
REGISTRATION ALERT

Volume 3, Issue 3

March 2002

For those who do Registration

Salutations and Commendations!

A big tip of the hat goes to the following registrars who have maintained a consistently high accuracy rate for the previous month! Be sure to give these fellow employees a round of applause, especially if they work in your area!

Chester Wofford, Central Admissions
Mary Harris, GI
Rosie Shelton, CWC
Mary White, CWC
Lori Williams, CWC
Kathleen Wylie, CWC

We also want to recognize those who have made tremendous improvement in the past month. Great job! Keep up the good work!

Carla Elmore, UPMG/GI
Lisa House, UPMG/GI
Holly Coldiron, Laser and Cosmetic Surgery
Dale Van Noy, Dermatology
Monica Shirley, Neurosurgery
Faye McKeon, PT Freeway
Chastity Clark, Medicine
Pat Standridge, Medicine

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Corrections to Feb. Issue

For accounts involving patients who are prisoners in a State Correctional Facility: When Plan Code A63 is used, the claims address field should never be changed. All claims need to go to the default address associated with that plan code. The group number should also be 999999, and the Insured ID should be the inmate's number as assigned by the Department of Corrections.

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Did you know. . .



A reliable source who shall remain unnamed has informed me that kissing the Blarney Stone (not Barney Rubble of the Flintstones) will give you a greater chance of catching Hep.B. It has nothing to do with extemporaneous speech. (Use your dictionary.)

Congratulations!

M. Holly Hiryak, CHAM

Please join me in congratulating the Revenue Integrity Specialist Team (RIST) in their most recent accomplishment, attaining the status of Certified Healthcare Access Associate (CHAA), a certification offered by the National Association of Healthcare Access Management (NAHAM). The CHAA certification is the only nationally recognized certification of its kind for the establishment of competency levels in the field of access services. NAHAM is a national organization that promotes professional growth and recognition for healthcare access managers, educators and front line staff. NAHAM provides education and resources for the patient access services field beginning with front line access staff. The CHAA certification is just one of the many opportunities that NAHAM provides for access personnel to measure individual knowledge and general competence in the field of access services.

The examination's content is dynamic and changing, just as the demands and qualifications change in access services. Candidates may expect the examination to measure their access services knowledge and skills in areas such as:

- Admissions and registration including billing, insurance, financial information and patient rights and responsibilities.
- Customer Services including laws and regulations which affect patient access services.
- Total Quality Improvement/Continuous Improvement process.
- Computer information such as mainframe and personal computer applications.
- Insurance verification, pre-admission review, pre-authorization, contracts, HMO arrangements, third-party sources of coverage, HMO's etc.
- Medical terminology and isolation techniques.
- JCAHO manual guidelines and HCFA regulations.

Congratulations RIST!

The CHAA is open to all current access services healthcare staff and promotes a professional commitment. For more information about the National Association of Healthcare Access Management and the CHAA certification review the NAHAM website at www.naham.org or contact one of the RIST members.

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Goodbye, Medipak HMO!

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Health Advantage has dropped its Medipak HMO product as of 12/31/01. The plan code M32 has been inactivated as a result. Please ask these patients for their new insurance information and be sure to expire the Medipak HMO product in INHU.

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Medipak Plus-BC/BS Inactivated (Plan Code B22)

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Arkansas Blue Cross Blue Shield will no longer offer the Medipak Plus plan to new recipients. The Medipak Plus plans that are currently in place will not be affected. Insurance Plan Code B22, "Medipak Plus-BC/BS", will be inactivated in the coming days. In place of Plan Code B22 you should use Plan Code B20, "Medipak-BC/BS" for both Medipak Standard and Medipak Plus plans. There will no longer be the need to make a distinction between Medipak Standard and Medipak Plus for patient registration purposes.

NOTE: Many patients who currently have Medipak Plus plans will continue to receive benefits under that plan. When you encounter these Plans, you should expire the Medipak Plus Plan (Code B22) and reenter the information using Plan Code B20, "Medipak-BC/BS".

For more information, contact the Revenue Integrity team.

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Auto Insurance

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When dealing with an auto insurance policy, the first step is to verify that the patient has not exhausted his/her medical benefits by calling the auto insurance company. If there are medical benefits left on the auto policy, enter the policy in the system using the auto policy number as the insured I.D. number. The insurance will look for the policy number in the I.D. number field. The Claim Number, which is specific to the accident itself, should be entered in the Group Number field. Also make sure the Auto Insurance is COB'd primary over any existing health insurance the patient may have. Finally, remember to document any useful information regarding the billing of the account in CPI comments.

Coders/Billers NOTE: The Claim Number should be entered in the Authorization Field in SMS.

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Changes in Financial Classes

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Financial Class is now determined by Primary payor only. The following Financial Classes will be removed from the system:

- J Commercial and Medicare
- K Commercial and Medicaid
- L Commercial and Other

The description for Financial Class "C" will be changed to just "Commercial," not "Commercial and Commercial."

A new Financial Class "V" has been added for Sterling Option 1 plans. Please be on the lookout for patients who subscribe to this plan, and be aware that Sterling Select and Sterling Premier are NOT the same thing. Sterling Option 1 is the only plan that will use Financial Class V. The new Plan Codes to use in conjunction with Sterling Option 1 are S01 and S02. These should always be used together, and will never be used alone or independently of each other.

For more information, contact the Revenue Integrity team.

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Deactivation of QualChoice Plan Code Q53

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As both Insurance Plan Codes Q53 and Q50 reimburse UAMS at the same rate, Plan Code Q53 will be inactivated in the coming days. In its place, you should use Plan Code Q50, currently named "Qualchoice UA Systems-CC". After Plan Code Q53 has been inactivated, Plan Code Q50 will be renamed appropriately. See the table below for a quick reference on choosing the appropriate QualChoice plan code.

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QualChoice Member Card Overview

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Please use the revised QC Member ID Card Overview grid to help determine whether to use Plan Code Q50 or Q52.

Group Number	Group Name (generic)	Card Color	Ins. Plan Code
10000-19999	University of Arkansas	White	Q50
22000-22999	State of Arkansas	Green	Q52
25000-25999	Arkansas State University	White	Q50
26000-26999	Tenet Select		Q50
30000-47999	QualChoice QCA	Gray	Q50
48000-49999	Public School	Ivory	Q52
50000-70129	QualChoice QCA	Gray	Q50
70130-70169	St. Vincent	White	Q50
70170-79999	QualChoice QCA	Gray	Q50
80001-80015	UAMS Students	Gray	Q50
89000-89000	QualChoice QCA Conversion	Gray	Q50

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