Access Management
Insurance Training 102

University of Mississippi Medical Center
Access Management
Patient Access Specialists II
As a Patient Access Specialist II...

- You will possess ADVANCED KNOWLEDGE of insurance coding.
- You will CONSISTENTLY maintain a 97% registration accuracy rate.
- You will perform basic job functions INDEPENDENTLY, needing supervisor assistance rarely.
- You will COACH/ASSIST PAS I’s in their understanding and application of this information.
What to Expect…

• This module will help you prepare to be an effective and efficient Patient Access Specialist II.
• You will learn how to avoid the most commonly made insurance coding errors.
• A quiz at the end will measure what you learned.
Many Mistakes Occur Regarding…

• Determining the policy holder

• Misreading information on insurance cards

• Coding patients’ insurance information
Determining the Policy Holder

Introduction

• The Policy Holder, also known as the Subscriber, is the person the insurance company considers the “owner” of the policy.

• In MOST cases, the Subscriber is the person whose name appears on the card.

• Guidelines for determining the exceptions are listed in the next few slides.
Determining the Policy Holder…

• For most Blue Cross, Commercial, and PPO insurance policies, the Subscriber IS the person whose name appears on the card.

• HMOs are different in that they often GIVE EACH INSURED PERSON THEIR OWN CARD. This means the name of the spouse, son, or daughter of the Subscriber could be on the card.

• Therefore, ALWAYS ASK the patient who the subscriber is for their insurance and what their relationship is to them.
Determining the Policy Holder…

• For Tricare, Champus, or Champva, the policy holder (sponsor) is the person who is active or retired from the military.

• Whenever you encounter these types of insurance, you must ask these questions:
  1. Are you the policy holder?
  2. Is the policy holder active duty or retired?
  3. If subscriber is retired, ask if they have Medicare.
Determining the Policy Holder...

- For Medicare and Medicaid, the policy holder will ALWAYS be the patient.

- For Workman’s Compensation, the subscriber is usually the employer.
Determining Subscriber Review

- HMOs often give each insured person their own card. Be sure to CONFIRM SUBSCRIBER.

- The Tricare, Champus, and Champva subscriber is ALWAYS the person who is active or retired military.

- The Medicare and Medicaid subscriber is ALWAYS the patient.
Coding Commercial Payers

Introduction

• Coding Commercial Insurance information is tricky.

• Insurance is complicated and mistakes are easy to make.

• Be sure you know and understand the guidelines listed in the next several slides.
Code S99

- Use code S99 whenever there is a discrepancy with insurance that cannot be resolved at time of registration.
- Use it when the HDX or Active Dashboard response is “no coverage” or “cannot process” and patient states they have active coverage.
- All S99 Codes MUST BE FOLLOWED WITH comments/details in PF5 screen.
Coding Commercial Payers

• Familiarize yourself with the printed insurance matrix list.

• MOST CODES can be found using the HELP SCREEN. Enter beginning letter to conduct search.

• If code is not listed on Help Screen, enter the generic code U90.
Coding Commercial Payers...

- When you receive a positive response in Ultimate ID stating a patient’s insurance coverage is active, be sure to notice:
  - Eligibility dates
  - If the deductible has been met
  - Co-pay information
  - Also double check spelling of patient’s name and date of birth
Coding Commercial Payers

- ENTER ALL INFORMATION on the insurance card into the computer.
- Verify correct phone number with patient.
- Sometimes the Commercial Policy does NOT have a group plan number. If not, enter “NA” in the GROUP NUMBER FIELD. See example below.

Verify Flag: Y  COB Priority: 1  Referral No: ____________
Policy No: _________________  Group No: __NA__________
Coding Commercial Payers

• Verify Employment Information. This helps determine which insurance is primary.

• Because the Subscriber is NOT ALWAYS the Patient, make sure the correct relationship to subscriber code is listed on the Subscriber screen (Self, Spouse, Child, Step child).

• See example on next page.
Subscriber Screen

Subscriber Information
Rel to Insd: __  Birth Date: __ / __ / ____
Sex: _  Soc Sec #: ___ - ___ - ____

Last Name: ________________________________
First Name: _____________________________ Mid Name: _____________________________
Name Sfx: __________
Address: _________________________________________ Zip Cd: _____ - ____
________________________________________
City: ______________________________________ State: __ Country Cd: _
Country: _______________________________________ Primary Ph: ___ - ___ - _
Other Phone: ___ - ___ - ____ Other Phone Use Cd: ___
Coding Commercial Payers

• If Subscriber is NOT the patient, obtain the following information:
  – Subscriber’s date of birth
  – If you do not have access to Subscriber’s DOB, enter default birthday 01/01/1871.
  – Subscriber’s Employment Information
  – Subscriber’s Social Security Number (they may not know or refuse to give, but always ask)
Coding Commercial Insurance Review

• Thoroughly review Ultimate ID Insurance Response for necessary information and to verify correct demographic information.
• If you don’t see the code you need on the Help Screen, use generic code U90.
• If no group plan number is listed on card, enter “NA” in Group Number Field.
• Enter correct relationship to subscriber on Subscriber Screen.
• Enter 01/01/1871 if you don’t have access to Subscriber’s Date of Birth.
Coding PPOs and HMOs

Introduction

• Many mistakes occur when coding HMOs and PPOs.

• You must know what to look for when coding PPOs and HMOs in order to avoid Payer Rejection.

• The information on the following slides will explain how to avoid these mistakes.
Preferred Provider Organization (PPO) Insurance

- For some reason, NOT ALL PPO INSURERS PUT “PPO” ON THEIR CARDS.
- Therefore, just because you don’t see PPO on the card, don’t assume it isn’t.
- To ensure correct coding, look on Insurance Matrix Screen or on back of card.
- When in doubt, code it PPO and S99 with comments to investigate.
- Always verify Active Coverage by checking effective date.
Health Maintenance Organization (HMO)

• As mentioned earlier, HMOs often give cards to each insured patient. Therefore, ALWAYS ask patient their RELATIONSHIP TO SUBSCRIBER and code correctly.

• Many HMO’s have a suffix at the end of the policy number identifying the card holder’s relationship to subscriber. For example: 00 for Subscriber, 01 for Spouse, 02, 03, etc. for dependants.

• Some HMOs specify that claims be sent to a different address. CHECK “MAIL CLAIM TO…” reference on back of card.
PPO and HMO Review

• Don’t assume it isn’t a PPO just because you don’t see PPO written on the card.

• With HMOs, always ask relationship to Subscriber.

• With HMOs, always check the back of insurance card for “Mail Claim to…” information.
Auto/Liability/Workman’s Comp
Introduction

• These types of claims are similar.
• The underlying principle is that USUALLY these entities (Auto/Liability/Workman’s Comp Insurance) will be the primary insurance for ACCIDENT RELATED VISITS.
• This is why you ASK ALL PATIENTS if visit is accident related.
• If yes, you must gather additional information.
All Patients…

- FOR ALL PATIENTS, ask if visit is accident related.
- If Patient answers YES, enter appropriate accident indicator.
- CLAIM WILL BE REJECTED if accident indicator field is incorrect or left blank.

Accident Information

Acc Ind: __ Acc Date/Time: __/__/__ __:__
Acc Loc: _ Acc Job Related?: _
Occurrence Pages: _ Condition Pages: _
Auto Insurance Guidelines

• When visit is related to an auto accident, all insurance (Commercial, PPO, HMO, Medicaid, Medicare) will be secondary.

• Always ask if Patient knows: claim number, billing address, and adjuster’s name and phone number.

• Enter as much information as possible.
Liability

• Liability coverage is for injuries resulting from the negligence of another.

• For liability accidents, be sure to get as much information as possible.

• Ask patient for name, address, contact person, and phone number of responsible party.
Workman’s Compensation

• In addition to the usual registration data, the following information must be gathered with a work related injury/illness:
  – Time and Date of Injury
  – Name of Employer and Contact Person
  – Address to send bill
Introduction to Coding Medicare Advantage, Champus, Tricare & Champva

- These entities are coded similarly and as a result are often confused.
- Take note of when to use the different codes
- They’ll be covered on the quiz.
Medicare Advantage

- Medicare Advantage (Part C) replaces traditional Medicare and gives additional coverage because patient pays an additional premium.
- Do NOT BILL Medicare for a Medicare Advantage Plan (Part C).
- Code as MEDICARE ADVANTAGE PLAN.
- IF patient has Medicare Advantage and Hospice, they cancel each other out, so you BILL MEDICARE.
CHAMPUS/TRICARE

- This is insurance provided for military personnel and their families.

- CHAMPUS is for all Active Military and Retired military under age 65 (without Medicare). **CODE G01**.

- TRICARE For Life is for all retired military over age 65 with Medicare. **CODE AS U32**.
CHAMPVA

• This is coverage for 100% disabled veterans. CODE as G02.

• CHAMPVA can also be the SECONDARY payer for patients with Medicaid who fall under the State Victims Compensation Program.
Review of Coding Medicare Advantage, Champus, Tricare & Champva

- Do NOT BILL Medicare for Medicare Advantage (Part C).
- If Patient has Medicare Advantage and Hospice, bill Medicare.
- G01 for Champus (Active Military and Retired Military without Medicare).
- U32 for all Tricare for Life (Retired Military with Medicare)
- G02 for Champva (100% Disabled Veterans)
CODES TO KNOW

- On the next few slides, several common codes are listed.

- You need to memorize these codes and the situations in which to use them.

- You will need to know these codes on the quiz at the end of this module.
STATE BLUE CROSS, BLUE SHIELD PLAN

- Use **L80** for UMC employees and retired UMC employees without Medicare.
- Use **L87** for Institution of Higher Learning
- Use **L92** for employees of other state agencies.
- Use **L81** when retired from state with Medicare.
- Use **C99** for employees or patients with double insurance coverage.