
REGISTRATION ALERT

Volume 4, Issue 5

May 2003

New CHAA/CHAM Recipients!

Revenue Integrity Specialists

The new CHAA's are:

Lona Meadows
Catonya Armstrong
Kimberly Thompson
Florence Jones
Shawanna Williams
John Harris

Jane Corley
Yvonne Collier

New CHAM's:

Paul Rebsamen
Happy Pablo
Cliff Shepard



New United Healthcare Password!

We have a new ID and password for the United Healthcare Website. This information may be obtained through the Contract Information System. Call Rachel Jarvis at (501) 526-5887 if you have any questions or do not have access to the Contract Information website!

Disguised as an Insurance:

DISCOUNT CARDS

We have had some of our patients present a card that looks like it is an insurance card, but in fact it is a Discount Card. It will state clearly on the card (probably the back) that "this is not an insurance plan". **UAMS does not participate with any Discount Card programs.** It may be a little confusing because some of these cards might have the logo of one of our contract care companies. The intent of these plans is for the provider to offer the same discounted rate to the self-pay patient as is negotiated with the managed care company. One such plan is Peoples Health Plan that has the Multiplan Logo on it. Unless the patient has another valid insurance, they need to be classed as a self-pay patient. As always, if you are unsure- call the Revenue Integrity Specialist Team and they will be able to help determine if the insurance is a legitimate insurance or a discount program.



Financial Class Assignment, Correct COBing, Managed Care vs. Commercial, Blue Cross... is it FC B or D?

IT Patient Systems Group

Are you confused? Do you hate getting a "Financial Class in Conflict with Insurance Plans Selected" Error Message? Well, we've got GREAT News for you! The IT Patient Systems Group will be upgrading the McKesson Medipac (MPAC) System over the weekend of June 7th, 2003. A couple of the exciting new enhancements will be the move of the "COB Sequence" to the insurance information screen and Auto Assignment of the Financial Class by the system, all you do is COB the insurance!

Two Medipac screen examples are included, Managed Care and Medicare showing the new placement of the COB Sequence field as well as the error message you'll receive if you forget to COB the insurance. EVERY insurance, even if there is only one, will require a COB, but we've saved you a step or two, just add it to the screen as you review/update the patient's insurance information! This applies to PATU and INVU. *Please Note: INPATIENT INSURANCE MUST STILL BE VERIFIED USING A 'Y' ON THE INSURANCE VERIFICATION SCREEN.* ** (you will also find OSCAR screen prints included with the Registration Alert e-mail)

Add your insurance information and COB on the insurance information screen for each plan. Once you return to the Insurance Selection Screen, add your "X" to the left of the COB'd insurances and hit PF9. The system will select the FC for you based on the COB.

These changes will be significant in the process of arriving/ visit notifying and scheduling a patients' visit. In order that everyone have a chance to receive information we have arranged for three (3) special inservices and **strongly recommend** that managers and their clinic staff attend. The inservices will be held in the Walton Auditorium on the 10th floor of the ACRC at the following dates and times:

Friday	May 30	10AM- 11AM
Tuesday	June 3	10AM- 11AM
Wednesday	June 4	2PM- 3PM

** Please print the screen prints (included in the e-mail) that show the location of the field where this will appear during data entry.





S.T.A.R.

Striving Together, Achieving Results

Please join the S.T.A.R. Committee in congratulating Tressia Roberts of the Rehabilitation Center on Aging as S.T.A.R. for the month of June.

According to nomination forms submitted on Tressia's behalf, Tressia has been at UAMS for less than a year, and yet she has already been an invaluable asset to her clinic: "She demonstrates daily the qualities and assets all departments want for their front desk. Her 'people skills' would be hard to match which put her among the top on campus when it comes to managing appointments, registrations and phone calls." All those who are acquainted with Tressia will agree that she deserves to shine as the June S.T.A.R.

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



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!

Jacqueline Carter -CWC
Rosie Shelton - CWC
Ruthie Lewis - Admissions
Donnell Montgomery - Admissions
Shantell Nelson - Admissions
Charlotte Smith - Admissions
Dawn Williams - Admissions
Shawanna Williams - Admissions
Chester Wofford - Admissions
Sherrie McDaniel – Senior Health Center

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

Carmenlita Autry - Surgery Clinic
Emily Thomas - Surgery Clinic
Kim S Harris - UWHC
Jenna Spiller - CWC
Carolyn Tidwell - CWC
Lori Williams - CWC
Dettrus Johnson - Admissions
Sheri Handley Hosp - Rad/PET
Ebonie Early - Hosp Rad
Karen D Williams - Hosp Rad
Corey Wright - Hosp Rad
Troy Sunkins - Hosp Rad
★★★★★

Insurance Update: New Plan Codes

The IMG committee has assigned new plan codes to the Insurance Master list to reflect the new contract care insurance that UAMS has recently acquired. The first is Integrated Health-CC with plan code S05, and the second is Foster Farms with plan code S06. For S05 - Integrated Health Systems, there is no default telephone number in our system. Therefore, you *must* enter the telephone number from the card. Please utilize these new plan codes whenever necessary.

TRICARE Consultations: Get records back to Referring Physicians!

We often see TRICARE patients who have been sent to us by their Primary Care Physicians, or other specialists, at the Little Rock Air Force Base. TRICARE requires visit records/notes, or a treatment plan, to be faxed or sent to them **within 14 days of the patient visit** in order to facilitate the most appropriate care for their members, and properly evaluate their needs. **Please ask your doctors to include the referring and PCP when requesting their dictated letters/records to be mailed.** Below is information about where note and records can be sent:

By Mail:

314th Medical Group/ SGSBT
1090 Arnold Drive
Little Rock AFB, AR 72099-4933
Ph # (501) 987-6633

By Fax:

Fax # (501) 987-7428
Ph # (501) 987-6633

Staff members to ask for if you need to call with questions are Don Martin, Sonya Baye, Jennifer Shoaff and Paulette Lemay.



Medicare Secondary Payor

Carolyn Perrin- MCPG

Medicare is a federally funded program created by the 1965 amendment to the Social Security Act, which provides health insurance to the Aged, Disabled and those with End Stage Renal Disease. We have always been required by federal regulations to properly determine whether Medicare should be billed as the primary or secondary payor. This is done by completing the Medicare Secondary Payor Questionnaire (MSPQ) at each visit. The MSPQ is a series of questions that lead the registrar to determine which insurance is primary. Failure to complete it honestly and accurately may result in federal penalties that could include fines. These fines range from \$5,000 to \$10,000 per line item on a claim. Due to the new HIPAA compliant electronic claim requirements, MCPG will be required to send the MSPQ reason values on electronic claims.

HIPPA requires a Medicare secondary code "value" to indicate the reason why Medicare is not the primary payor. Because a patient's situation can change from visit to visit according to how a registrar answers the MSPQ the "values" can change from visit to visit. For example, the primary insurance for this visit might be auto due to a car accident. The next visit the patient is 65 and still employed at UAMS with group coverage. MCPG now pulls that "value" or information from every registration of a visit when Medicare is not primary. When Medicare is not primary and the "value" is not given, the claims will not process electronically to Medicare. Causing slower or no reimbursement.

The new values that are generated by the completion of the MSPQ for MCPG are:

- 12 Working Age Beneficiary/Spouse w/Employee Group Plan
- 13 ESRD; Beneficiary in 12 month Co-Ord Per w/Employer Group Health Plan
- 14 No Fault Ins Including Auto Is Primary
- 15 Worker's Compensation
- 16 Public Health Service, Federal Agencies, Grants Studies or Studies
- 41 Black Lung
- 42 Veteran's Administration
- 43 Disabled Beneficiary under age 65 w/Large Group Health Plan
- 47 Other Liability Insurance Is Primary

MCPG Field Trip!

Revenue Integrity Specialist Team

The Revenue Integrity Team recently went on a field trip to MCPG- to see how things looked from the other side of the billing coin. We all were able to meet with different groups within MCPG and got a lot of feedback about what they are seeing from behind the scenes. They acknowledge that the registration staff have a very difficult job, but come across some situations that they would like to share with you. Surprisingly each area had the same topics they wanted to discuss with us!

One of the things that made the biggest impression on us was their description of the amount of returned mail they get, the majority of which is returned not because the address is wrong but because the address is not entered in the correct format! Something as simple as a number sign sends the postal system into chaos and the mail is returned as undeliverable- and its something they can't change- it's a requirement of a system outside UAMS. There are literally dozens of boxes (you know those plastic postal 'crate' type boxes) of returned mail- requiring many hours of manpower to process and send out to the correct addresses.

Another suggestion MCPG had for us was to watch for typo's, countless hours have been spent running down errors that turned out to be the result of typo's (patients names, SSN's and ID numbers!) - not to mention tracking down patients whose phone numbers have a couple of digits transposed!

We also heard about the man hours spent researching and correcting such errors as COB order, MSP questionnaire and effective dates, and we learned a little about how that is done too. As the claims are processed they are passed through an electronic edit system that sorts the claims and makes sure the information in each field or "blank" is in the correct format. Examples might be that all the social security numbers have 9 digits, and that ID numbers meet the criteria for each insurance payor, like a total of 11 digits for Qualchoice or 10 digits for Medicaid. But when the edit system detects an error, it simply kicks that claim out into a target file. These target files are sorted by type of error and are sent to different groups whose sole purpose is to correct those errors.

We were able to see first hand that **every** piece of information we enter can affect the way a claim is handled and how long it takes to process. However, after all was said and done (they did put it into perspective for us) when you consider the huge number of claims that are submitted daily, you realize that the number of claims that need their attention is just a drop in the bucket. They have seen improvements over the last couple of years. The accuracy of the subscriber ID's has increased, and they give credit to those who assist patients in the process of applying and getting approved for Medicaid! Kudos to those of you who send self-pay patients in that direction. So to ALL of you out there: Keep up the good work- we are all headed in the right direction!