



REGISTRATION ALERT

APRIL 2007



Revenue Integrity Specialists *Striving Together, Achieving Results*

2006- 2007 S.T.A.R. OF THE YEAR!

Anita Carlton of the Myeloma Clinic was selected as the 2006 ~ 2007 STAR of the Year at the 5th Annual STAR Luncheon held on April 3, 2007. She received an exceptional recommendation by her manager, Cheryl Martens, who states that, "Anita truly cares about the patients. The patients love her and look for her when they come for their appointments. It is with great pride that I say she is one of my employees and it is a daily pleasure to work with her." The attributes of a STAR include: Outstanding attendance, Professional dress, Reliable and dependable, 3 C's: Care, Commitment & Contribution, Exceeds expectations, Accepts change and challenges, Communicates clearly, Team player, Identifies problems and possible solutions, Participates and contributes to organizational operations, and Willingness to share knowledge. Congratulations Anita, for being our shining star for the year.



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!

**You can find a copy of the nomination form at <http://www.uams.edu/rist/>

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Questions/Comments?

Contact Revenue Integrity Specialist Team at 686-5102 OR email at: RevenueIntegritySpecialist-dmissions@uams.edu

Special Points of Interest:

- 2006-2007 Star
- Access Week
- Medicare Advantage & Medicare Supplements
- Florida Medicaid
- AR Community Care
- UB04
- CHAM Renewal
- Windsor Health Medicare Extra

2007 National Healthcare Access Personnel Week at UAMS

The National Association of Healthcare Access Management (NAHAM) has celebrated National Healthcare Access Week since 1982, recognizing the efforts of and promoting excellence of those in the patient access field. "Access Week" is held every year during the first week of April 5th. The theme this year was "*Patient Access: First Impressions are Our First Priority!*"

UAMS has been celebrating access week since 2001, each year expanding and improving the events. We celebrated all week long this year from Monday April 1st through Friday April 7th, 2007. The excitement began Monday with the RIST **Scavenger Hunt** puzzles. Access personnel used the monthly Registration Alert Newsletters online to find the answers to the clues. Once complete, the puzzles were used as entries for prize drawings on Friday. There were a total of 38 prize winners. Prizes included everything from pens and lunch bags to travel mugs and gift cards!



Tuesday was the annual **STAR (Striving Together Achieving Results) luncheon**. This invitation only occasion recognizes all of the monthly STAR award recipients for their efforts. In addition a STAR of the Year is named. This year the winner was Anita Carlton from MIRT. Guest Speakers included Holly Hiryak, Director of Patient Access Services, Dan Riley, CFO and Philip Baroni, Associate Administrator of Outpatient Services. Guests were served chicken with white wine and tarragon sauce along with wild rice, vegetables and Italian crème cake for dessert, all compliments of the UAMS catering division. STAR recipients were awarded personalized leather portfolios a token of appreciation for their success.



On Wednesday and Thursday, individual departments celebrated internally. Managers awarded canvas bag gifts, provided by Hospital Administration, to their access personnel. In addition, department celebrations were held. This year brought lots of new and creative ideas from donuts for breakfast to themed parties! Fun!



Access Week came to a close in high style with a fair in the Stephens building. It included vendor booths staffed by internal departments, third party payors and vendors. The highlight of the fair however, was the Karaoke sponsored by TRACE. Soft drinks and snacks were served and a great time was had by all.



Happy Access Week to all of those who make such great first Impressions at UAMS!

Insurance Master Group (IMG) Updates

By Salonica Gray, RIST

Medicare Advantage and Medicare Supplements

Scenario 1: A patient presents with a Medicare Advantage plan and a Medipak plan. How should you enter this on the patient's account?

Answer: Only the Medicare Advantage should be attached. The Medipak plan will not pay if the patient has a Medicare Advantage plan. Only attach Medipak when the patient has Original Medicare as their primary coverage. If the patient has both a Medicare Advantage plan and a Medipak plan, advise them to contact their insurance companies to determine the best coverage.

Scenario 2: A patient presents with a Medicare Advantage plan and a Tricare for Life plan. How should you enter this on the patient's account?

Answer: In this case, it is ok to attach both the Medicare Advantage plan and the Tricare for Life plan. Tricare for Life will pay secondary to either Original Medicare or Medicare Advantage.

Florida Medicaid Cards

By Carol Gray, PBS



Florida Medicaid issues a card to the patients with an 8 digit number on it that is being scanned as their insurance card and entered in the system as their Medicaid number. This number **IS NOT** their Medicaid number. The person doing the registration will have to phone the number on the back of the card to get the true Medicaid number for the system and for billing. Most of these patients come through the ER.

Remember, if you see an unfamiliar insurance card, be sure to contact the RIST for help! You can fax a copy of the card to 686-6966, or email a screen print to the RIST group at: revenueintegrityspecialist-admissions@uams.edu

Arkansas Community Care Tips

By Sara Marecki

UAMS is no longer required to complete Arkansas Community Care physician-to-physician referrals for doctors *within the UAMS system*.

However, If a patient is referred to an *outside* specialist; the referring physician is still required to complete the referral process. Please complete these referrals online as it expedites the process.

Helpful tips for completing on-line referrals!

Source: Arkansas Community Care Provider Newsletter (April 1, 2007 Volume 1 Issue 1)

- When entering referral requests, check eligibility first to ensure member is still eligible. The best way to search by member is by date of birth in the format MM/DD/YYYY. From the main menu under the Inquiry section, click on the "Eligibility" link to search eligibility.
- To enter a referral authorization request from the "Selected Member" or "Selected Authorization" screens, click one of the links at the bottom of the page to enter a referral, outpatient, pharmacy or inpatient authorization request. (These links can also be found at the main menu)

Referral	– Any services rendered in a physician's office
Outpatient	– Services that must be rendered in a facility setting
Pharmacy	– Requests for pharmaceuticals
Inpatient	– Services requiring the patient to spend 24 hours or more in a facility setting.
- Please remember to ask all of your Medicare patients if there has been any change to their insurance as there are a number of Medicare Advantage and Medicare Supplement plans available.

NOTE: Initial Referral by PCP will now include initial consult with 2 follow up visits

FYI regarding authorizations:

Arkansas Community Care are receiving requests for authorizations for CT's, mammograms and ultrasounds. These services do not require authorization from Arkansas Community Care. In some cases, these non-required authorizations are being sent to the pending queue causing problems at Arkansas Community Care.

For more information: Go to www.arkansascommunitycare.com

Sign up for Arcadian Online System (AOS) at <https://arcadianonline.arcadianhp.com/AHP/>

New billing claim form replacing the UB92

By Janet Beasley, PBS

What is the UB-04?

The National Uniform Billing Committee (NUBC) approved the UB-04 as the replacement for the UB-92 at its February 2005 meeting.

The NUBC is responsible for the design and printing of the UB-04 form. The UB-04 contains a number of improvements that resulted from nearly four years of research, and it will better align the hardcopy claim form with the electronic Health Insurance Portability and

Accountability Act of 1996 Accredited Standards Committee (HIPAA ASC) 837 Institutional electronic claim format, which is the electronic version of the form that is currently in use by providers who submit claims electronically.

The UB-04 is the basic hardcopy form and is known as the Form CMS-1450 like its predecessor, the UB-92.

The paper claim form required by CMS is only accepted from institutional providers (Hospitals, Skilled Nursing Facilities, Home Health Agencies, etc...).

The UB-04 incorporates the National Provider Identifier (NPI) as well as additional updates. Many data locations on the UB-92 has changed on the UB-04.

Starting May 23, 2007 all institutional paper claims must be submitted on the UB-04 and the UB-92 will no longer be acceptable, even as an adjustment claim.

Information on the UB-92 and the UB-04 is available through the NUBC website at www.nubc.org.

Reminder!

Group physicians such as Family Medicine Clinic, AHEC clinics or University Internal Medicine Group are **only** billable on accounts with Medicaid as the primary coverage, when that clinic is chosen as the patient's PCP. These group entries are NOT BILLABLE on any other account and should not be entered as the PCP or Referring physician.



New CHAA Recipient!

Congratulations to Airmeika Perry!
(Certified Healthcare Access Associate)

CHAM Certification Renewal Cycle 2005-2007

By Revenue Integrity Specialist Team

Any CHAM who tested successfully between June 1, 2005 (or prior) and May 31, 2006 is required to renew his/her CHAM certification to keep his/her status with NAHAM. This message is to let you know that CHAM Certification Renewal Guidelines will be mailed to you no later than May 1, 2007. These guidelines will also be available on the NAHAM website. At that time, you may begin compiling your CEUs for renewal between June 1-30, 2007 ONLY. Please check your mail and the NAHAM website in the coming weeks for details.



For more information: Go to: www.NAHAM.org

Windsor Health Medicare Extra

By Salonica Gray, RIST

Prior Authorization Requirements for Windsor Health Medicare Extra

Windsor Health's Medicare Extra plan (plan codes S28 and S29) require prior authorizations for certain procedures. These requirements are already in effect; we have already seen a few denials due to lack of pre-authorization. Below is a partial list of the most common procedures. A more inclusive list may be found on the UAMS Managed Care database: <http://intranet.uams.edu/contracts>.

If you're not sure whether a procedure or appointment needs authorization, be sure to contact Windsor Health at 1-866-270-5223. To get access to the UAMS Managed Care database, please contact Sara Marecki at: shmarecki@uams.edu.

- Most outpatient surgeries
- Radiology procedures (including MRA, MRI, CT and Radiology PET scans)
- Cardiac rehab
- Pulmonary rehab
- Outpatient therapies (including PT, OT, audiology)
- Organ and bone marrow transplants
- Hospital inpatient and observation stays
- Laser procedures (office visits)
- Prosthetics and orthotics
- Epidural injections and nerve blocks



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

Ideas, suggestions, and articles are always welcomed!

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

Access Personnel Education Calendar **MAY 2007**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3 Medipac Inquiry	4	5
6	7 Oscar Orientation	8 Oscar Orientation	9 Oscar Orientation	10 Medipac Orientation	11 Medipac Orientation	12
13	14	15	16	17 Medipac Inquiry	18	19
20	21	22	23	24 Medipac Orientation	25 Medipac Orientation	26
27	28 Memorial Day	29	30	31 Medipac Inquiry		

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