



# Pre-Registration

*the  
Chickasaw  
Nation*

IHS REGISTRATION EDITOR (page 1)

CHICKASAW NATION MEDICAL CNTR

DEMO, PRE-REG

HRN:T01089

1. ELIGIBILITY STATUS : CHS & DIRECT  
2. DATE OF BIRTH : 01/01/2001 AGE: 22  
3. PLACE OF BIRTH [CITY] : ADA 4.ST : OK  
5. BIRTH SEX : FEMALE  
6. SOCIAL SECURITY NUMBER : Patient will submit  
7. MARITAL STATUS : MARRIED  
8. CURRENT COMMUNITY : ADA  
9. RX PATIENT RESIDENCE :  
-----  
10. STREET ADDRESS [LINE 1] : 12345 COUNTY ROAD 6789  
11. STREET ADDRESS [LINE 2] :  
12. STREET ADDRESS [LINE 3] :  
13. CITY : ADA 14.ST : OK 15.ZIP+4 : 74820  
16. LOCATION OF HOME : LOCATION OF HOME CONTAINS DATA  
-----  
17. PHONE NUMBER [RESIDENCE] : 000-000-0000 18.WORK PHONE :  
19. OTHER PHONE : 000-000-0000  
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Last edited by: CHAMBERLAIN, KURSTON A on May 23, 2023

CHANGE which item? (1-19) NONE//: \_



IHS REGISTRATION EDITOR (page 2) CHICKASAW NATION MEDICAL CNTR

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DEMO, PRE-REG HRN:T01089 CHS & DIRECT

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Religion/Tribal Data/Employment

1. RELIGIOUS PREFERENCE : CHRISTIAN  
2. CLASSIFICATION/BENEFICIARY : INDIAN/ALASKA NATIVE  
3. TRIBE OF MEMBERSHIP : CHICKASAW NATION, OK  
4. TRIBE QUANTUM : 1/4 5. INDIAN BLOOD QUANTUM : 1/4  
6. TRIBAL ENROLLMENT NO. :  
7. OTHER TRIBE : \* NONE LISTED \*

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8. FATHER'S NAME : 9. CELL PHONE:  
10. EMAIL ADDRESS: 11. ALT.PHONE:  
12. MOTHER'S MAIDEN NAME : 13. CELL PHONE:  
14. EMAIL ADDRESS: 15. ALT.PHONE:

---

16. EMPLOYER NAME : CHICKASAW NATION  
17. SPOUSE'S EMPLOYER NAME : SELF EMPLOYED  
18. FATHER'S EMPLOYER NAME :  
19. MOTHER'S EMPLOYER NAME :

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\*\*\*WARNING 002: Employer Information Incomplete

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IHS REGISTRATION EDITOR (page 3)

CHICKASAW NATION MEDICAL CNTR

DEMO, PRE-REG

HRN:T01089 CHS & DIRECT

Emergency Contact/Next of Kin

--- Emergency Contact Data ---

- 1. E-NAME : JIM,BOB
- 2. E-PHONE NUMBER : 123-456-7890
- 3. EC RELATIONSHIP : SPOUSE
- 4. E-STREET ADDRESS [LINE 1] : 12345 COUNTY ROAD 6789
- 5. E-CITY : ADA
- 6. E-STATE : OKLAHOMA
- 7. E-ZIP CODE : 74820

--- Next of Kin Data ---

- 8. K-NAME OF PRIMARY NOK : JIM,BOB
- 9. K-PHONE NUMBER : 123-456-7890
- 10. NOK RELATIONSHIP : SPOUSE
- 11. K-STREET ADDRESS [LINE 1] : 12345 COUNTY ROAD 6789
- 12. K-CITY : ADA
- 13. K-STATE : OKLAHOMA
- 14. K-ZIP CODE : 74820

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CHANGE which item? (1-14) NONE// : \_



IHS REGISTRATION EDITOR (page 4)

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DEMO, PRE-REG

HRN:T01089 CHS & DIRECT

SUMMARY COVERAGE

SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END	
1.	UNITED HEALTHCARE 87726 DEMO, PRE-REG	000152145	01/14/2021	A
2.	BCBS YUP 00840 DEMO, PRE-REG	YUP123456789	01/01/2014	A



Reviewing page 4

IHS REGISTRATION EDITOR (page 4) CHICKASAW NATION MEDICAL CNTR

DEMO, PRE-REG HRN:T01089 CHS & DIRECT

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SEQ	INSURER SUBSCRIBER	COVERAGE TYPE POLICY NUMBER	ELIG BEGIN - ELIG END	
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Enter S(equence), A(dd) insurer, E(dit) insurer, T(oggle seq category)  
V(iew) Historical Sequence Dates L(ist inactive eligibilities): v

Select one of the following:

- M MEDICAL COVERAGE
- D DENTAL COVERAGE
- O OPTOMETRY COVERAGE
- R PHARMACY COVERAGE
- P MENTAL HEALTH COVERAGE
- T THIRD PARTY LIABILITY COVERAGE
- W WORKMAN'S COMP COVERAGE
- U SUMMARY PAGE

Enter response: m MEDICAL COVERAGE

PRIOR SEQUENCING DATES:

1. JAN 14, 2021	INSURER	COVERAGE	PRIORITY
	BCBS YUP 00840		1
	UNITED HEALTHCARE 87		2



IHS REGISTRATION EDITOR PRIVATE INSURANCECHICKASAW NATION MEDICAL CN  
TR

DEMO, PRE-REG HRN:T01089 CHS & DIRECT

1) Policy Holder.: DEMO,PRE-REG [NOT REG] |5) Gender: FEMALE  
2) Policy or SSN.: YUP123456789 |6) Date of Birth: 1/2/2001  
3) Effective Date: JAN 01, 2014 |7) PCP:  
4) Expire Date....: |8) CD Name.....:

-HOLDER'S EMPLOYER INFO-----

9) Status.....: UNKNOWN |10) Employer: CHICKASAW NATION

-INSURER INFORMATION-----

BCBS YUP 00840 |11) Grp Name: OB12345  
PO BOX 3283 | Grp Number: OB12345  
TULSA, OKLAHOMA 74102-0283 |12) Coverage:  
(800)722-3730 Ins. Type: PRIVATE|13) CCopy:

----Policy Members----PC----Member #----HRN----Rel-----From/Thru-----

14) DEMO,PRE-REG YUP123456789 T01089 SELF 1/1/2014

\*\*\*WARNING 017: Coverage Type(s) not defined for the policy (YUP123456789|BCBS YUP 00840)

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ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):

- Verify this page matches the website eligibility Information.

- Verify 1-10 is filled out with policy holder's information.

- Verify the group number is the same as shown on the website.

- Verify number 14 Relationship is correct: self, spouse, dependent, etc.



IHS REGISTRATION EDITOR (page 6)

CHICKASAW NATION MEDICAL CNTR

DEMO, PRE-REG

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Veteran's Information

1. VETERAN (Y/N)? : NO Obtained on MAY 23, 2023

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CHANGE which item? (1-1) NONE// : \_





DEMO, PRE-REG

HRN:T01089 CHS & DIRECT

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Death Info/Other Names

- 1. DATE OF DEATH :
- 2. STATE OF DEATH :
- 3. DEATH CERTIFICATE NO. :

----- Other Names -----

- 4. OTHER NAMES :
- 5. PREFERRED NAME :

----- Legal Names -----

CHANGED TO	BY	PROOF	DOC. #	DATE
6. <NO LEGAL NAME CHANGES ON FILE>				

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Last edited by: MCCOLLUM, KURSTON A on Apr 09, 2024

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CHANGE which item? (1-6) NONE// : -



DEMO, PRE-REG

HRN:T01089 CHS & DIRECT

CHART CREATED: MAY 23, 2023

ADVANCE DIRECTIVE SCANNED DATE: 0

ASSIGNMENT OF BENEFITS:

DIRECTORY EXCLUSION PREFERENCE: Not Currently Admitted

-----PARENT PERMISSION-----

PARENT PERMISSION: N/A

-----INSURANCE INFORMATION-----

INSURER: UNITED HEALTHCARE 87726

INSURER: BCBS YUP 00840

1.DATE VERIFIED: MAY 23,2023 BY: CHAMBERLAIN,KURSTON A PRE REGISTRATION SPECIALI

-----PROOF OF ELIGIBILITY-----

2.DOCUMENT: POE

DATE SCANNED: JAN 1,2023

-----DOCUMENTS ON FILE-----

3.DOCUMENTS: PVC\* BOB-DAD\*\*JIM-SPOUSE\*,BCBS\*YUP\*CRD,WEBTPA CRD,DL\*4-30-26\*

-----COURT DOCUMENTS-----

4.COURT DOCUMENTS ON FILE: N/A

TEXT MESSAGES



-----PRE-REGISTRATION-----

12.5/23/23 PT PREREG....UPDATED PT ADDRESS & EMG CT...KM

13.5.23.23 PER WEBTPA ACT PI...PER AVAILITY ACT BCBS ADDED AND SEQED BOTH...KM

-----REGISTRATION-----

14.

-----ADMISSIONS-----

15.

-----HIM-----

16.

-----DFS-----

17.

18. GO TO LEGACY PAGE 8

Change which item? (1-18) NONE// :



Page 8 of RPMS continued (full page view)

ADVANCE DIRECTIVE SCANNED DATE: 0  
ASSIGNMENT OF BENEFITS:  
DIRECTORY EXCLUSION PREFERENCE: Not Currently Admitted  
-----PARENT PERMISSION-----  
PARENT PERMISSION: N/A  
-----INSURANCE INFORMATION-----  
INSURER: UNITED HEALTHCARE 87726  
INSURER: BCBS YUP 00840  
1.DATE VERIFIED: MAY 23,2023 BY: CHAMBERLAIN,KURSTON A PRE REGISTRATION SPECIALI  
-----PROOF OF ELIGIBILITY-----  
2.DOCUMENT: POE DATE SCANNED: MAY 23,2023  
-----DOCUMENTS ON FILE-----  
3.DOCUMENTS: PVC\*-BOB-DAD\*\*JIM-SPOUSE\*,BCBS\*YUP\*CRD,UHC-CRD,DL\*4-30-26\*  
-----COURT DOCUMENTS-----  
4.COURT DOCUMENTS ON FILE: N/A  
-----TEXT MESSAGES-----  
5.RECEIVE TEXT MESSAGE: YES DATE ENTERED: MAY 23,2023  
-----NEEDED INFORMATION-----  
6.5/23/23 AOB23,NPP  
7.  
-----PBA-----  
8.  
9.  
-----BILLING OFFICE-----  
10.  
-----PRIOR AUTHORIZATION-----  
11.  
-----PRE-REGISTRATION-----  
12.5/23/23 PT PREREG...UDPATED ADDRESS & EMG CT...KM  
13.5/23/23 PER UHC ACT UHC, PER AVAILITY ACT BCBS ADDED AND SEQED..KM  
-----REGISTRATION-----  
14.  
-----ADMISSIONS-----  
15.  
-----HIM-----  
16.  
-----DFS-----  
17.  
-----  
18. GO TO LEGACY PAGE 8  
Change which item? (1-18) NONE// : \_



IHS REGISTRATION EDITOR (page 10)

CHICKASAW NATION MEDICAL CNTR

DEMO, PRE-REG

HRN:T01089 CHS & DIRECT

Other Patient Data

- 1. Ethnicity.....: NOT HISPANIC OR LATINO
- 2. Race.....: AMERICAN INDIAN OR ALASKA NATIVE
- 3. Primary Language.....: ENGLISH                      Interpreter required?  
    Other languages spoken:
- 4. Preferred Language....: ENGLISH

- 5. Internet Access.....: YES    Where: H    (upd MAY 23, 2023)
- 6. EMAIL ADDRESS.....: DEMO.REG@CHICKASAW.NET
- 7. GENERIC HEALTH PERMISSION:                      8. PREFERRED METHOD:
- 9. PHR ACCESS:    10. PHR HANDOUT:

Last edited by: MCCOLLUM, KURSTON A on Apr 09, 2024

Saved to this PC

CHANGE which item? (1-10) NONE//: \_





## Susan Henderson

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# Pre-Registration Process and Pre-Authorization Overview



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# Eligibility Guidelines

- Pre-registration is to be done every 30 days.
- Verify the patient's chart information *prior to* their upcoming appointment.
- All patients will be processed through Pre-Registration to receive health care services, as well as protect our third-party reimbursements.
- Eligibility for services will be determined at the point of a patient registration or initial access to the facility, according to the CNDH Eligibility Guidelines.
- All gathered information is to be documented in RPMS on Page 8, etc.



## Pre-Registration staff are responsible for:

- Interacting directly with our patients, front line Registration staff and Clinical staff
- Obtaining and verifying all third-party insurance
- Maintaining the accuracy of patient demographic information in EHR/RPMS.
- Requesting legal documents required to verify and maintain eligibility to be seen at our facility.



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## Pre-Registration FY23:

- 146,814 patient charts reviewed; insurance coverages verified via various third-party websites
- 2,705 New insurances obtained
- 104,652 calls to patients
- 59,011 patient charts updated

## Pre-Authorization

**Our Pre-Authorization team is responsible for a variety of duties including:**

- Verifying and validating order(s) submitted by outside providers
- Entering outside orders
- Obtaining any prior authorizations
- Working closely with internal and external providers and the case management teams to ensure clinical reviews and peer to peer reviews are completed in the required timeline set by third party insurances
- Review all denials and provide feedback when and where appropriate to clinical staff
- Work with business office team in tracking denials to look for opportunities to expand our services



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- **FY23 Pre-Auth Statistics:**

- 906 inpatient admissions reviewed for Pre-Authorization requirements
- 4,752 outpatient surgery procedures reviewed
- \$913,000-infusion revenue not payable through Pharmacy coverages
- 2,500 advanced imaging exams reviewed resulting in \$877,000 in revenue
- Met over \$450,000 patients' deductibles and co-insurance/copays for services they may require outside of Chickasaw Nation
- 65 Physical Therapy authorizations generating \$70,878 in revenue



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Department of Health



UNITED WE THRIVE



Thank You