

REGISTRATION ALERT

JULY 2006

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JUNE AUDIT SCORES

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 Shannon Robinson-ORTC
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 Laura Garrett-ACRC2
 Dianne Dotson-ORTC
 Tameka White-Admissions



Contact RIST at 686-5102

JUNE S.T.A.R. STRIVING TOGETHER, ACHIEVING RESULTS

June 2006 S.T.A.R.

It is with great pleasure that we announce our June 2006 recipient of the S.T.A.R. Award, Betty Stephens, of the Physical Therapy department. Betty has been employed at UAMS for 31 years and she continually demonstrates good ambassadorship for our institution. Outpatient Therapy Manager, William Rogers, had this to share about her, "Patient's love her and she has worked very hard to improve her registration and accuracy skills. Betty is always here early and she helps out whenever and wherever she is asked." After more than 30 years of service, it is obvious that she accepts change well and exhibits reliability and dependability within her department. We salute you Betty as our shining star for the month.

Congratulations!!!



Don't forget to forward your nominations for the STAR Award to the RIS Team. Go to the RIST webpage to print a copy of the Nomination form and send it to us at Slot 618!

SPECIAL POINTS OF INTEREST:

- CMS 1500 & UB92 Class
- Aetna Updates
- Medicare Advantage Plan Code Table
- Patient Identification
- Medicare Beneficiary/Checklist

Attention! New CMS 1500 & UB92 Billing Form Class

Janet Beasley

MCPG and PBS has joined together to do a Billing Form Class for all Access Personnel that are a part of the revenue cycle. This class is for each employee to understand the impact of what they enter in the system, how it affects billing and the production of claims. This is a class not only for employees, but also managers. To register you will need to sign up through Training Tracker.

Listed below are the next class dates, times and location:

8/23/06 8:30am-4:30pm MCPG Conf. Room

9/27/06 8:30am-4:30pm COA G160

11/15/06 8:30am-4:30pm COA G180

AETNA UPDATES

Managed Care Division

UAMS has a contract with AETNA and we are in-network with all plans except HMO plans. Patients who have an AETNA HMO plan are usually from out of state and will need prior approval in order for in-network benefits to be applied. The telephone number for pre-certification is listed on the patient's insurance card (1-800-624-0756). The information that must be completed is called an "out of network request." Any questions regarding this may be directed to the Managed Care Department at 686-6242.



Medicare Advantage Plan Code Table

RIST has added Medicare Advantage to the list of handy desk top reference tables.

The website will be updated as new information is received, so please refer to it often!

For a printable version of the table below, visit the RIST website at www.uams.edu/rist.

To access the table click on the link *online resources* and under the heading of *Registration Tables*, then click on *Plan Code Desk Reference*. **FYI:** When registering a patient you will search for the plan code under the Medicare heading and complete the Medicare Secondary Payer Questionnaire.

Medicare Advantage Plan Code Table			
Description	Plan Code	FC	Usage
Humana Choice	S11 S12	V	Use when you see the Humana Choice logo on the card.
Humana Gold Choice	S18 S19	V	Use when you see the Humana Gold Choice logo on the card. This is different than Humana Gold Plus.
Arkansas Community Care	S08 S09	V	Use when you see the Arkansas Community Care logo on the card.
Medicare Advantage	Q99	C	Use for all other Medicare Advantage plans. Remember to print the MSPQ Questionnaire Form #2577, answer, and send to EPF.

Patient Identification

Karen Lamoreaux

“May I please have your full name and DOB?”

Consider this for a moment... Two patients born in the same year with the same name, race and gender, and same diagnosis present the same week. To make matters worse, they are both patients in the same clinic. The wrong patient is registered and then the other patient’s insurance was added to the account. Is this a wild case study that is made up for training purposes? Unfortunately, this very situation took place last month.

The Joint Commission for Accreditation of Healthcare Organizations (JCAHO) mandates patient safety guidelines that include verbally verifying the full name and DOB at the time of service. In this case, had we verbally verified the birth month and date we could have prevented this mix-up. Furthermore, this is yet another example of why it is important to verify the address at every visit.

This kind of failure to identify the patient results in hours of sorting medical records and could result in patient harm if the wrong treatment was given. Please make sure that you are verifying the full name and DOB on every patient at every visit and keep your patients safe!

Medicare Beneficiary (Insured)

Here’s a reminder.....When a claim is submitted, Medicare requires that the beneficiary name (insured name) and the Medicare claim number (HIC number) **MUST** match the Medicare card **EXACTLY**. If the patient insists the Medicare card is incorrect, advise them to contact their local Social Security field office to obtain a new Medicare card.

Don’t forget..... failure to match the insured name and the HIC number to the Medicare card will result in a billable error.

Enter name exactly as it is on card

Enter correct HIC number

Enter correct effective date

MEDICARE HEALTH INSURANCE	
HEALTH CARE FINANCING ADMINISTRATION	
NAME OF BENEFICIARY	John Doe
MEDICARE CLAIM NUMBER	000-00-0000
SEX	Male
EFFECTIVE DATE	07-01-1966
IS ENTITLED TO	
HOSPITAL (PART A)	07-01-1966
MEDICAL (PART B)	07-01-1966
SIGN HERE	John Doe

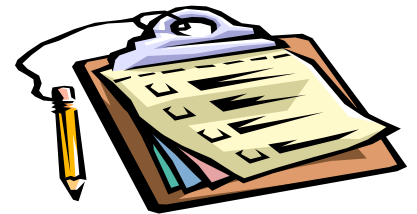
Medicare Checklist

Karen Lamoreaux

When registering a Medicare or Medicare Advantage patient there are several things that must be just right in order for the claim to go through clean and timely. First, make sure a copy of the card is in EPF. Make sure the information matches what is in the registration. If the name is not keyed exactly as it appears on the card or omni, the claim will be rejected. The same goes for the ID# - it should match the card and be the same on both Part A and Part B. The prefix is the same for both parts A and B. The effective dates must also match.

If the patient is not working, make sure the retirement or disability date is entered on both Part A and Part B – it is a required field. Be sure to review the MSPQ verbally with the patient. Omni path or the auto line (877 908 8434) can give you the entitlement reason. Unless it is End Stage Renal Disease (ESRD), if the patient is 65 or over the entitlement is Age, if under 65 it is Disability.

You can use this list when registering Medicare and Medicare Advantage patients to avoid common errors.



Medicare Registration Checklist

- Card in EPF?
- Omni in EPF?
- Note entitlement reason on Omni: Age, Disability or ESRD

Part A

- Name Match
- ID# match
- Retirement/Disability Date if not working

Part B

- Name match
- ID# match (**remember that the letters are the same!*)
- Retirement/Disability Date if not working

MSPQ

- Interview patient and answer MSPQ according to entitlement given in Omni
- Scan paper MSPQ if Q99 (*we are required to have it file for 10 years*)

Physician Reminder

- The PCP or Referring should be an individual MD



Holly Jones, Rev. Int. Mgr 526-7794

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Thank you to everyone who contributed to the July issue of the Registration Alert.

To submit articles, please email:
"Revenue Integrity Specialist Team".

Access Personnel Education Calendar

August 2006

		1	2	3	4	5
6	7	8	9	10 Strengthening Bridges Day 1	11	12
13	14	15	16	17 RIST Inservice Walton Auditorium	18 Strengthening Bridges Day 3	19
20	21	22	23	24 Strengthening Bridges Day 2	25	26
27	28	29	30	31		

To register for education classes go to the Clinical Computer Training Center (CCTC) webpage on the UAMS Intranet; For Patient Access classes contact RIST; For Billing Forms sign up in Training Tracker.

www.uams.edu/rist www.uams.edu/cctc