
REGISTRATION ALERT

Volume 3, Issue 9

September 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!

Vivian Bonds, ACRC 7th floor
Felicia Reed, ACRC 7th floor
Katherine Cash, Urology
Charlotte Smith, ER Admissions
Dawn Williams, ER Admissions
Chester Wofford, ER Admissions
Racquel Longley, ER Admissions
Shantell Nelson, Central Admissions
Veronica Winfrey, Central Admissions
John Harris, Central Admissions
Catina Charles, Cardiology
Carla Elmore, Gastroenterology
Mary Harris, Gastroenterology/Pulmonary
Jill Townsend, Gastroenterology
Jacquelyn Carter, CWC
Rosie Shelton, CWC

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

Sherrie McDaniel, Senior Health
Michelle Young, Urology
Kimberly Thompson, Central Admissions
Reginald Robinson, Central Admissions
Christopher Weaver, ER Admissions
Marlene Cook, ER Admissions
Geraldine Seals, CT/MRI
Colissia Jackson, UWHC
Angela Washington, Surgery Clinic
Felantra Frazier, PT/Freeway
Holly Coldiron, Laser & Cosmetic Surgery Center
Alison Isgrig, Laser & Cosmetic Surgery Center
Brenda Hull, EEG/EMG Lab
Tonya Hunter, GI Lab
Sonja Thornes McCohn, Multiple Myeloma Intake

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Medicaid and RSAs

Revenue Integrity Specialists

Many of you have encountered patients with Medicaid whose eligibility may expire in the middle of the month. This creates a problem because with Repetitive Service Accounts (RSAs) the entire month's worth of charges are billed at once. According to PBS, when this happens, please do the following:

- ◆ Leave the Financial Class as M for Medicaid and COB it
- ◆ Expire the Medicaid with the correct date
- ◆ Yes that's right - We will COB an expired plan for the remainder of the month.

Remember, this applies to RSA Medicaid accounts only.
Any questions? Call the RIS Team!

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Municipal Health Benefits Group Number

Revenue Integrity Specialists

Municipal Health Benefits cards often include information about both medical insurance and pharmacy benefits. This company uses the RxGrp number as the group number for both medical and prescription claims. When a patient presents a Municipal Health Benefits card, enter this number on the insurance screen as the group number. Remember that this applies to this particular company only! If you have any questions about entering insurance information, be sure to contact your Revenue Integrity Specialist.

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No Insurance Card?

Revenue Integrity Specialists

There is a misunderstanding going around the campus that access personnel have been taught not to enter insurance information if the patient does not have their card. This is terribly misunderstood.

If a patient has been seen here before and we have the information in the system, we should use it. **If the patient is new** and receives group health insurance from their employer, we can call their Human Resources dept for the information. **If the patient can provide the name of the insurance plan**, we can call the insurance carrier and verify benefits using a SSN and or DOB. (An insurance directory is helpful in this instance or the yellow pages will do.)

There are a number of ways to obtain the needed information and we should exhaust all of them before we simply make the patient "Self pay". It is not in our best financial interest to simply make the patient self pay, nor it is good customer service. Please get on the phone and do your best to get the needed insurance information.

If you have any questions, please call the RIS team. Just because a patient fails to bring their insurance card does not mean that we automatically make them self pay! Please exhaust all other efforts and document those efforts in comments.

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AETNA Provider Numbers

Anita Allaben, Managed Care

Although AETNA does not require the physician's provider number on the claim form, it has become apparent that there are times that this number is needed to perform necessary functions involving Referrals, Pre-certification and even calls to Aetna Customer Service. A file is available with all of the AETNA provider numbers. If you find that you need this information, please e-mail Anita Allaben to obtain this list. If you have questions, you may call her at 614-2124.

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Introducing STAR: Striving Together Achieving Results

STAR Committee

STAR is the new recognition program designed for all Access Employees, including Point of Service Coordinators, Patient Representatives, Registration and Appointment Specialists, Inpatient and ER Admission Representatives and Chart Technicians. The Star Award certifies that the winner demonstrates excellent job practices such as the ability to exhibit the 3C's: Care, Commitment, and Contribution; reliability; dependability; and nurturing leadership. Monthly winners will receive recognition in various UAMS publications, a star pin, a certificate of appreciation and the "traveling" STAR trophy for the month. Plus he/she will be eligible to be the Annual STAR winner! Annual winners will be recognized during Access Week in early April.

Please join us in making this new recognition program a success. Nominate the super-STAR in your area! Nominations may be initiated by managers or by any access personnel wishing to acknowledge job excellence in a fellow employee. More information on this program will be provided in the Monthly Revenue Integrity Specialist Inservice in October.

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BCBS ID Number:

To add a suffix or not to add a suffix...

If a particular BCBS ID card has a suffix for a dependent, please use the identification number along with the suffix when filing a claim for that specific dependent. This entire identification number becomes the ID number. The insurance company uses this entire number to verify coverage for a particular patient. However, if a card has NO suffix indicated on the card, DO NOT add one. Simply type the ID number as it appears on the card. Per Pat Clements of AR BCBS, they will do the research to verify that the patient is covered.

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Novasys Plan Code

And then there was one...

Plan Codes C02, Novasys Preferred-CC, and N52, Novasys Select-CC, are now paying the same reimbursement rate. As a result, Plan Code CO2 has been inactivated. The only remaining Novasys Plan Code is N52 with the name shortened to Novasys-CC. This is the Plan Code that needs to be used whenever we see the Novasys logo on an insurance card, regardless if it is a *Novasys Preferred* or a *Novasys Select*.

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QualChoice Quandaries

Revenue Integrity Specialists

There are many changes regarding our contract with QualChoice that will affect how you register QualChoice patients. For one, the QualChoice Plan Code Q50, formerly known as "QualChoice UA Syst/ QCA-CC" is now "QualChoice UA Syst/ ASU-CC." The name change was made to accommodate the Arkansas State University Employees receiving QualChoice medical benefits.

Secondly, Plan Code: Q53: QualChoice QCA-HMO-CC, will be reactivated. This is done to reflect the new reimbursement rates UAMS has negotiated with QualChoice for patients carrying the QCA-HMO plans.

In summary, there will be 3 active QualChoice Plan Codes— Q50, Q52, and Q53. Q50 is for UA and ASU employees (UAMS belongs in this category). The Group number for this group will be in the ranges of 10000-16999 and 25000-25999. The second group, which falls in the Q52 Plan Code, is the Arkansas State and Public School Employees. They will have subscriber numbers ranging from 20001 to 22999 and from 48000 to 49999. Any group numbers that do not fit in the group ranges mentioned above will be included in the newly re-activated Plan Code Q53. A word of advice, you may find it useful to use the Group Name on the card, along with the Group Number, in determining the correct plan code to use.

QualChoice Member Card Overview

Insurance Master Group – Revised 9/20/02

Please use the revised QC Member ID Card Overview grid to help determine whether to use Plan Code Q50, Q52, or Q53.

Group Number	Group Name (generic)	Card Color	Ins. Plan Code
10000-19999	University of Arkansas	White	Q50
20001-22999	State of Arkansas	Green	Q52
25000-25999	Arkansas State University	White	Q50
26000-26999	Tenet Select		Q50
30000-47999	QualChoice QCA	Gray	Q53
48000-49999	Public School	Ivory	Q52
50000-70129	QualChoice QCA	Gray	Q53
70130-70169	St. Vincent	White	Q53
70170-79999	QualChoice QCA	Gray	Q53
80001-80015	UAMS Students	Gray	Q53
89000-89000	QualChoice QCA Conversion	Gray	Q53

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Patient Accounting Update

Martha Hall, PBS

In mid October there will be some minor changes to the Patient Accounting MediPac Inquiry/Update screen. Accounts that we have outsourced to an agency for insurance follow-up will be designated with an R to the right of the account balance. This does NOT mean the account is referred, delinquent or overdue. "This is for the Business Office staff only."

(More on this in October issue.)

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