
REGISTRATION ALERT

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For those who do Registration - *Information to help you do your job!*

A change has been made in the system which affects the way you change or enter a "Mail To" address for an insurance company. Before the change was made, you could tab to the address field and type in the address, and then change the "I" code to an "O" so that the system retained that information. If you forgot to change that code, the address information reverted to what was originally in the system.

Now you have to change the "I" to an "O" first, or the "Mail To" address fields are not accessible. Once the "O" is in place, you can type in the correct "Mail To" address from the patient's insurance card.

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Accident/Injury Information

*Worker's Comp, Auto Accident, Klutz Accident -
makes no difference!*

Any time a patient comes in with some type of accident/injury, it is very important to put information about when it happened into the system. Insurance companies require this information, regardless of where the accident/injury occurred. They want the date of accident/injury, and a brief description of what happened. Otherwise the claim will be denied.

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A wise man once said, "Garbage in, garbage out!" We can only get good information out of our system if good information goes into our system! Call it "GIGO" for short!

Medicare Secondary Payor Questionnaire

If you take this Questionnaire one question at a time, it is really very easy to work through and understand. However, it is NOT something you can ignore, because it is required by Medicare laws to be completed every time the patient is seen. This has become a major compliance focus for Medicare, but is an easy one with which to comply.

For Inpatient Areas only that use HBOC and not OSCAR:

The questionnaire is divided into four different sections. The first (#1-#7) consists of questions regarding the patient's condition that would immediately verify Medicare eligibility, and eliminate the need to continue through the rest of the questionnaire. The second part (#8-#12) deals with the patient's and spouse's employment status and age. Part three (#13-#16) deals with patient's disability, if any, and Part four (#17-#23) deals with ESRD (End Stage Renal Disease).

If the answer to any of the first seven questions is Yes, there is no need to continue the questionnaire. *Read your options on screen.* The options for Question #2, for instance, are:

If YES, type Y, press ENTER. Collect info for VA.
It is primary. If NO, type N, go to question 3.

When you type a Y and press ENTER (Right Ctrl), the questionnaire is completed and you return to the insurance screen. (OSCAR knows what to do, based on your answers.)

Questions #4-#7 pertain to illness/injury. If the answer to Question #5 is No, you would skip Questions #6 and #7 and go to Question #8. If you don't pay attention to the options, you may be answering questions that you don't need to, which could invalidate the Questionnaire.

NOTE TO ALL REGISTRATION PERSONNEL:

We need to explain to our patients that this is a requirement for all Medicare patients. We did not make the rules that govern the MSP Questionnaire being required for every visit a Medicare patient makes to our facility, but it is a Federal requirement that we cannot ignore. Explain it with a smile and apologize for the seeming redundancy of questions.

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NOTE: OSCAR users are also required to answer the Medicare Questionnaire. The OSCAR system automatically jumps the user to the next appropriate question based on response to previous question. It is a Federal requirement we cannot ignore.