

Registration Alert

The Latest News for Access Staff

April 2004

PLEASE GIVE A ROUND OF CONGRATULATION TO THIS MONTH'S LEADING SCORERS:

95% OR HIGHER

CARLA ELMORE, UPMG
GINA GUNNELL, RENAL FREEWAY
BRANDI GEE, ADMISSIONS
RUTHIE LEWIS, ADMISSIONS
RACQUEL LONGLEY, ADMISSIONS
TAYAE MARKS, ADMISSIONS
MATT MICHALSKI, ADMISSIONS
DONNELL MONTGOMERY,
ADMISSIONS
SHANTELL NELSON, ADMISSIONS
KIM TYLER, ADMISSIONS
DAWN WILLIAMS, ADMISSIONS
CHESTER WOFFORD, ADMISSIONS
CARRIE YOUNG, ADMISSIONS

90-94%

VIVIAN BONDS, MONC
VERONICA GUYDON, UWHC
CYNTHIA SIMS, UPMG



ID Card Confusion

by Anita Allaben of Managed Care

Have you ever had a self pay patient present a card and tell you that the card allows them to be given a discount? The card may look somewhat like an insurance card, but on close examination the cards will state something like "this is not an insurance plan or policy".

There seem to be a growing number of managed care networks which pass along discounts to uninsured (self pay) patients. We **never** allow network discounts to be applied to self pay patients. There may be a managed care company logo on the card, but if it is not an insurance plan or policy, do not add it as insurance. The patient should be registered as a self pay patient. Explain to the patient that we do not participate with this program and they will be responsible for the total bill.

We do not know the names of all the companies that are offering this to individuals and employer groups, but two of them are Heartland Alliance of America and Covenant Benefits. Be on the look-out for these and other similar cards. If you are not sure and need help deciding how it should be handled, call an RIST member.

MPAC/OSCAR/CASHIER SECURITY CHANGES

With the installation of the MPAC R8.5 upgrade over the April 17th weekend, changes related to Security Access pursuant to HIPAA regulations for SMS, MPAC, OSCAR and Cashier/Charge ID's have also been implemented. Effective immediately, all security requests for these systems **MUST** go through the IT Security Department. Departmental LINK Administrators and Medipac Security Administrators are being phased out.

Security requests should be made via email to the Help Desk or by calling the Help Desk at 686-8555 or via the web at <http://helpdesk.uams.edu/callssubmit3.htm>

Once the request is made via the Help Desk, appropriate forms will be forwarded to the employee/supervisor for completion.

Thank You

Just a quick note of "Thanks" to everyone affected by the recent Medipac/OSCAR HIPAA related security changes. We appreciate your patience and understanding as we all worked together to get through those first few days! If you are still experiencing problems with your MPAC or OSCAR sign-on or Cashier, Charge or POS sign-on, please contact the IT Security Group. We will be happy to work with you to get you up and running! Again, THANK YOU from IT Patient Management and IT Security!

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New and Improved OSCAR, complete with Nearest Relative Employer Field and TRICARE sponsor DOB !



When IT installed the MPAC upgrade on April 17th, they also included new required fields in OSCAR, you may have already noticed these changes in your OSCAR registration. One such field is the *Nearest Relative Employee*; the other is the *Sponsor Date of Birth* for TRICARE recipients.

These field are also going be audited as “Billable Errors” by the Revenue Integrity Specialist Team beginning May 1st 2004. Apparently, both fields are crucial from the billing standpoint. The *Nearest Relative Employee* field must be completed in conjunction with the MSP Questionnaire, whenever an employment is indicated for the NR, the *NR Employer* field must be completed in its entirety. (Please see the visual sample below.

As for the Sponsor DOB, according to both the PBS and the MCPG billing offices the sponsor’s Date of Birth is necessary for the claim to process properly to the insurance carrier. Without the DOB, a TRICARE claim is “kick(ed) out to an error file.”

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National Healthcare Access Personnel Week Update

The 2004 National Healthcare Access Week was celebrated at the University of Arkansas Medical Sciences with great success. The week was kicked off with a Luncheon in honor of the 11 monthly STAR winners selected from the year 2003-2004. Each STAR winner was encouraged to bring a guest and her supervisor. The Luncheon was also attended by Philip Baroni, Director of Outpatient Center; Holly Hiryak, Director of Hospital Admissions; Glenn Ballard, Director of Rehab Services; Dan Riley, CFO of UAMS and Dr. John Shock representing the UAMS Physicians. Tressia Roberts from the Rehab Service was presented with the STAR of the year award. To learn more about Tressia Roberts, the 2003-2004 STAR winner, please see the Fun Fact Sheet below.

A fair hosted by the RIST took place on Thursday April 8, 2004 from 8am – 2pm in the Biomedical Research Building on the second floor atrium. Vendors such as ConnectCare, AFMC, Social Security Administration, EDS, attended just to name a few. The booth *Outpatient Audit Policy* by Joyce Steen was voted as the best overall booth. She creatively incorporated the *Survivor* theme in her design.

To all the Access Fair participants, the Revenue Integrity Specialist Team would like to extend a great big **THANK YOU!**

Fun Facts about the 2003-2004 S.T.A.R.

1. WHAT IS YOUR MIDDLE NAME? LEA
1. PLACE OF BIRTH? JONESBORO, AR
2. WHAT TIME DO YOU WAKE UP IN THE MORNING AND PLEASE DESCRIBE YOUR TYPICAL WORK-DAY MORNING? 5:45AM; HURRY TO GET READY, MAKE A SMOOTHIE AND BE AT WORK BY 7:30AM
3. WHAT DO YOU THINK PEOPLE WOULD FIND MOST INTERESTING ABOUT YOU? AFTER HIGH SCHOOL GRADUATION, I WORKED FOR THE FBI IN WASHINGTON D.C. AS A FINGERPRINT TECH.
4. DO YOU HAVE ANY PETS? NO. IF YES, HOW MANY AND WHAT KIND? N/A
5. FAVORITE COLOR? PURPLE
6. DO YOU HAVE A TATTOO, IF SO, WHAT AND WHERE IS IT? NO
7. WHERE'S THE FARTHEST PLACE YOU'VE TRAVELED TO IN YOUR TO DATE? TORONTO, CANADA
8. WHAT WAS THE LAST FILM YOU SAW IN THE CINEMA? HIDALGO
9. BEACH, CITY OR COUNTRY? MOUNTAINS
10. SUMMER OR WINTER? ACTUALLY, FALL IS MY FAVORITE SEASON
11. FAVORITE ICE-CREAM FLAVOR? CAPPUCCINO
12. BUTTERED, PLAIN OR SALTED POPCORN? BUTTERED
14. PLEASE COMPLETE THESE SENTENCES:
 - I WILL NOT BE CAUGHT DEAD EATING SUSHI.
 - PAYING FOR SUSHI IS THE WORST WAY TO SPEND A HARD EARNED DOLLAR.
15. FAVORITE SANDWICH FILLING? OLD MILL BREAD COMPANY'S TURKEY SWISS CHEESE, LITE MAYO, GREEN APPLE SLICES ON TOASTED SPINACH BREAD
16. FAVORITE FLOWER? TULIPS AND ROSES
17. WHERE WOULD YOU RETIRE? NORTHWEST ARKANSAS, IN THE MOUNTAINS
18. WHAT ARE YOUR HOBBIES? GOING TO THE RAZORBACK FOOTBALL GAMES, TRIPS TO THE MOUNTAINS, MOVIES AND CHURCH ACTIVITIES.
19. CAN YOU JUGGLE? NO. IF YES, HOW MANY?
20. WHAT DID YOU DO FOR YOUR LAST BIRTHDAY? CELEBRATED WITH MY FAMILY AND FRIENDS AND THEN WENT TO THE MOVIES.
21. WHAT IS YOUR FAVORITE QUOTE? "BEWARE OF THE BARRENESS OF A BUSY LIFE"
22. WHAT'S YOUR FAVORITE DISH TO COOK? AND CAN YOU TELL US BRIEFLY HOW YOU MAKE IT? CHOCOLATE CHIP COOKIES. TRIPLE THE CHOCOLATE CHIPS AND NUTS.

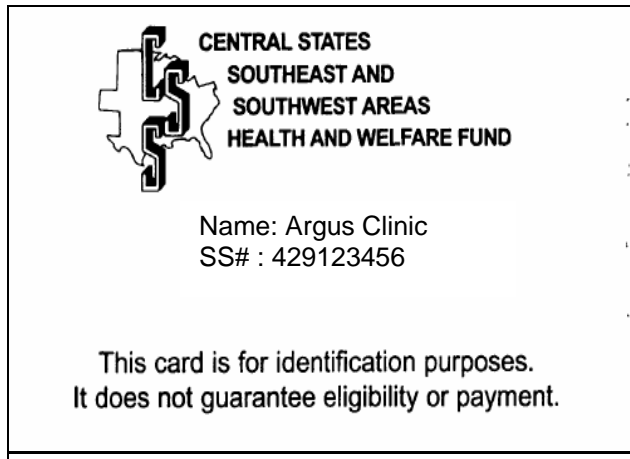


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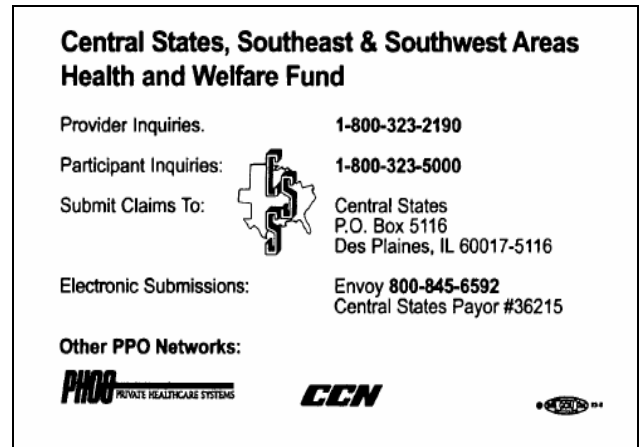
SAMPLES OF CENTRAL STATES INSURANCE CARD: OLD AND NEW



**CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
HEALTH AND WELFARE FUND**

Name: Argus Clinic
SS# : 429123456

This card is for identification purposes.
It does not guarantee eligibility or payment.



**Central States, Southeast & Southwest Areas
Health and Welfare Fund**

Provider Inquiries. 1-800-323-2190

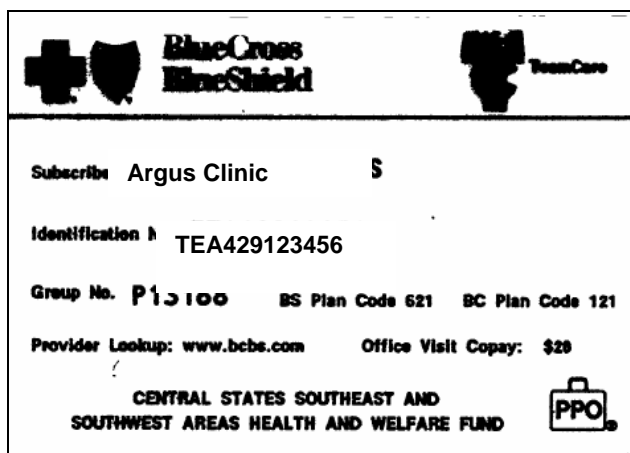
Participant Inquiries: 1-800-323-5000

Submit Claims To: Central States
P.O. Box 5116
Des Plaines, IL 60017-5116

Electronic Submissions: Envoy 800-845-6592
Central States Payor #36215

Other PPO Networks:
PHO PRIVATE HEALTHCARE SYSTEMS **CCN**

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**BlueCross
BlueShield**

Subscribe Argus Clinic S

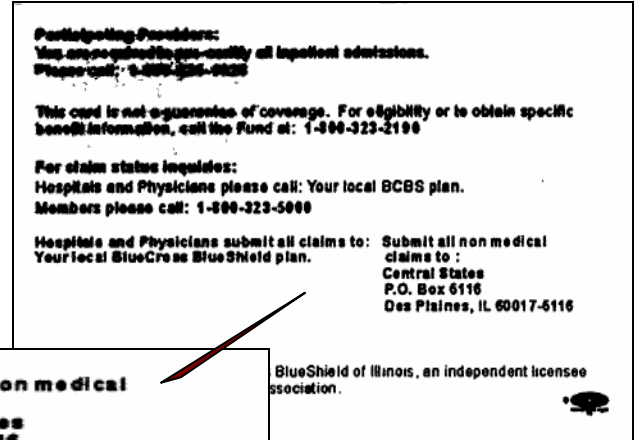
Identification # TEA429123456

Group No. P13100 BS Plan Code 621 BC Plan Code 121

Provider Lookup: www.bcbs.com Office Visit Copay: \$20

**CENTRAL STATES SOUTHEAST AND
SOUTHWEST AREAS HEALTH AND WELFARE FUND**

PPO



Participating Providers:
You are guaranteed to qualify all inpatient admissions.
Phone call: 1-800-323-5000

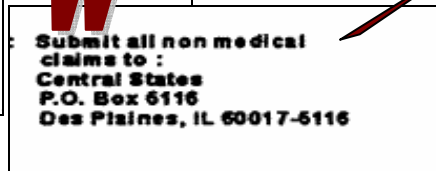
This card is not a guarantee of coverage. For eligibility or to obtain specific benefit information, call the Fund at: 1-800-323-2190

For claim status inquiries:
Hospitals and Physicians please call: Your local BCBS plan.
Members please call: 1-800-323-5000

Hospitals and Physicians submit all claims to: Submit all non medical claims to:
Your local BlueCross BlueShield plan. Central States
P.O. Box 5116
Des Plaines, IL 60017-5116

BlueShield of Illinois, an independent licensee association.

**N
E
W**



Submit all non medical claims to:
Central States
P.O. Box 5116
Des Plaines, IL 60017-5116

Did you know that effective 2/29/04 all Central States claims (aka Central States H&L Omaha [C10] and Central States H&L SE/SW[C12]) are now processed thru Blue Cross? Patients have been issued new cards that have the Cross and Shield logo on them. Even more important for you to obtain copies of new cards to be scanned into EPF!

There are still come patients whose claims will be processed thru Central States, but they should be few in numbers. Here are some clues to help you select the appropriate plan code. For claims that will process thru Blue Cross:

- The patients new card will have the Cross and Shield logo
- The Group # will be P13168
- The subscriber number will have an Alpha Prefix of "TEA"
- And an added bonus..... You can verify eligibility thru AHIN.

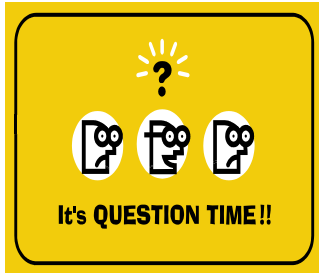
You will need to use either B01 or B02, depending on the "subscribers" residency. If the subscriber is an AR resident you will use B01 - BCBS of Arkansas. If the subscriber is a resident outside the state of AR use B02 - BCBS BCBS OAP. It is important to note that the patient may not always reside in the same state as the subscriber.

Here is an example. The patient is a resident of Arkansas. The subscriber is a resident of Okalahoma. Which plan code do you select? That's it! B02 is the answer. Effective May 1, 2004 Plan codes C10 & C12 will be inactivated.

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Blue Cross Blue Shield Bewilderment

By: R^{IST}

Ever have a patient that has 2 Blue Cross Blue Shield (BCBS) out of state plans? In case you haven't noticed, you cannot enter duplicate plan codes on the same account. So what are Access Personnel to do? What Plan code should be used for the second out of state BCBS Plan?

You might say that we should use Z99 for the secondary plan. Not so! How about B25? Nope! That plan code is only for the billing departments to use now.

When it comes to BCBS, we want the claim to go through the BCBS edits with our BCBS provider number attached to it. If we use Z99, the professional charges that are invoiced by Faculty Group Practice (*FGP - AKA, "Medical College Physicians Group"*) will default to a paper claim instead of billing electronically. When the claim is billed on paper at FGP, it not only skips the edits but takes much longer to get reimbursed!

The solution? The IMG Group has added a new plan code for just this scenario – B98. B98 may be used for any secondary BCBS plan. This ensures that the claims will go electronically through the proper edits, include our provider number, bill to the proper BCBS office and get paid quicker! Now you know!

For more help with BCBS plan codes, see the Revised BCBS plan Code Table attached on the next page, a more complete table can also be found on our web page:

http://www.uams.edu/rist/online_resources/Resources/BCBS.pdf

| DESCRIPTION | PLAN CODE | UTILIZATION RULES |
|----------------------|-----------|--|
| Out of Area Provider | BO2 | Use for Out of State BCBS plans. Always use the default claims address to the local office. Be sure to enter the name of the home plan in the Address2 field, such as "BCBS of Alabama". |
| Out of State | B25 | For use by PBS and MCPG Only |
| BCBS Secondary | B98 | Use this plan code for the secondary payor when you have duplicate BCBS plan codes for a single account. For instance, a patient has 2 BCBS out of state plans. Use B02 for the primary plan and B98 for the secondary plan. |

MORE FYIs on BCBS: Some UAMS billing folks attended a Medicare/Blue Cross meeting. Blue Cross stated they are replacing all their ID Cards for their members beginning in April and will complete issuing cards by the end of November. The SSN is being removed. They stated that for a period of time we will still be able to access the patient in AHIN by the SSN. If you come across this new ID number simply change the ID numbers on the existing BCBS policy in our system to match the new ID card.