PATIENT ACCESS NEWS

UPSTATE UNIVERSITY HOSPITAL

DEPARTMENTAL UPDATES FROM
PATIENT ACCESS SERVICES, UPSTATE CONNECT, AMBASSADOR SERVICES, AMBULATORY CALL CENTER

November 2020

SPEED BUMPS AHEAD

Shelley White

The past 8 months have certainly thrown many unique challenges our way both personally and professionally. We're not sure if we'll ever see "normal" again. I feel we're all quite weary, yet I'm concerned that we're going to face ever more challenges ahead. I heard an interesting analogy this morning. When the pandemic first hit, we all felt fear and grief. Fear of the unknown, and grief for the loss of normalcy and for many, grief for the loved ones lost.

We've learned quite a bit and are much smarter now, however, now many feel anger. Anger that stems from many things. Anger is also part of the cycle of grief. There's also anger and uncertainty as we face the results of the election. By the way, please VOTE!

As we face more challenges ahead, more speed bumps, be sure to slow down. Take time to appreciate those around you at work and at home; find joy and peace. Take time to unplug. This may be a break from the news or social media, read a book, time outdoors, etc.

Our holidays are going to be different this year, no doubt. We'll need to find ways to celebrate safety and reconnect with family and friends. Just know that we're all in this together and we care to keep you safe. Please reach out if you need help and offer help if you see others struggling.

Upstate Employee Assistance Program.

Slow Down

Speed Bumps Ahead

CALL THE COVID EMPLOYEE AND STUDENT RESOURCE LINE

315-464-8436

24-HOURS, EVERY DAY

REGISTRATION TIPS

- Always include a *Retirement Date* on the *MSPQ when appropriate*

- Be sure to include the patient's *preferred name* if one is mentioned

- Reminder that a paper *MSPQ* document is required whenever a patient is enrolled in a research study *AND* has a *Medicare Managed Care Plan*

- For a *Medicaid Managed Care* product always run the *Real Time Eligibility* through *Medicaid* to get the additional coverage information

- Always ask and update the *Admit Source* and *Referral Institution* with each registration

- Always check to see if a *health care proxy* has been previously scanned. If so, the *health care proxy acknowledgment* should be documented as a *yes*

Insurance Basic Classes Schedule for November

Medicaid and Medicare	11/13/20	9:00 – 1:00 PM
Commercial Plan	11/19/20	9:00 - 1:00 PM
Special Guarantors	11/25/20	9:00 - 3:00 PM

LUNCH AND LEARN SESSIONS

Bring your own Lunch

The November Lunch & Learn (Webex) will cover MyChart (Sign up, Proxy & Portal)

Thursday November 19th at 2:00 pm

Friday November 20th at Noon

Monday November 23rd at Noon

Sign up is available in Self Serve and an invite will be sent via email to those that

Quote of the Day

" People don't care how much you know until they know how much you care."

_____ Theodore Roosevelt

FYI

Office Hours with Shelley White will be offered via Conference Call or WebEx. Please call Carol at ext. 4-5035 or email Carol at andrewsc@upstate.edu) Carol to schedule.

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ANNOUNCEMENTS

Insurance Corner – Monthly Alert

Issue: We are finding an increase in errors with *VA Coverages .*

Please note that the *VA Insurance Policy Number* is the patient *Social Security Number* and not their VA ID Number.

Other Insurance Tips:

Check the RTE for the insurance to make sure that the correct   insurance is billing billed as primary

 If the insurance does not return an eligible RTE response, you need to check the policy ID numbers to make sure you have the correct ID number

Do not put duplicate coverage on the HAR but be sure to term out the incorrect insurance.

Please be sure to utilize *Tip Sheets* or *PAS Bulletins* whenever a workflow is not clear or not known. You can access tip sheets both from the Learning Home Dashboard and the PAS website.

MSPQ) Importance by Kaniesha Mason

What is the Medicare Secondary Payer Questionnaire (MSPQ) and why is it important? The MSPQ is a series of questions developed by CMS that helps determine whether another party should pay before Medicare. These questions should be asked during the intake process at each inpatient, emergency room, and outpatient visit. For recurring departments, the MSPQ should be completed every 30 days or on each new HAR. For emergency room visits where the patient's medical condition prohibits the interview, a har note must be entered explaining such. It is the responsibility of the registration staff to follow up on missing data, signatures, and questions once the patient becomes medically stable.

What happens when the MSPQ is incomplete or falsified? To ensure maximum timely reimbursement, an MSPQ must be completed with the patient for all Medicare claims. The Inspector General's office performs random audits to ensure that claims are billed with all the necessary information. Missing MSPQ info could result in retraction of payments received and/or denials. Falsifying information in the MSPQ record could result in wrong coordination of benefits, which is a violation of the federal law that results in hefty fines.

Tips on completing the MSPQ

- Complete the MSPQ during the registration process for all patients who present with traditional Medicare whenever possible
    1. Patient's may become frustrated when they receive phone calls after a visit to capture this information
    2. We have 365 days to file a Medicare claim. Patient's may not recall relevant details that could affect the coordination of benefits assigned if not asked at the time of registration
- Medicare cannot be billed unless there is a properly completed MSPQ. If a patient refuses to complete the MSPQ, he/she must be registered as self-pay and a HAR note must be entered. The registrar must inform patient of this action.
- Ask the questions in the MSPQ in the correct sequence as the answers help determine which payor should be billed primary
- Information obtained on the MSPQ must match the coordination of benefits. Compare the answers within the MSPQ to the insurance priority assigned
- If a patient has a Medicare Managed Care plan **and** is enrolled in an active Research study, complete a paper MSPQ and scan into the documents table under the MSPQ document type as the MSPQ is needed for billing in this instance

Now that you fully understand the importance of properly completing the MSP Questionnaire, I'd like to address a common front desk error discovered on a recent CMS audit. There seems to be some confusion as to what should be entered when the patient or spouse's retirement date is unknow. Front desk staff routinely leave the retirement field black in error. As outlined in the Admissions policy ADM-M-01, please follow the desk procedure below:

Importance of MSPQ cont'd

Retirement Date Entry:

- **When a beneficiary cannot recall** his/her retirement date but knows it occurred prior to his/her Medicare entitlement dates, as shown on his/her Medicare card, report his/her Medicare A entitlement date as the date of retirement.
- **If the beneficiary is a dependent under his/her spouse's group health** insurance and the spouse retired prior to the beneficiary's Medicare Part A entitlement date, report the beneficiary's Medicare entitlement date as his/her retirement date.
- **If the beneficiary worked beyond his/her Medicare A entitlement date,** had coverage under a group health plan during that time, and cannot recall his/her precise date of retirement but you determine it has been at least 5 years since the beneficiary retired, enter the retirement date as 5 years retrospective to the date of admission (if the date of admission is January 4, 2002, report the retirement date as January 4, 1997, in the format you are currently using).
- As applicable, the **same procedure holds for a spouse who had retired** at least 5 years prior to the date of the beneficiary's hospital admission.
- If a beneficiary's (or spouse's, as applicable) **retirement date occurred less than 5 years** ago, you must obtain the retirement date from appropriate informational sources; e.g., former employer or supplemental insurer."

ICA Audit Results and Areas Needing Improvement   by Brenda Passardi

Monthly the Internal Chart Audit (ICA) is completed and provided for review by all managers and supervisors in PAS. This article is being provided to help identify ways to improve registration quality.

Below are listed the areas that have scored low and need improvement.

SSN: When registering, the social security field should always be completed and never left blank. Either a social security number is provided by the patient at time of registration or if *unknown (forgotten)* the registrar needs to enter all **000-00-0000**. If the *SSN is unassigned (has None)* all 9's should be entered **999-99-9999.** An example of when to enter all 9's would be for a refugee who does not have a social security number assigned.

PCP: When registering, the physician field should always be completed. If the patient physician can't be located in the system then *Provider Not in System* should be entered. If the patient does not have a primary care physician, then **No PCP** should be entered. *Outside provider* should not be an option that is used. If the provider name is not known , type the Group Name where the physician practices in the provider search box.

E-Mail: Always ask and enter the patient's email address. The patient has the option to *Decline*, or if no email then the selection of *No E-Mail* should be made. There is also an option of *Patient Not Available.* Always confirm the spelling of the email back with the patient.

Photo ID: The only acceptable forms of photo ID that should be accepted are the following: *Driver's License, Non-Driver's License, Military ID, Sheriffs ID* and *Passport*.

Advanced Health Directive-Health Care Proxy: At every registration the patient should be asked if they have a *Health Care Proxy* either in hand or if one was previously completed. If a new one has been completed, the proxy form needs to be scanned in the document table and labeled *HCP*.

If one was previously completed, the registrar must view the health care proxy on file and confirm with the patient that nothing has changed.

If a Health Care Proxy is not on file, and the patient does not have one in hand or is willing to complete one at time of the visit, the registrar must go in and change the date and time on the Advance Health Directive and Living Will Document for documentation regarding the HCP only. The date entered in the document table must match the date of the visit. This will have to be changed every time the patient presents, if they do not have a completed HCP (Health Care Proxy).

Health Care Proxy Acknowledgement:

The HCP Acknowledgment Consent goes hand in hand with a Health Care Proxy. If the patient has completed a HCP previously and it is scanned in the document table, then the Heath Care Proxy Acknowledgment should be a **YES.**

If the patient completes an HCP the date of the visit, then the Health Care Proxy Acknowledgment is also entered as a **YES.**

If however, the patient refuses to complete a Health Care Proxy, or one was not previously completed, then the Health Care Proxy Acknowledgement is a **No.**

STAFF KUDOS

Nice compliment for **Shermell Sherman**

Submitted by Cheryl King

ANOTHER JOB WELL DONE!!!

Thanks Shermell !

Thanks for your offer to help, Cheryl, but I just talked to Shermell- she's the best! we were able to get this young man in on Saturday at Water Street. I don't envy you guys at all. Please thank her for her help :)

Thanks,

Niki Ammann (Team Leader of Pediatric Surgery, Nephrology & Rheumatology)

Nice compliment for **Sue Kehrer** in Pre-Reg

Hello Tammy!

I called last Wednesday 10/21 to pre-register for an appointment. This was my first time needing to call Pre-Reg and Susan answered my call and I could have not been more pleased. She was very polite and professional, but also had that human element that is sometimes missing while going through the standard script of questions over the phone. She answered the line quickly and the call went smoothly with no bumps and I was all set to go before I knew it! She was very personable, friendly and easy to talk to yet kept her professionalism throughout the call.

I know a lot of people call to complain and not many call to compliment. From working in the Call Center, I know just how important it is to let people know when you had a positive experience and I wanted to let Susan know that I appreciated her very much and to thank her for having such a positive experience.

Thank you and have a great day!

Kristen Songer
Call Center Representative
Upstate Connect

Celebrating Halloween 2020

TOP COLLECTORS
WAY TO GO

Top POS Collectors (listed by number of accounts) for the month of October

Mary Hoare……..……….Collected on 332 accounts ($60,016)

Lorelle Ash ………….Collected on 103 accounts ($ 3,560)

Zainab Dougherty…..………..... Collected on 67 accounts ($5,224)

Coleen Schaefer………..Collected on 59 accounts ($8,106)

Philip Carpenter………...Collected on 55 accounts ($ 3,377)

Reminder to make sure to verify coverages and RTE responses.

Lets all try to make 2020 a ground breaking year with off the chart

Admitting

5 (1.0) Outpatient Administrative Specialist

1 (1.0) Temps

UH Central Registration:

2 (1.0) HSPC1 (1 for Township 5)

Ambulatory Call Center:

(1.0) Team Leader

(1.0) Call Center Rep

(3.0) Temp Call Center Rep

ED Reg:

1 (1.0) OAS Administrative Specialist

1 (1.0) Temp

1 (1.0) Team Leader

Central Scheduling:

1.0 HPSC2

CG Switchboard:

1 (0.5) Clerk 1

UC Call Center:

1 (1.5) Call Center Agent

2 (1.0) Temp

Inpatient Verification:

1.0 Temp

HAPPY BIRTHDAY

November Birthdays:

Kathy Kelly	11/08	Central Registration
William Works	11/11	UH Central Reg
Tom Sekovski	11/16	UC Call Center
Derek Markle	11/19	Float Pool
Janie Thompson	11/19	Ambassadors
Marc Buselli	11/21	Amb Call Center
Genevieve O'Leary	11/22	UH Central Reg
Jasannys Rosario	11/22	Ambassadors
Dawn Johnson	11/24	UH Central Reg
Zenedya Coakley	11/28	Data Services
Kim Austin	11/30	PID Team

A BIG WARM WELCOME

Welcome to the following new employees:

Tiffany Euson	Central Registration
Bailey Farley	ED Registration

MOVERS & SHAKERS

Lori Covington will be transferring to another department

PATIENT ACCESS **NEWS**

TRAINING RESOURCES

Did you know that the following training resources are available to you and can be found on the PAS Website at : http://www.upstate.edu/ihospital/intra/pas/contact.php

- **Tips and Tricks: Outlining approved workflows**

- **PAS Newsletter: Including updates and Registration Tips**

- **PAS Bulletins: Highlighting specialized desk procedures**

- **Policies: Link to intranet policies**

- **Insurance Links: Insurance Websites with instructions on navigating**

- **Insurance Cheat Sheet: Overview of insurance entry rules**

- **Point of Service Resources: Co-pay collection tools and scripting**

- **Have a Question? Ask us!: Email hyperlink to request information from Performance Improvement Team**

- **UH Inpatient Handbook: Hospital guides with information specific to site**

- **CC Inpatient Handbook: Hospital guides with information specific to site**

- **Interpreter Services: Link to Interpreter and Patient Communication Services**

- **Participating Provider List: includes a list of participating insurances**

- **Training Resources: Sign-up for Lunch and Learn Sessions. (If unable to attend, complete by Blackboard)**

TRAINING **RESOURCES**

Did you know that in addition to the PAS Website, resources can be found on the Patient Access Learning Home Dashboard. The dashboard allows easy access to resources. If something could not be found on the dashboard, the PAS website is easily accessed by scrolling to the bottom of the page.

Nice feature to use is the BCBS pre-fix list. To access just follow the steps listed below:

1) Click on Insurance Links found under Quick Links

2) Insurance sites will populate

3) The BCBS Prefix List is the first one listed