



REGISTRATION ALERT

MAY 2007



Revenue Integrity Specialists
Striving Together, Achieving Results

MAY 2007 S.T.A.R

Arnetia Brown



We are pleased to present to you our May 2007 STAR, Arnetia Brown, of Hospital Admissions. She has been employed at UAMS for two years and diligently serves her peers and patients. Arnetia was nominated by her supervisor, Tayae Marks, who had this to share about her, "Arnetia Brown has been challenged with different tasks since I became Assistant Manager. Whenever I have asked her to do different things she does it without even asking why. She has done an excellent job with the cashier report and collection log. She is a true asset to our department. I think she is a true STAR!" Arnetia is known for being kind to everyone she encounters and making patients have a positive UAMS experience. Join us in saluting her for a job well done and being our shining star for the month.

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!

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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:

8 Steps PBS Takes to Rebill a Medicare Rejection

Texarkana Community Care Card

6 Steps To Update the CWF

CWF Update Fax Form

Pathways Healthcare Scheduling (PHS), Search America (SA), and Eligibility Assistant (EA)

June Training Calendar

Medicare Rejections

Ladealia Toney/Michelle Elliott/Karen Lamoreaux

PBS is reporting an increase in rejections from Medicare due to errors in coordination of benefits (COB). This is in part, because Medicare has strengthened its front end edits. One of the most common themes found when researching the rejections was missing employer and group health information for the patient or most often, the spouse. For compliance purposes, we need to have all insurance information correct on the front-end so we can bill the correct payor on the back-end the first time.

The process for resolving these rejections is more complicated than simply resubmitting the claim. Below are the steps that PBS must take to resubmit these Medicare rejections:

1. Claim rejects at transmission
2. Claim hits the remote and suspends
3. Mcare biller works the remote
4. Mcare biller prepares and faxes claim inactivation form (one claim per form) to Mcare to get claim removed from remote
5. Note - Mcare has told us we can not send more than 5 per day to each of their 5 Customer Service Reps. Therefore, we have to spread our faxes over the course of a work week. On April 9th we had about 60 accounts rejected.
6. Our Mcare billers update the patient's insurance with information from the Mcare remote and make changes to the COB accordingly.
7. Mcare biller adds a memo to the patient's account
8. Account is re-billed

It is critical that we capture this information at the point of access. **Please be sure to obtain employer information and group health plan coverage on all Medicare patients before services are rendered. Thank you!**



Texarkana Community Care

By RIST and Managed Care

Does this card look familiar?

**TEXARKANA
COMMUNITY CARE**
With you every step of the way
Provided by Arkansas Community Care, Inc.

PLUS Plan

Name _____
ID#: _____
PCP _____
PCP Phone _____

Eff. Date: 4/1/2007
PCP Visit: \$10
Specialist: \$25
ER: \$50
RxBIN: 610029
RxPCN: CRK
RxGRP: MDARK
Issuer: 80840

Medicare^{Rx}
Prescription Drug Coverage

Contract #: H5700
Plan #: 020

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room. Texarkana Community Care requests that you contact your Primary Care Physician (PCP) within 24 hours

| | |
|---|--|
| Send Medical Claims to: Regional Claims Processing P.O. Box 4946 Covina, CA 91723 | Send Pharmacy Claims to: Medicare Part D Paper Claims P.O. Box 686007 San Antonio, TX 78268-6007 |
|---|--|

Member Service/Eligibility

Main: 1-800-573-8597 (TTY: 1-866-573-8591)

For routine vision services, please contact VSP:
1-800-877-7195

You're right—it's similar to an Arkansas Community Care card. But Texarkana Community Care is a little different.

UAMS is out of network for Texarkana Community Care. If there is no referral in place, it should be entered on the patient's account as a Q99. If we do have a referral in place, it's ok to use the Arkansas Community Care plan codes (S08 and S09).

Updating the Common Working File

Michelle Elliott and Karen Lamoreaux

Occasionally, benefit information in the Common Working File (CWF), which we currently access through Omnipath, is incorrect or out of date. Examples include: incorrect Coordination of Benefits (COB), Group Health Plan policy changed to COBRA but not reflected in CWF, and missing insurance plans. When the CWF is not up to date, it can prevent our claims from being paid timely and accurately, and it can make it look as though we have incorrectly answered the MSPQ.

Who maintains the CWF information?

“The COB Contractor collects, manages, and maintains information on Medicare’s Common Working File (CWF) regarding other health insurance coverage for Medicare beneficiaries. The COB Contractor also initiates all MSP claims investigations. The COB Contractor does not process claims and cannot provide information regarding specific claims.”

Providers may contact the COB Contractor to:

- Report potential MSP situations;
- Report incorrect insurance information; or
- Address general MSP questions/concerns

How do I get it updated?

Providers may contact the COB Contractor at **1-800-999-1118** (TTY/TDD: 1-800-318-8782), Monday -Friday, 8 a.m. to 8 p.m. Eastern Time (excluding holidays). The quickest way to update the CWF is by phone as they will make the changes to the file while you are on the line. The call can be from a provider- it does NOT have to be from the patient.

Information Needed

All we have to provide is our Medicare Provider number (04-0016), the patient’s HIC number and address. To speed things up: 1st prompt: press 1. 2nd prompt: press 2. 3rd prompt: press 0.

If you have trouble getting through by phone, the update may be done by fax. If we do a fax, the attached form must be used and all fields must be completed. The patient does NOT have to sign it. **The fax number is (646) 458-6767. NOTE:** If info is faxed, it goes to another office first where the information is researched and then sent to the COB Contractor office – *this process takes longer*. Remember to use our UAMS HIPAA compliant Fax cover sheet.

Documentation

Please document all phone calls and outcomes in the patient’s medical record (CAAM or CPI Comments—whatever you currently use for account notes). If the fax is used, please scan into EPF in the *Insurance Documents* folder.

NOTE: Currently we access the CWF through Omnipath and soon we will access it through another vendor (VisionShare). This process will NOT change when we switch vendors.



QUICK REFERENCE

If you suspect that information in the CWF is incorrect, please do the following:

1. Verify the information with the third party payor and document it in comments
2. Call the COB Contractor at **1-800-999-1118**
3. Provide our Medicare Provider Number (04-0016), patient HIC number (ID number) and mailing address
4. Provide the missing or revised insurance information
5. Document the phone call and outcome in comments
6. Inform the patient of the outcome



To: MEDICARE COB CONTRACTOR
 Fax#: (646) 458-6767
 Re: CWF Update Request

From:

| | |
|--------------|---------|
| Name: | |
| Telephone# | |
| Fax# | |
| PROVIDER NO. | 04-0016 |

We have received information that may change the COB for the Medicare Beneficiary listed below.

| | |
|-------------------|-----------------|
| BENEFICIARY NAME: | |
| HIC#: | |
| PATIENT ADDRESS | |
| GHP INFORMATION | Plan Name: |
| | ID# : |
| | Group Name: |
| | Group Number: |
| | Telephone: |
| | Claims Address: |

- Plan is primary to Medicare
- Plan is secondary to Medicare
- Is 65 or older, OR is disabled and covered by Medicare and COBRA, Medicare is primary
- Has ESRD and COBRA Coverage, Medicare is primary

GHP Effective Date: _____
 (mm/dd/yyyy)

COBRA Effective Date: _____
 (mm/dd/yyyy)

IMG Updates

Liver Transplant Plan Codes

The following plan codes have been activated for liver transplant patients:

- L80 Liver Acquisition – Medicare patient
- L81 Liver Acquisition – Non Medicare Patient

On visits related to a Medicare patient’s workup for the liver transplant, use plan code L80 ONLY. L80 is the only plan code needed for a Medicare or Medicare Advantage plan patient’s workup. Use this plan code when the Medicare or Medicare Advantage is primary. When the patient actually has the transplant, use the applicable Medicare plan codes. For example, for a patient with traditional Medicare parts A and B only, use ONLY plan code L80 on the workup visits, and plan codes A20 and A23 (without L80) on the transplant visit.

If the patient has other type of coverage, or has Medicare secondary, use plan code L81 as the last insurance for all visits related to the patient’s work up, and the regular plan codes for the actual transplant visit. For instance, for a patient with Medicaid of Arkansas only, use plan code A30 as primary AND L81 as secondary on the workup visits, and plan code A30 ONLY on the transplant visit.

You can identify a liver transplant patient by looking on their account for plan code L80 or L81.

Plan Code Changes

New Plan Code

| Code | Description | Use When |
|------|--|---|
| J01 | Alexander Juvenile Correctional Facility | Patient from Alexander Juvenile Correctional Facility has an outpatient appointment For inpatient services, the patient will be screened for Arkansas Medicaid |

Terminated Plan Codes

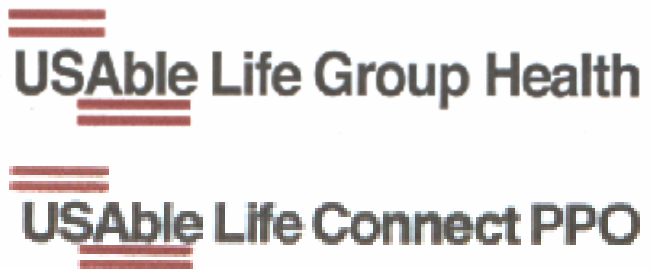
| Code | Description | What Should I Use Now? |
|------|-----------------------|------------------------|
| U09 | Galaxy Health Network | Use Z99 |
| U14 | American Lifecare | Use U23 – Multiplan |
| P65 | PHCS | Use U23 – Multiplan |
| S04 | Medical Excess LCC | Use Z99 |

Health Advantage HMO for Baptist and Blue Cross employees

If a patient presents a Health Advantage HMO card, and the policyholder works at Arkansas BCBS or Baptist Health, please refer them to a patient rep. These patients are out of network, and an exception must be obtained to receive full benefits.

USable Life Group Health and USable Life Connect PPO

If you see a card with either of these logos, contact the RIST for help on how to enter the plan correctly:



Pathways Healthcare Scheduling

Pathways Healthcare Scheduling (PHS) training is underway! See the calendar on the last page for dates and times. If you’re responsible for scheduling, be sure to sign up if you haven’t already!

Search America and Eligibility Assistant

Search America (SA) and Eligibility Assistant (EA) training has started as well. Remember that SA helps us to verify demographic information and complete Medicaid and PBS financial aid applications. EA allows us to verify insurance eligibility and benefits for select payors. **Not every insurance can be verified through EA. You must launch these programs in Medipac for them to work; they will not launch automatically.** Please contact the RIST for more information about SA, EA, or any other ELVIS products



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LaKesha Burton Kristy Jones
 Karen Lamoreaux Angela Taylor
 Salonica Gray

HOT LINE 686-5102

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Revenue Integrity Specialist Team

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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
JUNE 2007

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|--------------------------------------|----------|
| To sign up for PHS End User or Super User Training, please visit https://secure.uams.edu/TrainingTracker/frmMainMenu.aspx | | | | | 1 PHS Super Users 7:30-9:30 | 2 |
| 3 | 4 PHS End Users 8:00-12:00 or 1:00-5:00 | 5 PHS End Users 7:00-11:00 or 12:00-4:00 | 6 PHS Super Users 7:30-9:30, 10:00-12:00, or 2:00-4:00 | 7 PHS End Users 8:00-12:00 or 1:00-5:00 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

To register for education classes go to the Clinical Computer Training Center (CCTC) webpage on the UAMS Intranet. For Patient Access classes contact RIST.

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