

Telehealth Invoice Questions and Answers¹

(last updated: January 2020)

Q1: Do I need to have a current Provider Agreement sign with the Department of Health and Social Services – Division of Senior and Disabilities Services, in order to get reimbursed?

A: Yes. If an entity is performing telehealth assessments along with the Department of Health and Social Services – Division of Senior and Disabilities Services (“SDS”) and does not have a valid Provider Agreement, this entity is not considered a Provider for our records and it will not be able to get reimbursed for its scheduled and completed videoconferencing call sessions.

Note: Please contact Nancy Brooks at nancy.brooks@alaska.gov to receive a packet of Telehealth Provider Agreement documents to apply to become a Telehealth Provider.

Q2: How do I submit a reimbursement request?

A: All telehealth invoices may be e-mailed, faxed or mailed to the Department of Health and Social Services – Division of Senior and Disabilities Services, strictly to the following contact information:

Telehealth Coordinator
550 W. 8th Ave.
Anchorage, AK 99501-357
Fax: (907) 269-3689
DSDSTelehealth@alaska.gov

Tip: If you drop off an invoice at the front desk of the Department of Health and Social Services – Division of Senior and Disabilities Services, please remember to retrieve a receipt from the receptionist.

Q3: What is my invoice supposed to look like? And which information does it need to have?

¹ We are working on establishing a standard invoice template customized for each Provider. For the moment, please follow the instructions in this Q&A.

A: On the “Telehealth Website” under *Provider Reimbursement* you should find a Facilitation Site Fee Invoice Sample². Also, the Attachment 3 of the Provider Agreement refers to an example of an invoice.

The invoice name should state the service you are requesting payment for: “*Invoice for Payment for Telehealth Assessments*”. The date of the invoice should include the day, month and year.

Please, make sure to put in the invoice your contact information (how can we reach you by e-mail, phone or mail if we have questions).

On an organized table, please list when and where each telehealth assessment took place by SDS#.

For each completed telehealth assessment SDS pays \$71.25, which should add up to a total claim amount for the invoice depending on how many telehealth assessments were completed for that invoice-period.

Note: The Department Health and Social Services – Division of Senior and Disabilities Services no longer requires the initials of the telehealth client in the invoices. As long as the SDS# is correct, SDS will be able to reconcile the invoice with the assessor’s records.

Q4: Do I receive a confirmation after sending an invoice for reimbursement?

A: After sending SDS your invoice, you should receive a follow up in about three business days stating that your invoice was reviewed and sent to be processed. All the reimbursement and payments are done through the SDS office in Juneau. Payments can be made via electronic fund transfer and also by check, depending on the Provider’s financial arrangements with the State.

Note: After receiving the follow up contact, expect the payment to be received between 30 and 50 business days³.

Q5: Will there be a change in the reimbursed rate of \$71.25 for telehealth assessments?

A: At this time, there is no foreseen change in the reimbursement rate per each completed telehealth assessment.

² Please note that all the additional forms displayed on the “Telehealth Website” are strictly to be used as a sample reference.

³ If you would like to get more information about specific reimbursements and payments you get from the State of Alaska, you can review them at Vendor Self Service Portal (“VSS”). VSS is a platform that will facilitate all the payments questions you have, regarding not only the Telehealth services. There, you will be able to view your payments information. You can contact Nicole Wery-Tagaban (nicole.wery-tagaban@alaska.gov) from our Administrative/Grant Support for more VSS information. She will be able to help you with the registration process for VSS and other payment inquiries you might have.

Q6: What are the terms a reimbursement request?

A: Accordingly to *Section IV. Billing* of the Provider Agreement, except when good cause for delay is shown, Providers should submit a reimbursement request within 30 days of the end of the month in which the service was provided. In this sense, if the telehealth assessment took place on July 20th, 2019, the Provider may submit the invoice until August 30th, 2019.