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# REGISTRATION ALERT

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Volume 2, Issue 1

January 2001

## For those who do Registration -

### *Insurance Master Changes*

Work is in progress to simplify some of the insurance plan codes that are currently active in the MediPac system. Pay close attention to the plan codes that you select when registering a patient, because selecting the wrong code can delay our reimbursement.

Next month we will have more detailed information for you as to some of the insurance plan code changes being made to the system.

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## Chief Complaint

### *What do you enter as the Chief Complaint?*

**VOID**

What *should* you enter as the Chief Complaint? Well, the first question to ask is, why are they seeing the doctor that day? Is it a checkup? Flu-like symptoms? Broken leg? Sometimes the patient is just sick. If you don't have a more obvious reason for the visit, "sick" will work, and is much closer to the truth than "pending" is. Remember, this is not the *diagnosis*, because that is something the doctor will determine. This is Chief Complaint, or the main reason as to why they are seeing a doctor that day.

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## Medicaid Cards

When registering Medicaid patients, be aware that the Effective Date for their coverage is not necessarily the same as the Issue Date that is given on the card. Be sure to use the EDS system to confirm that you have the correct coverage dates for each Medicaid patient.

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### *Did you know . . .*

The Medipac Training Manual and back issues of the *Registration Alert* are on the UAMS Intranet? To view them you need Adobe Acrobat Reader 4.0, which can be downloaded via Internet -- or call the Help Desk! Go to <http://www.uams.edu/cctc> and look for MediPac Info on the left.

## RSA's?

### *Hello RSA's - Goodbye Recurring*

News from the Business Office has it that as of March 1, 2001, UAMS will no longer use 'recurring accounts' for outpatients. Instead that date will introduce the first registrations of RSA (Repetitive Service Accounts) for those patients ordinarily registered as recurring. There will be training rolling out to all of the clinics in February but the main changes will involve the need to re-register these patients each month instead of every 6 months.

There will also be more flexibility in capturing outpatient services to these patients on an RSA account, which will bill in its entirety after each month end. More changes will involve patient types as well as the suffix numbering on these new accounts.

The overall goal is to simplify the billing for the hospital and the patient. You will be hearing more about this as the training efforts get underway. Watch for more detail in next month's issue of the *Registration Alert*.

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## Managed Care Contracts

### *What happens when the contract with UAMS is terminated?*

Usually, when a contract is terminated with UAMS, this means we are no longer a network provider for patients enrolled with that company. Theoretically, if we are not network providers, the patients would not be utilizing our services anymore. It is not outside the realm of possibility that a patient would come here anyway, but if that happened it is very important to call to verify benefits so we know where we stand. Register the patient as having Managed Care, looking first under Financial Class N for that payor. If the payor is no longer listed under HMO (Contract Care), use Financial Class C for Commercial. If the payor is not listed there, use Z99 for the Insurance Code.

The patient needs to understand what the expected reimbursement will be from the insurance company. In addition, it is necessary to find out if the patient has an out-of-network referral. Sometimes the insurance will pay *nothing* if the patient goes out-of-network. If this is the case, collection efforts should be made prior to the service being rendered.

If you have any questions, contact Anita Allaben at 614-2124.

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