

# Registration Alert

The Latest News for Access Staff

June 2004

## “Congratulations!” to this month’s leading scorers:

### 95% or higher

Evon Ford, ACRC 6  
Brandi Gee, Admissions  
Racquel Longley, Admissions  
Tayae Marks, Admissions  
Donnell Montgomery, Admissions  
Shantell Nelson, Admissions  
Diana Robinson, Admissions  
Kim Tyler, Admissions

### 90-94%

Lisa Sims, ACRC 6  
Ruthie Lewis, Admissions  
Matt Michalski, Admissions  
Chester Wofford, Admissions  
Carrie Young, Admissions

### Improved

Charlotte Smith, PATH

## DID you Know?



**ARKids A** offers low income families a comprehensive package of benefits. There are no deductibles, premiums or copayments. Use **plan code A30** for ARKids A. When verifying eligibility this may show up as a regular Medicaid category, such as category 61- PWPL.

**ARKids B** provides coverage for families with higher incomes. There are no deductibles or premiums. The recipient may be asked to make a small copayment (usually \$10) when visiting the doctor. Use **plan code X30** for ARKids B. When verifying eligibility this will state that it is category 01, ARKids B.

If you have any questions at all please call for assistance: 686-5102

## Working with the Admissions Department

By: Salonica Gray

Please take some time to read the following tips. It’s best to have these done at least two days prior to the patient coming in for surgery or admission. By using these suggestions, you can make the admissions process a little easier for everyone involved, including yourself and your patients!

### Pre-certification, Pre-authorization, and Referrals:

If you obtain pre-certifications, pre-authorizations, or referrals for patients who will have outpatient surgery or be admitted to the hospital, please enter CPI comments in OSCAR or Medipac. You may also notify the Central Admissions group via email. Make sure to include (as applicable):

- The name and phone number of the insurance company or doctor’s office giving the information
- The name of the person you spoke with
- The date of service
- The physician covered by the pre-cert, pre-auth, or referral
- The dates and/or procedures covered
- The pre-cert/pre-auth number given by the insurance company
- (If sending info by email) The patient’s first and last name and medical record number

### Admit Requests:

If you need to complete an admission request for a patient, the following items are essential to make sure the patient is processed correctly:

- **Admission status:** Indicate whether the patient’s status will be inpatient or observation.
- **Attending physician:** Include the physician’s first and last name.
- **Admit type:** Indicate whether the admission is elective, urgent, or emergent.
- **Accommodation:** Indicate whether the patient needs a semi-private room, a private room, or a medically justified private room. Private is used for those who have requested a private room for non-health related reasons. Medically justified private is used for patients whose doctor has ordered a private room for health reasons.
- **Date of admission**
- **Diagnosis and procedure/treatment plan:** Include both the procedure and the reason for the procedure (the diagnosis/chief complaint).
- **Your name and phone number** in case there are questions
- **Avoid abbreviations** if possible
- **Write clearly**

Thanks for your help!

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## S.T.★.R

STRIVING TOGETHER, ACHIEVING RESULTS



**Vivian Bonds, June STAR**

Please join us in welcoming Vivian Bonds as our June 2004 S.T.A.R. award winner! She performs registration duties in the Medical Oncology clinic on the 7<sup>th</sup> floor of the ACRC building. One co-worker states she “always has a smile at the front desk for our patients”. Another says “being an oncology clinic, many of our patients are scared. They need reassuring people with friendly faces. Vivian, or Miss Vivian as I often call her, is one of those people.” Additionally the MONC clinic Manager Brian Dinsmore has this to say: “she always asks registration questions when she feels a registration is incorrect, she has saved the facility from a lot of claims denials” All these things exemplify what the STAR Award is all about; Striving Together, Achieving Results! Congratulations Vivian!

### IMPORTANT NOTICE TO ENCOMPASS NETWORK PROVIDERS

We would like to notify you of an **upcoming change** to the Baxter PCN plan.

**Effective July 1, 2004**, the following procedures and tests will require preapproval:

- Arthroscopy (knees & shoulders)
- Breast surgeries (except biopsies & lesions)
- MRIs/MRAs
- Sclerotherapy
- Sleep Studies
- Blepharoplasty
- CT/CAT Scans
- PET Scans
- Septoplasty/Rhinoplasty

Preapproval is still required for inpatient admissions, hospice care and mental health/substance abuse inpatient and outpatient services. To obtain preapproval, call ENCOMPASS at 1-800-373-1020

or visit our website at [www.ENCOMPASSonline.com](http://www.ENCOMPASSonline.com).

Failure to obtain preapproval will result in reduced benefits.

We hope this information is helpful to you. Please do not hesitate to call ENCOMPASS Customer Service at 1-800-511-3389 regarding Baxter PCN Health Plan benefits.

ENCOMPASS Health Management Systems

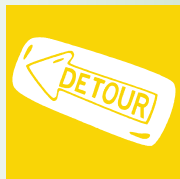


6000 Westown Parkway, Suite 350E \* West Des Moines, Iowa 50266-7771



### NEW INSURANCE PLAN CODE: C22

**The Insurance Master Group (IMG) Committee has assigned C22 as a new plan code for Coresource/Novasys-CC to the Insurance Master List in Medipac. Use this plan code each time you see the NovaSys logo and a claims address for Coresource on the insurance card. The claims address, coverage contact telephone number and precert telephone number fields are blank. You must populate those fields with the information from the insurance card.**



**New Cross Reference**

The Principal Plan now accesses UAMS through the Multiplan Network. As a result, the Principal plan code P09, has been cross referenced in INSI to U23.

For more on the INSI and cross reference function, see Reg Alert Dec 2002



**Please use F45 for United Healthcare RR since N78 was inactivated**

**UHC Eligibility on your credit card machine**

That's right! The new UHC cards have a magnetic strip on the back that you can swipe in your credit card machines. Doing so will generate a printout of the patients benefits. Very Cool!

The UHC web page offers a tutorial starring "Jerry" from ER.

Check it out!

[http://www.newidcard.com/tv\\_flash.php](http://www.newidcard.com/tv_flash.php)

# Blast From the Past

We no longer require the name of the home plan (State the BCBS plan comes from) in the Addr2 field of the claims address on BCBS Out of State (B02) accounts.

Please go back to the old way of doing things and leave the default wording: "ITS Claims" in that field.

To correct previous entries, simply change the Addr2 field so that it says "ITS CLAIMS"!



**CHAA and CHAM exams at UAMS again this fall!**

The Certified Healthcare Access Associate (CHAA) and Certified Healthcare Access Manager (CHAM) exams will be offered by the RIST on September 13<sup>th</sup>, 2004 in the Clinical Computer Training Center. You must reserve a seat with the RIST and register with IMA Web University in advance. Please call the RIST at 686-5102 to enroll. For more information on the exams, go to [www.naham.org](http://www.naham.org).

## New members to the RIST!

Last month the RIST said good-bye to Happy Pablo. She has taken another position in the office of Business Development and Managed Care and we wish her luck! Please join the RIST in welcoming its 2 newest members: Linda Gray and Kristy Jones! Linda comes to us from the COA Rehab dept where she worked as a POSC. Kristy joins us from the Pre-Registration Department. Congrats to both of you on your new professional journey.

## UAMS MEDICAL STUDENTS NO LONGER HAVE QUALCHOICE!

Effective July 1, 2004, the UAMS Medical Students will have the option of selecting Student Resources for their insurance coverage. When registering UAMS Medical Students, make sure to expire the QualChoice Medical Student plan, which was only effective through 6/30/04. The new Student Resources, temporary and permanent ID cards will have the AMCO logo printed on it and the A25 plan code should be assigned. As always, the AMCO logo must be on the ID card or it isn't AMCO.

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## RSAs: PROMPTNESS PAYS OFF!!

Here are some tips to avoid troubles commonly associated with Repetitive Service Accounts.

### “Back Scheduling”

- Be prompt when booking an appointment (especially for walk-ins) on the date of service (i.e. book the appointment when the patient is seen)
- Never schedule an RSA appointment for a visit that occurred in the previous month (this impedes coding and billing)

### “Back Arriving”

- Never arrive an RSA from the previous month in the current month
- This causes the previous month’s RSA suffix to update to the current month’s suffix for the patient (the end result is major problems for coding and billing)

### Re-arriving an appointment

- If a coder sends back an account with a problem, determine the cause of the problem before attempting to “fix” the account by simply re-arriving it
- Re-arriving an appointment rarely fixes anything

If you need assistance, notify your Patient Representative or call Richard Starks at 686-5808.

## Nearest Relative Employer Information: What’s the big deal?

Recently the Nearest Relative Employer field became a billable error, and there has been confusion as to WHEN it is required and WHY it is required. Hopefully this information will help clear up any questions you might have.

Employer information is very helpful in terms of insurance coverage. At UAMS, we see a large number of people who may have the same kind of insurance, one example might be Qualchoice. However, each employer, or group, offers a different set of benefits to their employees. Therefore, it is important to include the employer information for the person who is the subscriber or policyholder. Many times the patient will have their own policy through their employer, but often we see patients who have their insurance through a spouse. In that case the spouse’s employer information is required; use the Nearest Relative fields to enter this information.

This is especially important for patients who have Medicare and a group health plan (GHP) and their GHP is primary. When a spouse’s employment information has been entered, we need to make sure that the MSPQ reflects that the spouse is employed.

In addition, we need to make sure that the relation to patient fields match on the different screens. The relation to patient on the insurance screen must match the relation to patient information on the Nearest Relative screen if the Nearest Relative is the policy holder. The guarantor relation to patient also needs to match. If the pt is the guarantor and the insured, that should be reflected in the relation to patient fields.