

# Registration Alert

The Latest News for Access Staff

March 2004

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

## 95% OR HIGHER

DONNELL MONTGOMERY,  
ADMISSIONS

## 90-94%

BRANDI GEE, ADMISSIONS  
RUTHIE LEWIS, ADMISSIONS  
RACQUEL LONGLEY, ADMISSIONS  
SHANTELL NELSON, ADMISSIONS  
DAWN WILLIAMS, ADMISSIONS  
CHESTER WOFFORD,  
ADMISSIONS  
CARRIE YOUNG, ADMISSIONS

## MOST IMPROVED

COURTNEY BRYANT, ENDOCRINE  
TAYAE MARKS, ADMISSIONS  
DIANA ROBINSON,  
ADMISSIONS  
KIM TYLER, ADMISSIONS



## Registration Standards Policy: Are you Game?

By Joyce Steen, Outpatient Administration

An Outpatient Registration Standards policy will be implemented effective May 1, 2004.

Registration personnel will be expected to attain a "billable" error rate of no more than 10%. The clinic managers will be working in conjunction with the RIST, using their random audits to assess error rates. It will be important for registration personnel, to attend in-services, read the Registration Alerts, and to check out the RIST website. The policy will be explained in detail at a future RIST inservice.

Correct registration is a standard that is imperative in the medical field. It significantly impacts the revenue cycle and is a critical link in the business operations of both the hospital and the outpatient clinics at UAMS. Implementing this policy will challenge everyone. A consultant at a seminar I attended said the following:

*"The medical insurance field is like a game. You need to play the game to be successful."*

We are in a race with the insurance companies. Your final score will depend on how well you compete.

## Connect Care

By Juanita Hartness, UAMS Medicaid Office

Connect Care has been a valuable asset to us in the past by providing assistance in regards to our PCP questions and also enrolling or changing the PCP for our patients. Currently, Connect Care is experiencing a high volume of calls which delays their response time. For the past several weeks, if you have called Connect Care, you received a voice response asking you to leave your name and number and you will receive a return call.

This poses a problem when we try to get information completed in regards to a patient's PCP. DHS has several forms which can be completed (depending on circumstance) which either can be mailed or faxed to patient's DHS County Office. You can also request retro coverage on the form.

My suggestion would be to complete the forms and send to DHS if you get the voice mail. A current listing of the DHS County Office and forms to change the patient's PCP are **available**. Plus forms to inform the patient of their responsibilities are also available. Any questions? Please call me at 686-6787.



## POP QUIZ: What's the significance of the week of April 5-9, 2004?

April 5-9, 2004 is National Healthcare Access Week. Access Week is a special time set aside to celebrate the important contributions the Access Department and Staff make to the overall operations of the hospital. So everyone, please mark your calendars for these dates because there will be lots of activities and events planned for this week. For instance, a fair hosted by the RIST will take place on Thursday April 8<sup>th</sup>, 2004 from 8am – 2pm in the Biomedical Research Building in the second floor atrium. Please join us in ensuring that this week's festivities are a success!

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## DID YOU KNOW ?

TRICARE rank and grade field is not a required part of MPAC registration, nor is it necessary information for TRICARE claims...so you may skip this field in your registration.

WEIGHING in at 8lbs, 15oz. and 21.5 inches in length with a full head of blond hair and bright blue eyes, Connor David Lamoreaux was born January 16, 2004 @ 1:20pm. Congratulations to Karen & her family...



UAMS RESIDENTS receive medical benefits similar to those of medical students (see the February 2004 Registration Alert). They receive assistance with their portion of medical bills after their private insurance has paid, so do not collect a co-pay. Residents will have the patient class H and will continue to be their own guarantor. There is a card that will identify that they have this benefit, but as with medical students, their ID badges are enough to identify them as a UAMS resident.

## NOW YOU KNOW

### Insurance Master Group Update

The following codes have been added/ changed:

- C01, Coresource inactivated. Use AMCO (A25) when the logo is on the card. If AMCO logo is not on the card use Z99.
- M70, Mutual of Omaha inactivated. Use AMCO (A25) when the logo is on the card. If AMCO logo is not on the card use Z99.
- S50, One Health New code added for this HMO product.
- All Great West Codes were inactivated and combined into the PPO Product, Great West Life (S51).
- N21& N22 NALC Inactivated, and Cross Referenced to First Health (U03)
- U13,BCE Emergis has been inactivated and cross referenced to Multiplan (U23). This means that all Up & Up/ProAmerica (recently acquired by BCE Emergis) logos now go to Multiplan.



### Individual Contracts

by Anita Allaben, Managed Care Office

You may have noticed some patient accounts that have the following plan codes assigned: O10, O15, O20, or O25. When a patient needs to have services here, but UAMS is not in network, it is sometimes possible to negotiate an Individual Contractual Agreement with the patient's insurance company. This is handled by the Managed Care Division of the UAMS Department of Business Development and Managed Care. The arrangement allows the patient to come to UAMS and have in-network benefits applied. This means less out of pocket expense for the patient. For UAMS, it means a greater portion of the payment will come from the insurance company with a prompt payment guarantee. Most often these negotiations are done for patients who cannot obtain the service within their own network of physicians. Some examples are Bone Marrow (Stem Cell) Transplant, Kidney Transplant and some Neurosurgery patients. **Once the agreement is finalized, the billing departments are notified and an Individual Contract Plan Code is assigned. This new Individual Contract plan code is made primary and the proper claims address is entered. The plan codes reflect the terms of the agreement and allow the payment to flow through the hospital Ascent Contract Management System. This assures that the hospital receives the proper reimbursement.** If you have any questions or need more information about Individual Contracts, you may call Anita Allaben, Assistant Director of Managed Care at 614-2124.



# S.T.★.R.

Striving Together, Achieving Results

Please join us in congratulating the March S.T.A.R., Angela Taylor of the Pre-Registration Department. Her smiling face and congenial personality has been with UAMS for the past 8 years. Her current supervisor, Paul Rebsamen has this to say about her, "Angela is a team player. She is always willing to lend a hand in order to ensure the work is completed and the department succeeds...Angela exhibits grace under pressure...she maintains a smile that can always be heard over the telephone. Furthermore, when dealing with other UAMS employees, Angela maintains a genuinely pleasant and caring attitude." What a better way to show our appreciation for employees like Angela than by making her a S.T.A.R..

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Most of us are familiar with the old "PBS Accounts Corrections" e-mail address to which we sent information about completed account corrections. We have a new e-mail distribution list that goes to PBS, MCPG and the RIS Team; it is called "Accounts Corrections" and can be found in the Global address book in Outlook. The purpose of this e-mail distribution list is to notify the billing departments when corrections have been made so that an account may be re-billed with correct information.

**Please note that this e-mail list is not for requesting corrections.**

I recently spoke with Debbie Tyler who is the MCPG contact for the list and the manager of Customer Service, and she had some suggestions for staff who are notifying them of corrections.

When e-mailing with information about corrections it would be helpful to include a description of the information that was changed, what the error was and what the corrected information is. **Example:** *changed COB order from B01 primary, A23 2ndary to A23 primary & B01 2ndary, changed patient home address from 1234 ABC street Little Rock, AR. 72205 to 5678 DEF Street, Little Rock, AR. 72205.* Also helpful would be the patients complete name and account number.

In the near future the RIST website will be host to an online submission form for account corrections. It is similar to the Professional Master Update form, and you will be able to visit the RIST website and paste a link to your desktop. You will fill out the online form with information regarding the account, what the error was, and what the corrected information is. When you click "submit" it will be sent to the billing departments. Keep your eye out for updates on when this online form will be available.

## ACCOUNT CORRECTIONS

BY: RIST



## QualChoice Referrals & Pre-Auth

By Lisa Schwaesdall, MPA / MCPG Medical Specialties

Effective 1/1/04, UAMS employees with QualChoice *Classic Plan* got the good news that they are no longer required to obtain referrals from their PCP for "in-network" specialist visits, YEAH! I know I'll save a bundle on Tylenol! At this time, we would like to put out some helpful reminders...

- 1) **R**emember! Even though the UAMS classic plan no longer requires "referrals" the State & Public School Employees plan group still does.
- 2) **B**ecause referrals are not needed does not mean "pre-authorizations" are no longer required. If a patient is requiring specific services such as PET scans, Mental Health Treatment, Hysterectomies, Maternity care, Home health care, Transplant services, or *Referral to a non-participating provider*, a **Pre-Authorization is required**. The provider's office, ordering this service is responsible for contacting QualChoice within (2) days of the service to obtain this pre-authorization.
- 3) **R**emember: Pre-authorizations cannot be obtained retroactively, therefore, if one is not obtained, we are obligated under contract to write off the charge, and we cannot bill the patient for this amount. The best way to determine what the patient's benefits are and whether a referral or pre-authorization is needed is by checking benefit information online at [www.qcark.com](http://www.qcark.com).
- 4) **A**re PCP's still required if the patient's plan does not require a referral any longer? Certain circumstances offer different answers, but to make a long story short; yes, patients should still select a PCP. If they don't, they will be required to pay a co-pay at a higher rate and could possibly experience difficulty with in-patient admissions and services.
- 5) **I**t really is helpful to see referral and pre-authorization information in HBOC/CP11 comments.

Considering the number of patients coming in & out of UAMS everyday, and with all the information that has to be gathered "up front", I've got to say, you guys in registration have your work "cut out" for you and you do a wonderful job! This article is just addressing some of the denial situations that we see here in MCPG. With all of us working together continuously like we have been, these can be denial issues of the past!