

# REGISTRATION ALERT

FEBRUARY 2005

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## REGISTRARS ACHIEVE GREAT AUDIT SCORES DURING JANUARY

**Congratulations to the following ladies who scored 100%:**

Shantell Nelson—Admissions  
Kim Tyler—Admissions

**95% to 99%:**

Ruthie Lewis—Admissions	Greta Tolbert—Admissions
Donnell Montgomery—Admissions	Katherine Cash—UROL
Brandi Gee—Admissions	
Tayae Marks—Admissions	

## JANUARY 2005 S.T.A.R.

### STRIVING TOGETHER, ACHIEVING RESULTS

The **S.T.A.R. Award** for January 2005 goes to Donna Gilmore, Point of Service Coordinator in the Otolaryngology Clinic. Donna has been working in registration related positions at UAMS for the last 10 years. She joined the Audiology department, which has since been combined with the Otolaryngology department, about 2 and a half years ago as one of their Point of Service Coordinators. David Sweet, the clinic manager, tells us she was nominated as the ENT/Audiology Team Member for both November and December of 2004. Congratulations, Donna!



## SPECIAL POINTS OF INTEREST:

- AETNA provider numbers
- QualChoice
- MSPQ
- Access Week
- Tricare/Humana
- Education
- Ambulatory Svs
- Training

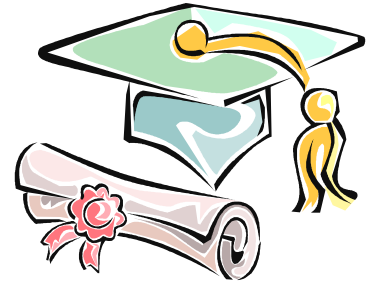
## CHAA/CHAM

UAMS is proud to announce that two people have passed the CHAM (Certified Healthcare Access Manager) exam during the last testing session:

**Linda Gray—RIST**

**Kristy Jones—RIST**

Allen Coulter, NAHAM Education Chairman, says: “Becoming a CHAM is the highest honor of professional achievement in patient access management. It certifies that you have met and attained standards that assure your competence to carry out, comply with, and interpret admitting/healthcare access management practices.”



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## PROVIDER LIST FOR AETNA

AETNA seems to be having trouble remembering that UAMS is in-network! If you have contacted AETNA to verify benefits or to seek a precertification/preauthorization, you may have been told that we are not in-network. **This is not true.** If you give them the doctor’s provider number, that should help get the correct information. The AETNA provider number list for UAMS doctors is posted on the RIST website under Online Resources.

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## QualChoice ID Numbers: Time for a Change!

All QualChoice members with **Public School Employee (PSE)** and **Arkansas State Employee (ASE)** plans have been assigned new member identification numbers. These new identification numbers no longer coincide with the Social Security number of the contract holder. When registering these patients, please be sure to follow these two easy steps:

- Obtain a copy of the **NEW** PSE and ASE member identification cards
- Change the ID # and Group # to match the card.

Also, when verifying online benefits, **you must use the new ID#**. Using the old number will obtain incorrect results. If you have any questions, please contact the RIS Team at 686-5102 or visit <https://www.qcark.com/presence/release/qcarkhomeopen.asp>.

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## TOP 3 REASONS TO ANSWER THE MSPQ CORRECTLY

**1. Reduce Billing Errors**

**2. CMS Compliance**

**3. Keep the monkey’s (RIST) off your back!**



## 2005 ACCESS WEEK— “OPENING DOORS”

UAMS will celebrate the wonderful job that you, as a part of the access process, do for this hospital during the week of April 4 through April 8. The Access committee is hard at work planning awesome events to include: contests, drawings for prizes, the S.T.A.R. luncheon, and the Access Fair. Our theme “Opening Doors” will feature contributions all access personnel make as a group toward the start of the Revenue Cycle. The Reg Alert will provide a lot more detail as we move closer to April. Be on the lookout!!!



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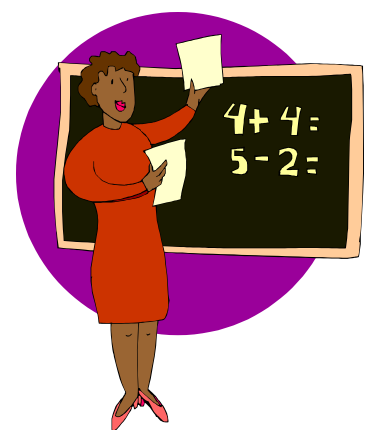
## HUMANA MILITARY (TRICARE) REFERRALS AND AUTHORIZATIONS

Last week a group of UAMS Inpatient and Outpatient Clinic representatives met with two Humana Military Representatives, Donna Gramlick and Darrell Dean. The issue was to work through some problems we have been having receiving faxed information regarding Referrals and Authorizations. We are working with Humana to correct the fax number listing they have in their system. When this is complete the problem should improve. We will continue to work with Humana until this problem is resolved. However, the best way to handle the Referral and Authorization problem, for now, may be to use the on-line system at [www.humana-military.com](http://www.humana-military.com). Donna Gramlick has been invited back to provide training in the very near future for using this website to process Referrals and Authorizations. **For now, the best suggestion is to go online and get your own password. Then when you request a referral or preauth, the notice will automatically come back to your computer.** Updates are on the way.

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## Patient Access Education Changes in 2005

Patient Access Education provided by the RIS Team is changing dramatically in 2005. Role in Access and Strengthening Bridges have both been streamlined to provide shorter courses and new subject matter! The name *Role in Access* has been deleted, and now all courses fall under the ***Strengthening Bridges*** title. New subject matter will include a class called *Financial Aspects of Healthcare at UAMS*. In addition, we are now offering three online courses through **IMA Web University**. These computer based modules will be prerequisites for attending Strengthening Bridges Day 1, 2, and 4. For more information please visit our website [www.uams.edu/rist](http://www.uams.edu/rist) or contact [Kristy Jones](#) or [Holly Jones](#).



## Ambulatory Services Improvement News: Scheduling

The Scheduling workgroup met for the first time on Wednesday, January 12, 2005. The group is one of six workgroups involved in the UAMS Ambulatory Services Improvement initiative. The other workgroups are: Business Functions, Clinic Activity, Information Management, Organizational Development, and Performance Metrics. The priorities of the Scheduling workgroup are:

1. Merge ORA with the Appointment Center
2. Provide ancillary departments access to clinic schedules
3. Focus on improvement of scheduling processes for clinics and related ancillary services.

The Myeloma clinic has volunteered to be the first to implement process redesign to improve their scheduling processes. Their progress will be documented every two weeks in the *ASI News* so that all stakeholders will know what is going on and other clinics can learn from their experience before they begin their scheduling improvement process.

Because Myeloma is the first service to implement the scheduling improvement initiative, the Scheduling workgroup is comprised of folks from Myeloma, Chemotherapy, Laboratory, Bone Marrow Biopsy, Radiology, PET, Invasive CT, MRI, Pulmonary, PFT, Cardiology, ECHO, CVL, IT, and Outpatient Administration. Others will be added as the group works through the processes and recognizes the need for additional input and perspectives. Also, as other clinics implement scheduling process improvement, the workgroup membership will change to reflect the clinic and services involved in the initiative.

As you know, the Ambulatory Services Improvement initiative has been going on for some time now. Therefore, the Scheduling workgroup will build upon work that has already been done and will take a multidisciplinary point of view. This will help ensure a greater likelihood of success in actualizing improvement in scheduling processes and coordination of services. Also, it was decided that the group would utilize Rapid Cycle Testing (RCT) during the process. RCT is when an idea is tested quickly to see whether the idea can contribute towards what the group is trying to accomplish. One of the first RCTs will address helping Myeloma patients who do not have their testing itineraries. Chemotherapy noted that it would be great if they could have access to patient itineraries so that they could help patients as they are leaving the Chemo area or those who stop in for help. Therefore, the workgroup decided to enact an RCT where Chemotherapy will be given read-only access to patient itineraries. The next step will be to decide how long to test and what to measure as outcomes. More RCTs will be identified at each of the workgroup's sessions. Scheduling improvement RCTs and their outcomes will be covered in the *ASI News*.

After the meeting, work started on gathering information on the "current state" of scheduling processes. First, some investigation of OSCAR, the computer application that is used for scheduling, was accomplished. Everyone agrees that OSCAR has limitations. In fact, the initial steps are being taken to replace OSCAR with a scheduling application that would resolve many issues. However, this is a detailed and complicated process so it will take **at least** two years to accomplish. Therefore, it is important that scheduling process improvement occur with OSCAR in the meantime.

Ambulatory Cont.

**Scheduling Tips!** Have you ever wished that the appointment template for your area could be made more flexible so that it actually reflected the times and time intervals that patients are seen? Well it can! Come to consensus in your area and then contact Bryant Allen at 686-6245 or [AllenBryantL@uams.edu]; he is happy to change your template.

Do you think you have too many patient types to choose from when you are scheduling an appointment? No problem! You can Spring Clean your template. Bryant Allen can help you there too!

MRI and CT then volunteered to provide their perspectives of the “current state” of the scheduling process. Both of these areas see patients that are scheduled by the clinics. Since the daily schedule with all the necessary information cannot be printed directly from OSCAR, radiology staff compile it manually from requisitions printed from OSCAR. A major challenge for both MRI and CT is that patients are scheduled for tests that take longer than the appointment slot. For example, a patient gets booked in a one hour time slot for a three hour test. Other challenges are double booking, over booking, and no notification of cancellations or schedule changes. MRI and CT understand the difficulty of finding available time slots to get all the necessary tests scheduled for Myeloma patients and want to work with schedulers to do whatever is feasible and best for the patients.

Another challenge is patients arriving for their tests without correct preparation, such as refraining from eating, or arriving too late to drink the contrast for a CT. Staff are trying to address this issue by calling patients the day before their scheduled tests to remind them of their appointments and to ensure they understand what preparation they need to do before arriving. However, staff may not reach the patient and some patients have no telephones. Therefore, assistance from the clinics to ensure patients understand correct preparation for their tests would be very helpful. When asked what, from a scheduling perspective, would be the most helpful for MRI and CT, they noted three things: 1) Have patients scheduled correctly (right time interval for tests, no double or over booking) to enable MRI and CT to effectively and efficiently see all patients needing their services, 2) Have patients scheduled for biopsies only after the need for biopsy is confirmed, 3) Call Dave Redlich on his phone if there is an MRI scheduling problem and call the main CT number if there is a problem with CT scheduling. There is someone in CT who takes those calls; this is more effective than paging the CT supervisor.

The discussions with outpatient services regarding OSCAR technical capability and with MRI and CT prompted a visit to the area where folks receive training on OSCAR. Those who use OSCAR for scheduling attend a three day class and then learn the idiosyncrasies of the clinics while on the job. The discussion with the trainer revealed that not all schedulers attend the class and that few managers attend the class. Therefore, a new scheduler does not get the benefits of the training if he or she does not attend the class; or for those who do attend class, they learn the best way to utilize OSCAR in the training class but are not reinforced for using this methodology in the clinic. To assist with these issues, an OSCAR refresher course will be offered beginning in February.

**Scheduling Tip!** Did you know that the OSCAR trainer is available to come to your area and provide pointers to optimize your scheduling techniques? Contact Dimitri Childs at 603-1253 or [ChildsDimitriG@uams.edu].

**RIST**

LaKesha Burton 686-6718  
 Kylie Corriveau 603-1533  
 Linda J Gray 686-6274  
 Kristy Jones 686-6968  
 Karen Lamoreaux 686-5102

**Hot Line 686—5102**

**To register for education classes go to the Clinical Computer Training Center (CCTC) webpage on the UAMS Intranet.**

**Access Personnel Education Calendar**

**March 2005**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 OSCAR Orientation	2 OSCAR Orientation	3 Strengthening Bridges Day 1 MediPac Registration	4 MediPac Registration	5
6	7 MediPac Inquiry and Update	8 MediPac Inquiry and Update	9	10 Strengthening Bridges Day 2	11 Strengthening Bridges Day 3	12
13	14 OSCAR Orientation	15 RIST In-service 2:00 PM OSCAR Orientation	16 RIST In-service 10:00 AM OSCAR Orientation	17 Strengthening Bridges Day 1	18	19
20	21	22	23	24 Strengthening Bridges Day 2 MediPac Registration	25 Strengthening Bridges Day 4 MediPac Registration	26
27	28	29	30	31	<a href="http://www.uams.edu/rist">www.uams.edu/rist</a> <a href="http://www.uams.edu/cctc">www.uams.edu/cctc</a>	