



# REGISTRATION ALERT

Volume 4, Issue 6

June 2003

## 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!

- Brandi Gee, Admissions
- Carrie Young, Admissions
- Dawn Williams, Admissions
- Jenna Spillers, CWC
- Kim Tyler, Admissions
- Latasha Jones, SHC
- Linda Gray, Rehab COA
- Loria W Williams, CWC
- Racquel Longley, Admissions
- Rosie L Shelton, CWC
- Ruthie Lewis, Admissions
- Shantell Nelson, Admissions
- Shawanna Williams, Admissions
- Sheri Handley, PET Scan
- Tressia Roberts, Rehab COA

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

- Bryan Hawley, Path Lab
- Carmenlita Autry, Surgery/Rent
- Corey Wright, RAD
- Crystal Gardner, BONC
- Dettrus Johnson, Admissions
- Ebonie Early, RAD
- John Harris, Admissions
- Kim Harris, UWHC
- Zina Kidd, BONC

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## GEHA Goes Commercial

### *Business Development and Managed Care*

Prior to January 1, 2003, patients with GEHA could access services at UAMS and receive in-network benefits through our managed care contract with UP & UP (United Payors and United Providers). When GEHA made the decision to pull out of the UP & UP network, patients with this coverage could no longer receive in-network benefits for services received here. GEHA is no longer CC (contract care) and the new commercial insurance plan code G27 has been assigned. G25 has been inactivated.

## 4 Rules and Other Information on Effective Dates

*Revenue Integrity Specialist Team*

**RULE # 1:** If the effective date in the system is earlier than the effective date on the card,

**-AND-**

No other information (ID#, Group Name, Group Number, etc) has changed ...

**LEAVE IT AS IT IS**

**RULE # 2:** If the effective date on the card is earlier than the date in the system,

**-AND-**

The ID#, Group Name, Group Number, etc. has NOT changed...

**UPDATE THE INSURANCE EFFECTIVE "FROM" DATE IN MEDIPAC (INHU)**

**RULE # 3:** If the effective date on the card is earlier than the effective date in the system,

**-AND-**

AT LEAST one or more elements (ID#, Group Name, Group Number) on the card have changed...

**TERMINATE THE INSURANCE IN MEDIPAC (INHU) AND RE-ENTER IT AS A NEW INSURANCE WITH THE CORRECT INFORMATION**

**RULE # 4:** If the effective date in the system is earlier than the effective date on the card,

**-AND-**

The Group Name, Group Number, or ID Number has changed...

**TERMINATE THE INSURANCE IN MEDIPAC (INHU) LEAVE THE DATE, AND RE-ENTER IT AS A NEW INSURANCE WITH THE CORRECT INFO**

### **Other Information:**

- ✓ Always use the earliest insurance effective listed on the card (i.e. BCBS card use the *Original Effective Date*).
- ✓ The issue date on a card (i.e. United Healthcare) may be used if no effective date is listed on the card.
- ✓ When entering a new plan for the FIRST time, the effective date will default to the first day of the current month. Be sure to override that date with what is on the card/PES.

**Overall, we want the widest window available to submit claims!**

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## Did You Know?

Revenue Integrity Specialist Team

### *Aetna claims address*

The Aetna claims address should never be changed from the default in our insurance screen. We have had reports that there are customer service clerks at Aetna giving our employees different Addresses. We spoke with Anita Allaben who reassures us; please continue to use the P.O. Box 14079, Lexington, KY 40512-4079 address until further notice. She has verified this information with other internal sources and we should not deviate from this practice.

### *Did you also know...*

The Claims address for AARP should not be changed either. AARP and Aetna are the **only** two insurances that do not need to match the card, the default needs to stay in place regardless of what the card states.

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## New Medicaid PCP Enrollment Transfer Reason Codes

Medicaid Office

In order to help track and monitor recipient behavior in changing PCPs, the Division of Medical Services has added new PCP transfer reason codes. If you assist patients in changing their PCP, these additional reasons for change are now available for use. We should receive new forms that will have a place to record this information soon, but you can just add the information to the forms we now use. The newly added reasons for transfer are as follows:

- \*60 - Language Barriers - This code should be used when the recipient changes PCPs because the new PCP can speak the recipient's language.
- \*70 - Social and Convenience Reasons - This is used for reasons that relate to the beneficiary's comfort or convenience, not to dissatisfaction with the quality of care or issues related to quality of care. For example: PCP is more conveniently located; PCP was the beneficiary's first choice when initially enrolled; PCP is the same sex as the beneficiary; PCP treats patients of the beneficiary's age (e.g., an adolescent transferring from a pediatrician to a family doctor), etc.
- \*80 - Correcting Erroneous Enrollment or Transfer

County offices will begin using these new codes immediately. In addition to the new codes, there is now no limit on how often a beneficiary may transfer PCP enrollment. Transfers can be done for any reason and at anytime.

If there are others in your department that need this information, please forward this Registration Alert to them.



## S.T.A.R.

Striving Together, Achieving Results

The STAR for July has been selected, and she is Yvonne Collier of Hospital Admissions. Yvonne has been at UAMS for over 16 years and is currently working in the UAMS

Medicaid office as a caseworker. She was nominated by her peers for going above and beyond her call of duty. One co-worker noted Yvonne "... is always conscious of patient's satisfaction while at UAMS". One particular instance that exemplified this characteristic was when a patient's wife came to the Medicaid office asking for assistance. Although this case was another caseworker's responsibility, Yvonne not only readily assisted the woman, but she also spent additional time with her because the woman needed a friendly ear.

Congratulations Yvonne for a well earned S.T.A.R. award!

\*\*You can find a copy of the nomination form at <http://www.uams.edu/rist/>

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## Important: Plan Code Changes!

Business Development and Managed Care

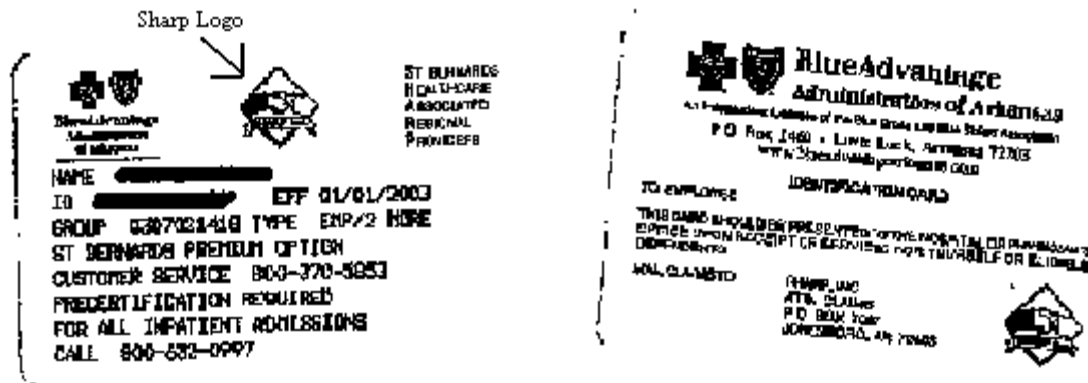
The following plan code changes are effective as of 6/19/03. Please contact your RIS Team member if you need assistance or clarification.

- Previously there were two different plan codes for State Farm employees vs. individuals with State Farm policies. All State Farm insurance - employee health plans, auto policies, individual health plans, etc. - should now be entered under plan code S47 (found under the Commercial insurance type).
- The Mailhandlers plan code (N84) has been inactivated. All Mailhandlers patients access our services through the First Health network. When you encounter a Mailhandlers insurance card, enter it as First Health (plan code U03, found under the Contract Care/HMO insurance type), as long as it displays the First Health logo. (if it does not display the Firsthealth logo, call the RIST team!)
- Previously there were two different plan codes for Healthlink. Plan code H49 has been inactivated. All Healthlink insurance should now be entered under plan code U11 (found under the Contract Care/HMO insurance type).
- John Alden will no longer be contract care. The old contract care code (J65) will be inactivated, and a new commercial plan code will be assigned. Stay tuned for details!

# Insurance Card Confusion

*Business Development and Managed Care*

Sometimes it is difficult to know which insurance plan code to assign when looking at the patient's insurance card. The card below is an example. UAMS is contracted and in-network with SHARP (St Bernards Healthcare Associated Regional Providers). UAMS is not in-network with BlueAdvantage. This is the insurance card of a St Bernards hospital employee. As you can see it is difficult to tell from the logos on the card if it should be BlueAdvantage or SHARP. If you selected SHARP you would be correct. The claims are mailed to SHARP who re-prices the claim. This means that SHARP will put the amount to be paid, according to our SHARP contract, on the claim and then forward it on to BlueAdvantage to process the claim. Blue Advantage is the TPA (Third Party Administrator) for SHARP. A TPA is a company, such as BlueAdvantage, that is sometimes hired to adjudicate claims because they can do it more efficiently.



## Ordering vs. Attending Physician: Which to use?

If you have ever been a little confused about which physician to use as the attending or ordering physician read on, we've tried to simplify things for you:

### Attending Physician:

The Physician who will bill for the charges. Physician provider who manages patient care, patient information, and with the Ordering Clinician develops a treatment plan for the patient. Supervises Ordering Clinician. Attending Physician's name must be posted with all medical charges to insure payment by insurance carriers. Cannot be a resident. Any Attending physician can also be the Ordering Physician.

### Ordering Clinician:

Ordering Clinician can be a Physician, Resident, Fellow, Nurse Practitioner, or Mid-Wife. Ordering Clinician is able to order tests and procedures for patients under the direction of an Attending Physician. Ordering Clinician receives test and lab results and consults with the Attending Physician regarding appropriate treatment.

Not all Ordering Clinicians can be Attending Physicians.

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## MPAC/OSCAR Change Notifications

*Development & Patient Systems Information Technology*

Switching to First Class? Want to make sure you receive the Medipac/Oscar change and update notifications? A new conference has been set up just for you! On your First Class Menu under "Conferences" a conference titled "MPAC OSCAR Notification Conf" has been established. The RSA Monthly suffixes will be housed here as well as information regarding the addition of new patient types, location codes, MPAC downtimes, system upgrades, archives, etc. We've already posted our first entry, i.e., the addition of a new outpatient patient type and location code.....Check us out!!!

## EXTRA! EXTRA!

Qualchoice is moving! The new street address will be:  
QualChoice/QCA  
10825 Financial Centre Parkway, Suite 400  
Little Rock, AR 72211

We also have added a post office box number.  
P. O. Box 25610

The address in the system has already been updated.

# Filling Out Radiology Requisitions....

Revenue Integrity Specialist Team

When completing an online Radiology Requisition in OSCAR, if you do not use the search function when selecting the Ordering and Attending Physician correctly, the Requisition will be incomplete, and the physicians name will not save. To search correctly, you must enter either part of the physician's name in the Name field or the physician's number in the number field and **press the search button** (the button beside the number field with '...' on it).

On-Line Radiology Requisition

Patient: TEST, SMS  
Exam Date/Time: 06/23/03 1000  
Resource: RADCT

Date Completed: 6/5/2003  
MRN: 1304263  
Acct Number: 13042632-3157

Attending MD:  
Ordering MD:

Diagnosis: sick

Procedure: xray

Clinical Information and Brief History: patient is ill

Referral or Precertification: 1111

Must complete if appt is an overbook:  
Overbook approved by (RAD Staff):

Ordering Physician Search:  
By Last Name or Physician ID  
[lang] [...]

Ordering Physician Search:  
By Last Name or Physician ID  
[lang] [...]

Ordering Clinic: luams

Contact Person: nurse betty

Clinic Phone: 6860000

Close Print Save

When you press the search button, a list of physicians that meet the search criteria will appear. Select the appropriate physician from the list and press "OK".

Search for Physician

Name	ID	Spec	Priv	Status
LANG, NICHOLAS M.D.	000434	SUR	YYY	Active
LANGE, BERNADETTE M. M.D.	003142	PED	YYY	Active

<< >> OK Cancel

The physician you selected will then appear in the corresponding field.

On-Line Radiology Requisition

Patient: TEST, SMS  
Exam Date/Time: 06/23/03 1000  
Resource: RADCT

Date Completed: 6/5/2003  
MRN: 1304263  
Acct Number: 13042632-3157

Attending MD: LANG, NICHOLAS M.D. - Attending (000434)

Ordering MD: LANG, NICHOLAS M.D. - Attending (000434)

Diagnosis: sick

Procedure: xray

Clinical Information and Brief History: patient is ill

Referral or Precertification: 1111

Must complete if appt is an overbook:  
Overbook approved by (RAD Staff):

Ordering Physician Search:  
By Last Name or Physician ID  
LANG, NICHOLAS M. 000434

Ordering Physician Search:  
By Last Name or Physician ID  
LANG, NICHOLAS M. 000434

Ordering Clinic: luams

Contact Person: nurse betty

Clinic Phone: 6860000

Close Print Save

At this time press the "SAVE" button. Your requisition will be saved with the Ordering and Attending physician

## Have a Happy Fourth of July!!!