

REGISTRATION ALERT

Volume 2, Issue 3

March 2001

For those who do Registration -

New form for adding Referring Physicians

The Physician Referral Service is taking over the job of keeping the physician master list updated. The form to use is similar to the one previously given to you (in the May 2000 issue). Please replace any copies of that form with the one on the following page. Thank you.

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QualChoice Plan Codes

Tips on Choosing the Correct Plan Code

When a patient has QualChoice, the Group Number can help you identify whether the plan code should be Q50, Q52, or Q53. Check the table below for which group numbers go with which plan codes:

Group Number Range	Plan Code
10000 through 16999	Q50
20000 through 21999	Q52
25000 through 25999	Q53
30000 through 47999	QCA HMO Q53
48000 through 49999	Public School Q52
50000 through 70129	QCA HMO Q53
70130 through 70169	St. Vincent HS Q53
70170 through 99999	QCA HMO Q53

Check the group number on the card before selecting the plan code. This will help insure that you are selecting the correct plan code at the beginning of the process. The group number ranges will also be listed in the "Coverage Contact" field for the QualChoice plans. Use this information to verify that the patient's account is being set up properly.

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Do you know this Medicaid code. . .

Arkansas DHS has authorized a new Medicaid Category for the working disabled Adults, category code 10. Eligibility requirements include: (1) Applicants must be at least 16, but under 65. (2) Arkansas resident and a U.S. citizen or qualified alien (3) be working (4) be disabled according to the SSI definition of disability.



Recipients of Medicaid in this category are assessed a co-pay which is due at the point of service. Co-pays apply to medical visits (inpatient and outpatient) and prescription drugs. A list specific to required co-pay has been given to Admissions and Outpatient Management.

For more information, see:

<http://www.medicaid.state.ar.us/ArkansasMedicaid/offnots/DMS-00-W-6.doc>

Clinical Computer Training Center
Questions? Call 686-8966

QualChoice Provider Directory

Now available online!

An up-to-date Provider Directory for QualChoice is now available online at www.qcark.com. This directory is updated nightly, so information will always be current. Look for the link that says "Provider Quick Search" on the QualChoice home page.

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More BC/BS

When to use which Plan Code. . .

If you were sitting at your computer on 3/13/01, you received a message that gave some Utilization Rules for using the various Blue Cross plan codes. Please refer to the information below when determining the proper Financial Class or Insurance Plan Code to use for Blue Cross coverage.

B01 - BCBS OF ARKANSAS - FC = B. Use for all Arkansas BCBS.

B02 - BCBS OAP - FC = D. Use for Out of State BCBS plans when the claim mailing instructions indicate claims should be submitted to the Blue Cross Blue Shield plan serving your area.

B25 - BCBS OUT OF STATE - FC = D. Use for Out of State plans when the claim mailing address on the card is Out of State.

B17 - BCBS FEDERAL - FC = B. Use when there is a single "R" before the subscriber's number.

B12 - BCBS-BLUE QUAL CTR TPX - FC = D. Use only when Bone Marrow Transplant patient, covered by BCQT, has transplant-related services.

B75 - BCBS STATE/SCHOOL EMP - FC = B. Use only if the card indicates the subscriber is a State or Public School employee.

In February's newsletter, we tried to give some helpful hints about the alpha characters in the subscriber numbers. Those may help you, but the important clues as to correct plan code will be on the back of the patient's insurance card. If an out of state address is given, use B25; if it says send claims to local plan, use B02.

If you have any questions about this, please feel free to call the Revenue Integrity group (526-6167) or the Training Center (686-8966).

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Professional Master Referral Physician Update Form



Date: _____

To: Physician Referral Services
Fax: 686-6013 or email PhysicianReferralServices@uams.edu
Attn: Professional Master

From: Name: _____
Dept: _____
Phone: (____) _____ Fax: (____) _____

Subject: Professional Master Update for Referring/PCP Physicians

Request addition/change to the Medipac system for the following Referring/PCP Physician.

Physician Name _____
(Last Name) (First Name) (Middle Initial)

Office Address _____
(Street Number, Name of Building, Suite #, Etc.)

(City, State, Zip)

Physician Phone Number (____) _____

Physician Fax Number _____

Email Address (if available) _____

Physician ID Number _____

Referred Patient Name _____

Referred Patient Account Number _____

FOR PHYSICIAN REFERRAL OFFICE USE ONLY

Date Received _____ **Response Date** _____

Date Added to Master _____ HBO # Assigned _____

UPIN # Obtained and Added _____ Medicare # _____

Medicaid # _____