resources

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Care Coordination Goals (cont.)

- Promote continuity of care
- Track length of stay in psychiatric residential treatment facilities
- Complete resource assessments to help successfully transition youth back to their home community
- Confirm discharge and admission to lower level of care services

Desired Outcomes

- Keep youth in their local community
- Reduce the length of stay for youth in psychiatric residential treatment facilities
- Improve sequencing of services that meet the individual youth's needs
- Increase youth satisfaction
- Reduce readmissions to psychiatric residential treatment facilities

Case Consultations

- Care Coordinators network with
  - Office of Children's Services
  - Division of Juvenile Justice
  - Division of Behavioral Health Medicaid Provider Assistance Services
  - Division of Family and Community Services
  - Senior and Disabilities Services
  - Local behavioral health providers
  - Family advocates

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Identification of Resources

Meetings with Division of Behavioral Health Medicaid Provider Assistance Services team, OCS representatives and Department of Health representatives:

- Maintain information on community services
- Review capacity issues
- Build greater understanding of placement issues and barriers
- Staff complex cases

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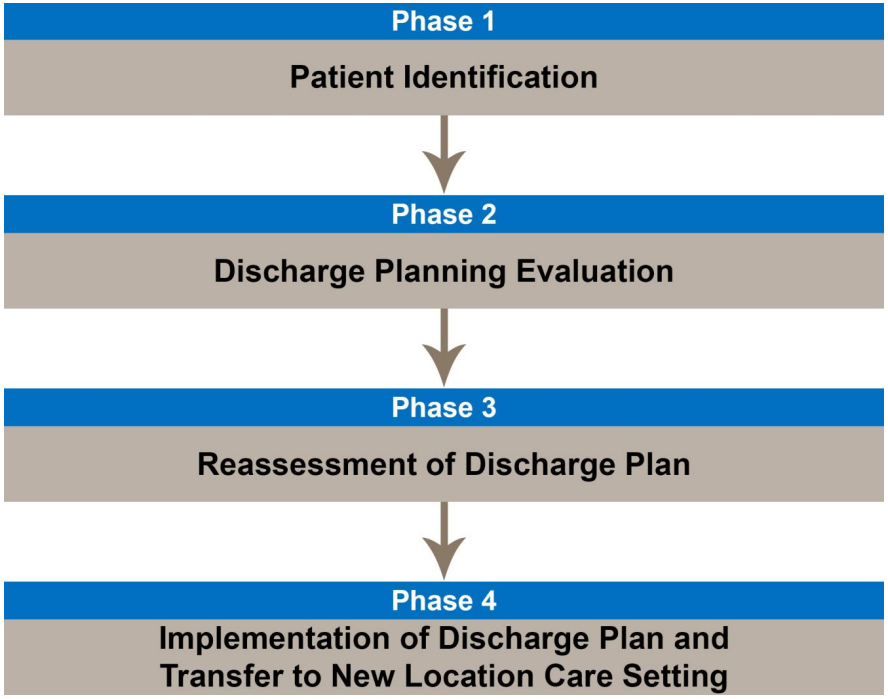
Business Associate Agreement

Letter of agreement of disclosure of Health Insurance Portability and Accountability Act (HIPAA):

As a business associate, Comagine Health is permitted to receive Protected Health Information (PHI) in order to conduct their contracted work.

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Four-Phase Process



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Phase 1: Patient Identification

Care Coordinators

- Identify youth admitted to psychiatric residential treatment facilities
- Confirm demographics
- Review Care Coordinator role related to discharge planning
- Offer assistance with identification of possible providers and resources

Phase 2: Discharge Planning Evaluation

PRTF providers

- Identify any previous providers that may be able to offer services
- Develop initial discharge plan
  - Include considerations regarding medication management, housing, family and educational services, in addition to individual, family and group therapies and other identified therapeutic interventions.

Phase 2: Discharge Planning Evaluation (cont.)

Care Coordinators

- Check in often regarding updates and newly identified needs
- Encourage collaboration with providers identified for discharge
- Assist PRTF providers in understanding resource limitations
- Encourage development of comprehensive discharge plan
- Encourage PRTF providers to obtain ROIs as soon as discharge providers are identified
- Complete Family Resource Needs Assessment (FRNA)

Family Resource Needs Assessment (FRNA)

- Structured set of questions Care Coordinator asks the parent/legal guardian
- Completed within the first three months of treatment
- Focus is to gain information to help identify
  - Barriers to receiving community-based services
  - Family concerns to be addressed during treatment
  - Need for case management and family education
  - Supports necessary to successfully transition youth back to their home community

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Phase 3: Reassessment of Discharge Plan

PRTF providers

- Re-evaluate initial discharge plan on a regular basis
  - Identify possible barriers to discharge
- Maintain contact with lower level of care providers to verify service availability and referral/application process
- Organize trial discharge home pass (if appropriate)
  - See *Behavioral Health Inpatient Psychiatric Review Provider Manual* for additional information

Phase 3: Reassessment of Discharge Plan (cont.)

Care Coordinators

- Confirm timeline for discharge with PRTF providers
- Confirm availability of services and validity of plan with lower level of care providers
- Confirm lower level of care providers have received application and updated clinical information
- Regularly check in with PRTF and lower level of care providers regarding progress on discharge planning
- Complete Family Discharge Readiness Assessment (FDRA) prior to discharge

Family Discharge Readiness Assessment (FDRA)

- Structured set of questions the Care Coordinator asks the parent/legal guardian
- Completed prior to discharge
- Focus is to gain information to help identify
  - Continued barriers to receiving community-based services
  - Ongoing needs for case management and family education
  - Supports accessed to successfully transition youth back to their home community
  - Gaps in available services

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Phase 4: Implementation of Discharge Plan

- PRTF providers
  - Finalize discharge plan for services with identified lower level of care providers
  - Confirm discharge date and plans for transition
- Care Coordinators
  - Confirm lower level of care provider's acceptance of youth
  - Confirm appointments are set for follow-up care
  - Confirm actual discharge from PRTF

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60 Day Post Discharge Assessment

- Structured set of questions the Care Coordinator asks the parent/legal guardian
- Completed within two months of discharge from the PRTF
- Purpose of this assessment:
  - Confirm the youth discharged home or to the identified step-down program
  - Confirm the youth is receiving the identified aftercare services
  - Identify barriers to receiving aftercare services and assist parent/legal guardian in addressing these
  - Identify if additional supports/services are needed and provide resources

Summary and Reminders

- Discharge planning must begin at time of admission
- Must report names of lower level of care providers for discharge no later than 90 days into treatment or risk shortened review period
- Must confirm actual appointments prior to discharge
- Once lower level of care provider is identified, planning for services can take 4 to 6 months

Don’t Forget, Care Coordinators Can…

Work with providers to find

- Web-based provider information
- Availability of services
- Agency contact information
- Alaska-specific resources

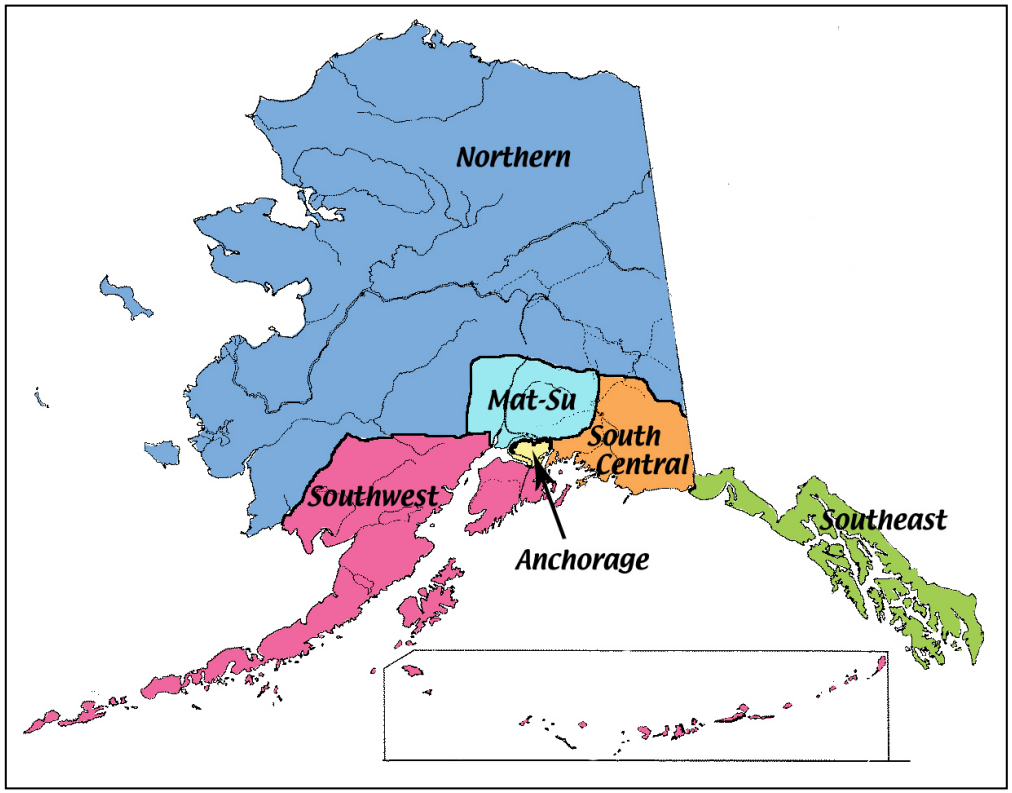
Intellectual & Developmental Disabilities

In order for a person with a suspected intellectual and developmental disability to receive help through the State of Alaska, they must be determined developmentally disabled as defined by state law.

Alaska Statute AS 47.80.900

- If you suspect a youth may fit this criteria, please immediately notify the care coordinator so the process of applying for developmental disability and possibly a Waiver can be discussed.
- The care coordinator can assist with getting you in contact with the appropriate people to explore this further.

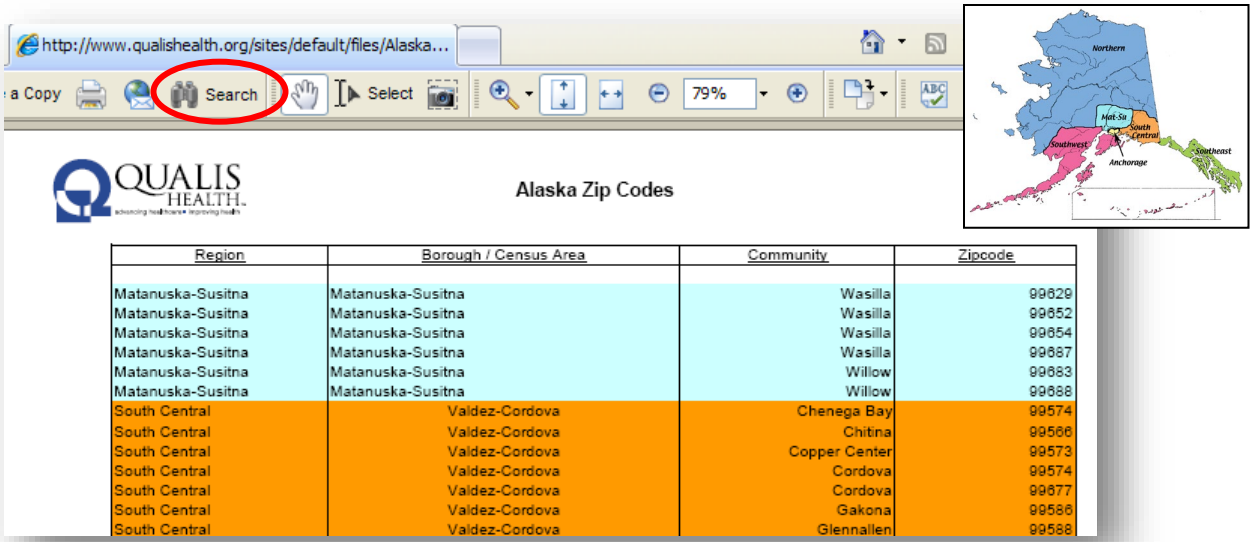
Alaska Regions



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Search by Zip Code

- Click on binoculars, then enter city name or zip code in search
- Results are color-coded to match the regional map

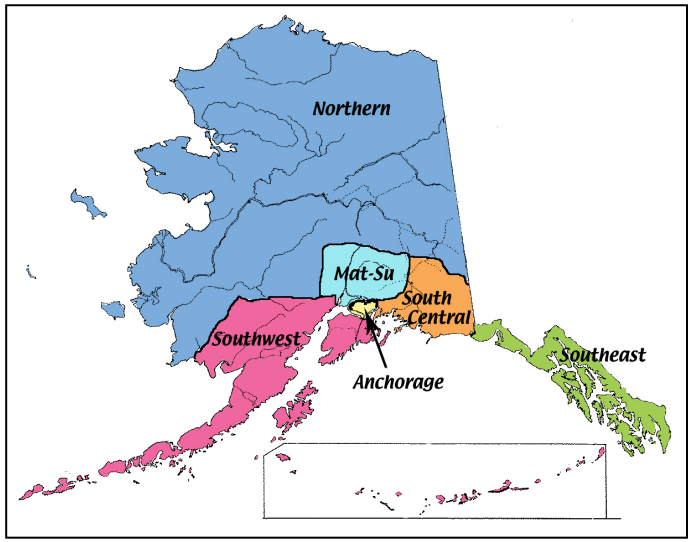


Region	Borough / Census Area	Community	Zipcode
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99629
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99652
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99654
Matanuska-Susitna	Matanuska-Susitna	Wasilla	99687
Matanuska-Susitna	Matanuska-Susitna	Willow	99683
Matanuska-Susitna	Matanuska-Susitna	Willow	99688
South Central	Valdez-Cordova	Chenega Bay	99574
South Central	Valdez-Cordova	Chitina	99566
South Central	Valdez-Cordova	Copper Center	99573
South Central	Valdez-Cordova	Cordova	99574
South Central	Valdez-Cordova	Cordova	99677
South Central	Valdez-Cordova	Gakona	99586
South Central	Valdez-Cordova	Glennallen	99588

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Online Tools and Resources

- Understanding regions
  - Anchorage: Urban
  - Northern: Urban to Remote
  - Southwest: Remote
  - Mat-Su: Urban and Rural
  - Southeast: Remote
  - South Central: Rural and Remote



Comagine Health Care Coordination Team

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Comagine Health
Alaska Medicaid Case Management

Deon Westmorland, RN, BSN, CCM
Sr. Director, Care Management



Trivia Time!

What is the difference between care coordination and case management?

Please put your answer in chat.

1. Care coordination and case management are interchangeable terms.
2. Case management is a process designed to ensure that medical care is effective, efficient, an in line with evidence-based standards of care, while care coordination's goal is to help patient's manage available resources.
3. Care Coordination is the deliberate organization of patient care activities among two or more participants (including the patient and/ or the family) to facilitate the appropriate delivery of health care services, while Case Management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs using communication and available resources to promote quality cost-effective outcomes.

Alaska Medicaid Programs

- State of Alaska's Care Management Program
- Comagine Health's Alaska Medicaid Coordination of Care Initiative (AMCCI)
  - Historically for recipients who had complex medical needs
  - As of January 1, 2025, this program now includes recipients with behavioral health needs
- Comagine Health's catastrophic case management program

Case Management Overview

- Voluntary program utilizing evidence-based practices
- Integrated approach for Alaska Medicaid recipients who have catastrophic illness, injury or complex medical needs within and outside the state of Alaska
- Team-oriented approach collaborating with healthcare





Case Management Referrals

- Who should be referred?
  - Eligible for Alaska Medicaid or Denali KidCare
  - Complex medical care needs
  - Catastrophic illness or injury
  - High health services utilization and cost

How Can I Refer a Patient?

Case Manager	Local	Toll-Free
Becky Foster	#907-550-7611	#1-877-636-2171

- Refer directly to a case manager
- Call Comagine Health at (888) 578-2547
- Fax referral form to (877) 265-9549
- www.comagine.org

Case Management Referral Form

Comagine Health

CASE MANAGEMENT REFERRAL FORM

From:

RE:

Patient Name

Patient SSN

Address

City State

Zip DOB

Phone (W) (H)

Subscriber Name

Subscriber Number - -

Plan

Date of Referral

Contact

Phone

Primary Diagnosis

Secondary Diagnosis

Current issues

Primary Care Physician

Phone

Physician Specialist if applicable

Specialty Phone

Reason for referral

Expectations

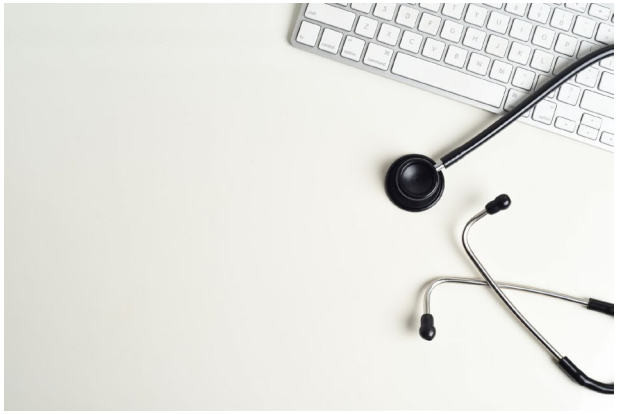
Other

Utilization and Case Management Integration

- Majority of referrals come from Utilization Management (UM) reviews
- UM/Case Management (CM) staff at healthcare facilities for support of discharge needs
- State agencies
- Fiscal agent
- Community providers
- Self-referral /family members

Referral Indicators

- Diagnosis of complex/multiple conditions such as cancer, stroke, heart failure, diabetes
- Specialized medical/surgical procedures such as transplants and implants
- Factors of care complexity with multiple providers, need for out-of-state travel coordination, high utilization of services, and living in remote areas with limited resources





Case Management Process

- Comprehensive assessments-including integrated assessments that include social determinates of health (SDOH), depression screening etc.
- Development of plan of care
  - Short term goal
  - Long term goal
  - Identification of barriers / solutions
- Implement interventions from the plan of care
- Evaluate patient outcomes and need for change in the plan of care
- Assess for case closure
  - Goals met
  - Self management

Evidence-Based Interventions



Collaboration with primary physician and the healthcare team



Motivational Interviewing (MI) Case managers use assessments that include motivational interviewing questions



Medication Reconciliation



CM contact during Care Transitions

Team Approach Enhances Care





Motivational Interviewing Questions

- Case managers use this interviewing style which encourages the use of open-ended questions.

- A case manager can make a statement that may or may not be accurate giving a patient the opportunity to agree or disagree with the statement, thus promoting conversation.

Medication Reconciliation



Medication Reconciliation, cont.

URAC defines medication reconciliation as it has been defined by the Institute for Healthcare Improvement (IHI):

> *The process of creating the most accurate list possible of all medications a patient is taking—including drug name, dosage, frequency, and route—and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points.*

Medication Reconciliation, cont.

- Medication-related errors result in high costs to healthcare providers; patient injuries and deaths
- Particularly vulnerable times during care transitions
- Several tools to support patient safety and efficacy in medication administration



Case Manager's Role in Medication Reconciliation

- Case managers conduct a medication safety review that includes the following:
  - Assessing patient knowledge and adherence to medication regimen
  - Assessing the need for medication reconciliation
  - Reviewing and updating the medication list
  - Education and coaching to support the patient toward self-management

Medication Reconciliation Touch Points

- During care transitions
- With medication and/or practitioner changes
- At defined intervals to capture patients who do not enter the inpatient facility setting

Care Transitions

- Patient moving between different levels of care
- Failed transition may result in readmission, substantial costs, increased morbidity and mortality
- Contact within 72 hours post-discharge to review and reinforce instructions, meds, and follow-up appointments and services





Case Presentation

- 51 year-old married male with prior Veteran's Administration benefits
- With liposarcoma in his right leg diagnosed in January 2025, refusing standard of care treatment
- Underwent extensive surgery 8/25/25 with wound flap and nerve grafting
- Traveled out of Alaska for follow up appointments on 1/2/26

Case Management Needs Identified

- Continued to struggle with nerve damage and nerve pain
- Need to prevent foot drop
- Nerve studies did not show any improvement in nerve recovery

Case Management Needs Identified

- Patient states refusal to return to hospital outside of Alaska for any further treatment
- Continued with local outpatient therapies and provider
- Veteran's Administration benefits limited coverage

Case Management Interventions

- Continued to assist to establish providers as appropriate in Alaska for ongoing needs.
- Encouraged use of boot, walker and wheelchair to prevent foot drop.
- Provided education regarding Alaska Medicaid travel
- Assisted with travel, in and out of the State
- Assisted with referrals to physical therapy

Case Management Outcomes

- Successfully completed treatment of his liposarcoma
- Increased knowledge of how to utilize his Alaska Medicaid benefits
- Established medical providers outside of the Veterans Administration network
- Pain management under control with noted slow gains in nerve recovery

Case Management Outcomes (cont.)

- Mobility improved with ongoing participation with physical therapy
- Improved health literacy and self advocacy



Case Management Outcomes

Case Management Wrap-up

- Case management is a benefit to Alaska Medicaid recipients, and we take referrals from multiple sources
- Case management is voluntary
- Case management utilizes evidence-based practices
- Case managers look for opportunities to assist recipients during care transitions and medication safety review

Thank you for the services you provide to Alaska Medicaid recipients, and for your continued efforts on their behalf.

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Case Management Questions

Lunch Break

We will begin again at 1:10 pm AKST

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TEFRA and SDS Programs

Grace Ingrim

Manager, AMCCI, TEFRA, and DSDS Waivers, Comagine Health

Comagine Health

Tax Equity Fiscal Responsibility Act (TEFRA)

Presented by

Grace Ingrim RN BSN CCM, Manager AMCCI, TEFRA and Waiver Programs

May 2026 Comagine Health Educational Sessions

Topics for Discussion

- The “Who, What, and Why” of TEFRA
  - Agencies involved
  - Eligibility requirements
- The “How” of TEFRA and role of Care Coordinator
  - DPA application and process
- FAQs
- Contact Information

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TEFRA

(Tax Equity Fiscal Responsibility Act)

- The term “TEFRA” comes from the Tax Equity and Fiscal Responsibility Act of 1982 that authorized this Medicaid category.
- Also known as Katie Beckett named after child stuck in hospital; Ronald Reagan approved 1981 and states followed
- Medicaid program for disabled children (under 19)living at home with significant medical/psych/developmental needs allowing some who would not typically qualify for Medicaid because of family income to receive Medicaid benefits
- Comagine Health contracted with Division of Public Assistance (DPA) to perform LOC reviews
- Comagine Health also supports care coordinators, families and state agencies to complete the application process within specified timeframes

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TEFRA Eligibility Requirements

1. Financial eligibility (DPA) based on the child's income and resources; parents' income and resources are not counted

- Be under 19 years of age
- Live in parental home / guardian
- Monthly income requirements
- Have resources $2000.00 or less.

2. Must have medical / psych/ development condition that meets Social Security Disability definition of child disability according to the Disability Determination Services Unit (State DDU Unit)

- Child must have a physical or mental condition that very seriously limits his or her activities; and the condition must have lasted, or be expected to last at least 1 year or result in death
- SSI and Medicaid use the book Disability Evaluation Under Social Security (also known as the Blue Book) to determine if a child meets the definition of child disability.
- This book lists childhood impairments (conditions) that qualify. It is available on the Internet at http://www.ssa.gov/disability/ professionals/bluebook/ChildhoodListings.htm

3.Meet Level-of Care per State criteria (Comagine Health)

- Nursing Facility (NF)- medical
- Inpatient Psychiatric Hospital (IPH)- psych
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) *(DSDS)

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MAGI Standards

Alaska Department of Health
Division of Public Assistance

MAGI MEDICAID INCOME ELIGIBILITY STANDARDS – FPL BASED Effective 4/01/2025				
Household Size	Pregnant Women	Children-Under age 19 With Insurance	Children-Under age 19 Without Insurance	Expansion Group
	225% of FPL	177% of FPL	203% of FPL	133% of FPL
1	n/a	2,884	3,308	2,167
2	4,956	3,899	4,472	2,930
3	6,246	4,914	5,635	3,692
4	7,536	5,929	6,799	4,455
5	8,826	6,943	7,963	5,217
6	10,116	7,958	9,127	5,980
7	11,406	8,973	10,291	6,742
8	12,696	9,988	11,455	7,505
9	13,986	11,003	12,619	8,268
10	15,276	12,018	13,783	9,031
Each Additional	1,290	1,015	1,164	763

Medicaid Income Eligibility Standards

Alaska Department of Health
Division of Public Assistance

OLD AGE AND DISABLED INCOME ELIGIBILITY STANDARDS – Effective 4/01/2026

Standard	2023	2024	2025	2026
NH, HCB Waiver, TEFRA Income Standard	$2,742 $2,982	$2,829	$2,901	$2,982

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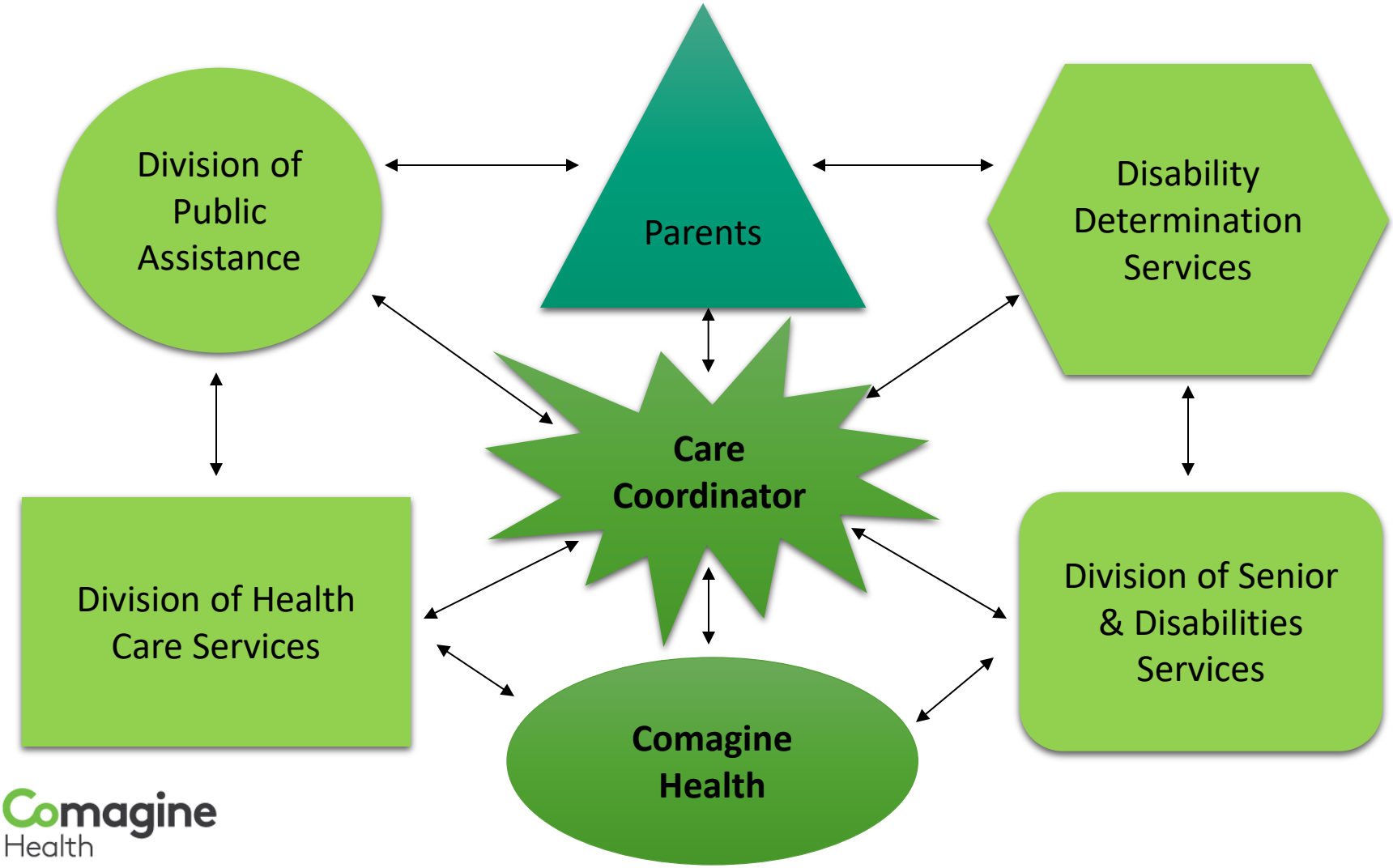
TEFRA Eligibility Requirements, cont.

- The purpose of the TEFRA Medicaid category is to allow children needing a high level of care to live at home rather than in a medical institution
- The child also must need a high level of care that would be provided in one of the following types of facilities:
  - Skilled or intermediate nursing facility
  - Inpatient psychiatric hospital
  - Intermediate care facility for the intellectually and developmentally disabled
- Live in the home of the parent/guardian
- Must meet all financial / social security disability and level of care criteria

Final eligibility is determined by DPA

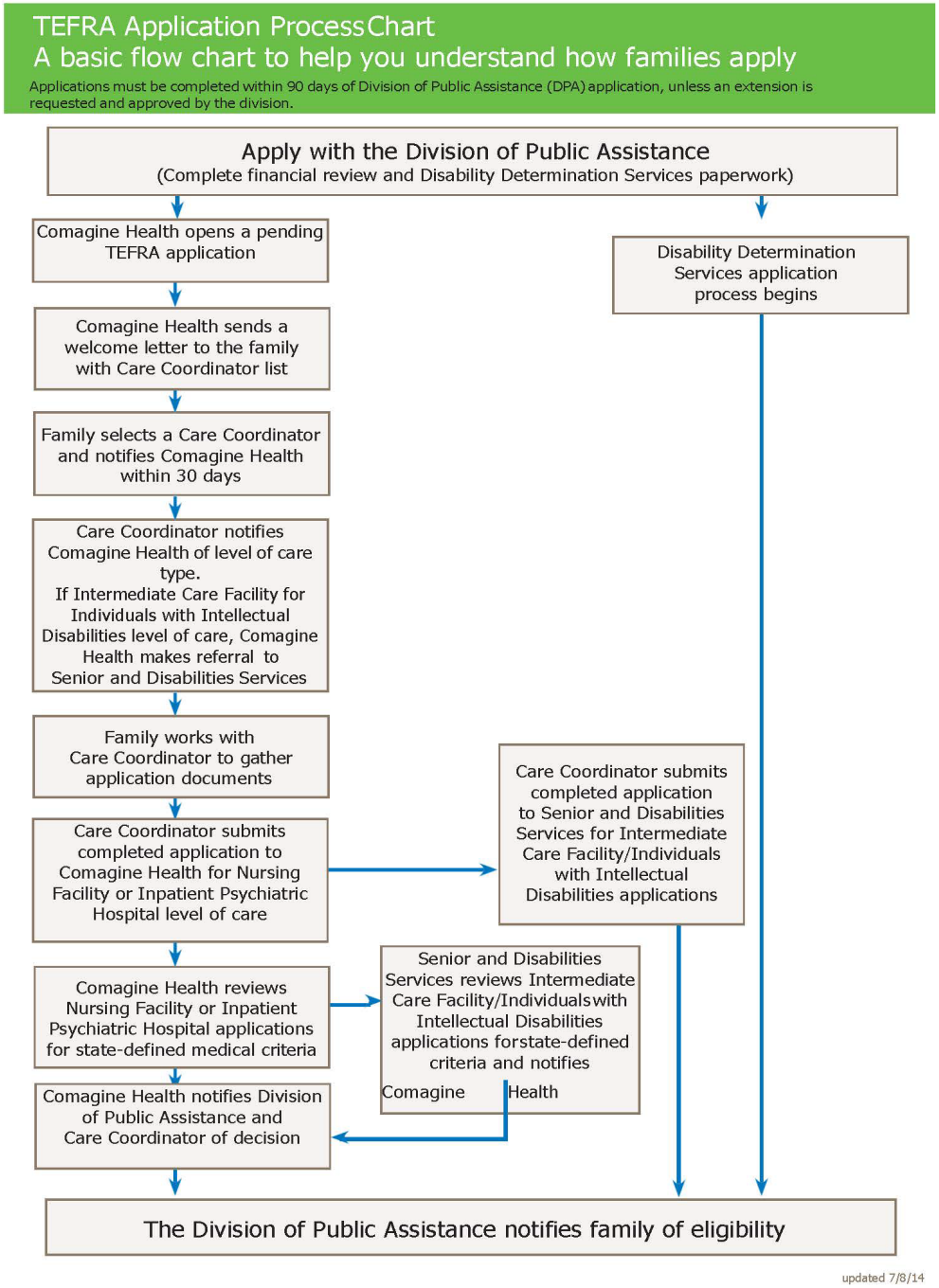
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Who's Involved in TEFRA?



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TEFRA Application Process Flow



Does TEFRA Medicaid Offer Additional Coverage?

- No. TEFRA Medicaid provides the same coverage as Denali KidCare, MAGI Medicaid, or as a child receiving SSI-related Medicaid
- No additional services are paid for by TEFRA Medicaid
- Check the DPA website: for additional information and resources on programs and services such as food stamps, heating assistance, childcare, senior benefits and more

https://health.Alaska.gov/en/services/division-of-public-assistance-dpa-services/

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TEFRA vs Waivers

Similarities

- Each client works with certified Care Coordinator
- Must have approved LOC / POC / COC
- TEFRA ICF /IDD decision determined by SDS is same criteria as Waiver IDD or ISW

Differences

- TEFRA NF LOC determined by Comagine Health uses different criteria than Waiver
- TEFRA IPH unique to TEFRA with no comparable Waiver and is determined by Comagine Health
- TEFRA and Waiver have different income / resource limits
- TEFRA provides basic Medicaid coverage, Waiver provides additional supports for child and family beyond basis Medicaid coverage.

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Comagine Health Role

- Link for families, care coordinators, and state agencies to:
  - Provide administrative management and oversight throughout the application and renewal processes
  - Tracking timeframe processes
  - Maintain TEFRA website
- Review documentation for:
  - NF/IPH- LOC, POC, COC
  - ICF/IID- POC, COC
- Physician consultation
- Support hearing processes



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Determining Level of Care (LOC) for NF or IPH Application / Renewal

- What are the care needs?
  - Substantial needs
  - **Not** cost or diagnosis driven

- Chronic Conditions
  - Mild
  - Moderate
  - Profound
  - Severe

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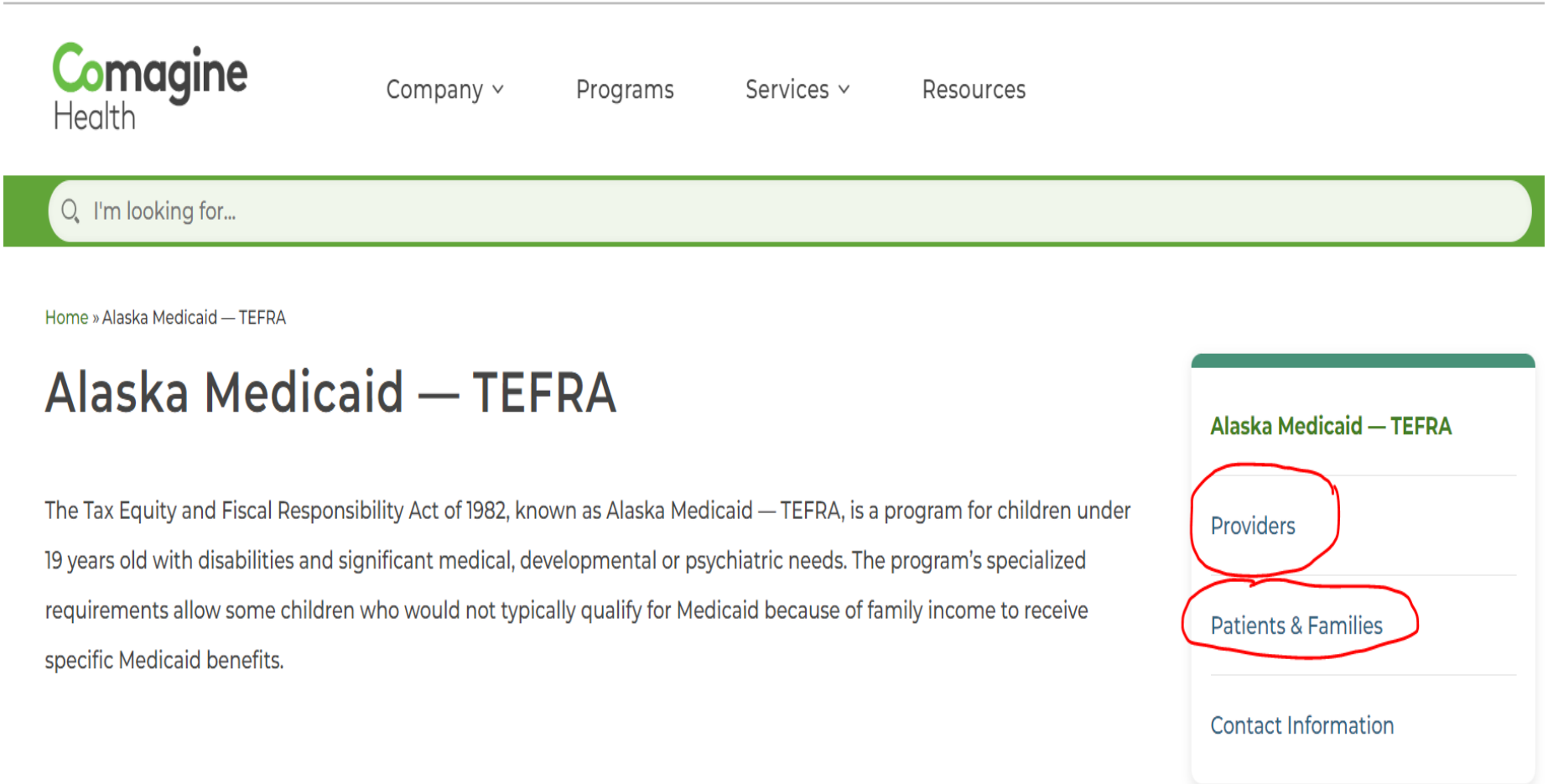
Determining LOC for NF / IPH Application / Renewal (cont.)

Services performed at home that would typically be rendered in a facility setting such as:

- Hospital
- Residential Psychiatric Treatment Center (RPTC)
- Nursing Home
- Other institutional settings (ICF/IDD)

Online Resource Comagine Health

https://comagine.org/program/alaska-medicaid-tefra



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Waiver / 3rd Party Reviews

Presented by

Grace Ingrim RN BSN CCM, Manager AMCCI, TEFRA and Waiver Programs

May 2025 Comagine Health Educational Sessions

Medicaid Waivers

- Senior and Disabilities Services (SDS) programs/policies/authorizations for services
- Offers choice between home and community-based services verses institutional care for those meeting criteria
- Waiver programs cover seniors, adults and children
- Provides Medicaid services plus additional add on services



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Waiver Programs

- Waiver Programs
  - Adults Living Independently (ALI-21 yrs and older)
  - Adults with Physical Disabilities (APDD-21 yrs and older with physical and developmental disabilities)
  - Children with Complex Medical Conditions (CCMC- children and young adult under age 22)
  - Intellectual & Developmental Disabilities (I/DD)
  - The Individualized Supports Waiver (ISW)

Waiver Services

- Environmental Modifications
- Respite care
- Residential Supported Living
- Specialized Medical Equipment
- Care Coordination
- Other

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Waiver Resources











Division of Senior & Disabilities Services | State of Alaska | Department of Health

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3rd Party Review Denied Reassessments

- Additional contract 3rd Party Review of Denied Reassessments
- Initial & second review of denial by the State; Comagine Health review of denial using State criteria



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Comagine Health Role

- Independent 3rd Party Review Denied Reassessments
- Support with physician and QIDP (Qualified Intellectual Disability Professional)
- Make recommendations to support or overturn denial based on state criteria
- Provide support for Fair Hearing
- Administrative support

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Comagine Health Contact Information



TEFRA

- Toll-free phone (888) 578-2547
- 907-550-7600
- Fax referral form to (877) 265-9549
- Grace Ingrim

  907-205-9590 gingrim@comagine.org

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TEFRA/Waiver Services - Questions



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Quyanaq



Thank you for the services you provide to Alaska Medicaid recipients, and for your continued efforts on their behalf.

Comagine Health

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Medicaid Travel Presentation

Carrie Silvers, RHIT, CPC

Medicaid Program Specialist IV, Division of Health Care Services



Alaska Department of Health

Non-Emergency Medical Transportation (NEMT)

Presented by: Carrie Silvers
Medicaid Program Specialists for Transportation

Presentation Objectives

- Overview of Transportation Programs in Alaska ‘
- Review NEMT Program Rules
- Prior Authorization
- Provider Roles and Responsibilities
- Requesting Travel Authorizations through HMS
- Travel Vouchers
- Recent and Upcoming Changes
- Resources

Alaska Medicaid Transportation Programs

Alaska Medicaid Transportation Programs

Non-Emergency Medical Transportation (NEMT):

- Transportation (air, ferry, or ground) and accommodation (hotel and meals) services for medical appointments.
- Available to Alaska Medicaid members with unrestricted benefits.
- Healthcare providers arrange travel.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT):

- A component of NEMT for children and women with pregnancy benefits to include postpartum.
- Ground transportation for medical appointments and WIC.
- Assists with coordinating appointments and travel.
- Members and Healthcare providers may arrange travel.

Home and Community Based Waiver (HCBW):

- Ground transportation to non-medical events associated with authorized HCBW services.
- Available to members with an approved Waiver plan of care that includes transportation services.
- Transportation providers are certified through the Division of Senior and Disability Services.

Ambulance Transportation:

- Emergency and planned transportation (Air, water, or ground) events where all other modes of transportation are contraindicated.
- Available to Alaska Medicaid members with unrestricted benefits.



NEMT Program

Basic Coverage Principles

Assurance of Transportation Requirements

The assurance of transportation requires states to ensure that Medicaid enrollees without other transportation means have transportation – including both NEMT and emergency medical transportation – when necessary to access covered services. These services can be provided through multiple modes in recognition of varied individual needs and geography/terrain across states.



Program Rules to Keep in Mind When Requesting Travel



- ✓ **Program Purpose:** Assure transportation for members who do not have the resources to travel themselves to medically necessary services covered by Alaska Medicaid
- ✓ **Based on Medical Need:** Travel requests should be reasonable and not exceed a member's medical need
- ✓ **Closest/Most Appropriate:** Medicaid covers travel expenses to the closest most appropriate provider – Most appropriate may not be the closest and may be approved with justification
- ✓ **Least Expensive / Most Appropriate:** Coverage is limited to the least expensive means meets the members medical and behavioral health needs
  - ~ What level of transport is needed – ambulance vs. taxi or commercial air vs. charter
  - ~ Telehealth should be considered prior to travel
- ✓ **Travel Consolidation:** Members with multiple healthcare needs should schedule appointments together
  - ~ Families needing to travel multiple members to another community for healthcare should consolidate appointments with each other to minimize frequency of travel

Five Key Components of Coverage

Five Key Components for Coverage

There are five key components that must be established for travel to be covered. Healthcare providers must provide supporting information for all 5 components. Typically, verbal and written information is accepted, however there are some scenarios in which the department will require written information.

Medicaid Benefit Status: The member must be eligible for Alaska Medicaid on the date the service is requested with a benefit plan that includes travel.

Provider Enrollment: Both the referring and receiving healthcare provider must be enrolled with Alaska Medicaid. Exceptions include military and VA facilities as well as emergency situations where the member was traveled to the closest acute care hospital that could meet their needs.

Covered Service: The service the travel is needed for must be an Alaska Medicaid covered service.

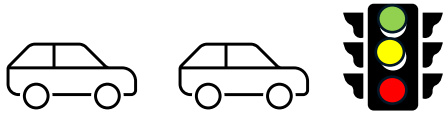
Closest, Most Appropriate Provider: Transportation must be to the closest most appropriate healthcare provider that can meet the member's needs. However, Alaska Natives may be approved for traveling to the nearest tribal health facility. Does not apply to travel services in a member's home community.

Medical Necessity: The healthcare service(s) must be reasonable, necessary, and appropriate, based on evidence-based clinical standards of care. Medical necessity also applies to products used to treat or prevent diseases and disorders. Alaska Medicaid uses criteria established by the Department of Health or by standards of practice applicable to the ordering or referring healthcare provider's license or certification.

Covered Transportation Benefits for NEMT

Local Transportation

- Shuttle
- Taxi/Vehicle for Hire
- Bus
- Wheelchair Van



Out of Area Transportation

- Shuttle
- Taxi/Vehicle for Hire
- Bus
- Wheelchair Van
- Ferry
- Flights
- Lodging
- Meals
- Pre-maternal home

Local and Out of Area Travel Definitions

Home Community

Includes all areas within the same borough or municipality that may be reached by ground transportation. For example, "home community" in Anchorage means all localities within the Municipality of Anchorage, including areas of Eagle River and Girdwood. Anchorage to/from Palmer or Wasilla would not be considered local transportation even if ground transportation is available.

Out of Area Transportation

Defined as travel to a location outside of a member's home community for services not available locally. Transportation must be to the closest most appropriate healthcare provider that can meet the member's needs, with some exceptions.

Local Transportation

Define as travel services within the member's home community and is only authorized for a member to receive covered services in the event the member does not have access to public transportation or any other mode of transportation such as local family or friends.

Prior Authorizations for Travel



Prior Authorization Requirements

All Non-Emergency Transportation other than non-emergency ambulance services must be prior authorized.

Prior authorization requests must come from an enrolled provider involved in the member's care. State entities working in conjunction with medical providers may also request travel in select scenarios

A requesting provider will typically be either the provider referring the member for services or the receiving provider once care has been established.

Prior Authorization Consolidation

Local Travel

- One prior authorization will be created for each month the member travels.
- Alaska Medicaid does not require specific dates of travel to be disclosed when requesting travel, rather, the total number of trips is authorized for the duration of the month to allow providers the flexibility to reschedule as needed without having to update the prior authorization.

Out of Area Travel

- One prior authorization will be created per year for all travel with the same destination designated on the prior authorization.
- Each travel event on the prior authorization will be itemized by date of travel and service authorized.

Presumptive Eligibility Travel Requests

- Travel can be requested up to 1 year in advance of the travel dates
- If the member is eligible for Medicaid travel benefits on the date you request travel, the member is considered eligible for the travel dates
- If the member loses Medicaid eligibility between the time of the SA determination and the travel date, the provider must inform the member they need to cancel the travel and destroy the vouchers.
- Alaska Medicaid cannot pay for travel services to a member that does not have eligibility



Prior Authorization

Roles and Responsibilities



Who's Involved In the Requesting Travel Process?

1

Tribal Travel Management Office (TMO):

Tribal entities that authorize, arrange, and book travel for members affiliated to Tribal healthcare organization:

- Alaska Native Tribal Health Consortium (ANTHC)
- Yukon Kuskokwim Health Corporation (YKHC)

2

Fiscal Agent:

Contracted entity, HMS Gainwell Technologies (HMS), that authorizes transportation services not authorized by the Tribals Travel Management Office.

3

State Travel Office (STO):

Contracted entity, Corporate Travel Management (CTM), also known as the Medicaid Travel Office (MTO), that books flights or ferries for transportation service not arranged by the Tribal Travel Management Offices.

4

Medicaid Travel Arrangers:

This is a generalized term utilized for providers that arrange Medicaid travel services by calling or faxing in requests, assisting members during their travel event, and issue travel vouchers.

Provider Responsibilities

- Schedule appointments in a manner that minimizes the member's time spent away from home.
- Limit the need for weekend travel/lodging to only when necessary for the member's treatment.
- When local resources are not available, consider the closest available providers when determining the most appropriate place to refer a member.
- Consider the use of telehealth services.
- Coordinate with itinerant providers schedules prior to requesting out of area travel. Out-of-area travel available locally within 3 months will be denied unless it is medically necessary for the member to be seen earlier.

Referring Provider Respons

Initial Request

Certify	by-passing closer available providers, or travel out of
Request	Request prior authorization for travel using the appropriate travel request packet or by phone if urgent
Assist	to determine the most appropriate person to be an escort
Educate	Provide education to members and escorts on travel policies and procedures as needed.
Issue	Issue vouchers to members
Update	Update prior authorization when travel plans change or flights are cancelled.

Subsequent Requests:

The referring provider may continue to request travel for subsequent travel request when the receiving provider is unable to provide this service. Many primary care providers take on this task for specialty providers with limited resources.

Receiving Provider Respons

Subsequent Requests

Re-certify	members, by-passing closer available providers, or travel
Request	Request prior authorization for travel using the appropriate travel request packet or by phone if urgent
Assist	to determine the most appropriate person to be an escort
Educate	Provide education to members and escorts on travel policies and procedures as needed.
Issue	Issue vouchers to members
Update	Update prior authorization when travel plans change or flights are cancelled.

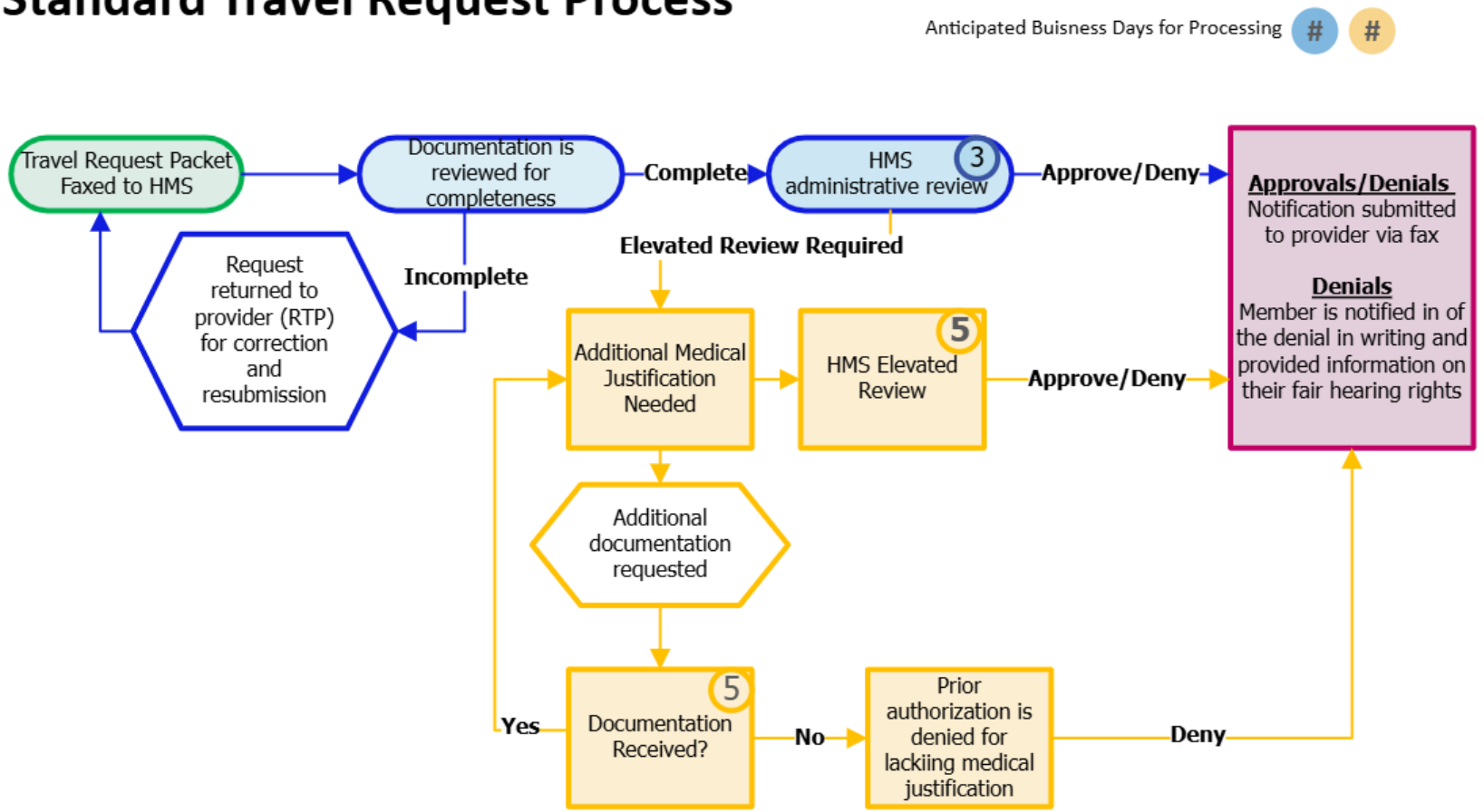
Initial Requests:

The receiving provider may request the initial travel when the referring provider is unable to provide this service. Documentation for the referral may be required in these situations.

Requesting Travel Authorizations Through HMS



Standard Travel Request Process



Elevated Reviews

Common Scenarios Requiring Elevated Review:

- **Non-Standard Travel:** Bypassing closest available provider or being referred to an out-of-state provider
- **Non-Standard Diagnostic or Therapeutic Practices:** Delivery of the healthcare service does not align with typical standards of practice or DOH established criteria.
- **Atypical Modality Requested:** Examples include upgraded airfare classes, chartered flights, and multiple seats for one member.
- **Atypical Requests for Escort:** Multiple escorts or adult members when additional medical justification is required on the Travel COMN

Subsequent Out of Area Request Packet:

Travel requests submitted using the S*ubsequent Out of Area Travel Packet* do not require an elevated review when an active treatment plan or Travel COMN is on file with the department and there are no changes to report.

Standard Travel Request Process Step #1

Complete the appropriate Medicaid travel request packet for your members travel scenario:

Requesting Travel Through HMS



Psychiatric Residential Treatment Facility (PRTF) Travel Request
Requesting travel for Therapeutic Home Passes or On-Site Family Therapy Visits.



Out of Area Travel Request
Requesting travel for new visits/referrals for out of area travel and when a new certification period is needed.



Out of Area Travel - Subsequent Request
Requesting travel for additional trip(s) when an Out of Area Travel Service Authorization has been previously submitted and was approved.



Local Travel Service Authorization
Requesting travel for Local ground transportation services (Note: With this simplification process, the department will be removing the requirement of validating the Medical Necessity for an Escort.)



Facility Discharge Travel Request
Requesting travel for a member discharging from a facility or hospital.

Standard Travel Request Process Step #2

Submit the Request:

Fax packet and if appropriate any documentation supporting the member's travel needs to HMS at (907) 644-5982 or (877) 438-8942. Each fax must include all required information. Incomplete packets will be sent back for correction to the provider requesting travel.

Documents should be faxed in the following order:

- Travel packet applicable to your member's travel needs (e.g., Local, Out-of-Area, SUD)
- Any additional documentation being used to support the medical necessity of the travel event.

Standard Travel Request Process Step # 3

HMS will review the request and fax the determination back to the requesting provider. If the travel request is approved; you will receive a service authorization number along with information on the services approved.

- Note: Providers should be submitting the fax request at least 10 business days prior to the member's needed travel date.
- Uncomplicated requests are typically processed in 1-3 business days; however, requests requiring a nurse review may take up to 10 business days for final determination
- Providers may contact the HMS Travel call center for inquiries on the status of their request after 3 business days from the date of submission.

Tips for Multiple Travel Events

Tip #1: Use the Certification Period on the Travel COMN Appropriately

There is a Travel Certification of Medical Need (COMN)in each travel packet and must be filled out and signed by the healthcare provider when bypassing the closest available provider, out-of-state travel, and when an adult requires an escort.

The Travel COMN can be certified for up to 1 year and only needs to be submitted once during the certified period or when a change occurs; it does not need to be submitted with every request.

Tips for Multiple Travel Events

Tip #2: Use the simplified Out-of-Area Subsequent Travel Request

The purpose: Used to streamline the process for requesting medically necessary appointments for routine and/or on-going visits.

When to use: When the member has established care and has visits that align with their plan of care or Travel COMN certification period.

When not to use:

- Establishing care with a different provider
- Establishing care for a different diagnosis
- Requesting travel outside of the plan of care or Travel COMN certification period

Benefits of the Subsequent Request Packet Process:

- Travel COMN: Not Required
- Only requires an administrative review
- Elevated reviews are not necessary

Urgent Travel Request Changes

- Dedicated the non-emergency medical transportation call center to only those requests that are urgent
- Streamlined requests for members most at risk
- Reduced documentation requirements
- Developed processes to ensure providers have a live person to speak to and process the request all in one telephone call in most cases

Urgent Travel Definition

Urgent Travel Definition Urgent travel is defined as non-emergency travel [7AAC 120.410] that is one of the following:

(a) for services needed within the next three calendar days, based on an attestation of medical necessity from the treating provider stating it would have a serious effect on the member's health to delay travel,

(b) for anticipated discharge within the next three calendar days. or

(c) for a member currently on travel status and needs to extend their travel event.

Travel requests called into the urgent travel call center that do not meet this definition will be re-directed to submit the travel request by fax using the appropriate travel request packet.

Urgent Travel Documentation Requirements

- Prior to phoning in an urgent travel request you will need to complete and submit an Urgent Travel Attestation.
- Complete the Urgent Travel Attestation and email it to the Travel Service Authorization Unit.
- Please wait at least 30 minutes from submission to calling in the travel request; Additionally, attestations should be submitted on the same day that the travel will be requested

Attestation Submissions

Secure Email:
AKUrgentTravel@gainwelltechnologies.com

DSM: TransportationSA@hms.fa.directak.net
Subject line: Urgent (Member's Medicaid ID) and PA number if available.

Urgent Travel Resources

- Link to the new Urgent Travel Attestation
- Link to the Urgent Travel Flyer
- Link to the Urgent Travel FAQs

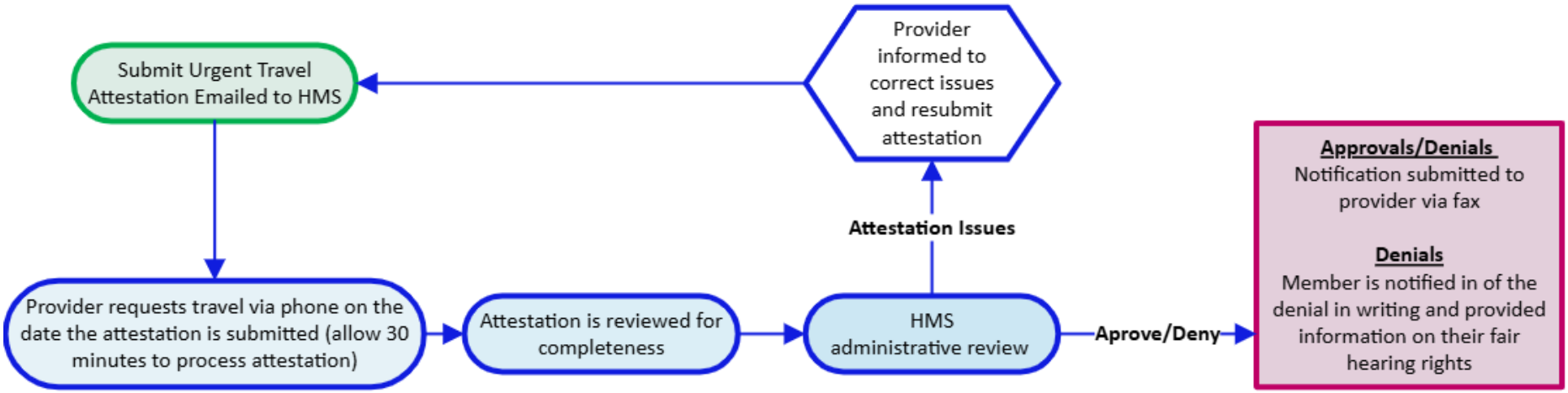
Urgent Travel: Requesting Travel by Phone

Be prepared to have the following information available when calling the Urgent Travel Call Center:

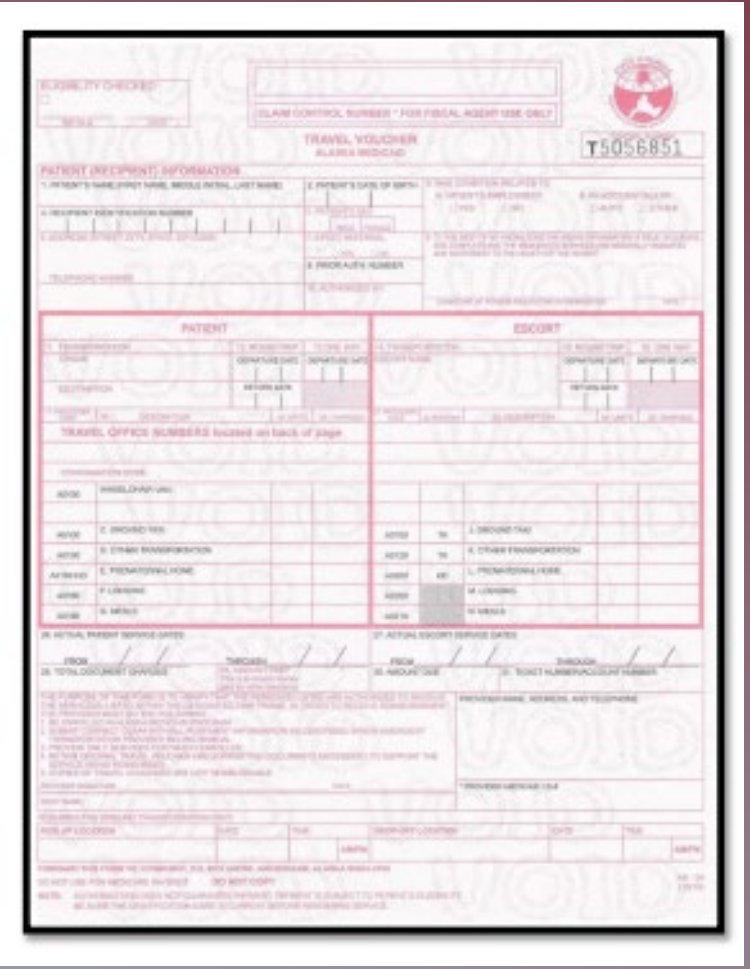
Member Information	– Member's ID Number – Full Name – Date of birth – Address	**Requesting, Referring, and/or Receiving Provider(s) Information**	– Providers Full Name – AK Medicaid ID (or NPI) – Phone Number – Business/Facility Name & NPI
Appointment Information	– Reason for Travel – Diagnosis and Date of Diagnosis if known – Receiving provider's specialty and/or specialty service being traveled for – Location of Appointments (City, State, and Zip Code) – Appointment Date(s) and Time(s) - For multiple appointments to different providers include each provider's name and NPI	**Escort Information**	– Escort's Full Name – Date of Birth – Relationship to Member **Note:** The department has removed the need to separately authorize an escort for adult members traveling locally.

Urgent Travel Request Process

Same Day Processing



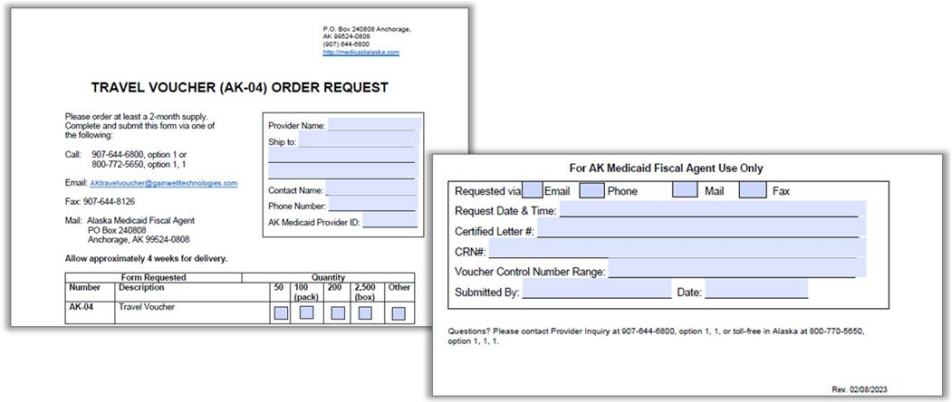
Travel Vouchers



Travel Voucher (AK-04 Form)

- Completed by the healthcare provider who obtained the service authorization.
- Transportation and accommodation providers must receive the travel voucher to be reimbursed for services rendered.
- The member/escort must carry these during travel and present to taxi drivers and the hotel.
- Hotel and meal vouchers will be authorized the same number of units.
- Taxi vouchers should only have 1 unit for each member and escort per voucher.
- The member will need additional vouchers if travel is extended.
- Services will not be reimbursed if services are not prior approved.

Requesting Travel Vouchers



P.O. Box 240808 Anchorage, AK 99524-0808
(907) 644-6800
http://medicaidalaska.com

TRAVEL VOUCHER (AK-04) ORDER REQUEST

Please order at least a 2-month supply. Complete and submit this form via one of the following:

Call: 907-644-6800, option 1 or 800-772-5650, option 1, 1

Email: AKtravelvoucher@gainwelltechnologies.com

Fax: 907-644-8126

Mail: Alaska Medicaid Fiscal Agent
PO Box 240808
Anchorage, AK 99524-0808

Provider Name:
Ship to:
Contact Name:
Phone Number:
AK Medicaid Provider ID:

Allow approximately 4 weeks for delivery.

Form Requested		Quantity				
Number	Description	50	100 (pack)	200	2,500 (box)	Other
AK-04	Travel Voucher	☐	☐	☐	☐	☐

For AK Medicaid Fiscal Agent Use Only

Requested via ☐ Email ☐ Phone ☐ Mail ☐ Fax
Request Date & Time:
Certified Letter #:
CRN#:
Voucher Control Number Range:
Submitted By: Date:

Questions? Please contact Provider Inquiry at 907-644-6800, option 1, 1, or toll-free in Alaska at 800-770-5650, option 1, 1, 1.

Rev. 02/08/2023

Email request with all required information to Aktravelvoucher@gainwelltechnologies.com

Call Provider Inquiry to request forms at 907.644.6800 (option 1, 1) or toll-free at 800.770.5650 (option 1, 1, 1)

- Follow the prompts to order vouchers
- If you are calling outside of business hours, leave a voicemail and you will receive a response within 1 business day

Fax to: 907.644.8126

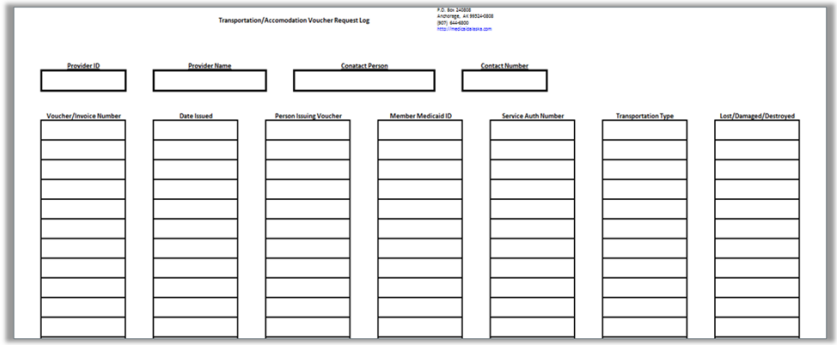
Mail to:
HMS | PO Box 240808 | Anchorage, AK 99524-0808

Travel Voucher – Documentation Requirements

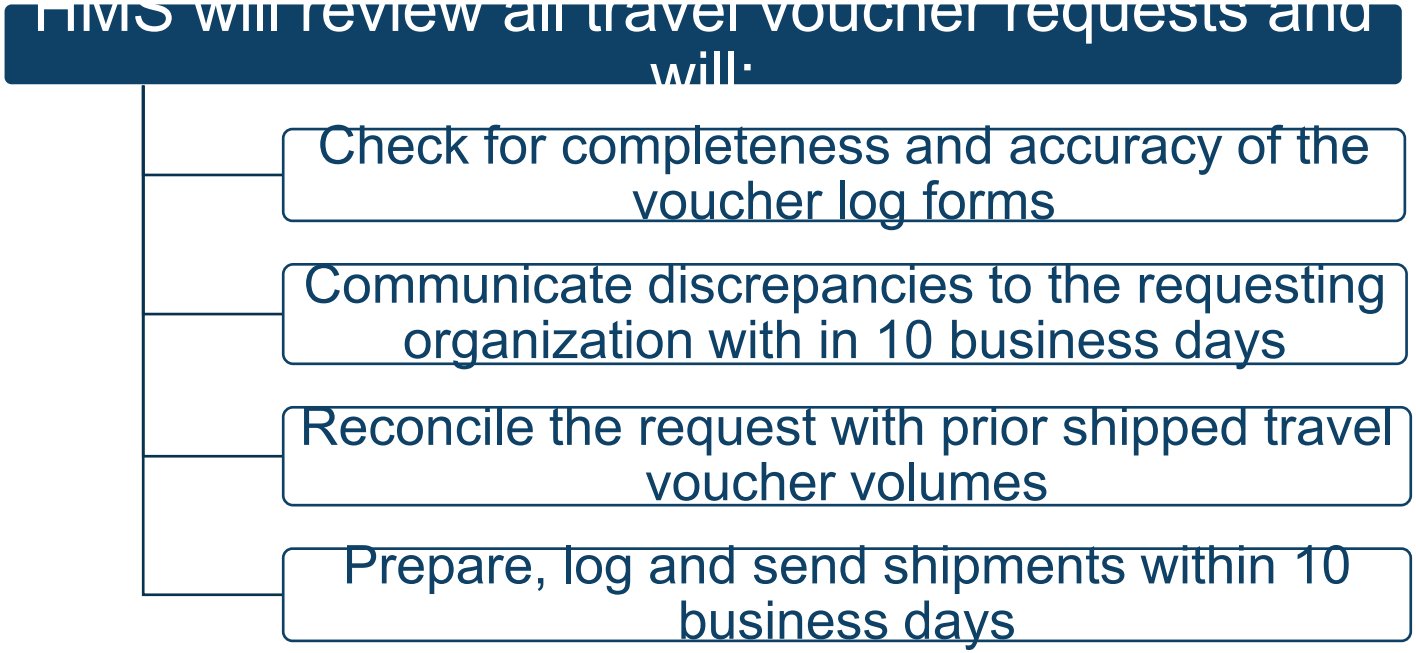
Providers should use the Transportation/Accommodation Voucher Request Log spreadsheet to record information about the vouchers they are issued.

The following information must be submitted with requests for additional vouchers:

- Voucher or Invoice Number
- Date Issued
- Who issued the voucher
- Medicaid member ID
- Applicable prior authorization number
- Service type (Hotel/Taxi)
- Additional column for lost, damaged or destroyed voucher
- Patient account number (on Excel form)



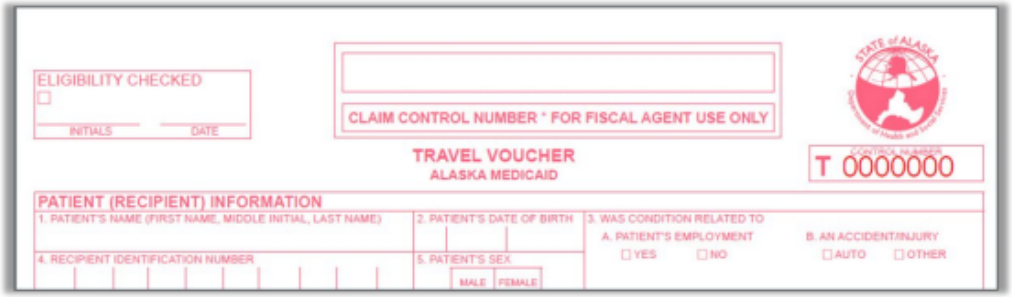
Travel Voucher Processing



*If voucher log forms are not included with new voucher requests, the provider will need to attend retraining and submit a statement as to why the issued vouchers were not documented.

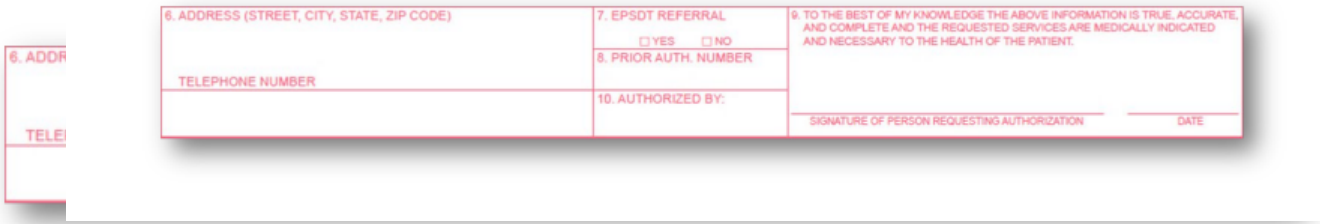
Travel Voucher Completion

- Check for Eligibility. Check the box, initial on the line, and enter date verified
- Patient's Name (field 1): Enter the patient's first name, middle initial and last name
- Patient's Date of Birth (field 2): Enter the patient's date of birth in MM/DD/YYYY format
- Was Condition Related To (field 3): Check appropriate boxes for patient's condition
- Recipient Identification Number (field 4): Enter patient's 10-digit Alaska Medical Assistance identification number
- Patient's Sex (field 5): Select appropriate box indicating patient's gender


ELIGIBILITY CHECKED
INITIALS DATE
CLAIM CONTROL NUMBER * FOR FISCAL AGENT USE ONLY
TRAVEL VOUCHER
ALASKA MEDICAID
CONTROL NUMBER
T 0000000
PATIENT (RECIPIENT) INFORMATION
1. PATIENT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)
2. PATIENT'S DATE OF BIRTH
3. WAS CONDITION RELATED TO
A. PATIENT'S EMPLOYMENT
YES NO
B. AN ACCIDENT/INJURY
AUTO OTHER
4. RECIPIENT IDENTIFICATION NUMBER
5. PATIENT'S SEX
MALE FEMALE

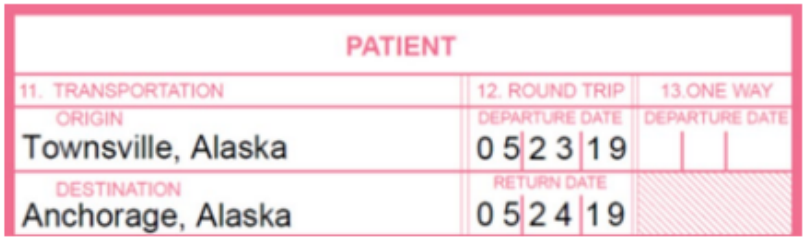
Travel Voucher Completion (cont.)

- Address (field 6): Enter patient's address and telephone number. This must be a physical address and not a P.O. Box
- EPSDT Referral (field 7): If travel arrangements are being made because of an EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening, select Yes
- Prior Auth Number (field 8): Enter the approved service authorization number
- Authorized By (field 10): Enter the name of the person at the authorizing agency that authorized the services.
- Acknowledgment (field 9): The individual submitting the travel service authorization must sign and date in this field



Travel Voucher Completion (cont.)

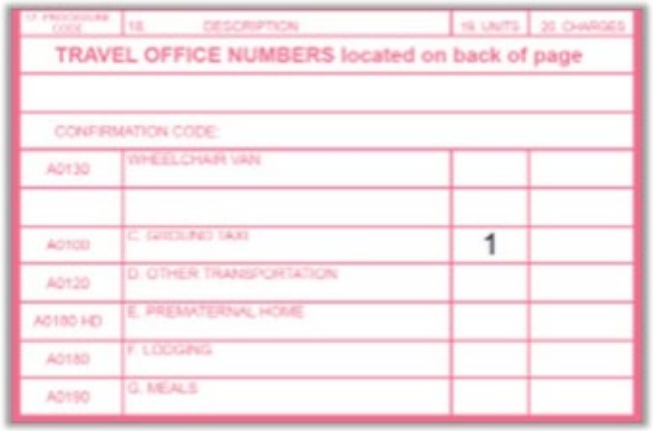
- Transportation (field 11): Enter the village or city where the patient will begin travel in the Origin field; enter the city the patient is travelling to in the Destination field
- Round Trip (field 12): If round trip, enter the departure date and return date; if one-way, use field 13 instead
- One Way (field 13): If one-way trip, enter departure date; if round trip use field 12 instead



PATIENT		
11. TRANSPORTATION	12. ROUND TRIP	13.ONE WAY
ORIGIN Townsville, Alaska	DEPARTURE DATE 0 5 2 3 1 9	DEPARTURE DATE
DESTINATION Anchorage, Alaska	RETURN DATE 0 5 2 4 1 9	

Travel Voucher Completion (cont.)

- Procedure Code (column 17) and Description (column 18): These fields are preprinted; if the code you need is not on the form, enter the code on one of the blank lines in this column with the corresponding description in column 18
- Units (column 19): Enter the unit(s) authorized for the specific service
  - Remember that a separate form must be created for each unit, even if the same company provides the service
  - The only exception is lodging and meals if the units will be rendered by the same provider continuously



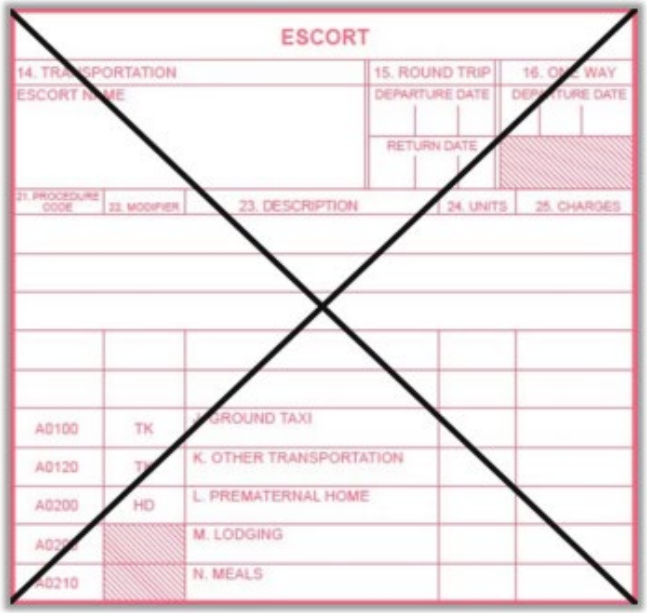
17. PROCEDURE CODE	18. DESCRIPTION	19. UNITS	20. CHARGES
TRAVEL OFFICE NUMBERS located on back of page			
CONFIRMATION CODE:			
A0130	WHEELCHAIR VAN		
A0100	C. GROUND TAXI	1	
A0120	D. OTHER TRANSPORTATION		
A0180 HD	E. PREMATERNAL HOME		
A0160	F. LODGING		
A0190	G. MEALS		

Provider Notice: Do not complete the **Charges** column, (column 20). This is reserved for the transportation/ accommodation provider after services have been rendered.

Travel Voucher Completion (cont.)

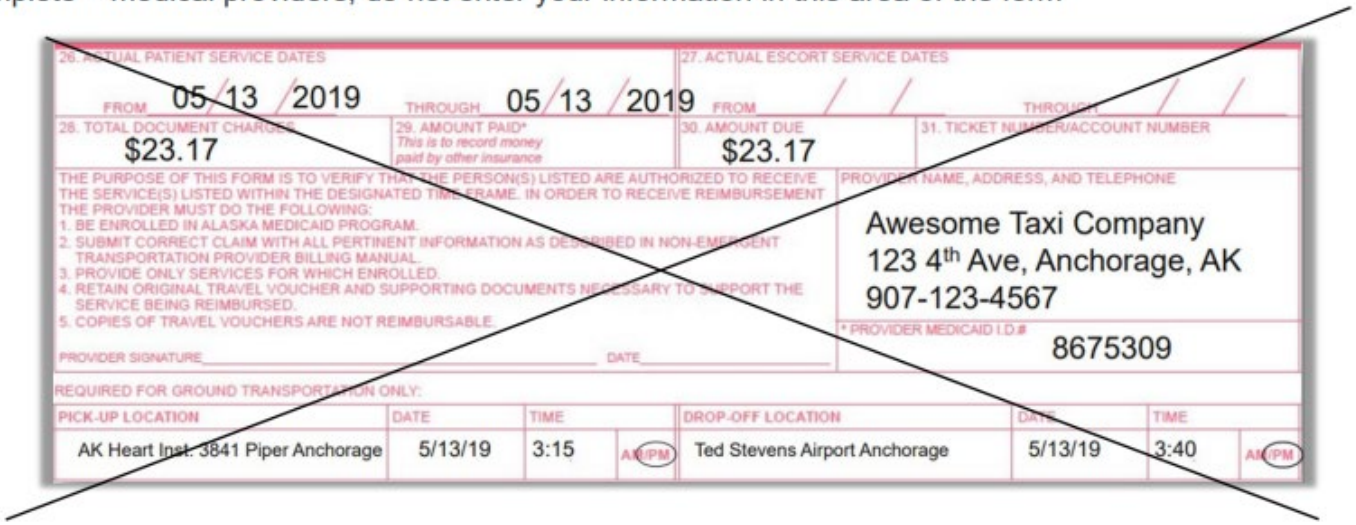
If an escort is authorized, fill in the Escort portion of the AK-04; otherwise, very clearly "X" out the entire escort portion rendering that section void.

- Transportation (field 14): Enter the escort's first and last name accurately
- Round Trip (field 15): May be different from patient depending on individual needs and circumstances. If round trip, enter the departure date and return date; if one-way, use field 13 instead
- One Way (field 16): If one-way trip, enter departure date; if round trip use field 12 instead
- Procedure Code, Modifier, and Description (column 21-23): All allowable codes are preprinted
- Units (column 24): Enter the unit(s) authorized for the specific service



Travel Voucher Completion (cont.)

- As a reminder, do not fill out charges for the units you are requesting
- The fields at the bottom of the form, shown below, are for the transportation and accommodation provider to complete – medical providers, do not enter your information in this area of the form



26. ACTUAL PATIENT SERVICE DATES
FROM 05 13 2019 THROUGH 05 13 2019

27. ACTUAL ESCORT SERVICE DATES
FROM / / THROUGH / /

28. TOTAL DOCUMENT CHARGES
$23.17

29. AMOUNT PAID*
This is to record money paid by other insurance

30. AMOUNT DUE
$23.17

31. TICKET NUMBER/ACCOUNT NUMBER

THE PURPOSE OF THIS FORM IS TO VERIFY THAT THE PERSON(S) LISTED ARE AUTHORIZED TO RECEIVE THE SERVICE(S) LISTED WITHIN THE DESIGNATED TIME FRAME. IN ORDER TO RECEIVE REIMBURSEMENT THE PROVIDER MUST DO THE FOLLOWING:
1. BE ENROLLED IN ALASKA MEDICAID PROGRAM.
2. SUBMIT CORRECT CLAIM WITH ALL PERTINENT INFORMATION AS DESCRIBED IN NON-EMERGENT TRANSPORTATION PROVIDER BILLING MANUAL.
3. PROVIDE ONLY SERVICES FOR WHICH ENROLLED.
4. RETAIN ORIGINAL TRAVEL VOUCHER AND SUPPORTING DOCUMENTS NECESSARY TO SUPPORT THE SERVICE BEING REIMBURSED.
5. COPIES OF TRAVEL VOUCHERS ARE NOT REIMBURSABLE.

PROVIDER SIGNATURE _____ DATE _____

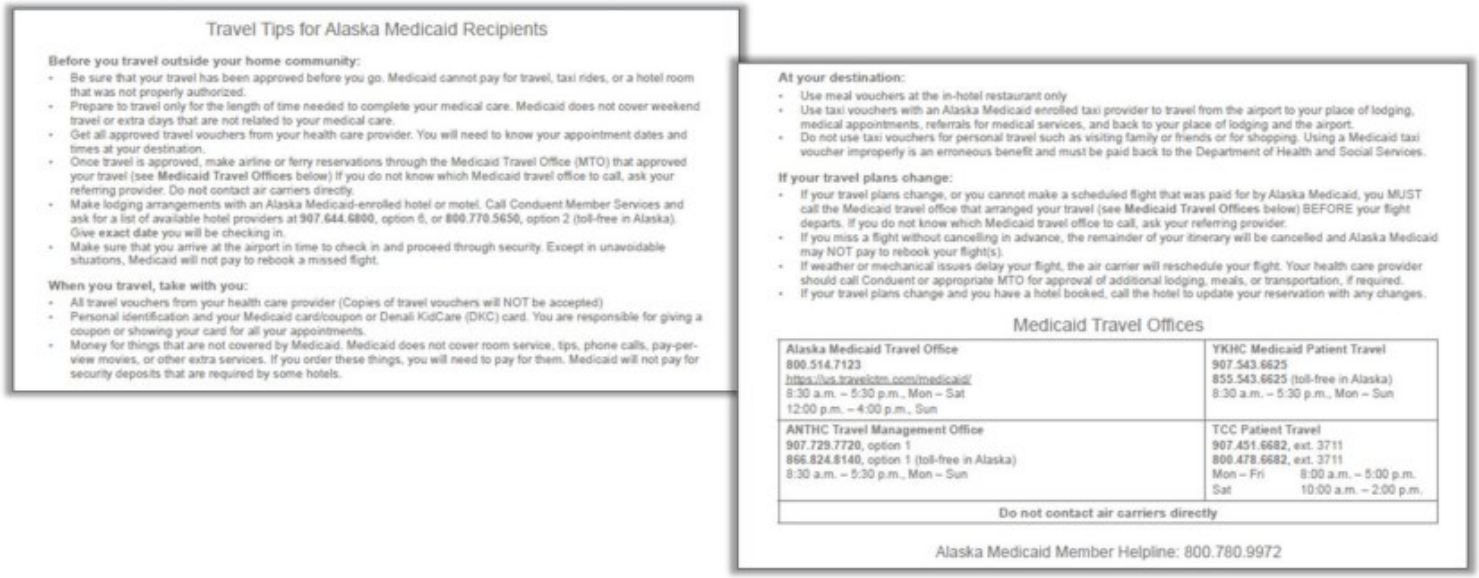
PROVIDER NAME, ADDRESS, AND TELEPHONE
Awesome Taxi Company
123 4th Ave, Anchorage, AK
907-123-4567

* PROVIDER MEDICAID I.D.#
8675309

REQUIRED FOR GROUND TRANSPORTATION ONLY:

PICK-UP LOCATION	DATE	TIME		DROP-OFF LOCATION	DATE	TIME	
AK Heart Inst. 3841 Piper Anchorage	5/13/19	3:15	AM/PM	Ted Stevens Airport Anchorage	5/13/19	3:40	AM/PM

Member Information



Travel Tips for Alaska Medicaid Recipients

Before you travel outside your home community:

- Be sure that your travel has been approved 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 medical care. Medicaid does not cover weekend travel or extra days that are not related to your medical care.
- Get all approved travel vouchers from your health care provider. You will need to know your appointment dates and times at your destination.
- Once travel is approved, make airline or ferry reservations through the Medicaid Travel Office (MTO) that approved your travel (see **Medicaid Travel Offices** below) If you do not know which Medicaid travel office to call, ask your referring provider. Do not contact air carriers directly.
- Make lodging arrangements with an Alaska Medicaid-enrolled hotel or motel. Call Conduent Member Services and ask for a list of available hotel providers at **907.644.6800**, option 6, or **800.770.5650**, option 2 (toll-free in Alaska). Give exact date you will be checking in.
- Make sure that you arrive at the airport in time to check in and proceed through security. Except in unavoidable situations, Medicaid will not pay to rebook a missed flight.

When you travel, take with you:

- All travel vouchers from your health care provider (Copies of travel vouchers will NOT be accepted)
- Personal identification and your Medicaid card/coupon or Denali KidCare (DKC) card. You are responsible for giving a coupon or showing your card for all your appointments.
- Money for things that are not covered by Medicaid. Medicaid does not cover room service, tips, phone calls, pay-per-view movies, or other extra services. If you order these things, you will need to pay for them. Medicaid will not pay for security deposits that are required by some hotels.

At your destination:

- Use meal vouchers at the in-hotel restaurant only
- Use taxi vouchers with an Alaska Medicaid enrolled taxi provider to travel from the airport to your place of lodging, medical appointments, referrals for medical services, and back to your place of lodging and the airport.
- Do not use taxi vouchers for personal travel such as visiting family or friends or for shopping. Using a Medicaid taxi voucher improperly is an erroneous benefit and must be paid back to the Department of Health and Social Services.

If your travel plans change:

- If your travel plans change, or you cannot make a scheduled flight that was paid for by Alaska Medicaid, you MUST call the Medicaid travel office that arranged your travel (see **Medicaid Travel Offices** below) BEFORE your flight departs. If you do not know which Medicaid travel office to call, ask your referring provider.
- If you miss a flight without cancelling in advance, the remainder of your itinerary will be cancelled and Alaska Medicaid may NOT pay to rebook your flight(s).
- If weather or mechanical issues delay your flight, the air carrier will reschedule your flight. Your health care provider should call Conduent or appropriate MTO for approval of additional lodging, meals, or transportation, if required.
- If your travel plans change and you have a hotel booked, call the hotel to update your reservation with any changes.

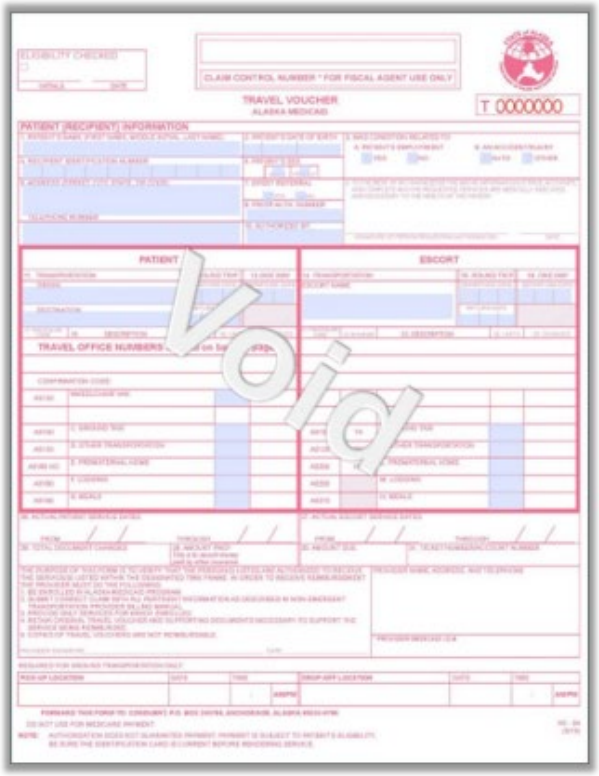
Medicaid Travel Offices

Alaska Medicaid Travel Office **800.514.7123** https://us.travelctm.com/medicaid/ 8:30 a.m. – 5:30 p.m., Mon – Sat 12:00 p.m. – 4:00 p.m., Sun	**YKHC Medicaid Patient Travel** **907.543.6625** **855.543.6625** (toll-free in Alaska) 8:30 a.m. – 5:30 p.m., Mon – Sun
ANTHC Travel Management Office **907.729.7720**, option 1 **866.824.8140**, option 1 (toll-free in Alaska) 8:30 a.m. – 5:30 p.m., Mon – Sun	**TCC Patient Travel** **907.451.6682**, ext. 3711 **800.478.6682**, ext. 3711 Mon – Fri 8:00 a.m. – 5:00 p.m. Sat 10:00 a.m. – 2:00 p.m.
Do not contact air carriers directly	

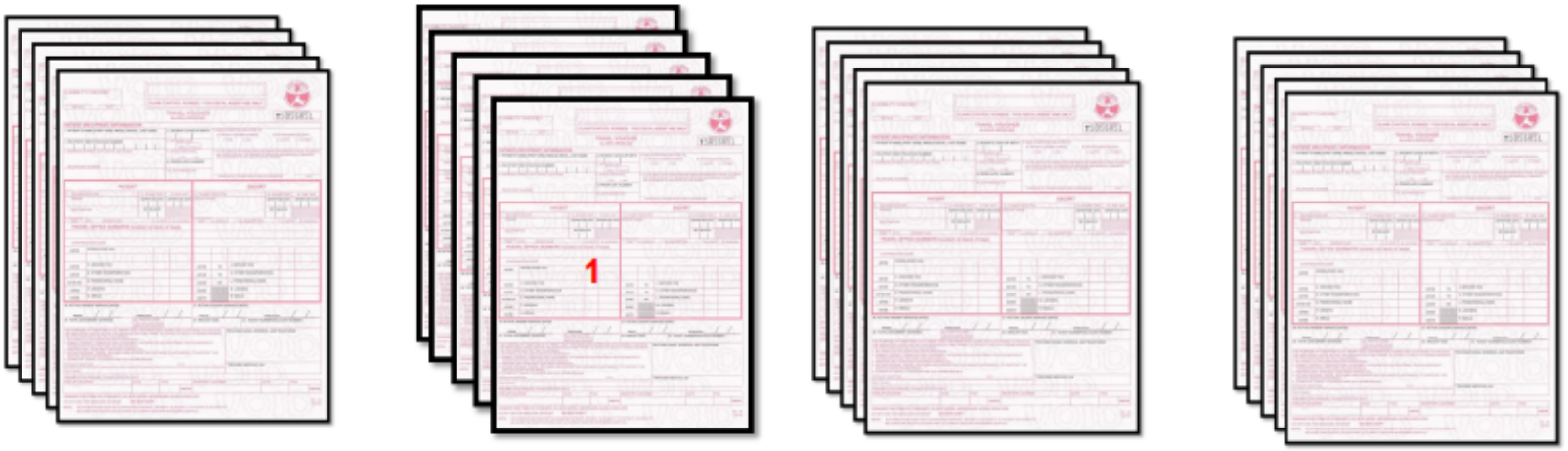
Alaska Medicaid Member Helpline: 800.780.9972

Template

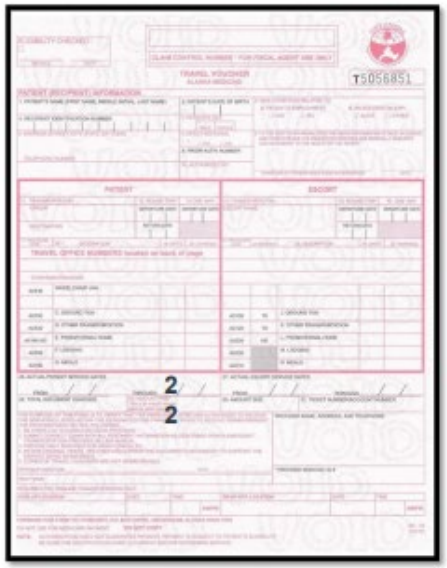
- There is a template document available to help you fill out voucher forms more easily
- You will still need voucher paper
- Fill out the voucher information in the template, load voucher paper into your printer, and then print out the vouchers for your member
- The template is available from AKtravelvoucher@gainwelltechnologies.com for enrolled provider and their appropriate staff members



If you have a patient traveling within their home community to come to your office for 10 visits over the next month, they will need **20 vouchers**, each of which is for **1 taxi ride**.



If your member is traveling to another community to receive services and will need to spend 2 nights there and 7 taxi rides. They will need **1 voucher for the hotel with 2 units of lodging and meals** and **7 vouchers for 1 taxi ride** each.





Recent and Upcoming Changes



State Travel Office Contractor Change

- The State of Alaska will have a new State Travel Office vendor starting this fall
- TSI USA will become the new State Travel Office
- The state is actively working closely with both CTM and TSI on a transition plan
- **At this time, there are no changes to travel arrangements and CTM is still our current State Travel Office Vendor for all Fiscal Agent-authorized travel**
- We will continue to provide updates and any changes in due process over the next months of transition
- Stay tuned for RA messages, town hall announcements, and be sure to sign up for Listserve!
- We would like to thank CTM for providing over 20 years of service for Alaska travel needs

Updated CTM Contact Information Effective Immediately:

Phone - (800) 514-7123 for all Medicaid travel calls

Transplant ONLY travel arrangements should call:

Phone – (907) 317-0291 – this number is prioritized for transplant needs only; if you call the 800 number listed above, you will be placed in the queue with all other travel call needs.

New HMS Travel Call Center Hours Effective 05/04/2026

HMS Travel Call Center hours will be updated to the following hours effective 05/04/2026:

- Monday – Friday from 8:00 am to 5:00 pm (Phones, Faxes and Urgent Travel)
- Saturday – Sunday from 12:00 pm to 4:00 pm (Urgent Travel Requests Only)

Phone numbers to call:

- (907) 644-6800 (option 1,5) or
- (800) 770-5650 (option 1,5)

Requesting Travel for Substance Use Disorder (SUD) Treatment

On 12/23/2025 The department announced that travel requests for SUD services could be requested using the standard out-of-area or local travel request packet. The SUD travel request packet has remained available on the Arranging Patient Travel webpage to allow providers time to adjust to the new process; however, effective 2/13/2026 the SUD travel request packet will no longer be available. Additionally, the Division of Behavioral Health will no longer accept travel requests for SUD services.

Fraud and Abuse

Fraud: Medicaid rules define fraud as “an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit for that person.

Abuse: Practices inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, reimbursement for services that are not medically necessary, or for services that fail to meet professionally recognized standards for health.

Some Examples of Fraud and Abuse Related to Travel

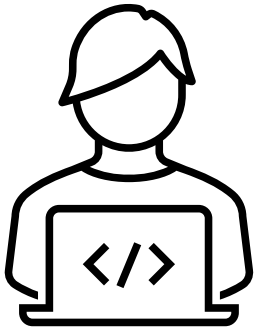
- Using travel vouchers to get to non-medical locations other than home.
- Misrepresenting or exaggerating the purpose and/or need for travel .
- Using the NEMT program for travel to another community and then no showing the appointments the travel was approved for.
- Misrepresenting the members physical and/behavioral health need to obtain a higher level of transport than needed

Tips on Preventing Fraud and Abuse

- Be though and accurate when describing the member’s needs.
- Educate members on appropriate use of voucher.
- Attend provider trainings that go over the programs rules.
- Report suspected fraud and/or abuse.

Message Hotline to Report Medicaid Fraud 1-907-269-6279

Travel Contacts



HMS:
Alaska Medicaid Travel Office (MTO) at 800.514.7123
Mon-Sun 8:00am – 5:30pm Alaska time

ANTHC:
Travel Office at 866.824.8140, option 1, or 907.729.7720
Mon – Sun 8:00am – 5:30pm

YKHC:
Travel Office at 855.543.6625 or 907.543.6625
Monday – Sunday 8:00am – 5:30pm

TCC:
Travel Office at 800.478.6682, ext. 3711 or
907.451.6682, ext. 3711
Monday – Friday 8:00am – 5:30pm
Saturday 2:00pm

Resources:
Arranging Patient Travel Useful Links

Alaska Medicaid

Requesting Travel Quick Reference Guide
Arranging Patient Travel Website
Arranging Patient Travel Instructions
Medicaid Travel Request Packet Guide
NEMT and Escort Coverage Guidance

Center for Medicare and Medicaid Services

Medicaid Transportation Guide
NEMT Resources


Q&A

Comagine Health

Utilization Management (UM) Services Breakout Session

Teresa Kirn, RN, ICQI — UM, Physical Health

Linda Rasmussen, LCSW — UM, Behavioral Health



Alaska Medicaid 2026 Spring Provider Educational Session

Teresa Kirn, RN, IQCI
Sr. Clinical Manager
May 2026
Comagine Health Educational Sessions

Objectives

- Review Updates to Comagine Health Provider Portal (CHPP) and Home Page
- Overview of Review Types
  - Alaska Medicaid Lumbar Spine Surgery Criteria
  - Coming Soon: Alaska Medicaid Cervical Spine Surgery Criteria
  - Diagnosis Related Group (DRG)
  - Imaging (IMG)
  - Inpatient (IP) & Concurrent Reviews
  - LTACH & Rehab
  - Retrospective
  - Surgical
  - Transplants
- Reminders and Tips
- Next steps following decertification



Utilization Management



Review for medical necessity, appropriateness of treatment(s) and select procedures



Utilize evidence-based criteria and organizational policies



Screen for Case Management (CM) referral

2025 InterQual®

Organizational policies

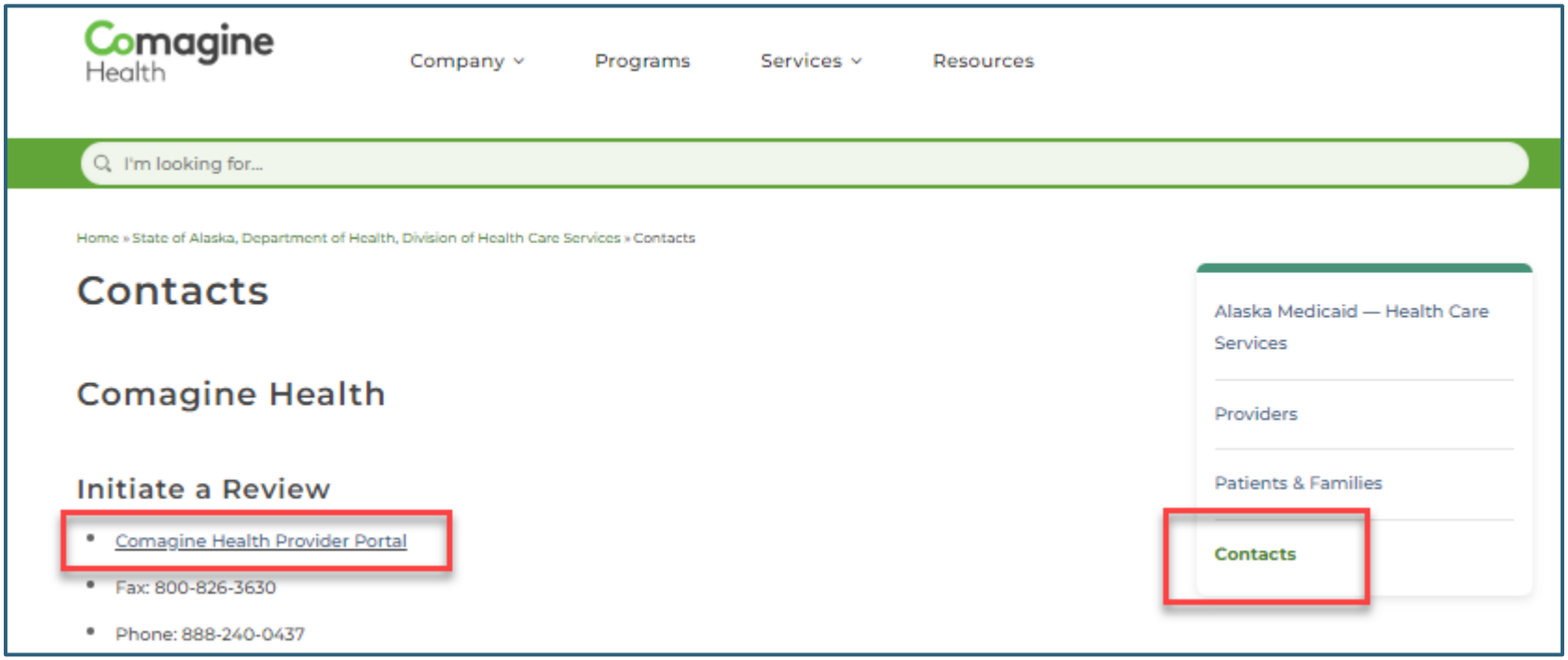
*Developed by a multidisciplinary team (physicians and clinicians)

*Support state, local and contractual expectations

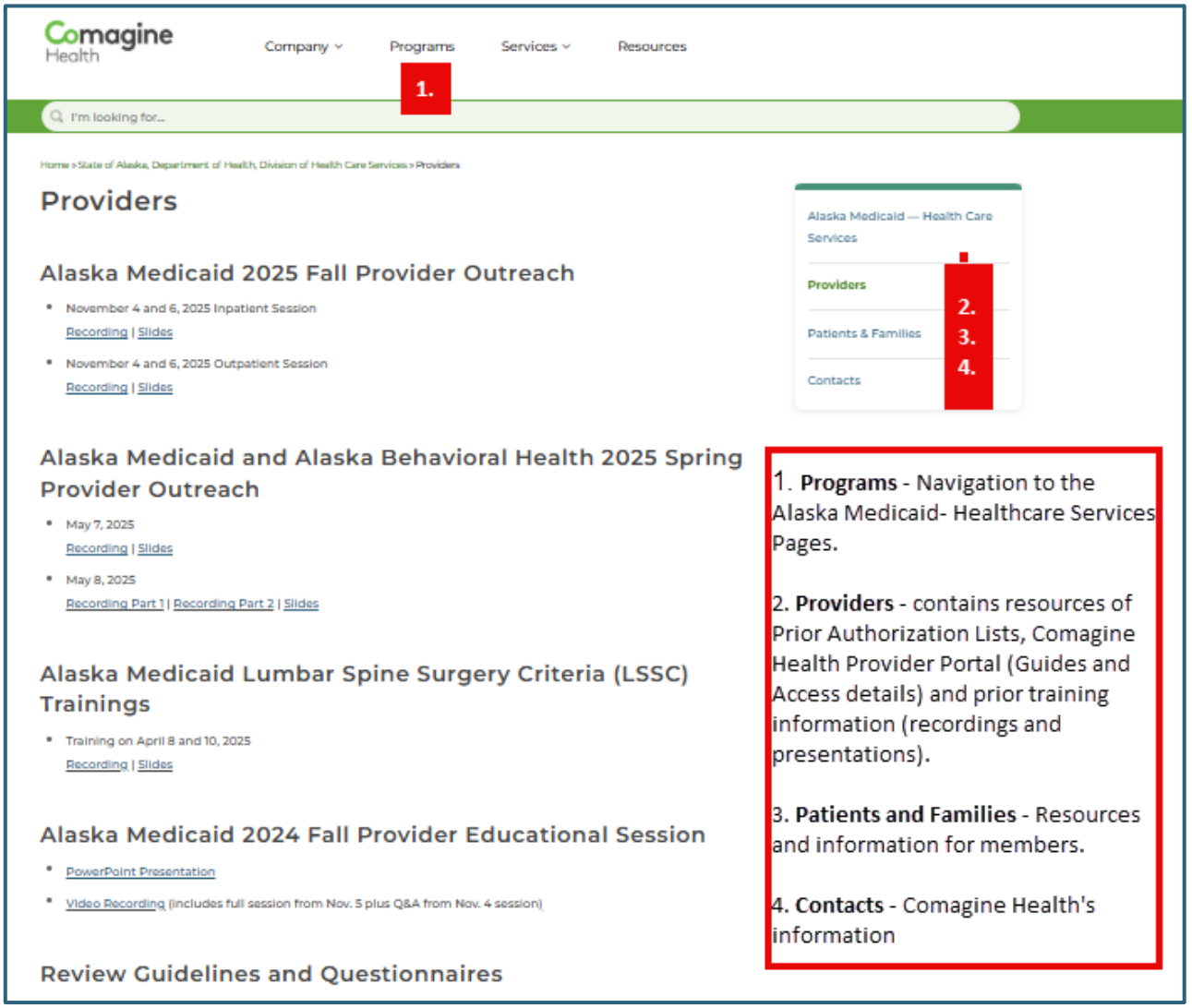
☑ Utilization Management Process

Submit reviews within the CHPP

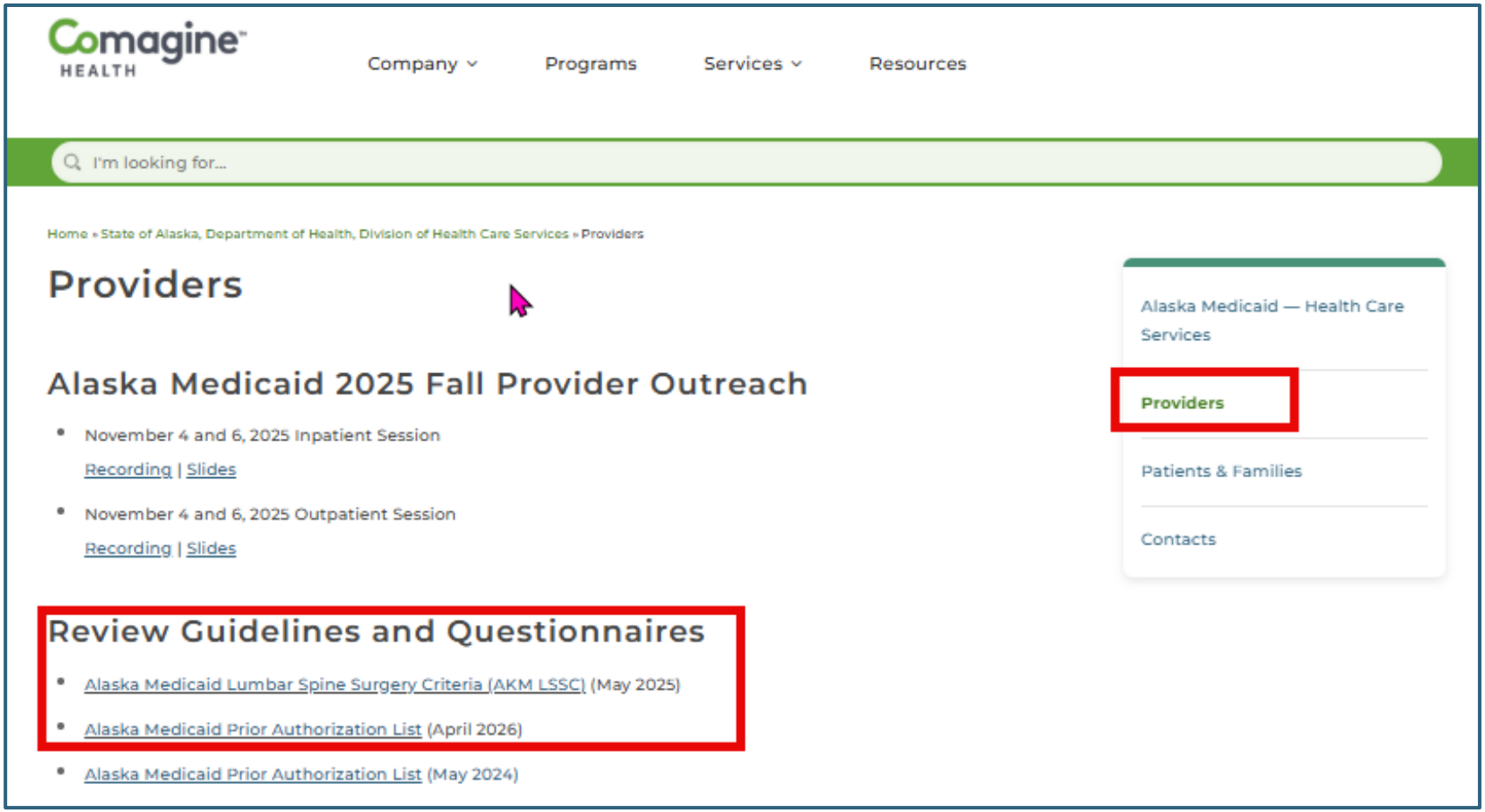
- Enhanced Communication
- Additional Information Requests
- Review Episode Status



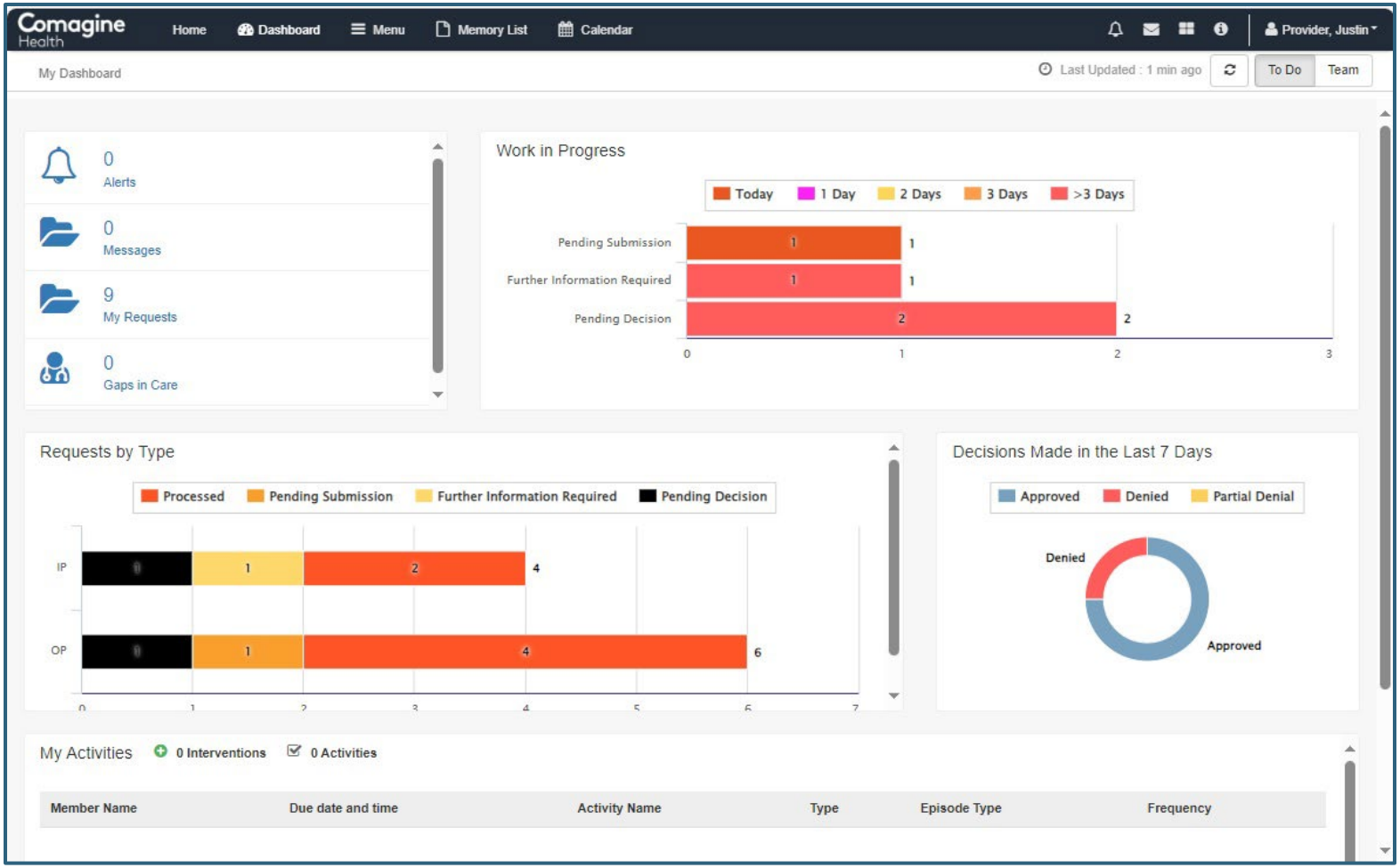
Provider Resources



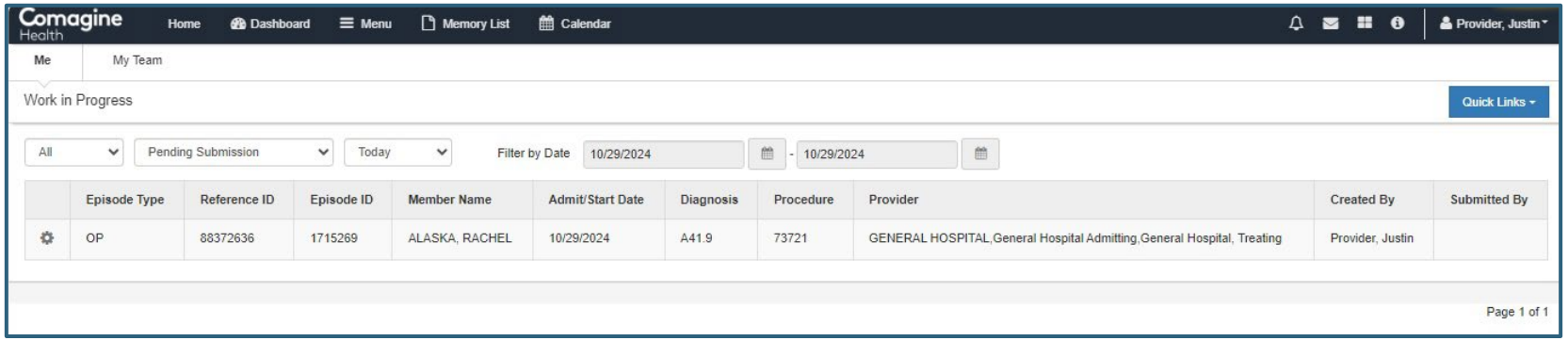
Locating Prior Authorization List

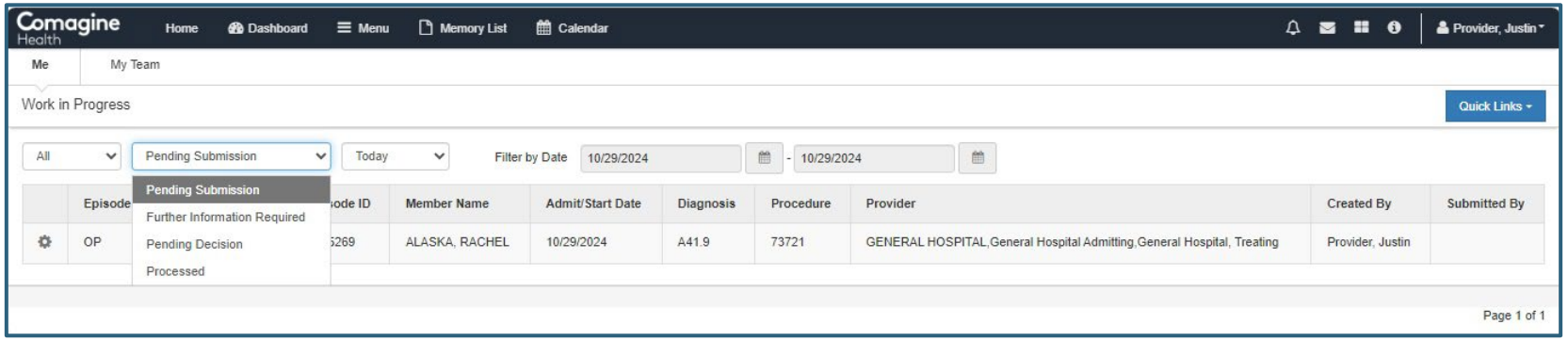


Provider Dashboard - To Do

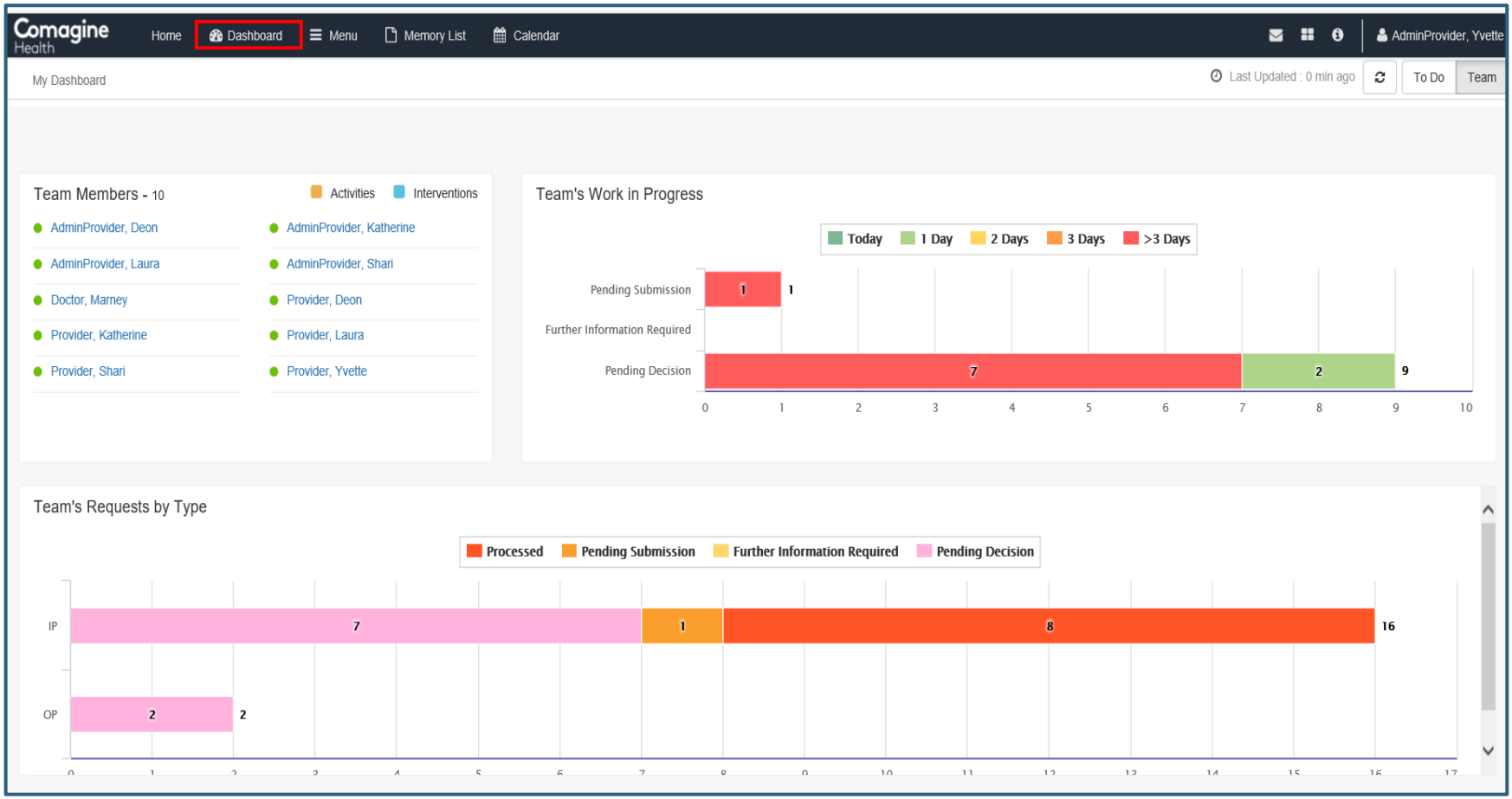


Provider Dashboard Links





Provider Dashboard - Teams

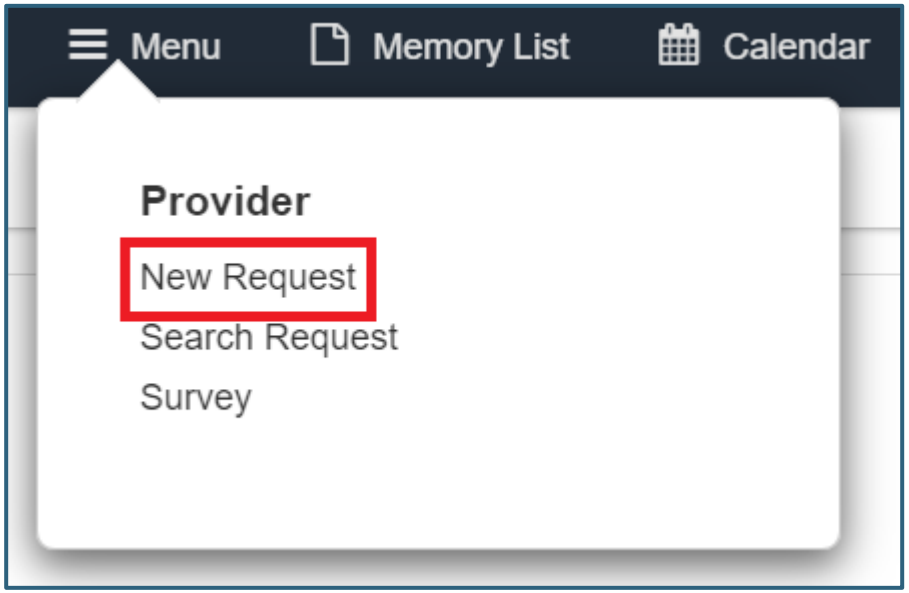


Provider Portal - Creating a New Request

Note: The "Search Request" feature allows users to search for existing requests in Jiva, to determine duplicate status.

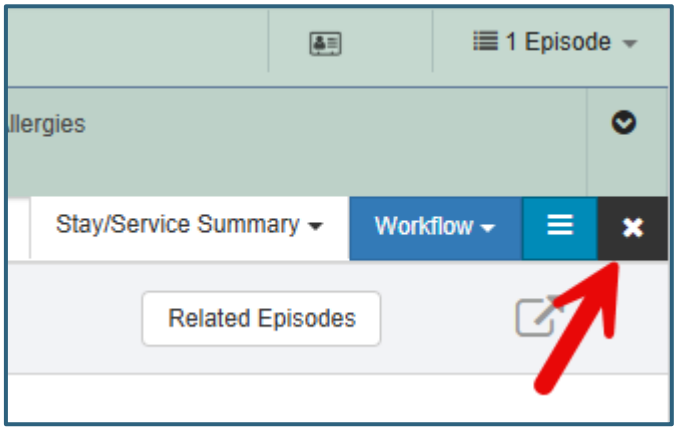
IF NO RESULTS RETURN DURING A SEARCH REQUEST, IT MAY APPEAR THE PATIENT IS NOT IN JIVA SINCE THERE ARE NO SEARCH RESULTS.

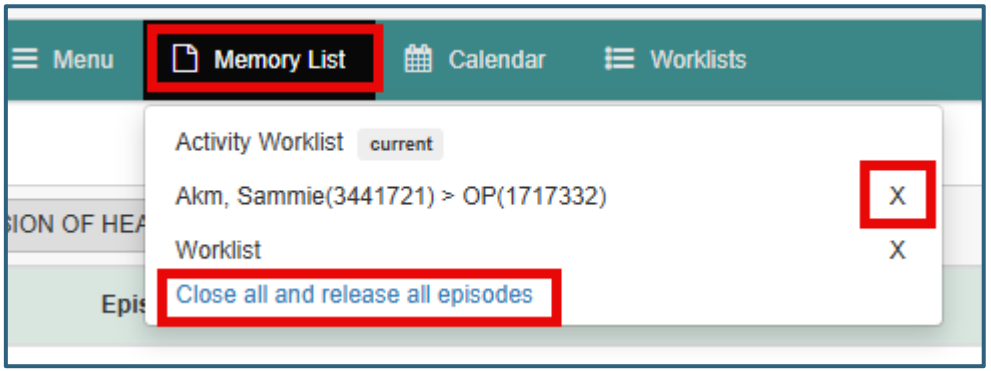
IF THIS HAPPENS, SEARCH FOR THE PATIENT USING THE "NEW REQUEST" FEATURE . PATIENTS WITH NO EXISTING REQUESTS ARE ONLY VIEWABLE BY USING THE "NEW REQUEST" FEATURE.

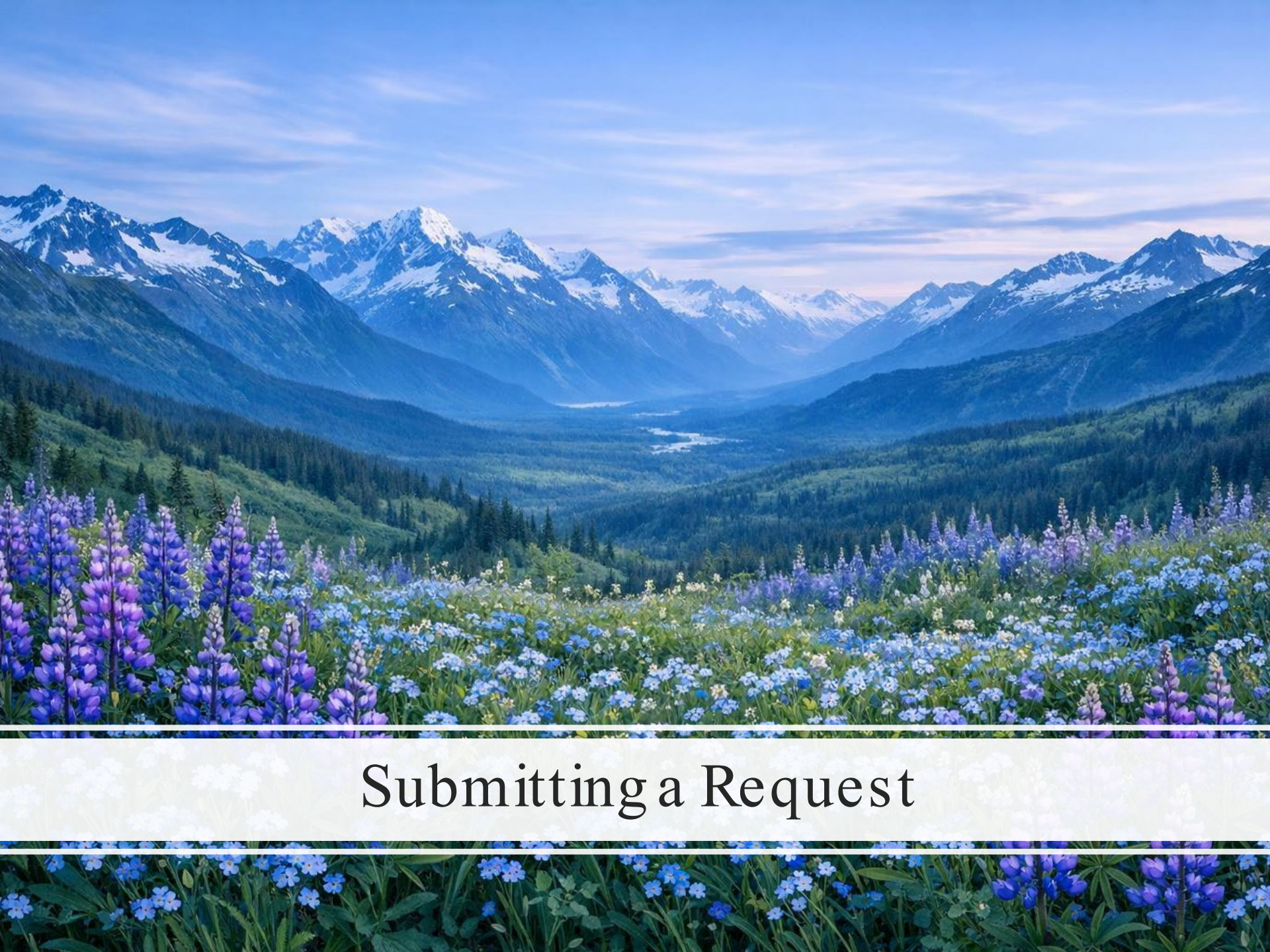


Provider Portal – Exiting a Case

- Two steps to ensure you have exited a request
  - Click the BLACK ‘X’ in upper right corner of the case
  - Click your Memory List to see if the request is open in the background. Click the ‘X’ to completely exit the case







Submitting a Request

Submission Resources

Alaska Medicaid prior authorization (PA) list

- Contains procedures and services requiring PA
- Available at www.comagine.org
- Revision date located on PA list

Alaska Medicaid Lumbar Spine Surgery Criteria (AKM LSSC)

- Contains required documentation submission list
- Available at www.comagine.org



Alaska Medicaid Lumbar Spine Surgery Criteria (AKM LSSC)

Timeframe

- Request may be a prior auth or retrospective request.
- Within timely filing

Review details – All Required

- Clinical note within 6 months of surgery date with required signatures
- Clear surgical plan
- Full radiologist's report of MRI (preferred) or CT-myelogram within twelve (12) months of requested surgery
- Initial PT evaluation note, and succinct documentation summarizing conservative care trialed.
- ALL lumbar fusion surgeries also require:
  1. Results of flexion-extension x-rays within twelve (12) months of surgery.
  2. Negative urine cotinine test documentation within three (3) months of surgery.

Full criteria details located at Comagine.org

Alaska Medicaid Cervical Spine Surgery Criteria (AKMLSSC)

Training Announcement!

- Training available Summer 2026

Training Details

- LIVE provider trainings sessions
- Recorded trainings
- Posted criteria document
- Go Live date announced soon!

DRG Reviews

Timeframe

- After inpatient services rendered and member is discharged
- Within timely filing status

Review details – All Required

- Submit required information
  - Admission clinical
  - Supportive clinical during stay
  - Discharge summary
  - Final diagnoses
  - Final procedural coding
  - Entire chart is not to be submitted

Imaging Requests

Timeframe

- Authorizations valid for up to four months from the requested date once decisioned and approved
- Provider set the timeframe on each request up to four months

Review details – All Required

- Assessment and trigger assessments completed with details
- Multiple IMG procedures allowed on one PA request if scheduled for the same date of service (DOS)
- One IMG request per assessment questionnaire
- Fillable assessment form on Comagine.org
- Repeat IMG details
- If additional IMG is completed on DOS, a new retrospective review request is required
- Updated Imaging Assessment coming soon.

Acute Inpatient

Timeframes

- Admissions exceeding the three-day benchmark
- All interfacility transfers
- All codes included on the Alaska Medicaid PA List

Request details

- Initial IP requests require the Alaska 3-Day Benchmark Assessment to be completed with supportive clinical details

Concurrent Review

Timeframes

- Follow next review date (NRD) information in request

Request details

- Always include targeted clinical for NRD
- Facility confinement reaches the review date and discharge (DC) is unlikely or unknown
- Changes in clinical presentation
- DC date

LTACH and Rehab Requests

Timeframes

- Submit preadmission requests
- Follow next review date (NRD) information in request

Request details

- Initial requests with clinical within 1-2 day of submission
- Targeted clinical for NRD
- Facility confinement reaches the review date and discharge (DC) is unlikely or unknown
- Changes in clinical presentation
- DC date

Retrospective Reviews

Timeframes

- Submitted after services rendered or member discharged from IP admission

Request details

- Targeted clinical for request
- Service or DC date
- Post-operative or imaging report supporting request

Surgical Requests

Timeframe

- Submitted as a prior authorization or retrospectively
- Approved authorizations valid for 4 months

Request Details

- No assessment required
- Detailed surgical plan required with all requests
- Staged surgeries on same admission vs separate admissions
- Observation, OP and IP requests
- Code corrections post-surgery with operative report
- Surgeries at DRG facilities

Transplant Requests

Timeframe

- Approved authorizations valid for 12 months on OP authorization for waitlists
- You must resubmit a new request with updated clinical if the transplant has not occurred

Request Details

- No assessment needed
- Outpatient (OP) auth for waitlist using a CPT code
- Inpatient (IP) auth for actual transplants using an ICD-10 code

Helpful Information for Request Submissions

Submit targeted clinical information with date, current interventions, changes in plan of care, expected length of stay (LOS) and discharge date

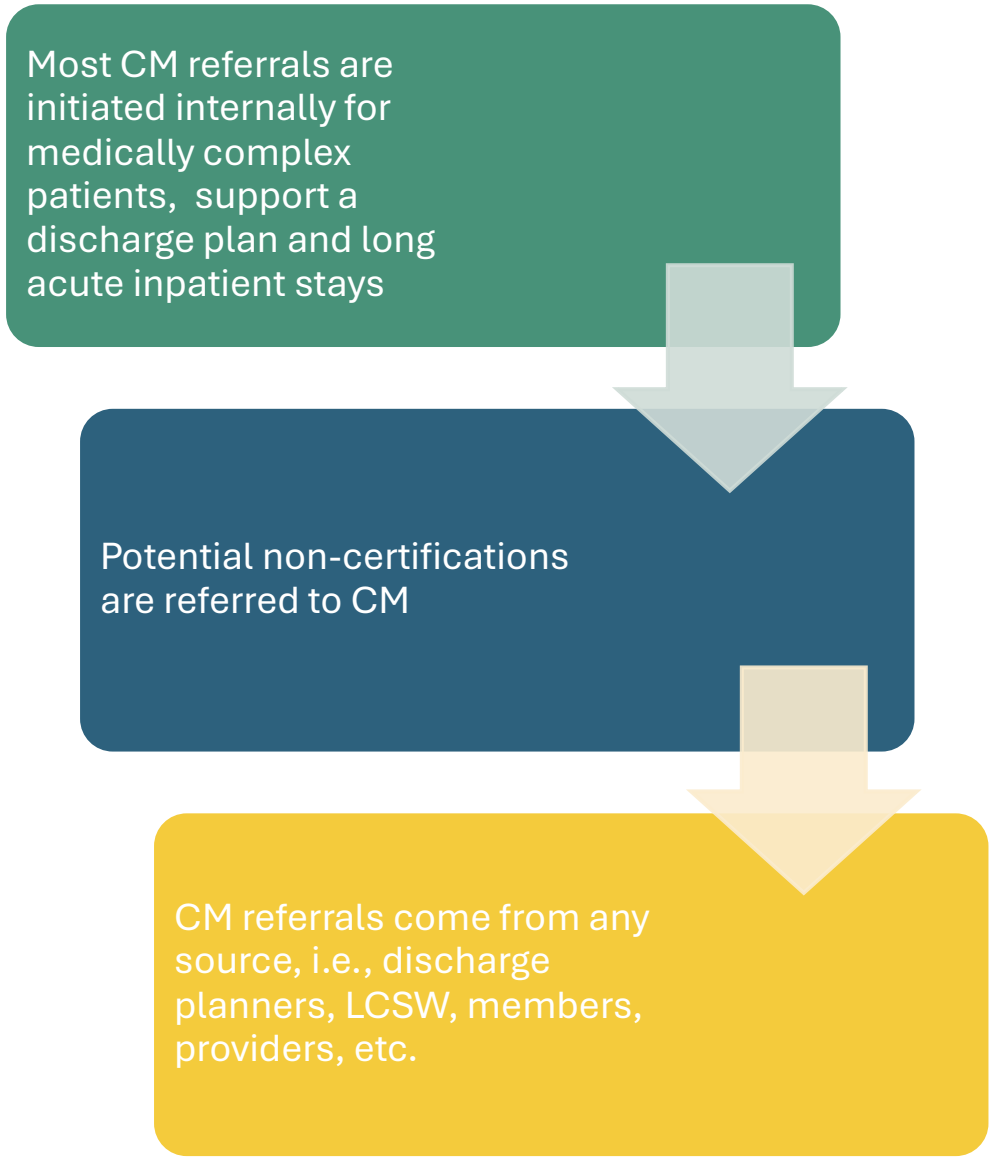
Entire chart is not required for any request

Word documents, PDFs and JPGs are acceptable attachment formats

- Image format files (.tif) are not accepted

Prevent decertification due to insufficient clinical information by responding to web requests for additional information

Utilization Management & Case Management Integration



Options Following Non-Certification

All options	Details and information
Doctor-to-Doctor (DTD) consultations	• DTD is offered at the time of denial • Does not affect appeal rights • Also called a Peer-to-Peer consult • Request within 60 days of notice letter
Additional Information after decertification	• Does not affect appeal rights or DTD rights • Ideal for decertification based on lack of information • Request within 60 days of notice letter

Options Following Non-Certification, cont.

All options	Details and information
Expedited Appeal	• Only in inpatient cases involving urgent care • Provider to submit request via the provider portal • Decision within 72 hours • Entire record is not to be submitted
Standard Appeal	• Submit via the provider portal or fax • Completed internally and externally (peer matched) • Entire record is not to be submitted

Options Following Non-Certification, cont.

Options	Details and Information
Second-level appeal to the Division of Health Care Services (DHCS)	• Written and postmarked to the State of Alaska within 60 days of the date of the first level appeal decision by Comagine Health
Fair Hearings	• Recipients' responsibility to request

Comagine Health Website Provider Resources



Comagine Health Provider Portal Web-Based Utilization Management

Registration and CHPP support available

CHPP registration packet on our website

Fax packet to (800) 826-3630

Call for support (800) 783-8606

Email packet to addresses below

Teresa Kirn RN IQCI
Sr. Clinical Nurse Manager
TKirn@comagine.org

Justin Ordonez
Intake Representative Supervisor, Care Management
Jordonez@comagine.org

Comagine Health Contact Information



Utilization Review
Toll-free phone
(800) 783-9207

Toll-free fax
(800) 826-3630



Utilization Review Hours

6:30 am to 5:00 pm
Alaska Time
Monday to Friday



Utilization Management Questions

Comagine Health

Ethics, Records, and Utilization Review

Linda Rasmussen, LCSW
Supervisor, Clinical Review
Comagine Health



Presentation Goals

- Overview of ethical and legal issues surrounding clinical documentation in utilization reviews
- Provide utilization review process updates for the Alaska Medicaid psychiatric program
- Review evidenced-based guidelines in submitting utilization reviews
- Discuss diagnosis and ethical dilemmas in payment limitations
- Demonstrate collaboration with the State of Alaska and providers in the ethical submission of the utilization review process

Considerations in Submitting Clinical Documentation

- Clinical reviews are a legal document with legal ramifications
- By submitting a clinical review, the submitter is attesting to the following:
  - Affirming the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record
  - The treatment plan services, units and duration requested are medically necessary and consistent with the recipient's level of impairment

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Considerations in Submitting Clinical Documentation, cont.

- The clinical record includes all submitted documentation.
- The clinical record is available upon request.
- Approvals are subject to all Medicaid/Denali KidCare program rules and regulations.
- Department of Health may recoup payment for any services that are not properly documented, or not in compliance with program rules.

Considerations in Submitting Clinical Documentation, cont.

- The State of Alaska Division of Behavioral Health (DBH) has full access to everything submitted to Comagine Health by the providers.
- When doing on-site reviews, the State of Alaska DBH staff compare what is entered into Comagine Health reviews to what is documented in the charts.
- There are federal regulations, as well as state regulations, with specific requirements that need to be met and documented in the recipient's clinical charts.

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Ethical and Legal Considerations

- Primary diagnosis and payment limitations
- Clinical documentation submitted
- Document all pertinent information
- Timeframes of documentation
- Discharge planning

Alaska Division of Behavioral Health Utilization Reviews

- Inpatient acute and residential psychiatric review types:
  - Admission review
  - Master Plan of Care review
  - Continued stay review
  - Retrospective review
  - DRG Review
  - Peer review
  - Appeals

Comagine Health

Tools to Support Your Review

http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health/provider-resources

- Provider manuals
  - Inpatient Psychiatric Review
  - Community-Based Youth Residential Behavioral Health Services Review
- Provider training and registration
- Late Submission/Retro Review Request form
- Comagine Health Provider Portal User Guide and training videos
- Contact information for Comagine Health
- Map of Alaska regions
- List of in-state providers by region and contact information
- Link to Alaska Division of Behavioral Health website
- Incident Report forms and instructions

Comagine Health

Provider Responsibilities



REVIEW SUBMISSION AND TIMELINES



DISCHARGE PLANNING



REPORT DISCHARGES



TRAVEL AUTHORIZATION



INCIDENT REPORTS

Review Submission

Providers are required to:

- Submit timely reviews via the Comagine Health Provider Portal (CHPP)
- Submit reviews for recipients who are also covered by other Third-Party Liability (TPL)
- Furnish complete, accurate demographic and clinical information
- Give comprehensive answers on the appropriate review questionnaire

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Prior Authorization Submission Timelines

- Non-DRG acute care admissions
  - 2 calendar days prior to admission if travel is involved
  - Same day if no travel is involved
- DRG acute care admissions to submit review requests following discharge
- PRTF admissions
  - 7 calendar days prior to admission if travel is involved
  - 3 calendar days prior to admission if no travel is involved

Comagine Health

Continued Stay Review (CSR) Submission Timelines

- PRTF care
  - 3 calendar days prior to “Next Review Date”

- Acute Psychiatric care
  - Non-DRG facilities 2 calendar days prior to “Next Review Date”
  - DRG facilities have no CSR requirements

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Pended Review Timeline



Comagine Health notifies provider via the Comagine Health Provider Portal (CHPP)



Provider has 7 calendar days to submit the requested information



Possible technical denial after 7 calendar days

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Acute and PRTF Travel Authorization

- Admitting provider is responsible for timely submission of the prior authorization review
- When certification (approval) is given, use the Prior Authorization number assigned to the case for travel for admissions
- Alaska's fiscal agent is the authorized agency for travel
  - Toll-free in Alaska (800) 770-5650
  - Outside of Alaska (907) 644-6800

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Diagnosis Requirements

Must have valid ICD-10 code with all digits for payment.

For example:

- F43.10 Post-traumatic stress disorder, unspecified
- F33.1 Major depressive disorder, recurrent, moderate
- F84.0 Autistic disorder

Comagine Health

Admission Review

- Admission Review questionnaire should be fully completed
- Questions must be answered comprehensively and correctly
- Acuity must be provided with dates and description of events based on requirements for the proper level of care
- Place current information under the Acuity section
- Place historical information under the Psychosocial section

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Admission Review, cont.

- Mental Status Exam is required for all admission reviews
  - Mental Status Exam *date* and who performed the exam must be provided in the Admission Review questionnaire
  - Issues must be recorded in the free text under question #48 (description of the acute disturbances supporting the need for admission)

Required Documentation for Admission

Submit all clinical documentation that supports the need for this level of care.

Documentation must include:

- Dates
- Seriousness
- Frequency of symptoms
- Current acuity (If this is chronic, why now?)
- What occurred while in acute care setting
  - Why wasn't stabilization achieved for step down to a lower level of care?

Comagine Health

Details to Use in Reviews

Per DBH:

Use These	Not These
Crying at least 3 times daily, Tantrums that include screaming, crying, yelling, and biting arms, Excessive clinging	Cries frequently, Angry outbursts
Hypervigilance, Excessive fear (describe)	Nervous, Afraid
Jumped into open part of frozen lake…, Fire setting in last week	Risky behaviors, Hx setting fires
Runaway less than 24 hours (48 hrs, X # days)	Runs
Self-injurious behavior by cutting arms leaving scars, Hallucinations in last week (specifically describe)	Hurts themselves, sees things

Details to Use in Reviews, cont.

Use These	Not These
Drop in school grades (A to D in 6 Weeks)	Not doing well in school
Suicidal/homicidal ideation with/without plan, Self harm that includes third degree burn	Wants to hurt self
Detention @ least 2x in last 5 days, suspended	Made to stay after school
Impulsive, property destruction (describe)	Acts without thinking
Absent 5 days from work in last month	Misses work
Arrest/illegal activity in last month	Legal troubles
Socially withdrawn in last month	Stays to themselves, loner

Details to Use in Reviews, cont.

Use These	Not These
In the last month	Has a history of
3x week for last 6 months	Recently
In the last 48 hours	Frequently, Often
In the last month	Seldom

Comagine Health



Trivia Time!

- - True or False: Alaska was purchased from Russia in 1867.



Trivia Time!

- 2. Which city served as Alaska’s first state capital?
- - Anchorage
- - Juneau
- - Sitka
- - Fairbanks



Trivia Time!

- 3. After Alaska was purchased from Russia, which country transferred control to the United States?
- - Canada
- - Russia
- - Great Britain



Trivia Time!

- 4. True or False: Alaska became the 49th U.S. state in 1959.

Requirements to Support Admission Acuity: Acute Care

Q48. Describe acute disturbances related to the behavioral disorder:

- Symptoms within the last 24 to 48 hours
- Dates, seriousness and frequency of symptoms
- Specific description of symptoms

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Example of Documentation for Admission Acuity: Acute Care

Describe acute disturbances related to the behavioral disorder:

Patient is admitted today with homicidal and suicidal ideation.

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Example of Documentation for Admission Acuity: Acute Care

Describe acute disturbances related to the behavioral disorder:

Patient is admitted today after threatening to kill teachers and classmates and then self with his father's pistol. Patient has access to guns and bullets. He became angry and was swearing at teachers and punched a hole in the wall, threw over desk and scattered papers all over the room.

Requirements to Support Admission Acuity: PRTF

Q48. Describe acute disturbances related to the behavioral disorder:

- Symptoms within the last 60 days with emphasis on last 30 days
- Symptoms while in acute care
- Specific description of symptoms
- Lower level of care
- History of symptoms over 6 months

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Admission Review Acuity: PRTF

57. Describe acute disturbances related to the behavioral disorder:

Patient is admitted due to a history of suicidal threats, homicidal threats, aggression and oppositional/defiant/impulsive behaviors.

Admission Review Acuity: PRTF

57. Describe acute disturbances related to the behavioral disorder:

Patient admitted to acute care on March 12, 2024, after threatening to kill teachers and classmates and then self with his father's pistol. Patient has access to guns and bullets in his home. He was swearing at teachers and punched a hole in the wall, threw over desk and scattered papers all over the room. He has been in acute care 4 times in the last year. While in acute care he….

Plan of Care (POC) Review



PRTF level of care



Acute level of care



Required elements to be addressed in the POC

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Plan of Care

The Plan of Care (POC) is required to:

- Include a discharge plan prepared *at the time of admission*
- Specify the anticipated date for discharge
- Be formulated in consultation with the recipient and the recipient's parents, legal guardian or other individual to whose care or custody the recipient will be released following discharge

Plan of Care, cont.

POC reviews are required to include updated discharge planning information that provides increasingly more detailed information regarding:

- The recipient's anticipated post-discharge service needs
- The recipient's prospective service providers
- Other provisions necessary for the transition to a less restrictive environment

Plan of Care, cont.

- The Master Plan of Care (MPOC) should cover everything that is to be completed *throughout the entire expected length of stay*.
- The POC must include goals and objectives related to family therapy, group therapy and individual therapy that are connected to problem statement.
- If the recipient is in OCS or JJ custody, the POC must include goals and objectives related to contact with case worker.

Plan of Care, cont.

Clearly document the *measurable* goals and objectives:

- Problem statement related to each diagnosis
- Goals and objectives related to problem statement
- Modalities in which goals and objectives will be addressed
- Update progress on goals and objectives in every review for each problem statement and for every type of therapeutic setting (individual, family and group psychotherapy)

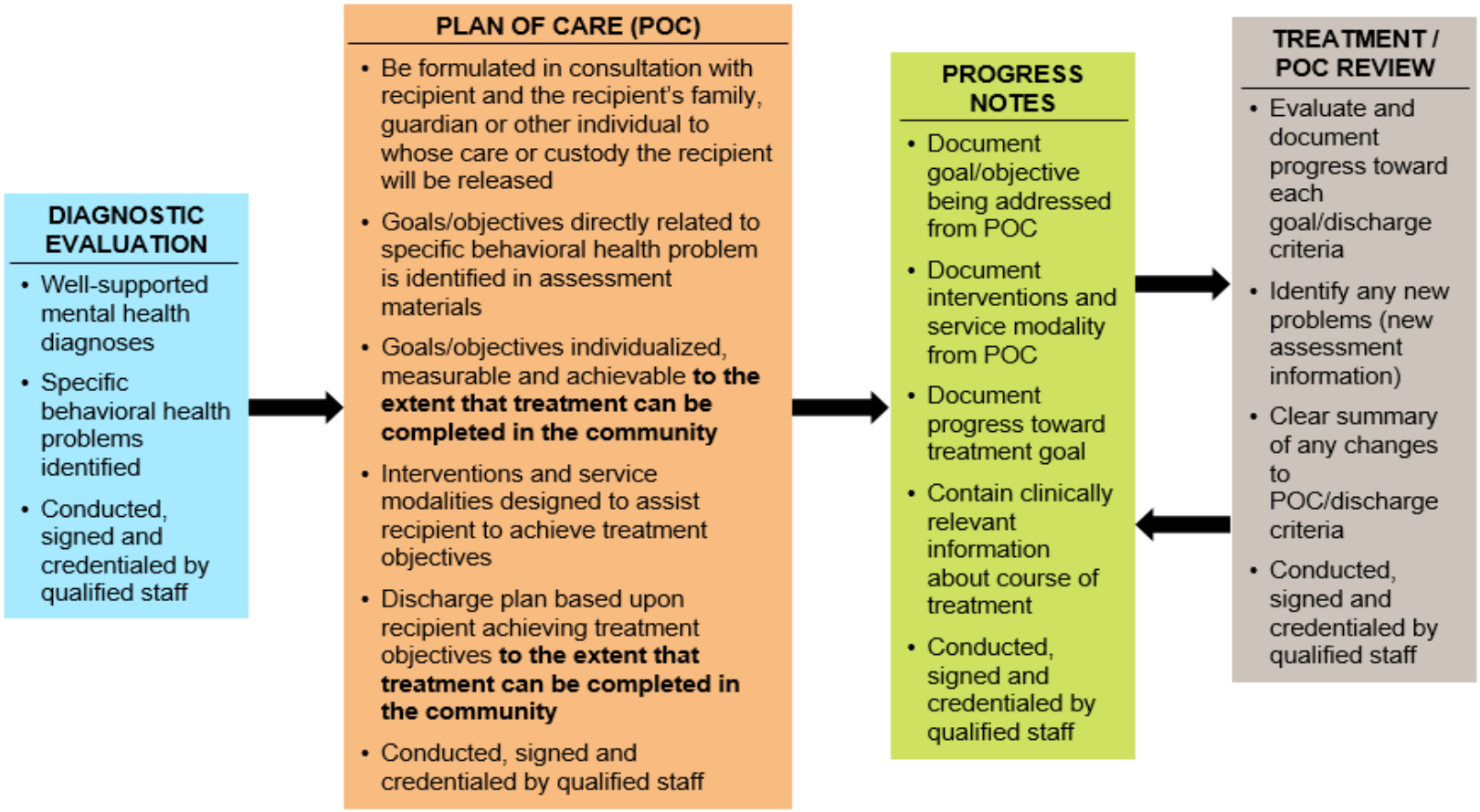
Treatment Plan Goals and Objectives

Examples, per DBH:

Global Goal/Objective	Example of Measurable Goal/Objective
Eliminate assaultive behavior	Eliminate episodes of hitting and slapping peers at school
Reduce verbal aggression	Reduce occurrences of saying, “I’ll kill you,” and “I’ll beat you up,” to siblings and classmates by 80%

Medical Necessity Practice and Documentation

All services must be rendered in compliance with Medicaid Program rules, regulations and statutes.



Required Documentation for Continued Stay

Submit all clinical documentation that supports the continued need for the requested level of care.

Documentation must include:

- Clear description
- Seriousness
- Frequency of symptoms and behaviors
- Current acuity (*this review period*)

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Required Documentation for Continued Stay, cont.

- Updates on:
  - Diagnostic evaluation
  - Medication changes and effectiveness
  - Current behavioral impairments
  - Measurable treatment goals/objectives and progress made on goals/objectives
  - Goals and objectives in each modality (individual, family and group psychotherapy)

Example of Documentation for Continued Stay Review Acuity

Describe acute disturbances, self care deficits or imminent risk to self or others or impaired safety or severely impaired role functioning:

Despite depression and SI, patient appears to participate in program and is participating well.

Example of Documentation for Continued Stay Review Acuity

Describe acute disturbances, self-care deficits or imminent risk to self or others or impaired safety or severely impaired role functioning:

Patient struggles with depression on a daily basis as evidenced by her frequent statements of wishing she would die, telling peers when she leaves this facility she will hang herself, and her disclosures to her therapist that she thinks about death most of the day every day. She needs several prompts every day before she will take a shower or brush her teeth.

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Trivia Time!

- 1. True or False: Gold discoveries played a major role in Alaska’s early population growth.



Trivia Time!

- 2. Question: Which event helped speed Alaska’s path to statehood?
- - The Klondike Gold Rush
- - World War II military buildup
- - Construction of the Trans-Alaska Pipeline



Trivia Time!

- 3. Which town became famous during the Nome Gold Rush?
- - Skagway
- - Nome
- - Valdez
- - Cordova



Trivia Time!

- 4. How many years after being purchased did Alaska become a U.S. state?
- - About 50 years
- - About 90 years
- - About 130 years

Discharge Planning

- Must begin upon admission, per federal and state regulations
- Updated with each review
- Includes specificity
- Family/guardian is actively involved
- Available lower level of care services being recommended and appropriate activity toward application

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Reporting Discharges

Report discharges via the Comagine Health Provider Portal (CHPP)or by phone after the recipient has discharged.

Submit the following information:

- The identified services recommended for follow-up care. Include considerations regarding:
  - Placement
  - Educational services and contact made
  - Individual, family and group psychotherapies, as well as other identified therapeutic interventions that may be needed at time of discharge, to include medication management and school supports
- The identified provider for services upon discharge
- The actual discharge date

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Late Submission Continued Stay Review Request

- Definition
- When to request it
- Required form
- Possible technical denial

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Delayed Eligibility Reasons for Late Submission Reviews

- Definition
- May submit all at once to catch up to current date
  - Use the Admission Review questionnaire
  - Must include the Plan of Care
  - Divide the review into weekly increments with details of *daily acuity* in these weekly increments

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Payment is Contingent Upon

- Eligibility as determined by the Alaska Medicaid Program
  - Providers must call the Eligibility Verification System
    - (800) 884-3223 (24 hours/day, 7 days/week)
    - (800) 770-5650 in Alaska (8:00 am to 5:00 pm)
- Compliance with the rules and regulations that govern Medical Assistance in Alaska
- Completion of medical necessity prior authorization review

Incident Reporting Requirements

- Use correct Incident Report form based on level of care
- Follow incident reporting requirements
- Report critical incidents to the Alaska Department of Health agencies (DOH)
- May be required to submit the same incident report to multiple DOH agencies

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We Want to Hear from You



HOW THE REVIEW PROCESS WORKS FOR YOU



ANY ISSUES OR CONCERNS THAT MAY ARISE



ADDITIONAL WAYS COMAGINE HEALTH CAN ASSIST YOU



PROCESS IMPROVEMENT OPPORTUNITIES



INDIVIDUAL TRAINING REQUESTS

Questions and Answers



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Contact Information

Comagine Health

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Alaska Department of Health Division of Behavioral Health

Contact information is available at:
http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health/contacts

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Closing Remarks – Day Two

Yvette Stratton, RN, BSN, CCM
Associate Vice President, Care Management, Comagine Health

Please complete the survey

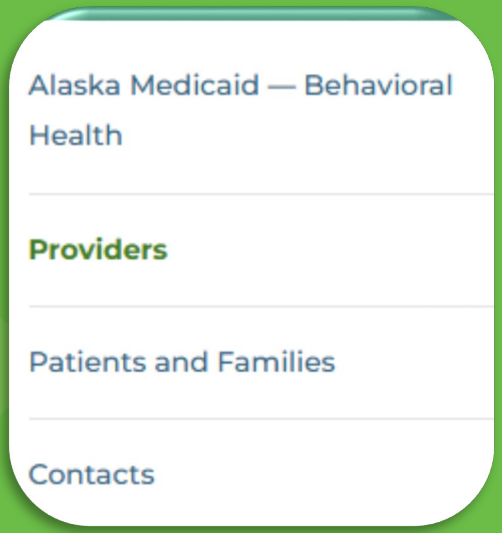
1. First use check-in using the QR Code:

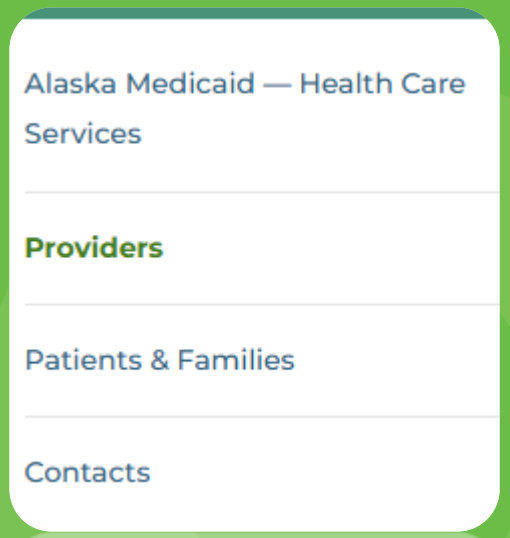
2. After checking in with the QR code, click the link:
https://uaa.co1.qualtrics.com/jfe/form/SV_5dxge7MqFfLAp4a

- The survey only needs to be completed once.
- The evaluation and CE claiming window is **open for two weeks only** following the conference.
- This is a **two-step process:**
    1. Complete the anonymous event evaluation.
    2. Complete the CE claim and certificate portion, which is not anonymous.

Thank you for attending!

A recording of the presentation will be available on the Comagine Health website under Programs, Alaska Medicaid Behavioral Health, and Alaska Medicaid-Division of Health Care Services. Click on the Provider link for Provider Resources.





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