	<b>The Johns Hopkins Health System</b> <b>Policy &amp; Procedure</b>	<i>Policy Number</i>	<b>BIL005</b>
	<i>Subject</i> <b>Accounts Receivable Follow-Up: Keane, Meditech &amp; RAM</b>	<i>Effective Date</i>	<b>7/14/05</b>
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		<i>Revised</i>	<b>07/09/2009</b>

## POLICY

This policy applies to the Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Department and the following entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center (JHBMC), and Howard County General Hospital (HCGH).

## PURPOSE

To outline management and staff responsibilities for following up accounts with unpaid balances.

## PROCEDURE

### **Staff Responsibilities**

The Meditech reminder and Keane AFS work queues are automated follow-up systems that monitor collector activities on accounts that need to be resolved.

*Third-Party Payers:* Patient Service Coordinators are responsible for following up on accounts within 21 to 30 days after the final bill date. Follow-up will continue every 21 to 30 days thereafter.

*Self-Pay:* PSCs will follow up 32 days from the date the first data mailer was sent to the patient. Follow-up will continue at least every 30 days thereafter.

### **Note: Special Procedure for JHBMC MCHIP accounts:**


The accounts of obstetric patients who have applied for medical assistance (to cover the cost of delivery) from the Maryland Children's Health Insurance Program (MCHIP) are followed up every 30 days. Because of the volume of these accounts they are **not** followed up via routine commenting or reminder queues.

PSCs review MA Pending accounts on the ATB report to identify patients who have applied for MCHIP assistance. Every month the PSC will confirm the status of each MCHIP applicant by submitting a list of outstanding accounts to Baltimore HealthCare Access. If there is no response within one week, the PSC will follow up via phone.

If any problem or issue arises, the account should be referred to management for guidance.

### **Claims on Hold**

1. All accounts that have a claim on hold in the electronic billing system must have clear documentation to support why the claim is on hold.
2. Claims on hold must be reviewed and followed up bi-weekly to ensure why the claim is still on hold, and to delete the claim if necessary (i.e., zero balances).

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3. If claims are held longer than 30 days, documentation in the host system must support why the claim is still on hold.
4. Supervisors will audit accounts in electronic billing systems bi-weekly to ensure adherence to this procedure.

**Note:** This procedure must be followed. Failure to do so will result in disciplinary action.

### Management Responsibilities

#### Johns Hopkins Hospital

Management will review all designated accounts 60 days from the final bill date. They will provide staff with additional collection steps, as needed, to resolve unpaid balances.

- All accounts  $\geq \$20,000$  and  $\geq 60$  days from final bill date require review by the department Supervisor for appropriate follow-up. Based on this review, the account will be documented and can be forwarded back to the PSC or to the department Manager.
- All accounts  $\geq \$50,000$  and  $\geq 90$  days from final bill date require review by the department Manager or Associate Director for appropriate follow-up. Based on this review, the account can be forwarded back to the Supervisor or to the department Director.


*Every month, all inpatient accounts nearing statute limits will be reviewed by management.*

#### Bayview Medical Center

Management will review all designated accounts 60 days from the final bill date. They will provide staff with additional collection steps, as needed, to resolve unpaid balances.

- All accounts  $\geq \$10,000$  and  $\geq 60$  days from final bill date require review by the department Supervisor for appropriate follow-up. Based on this review, the account will be documented and can be forwarded back to the PSC or to the department Manager.
- All accounts  $\geq \$40,000$  and  $\geq 90$  days from final bill date require review by the department Manager or Associate Director for appropriate follow-up. Based on this review, the account can be forwarded to the Supervisor or to the department Director.

*Every month, all inpatient accounts nearing statute limits will be reviewed by management.*

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### Howard County General Hospital

Management will review all designated accounts 60 days from the final bill date. They will provide staff with additional collection steps, as needed, to resolve unpaid balances.

- All accounts  $\geq \$10,000$  and  $\geq 60$  days from final bill date require review by the department Supervisor for appropriate follow-up. Based on this review, the account can be forwarded back to the PSC or to the department Manager.
- All accounts  $\geq \$25,000$  and  $\geq 90$  days from final bill date require review by the department Manager or Associate Director for appropriate follow-up. Based on this review, the account can be forwarded to the Supervisor or to the department Director.

*Every month, all inpatient accounts nearing statute limits will be reviewed by management.*

### Johns Hopkins Bayview Care Center

#### Staff Responsibilities

*Third-Party Payers:* Patient Service Coordinators are responsible for following up on accounts within 30 days from the final bill date. Follow-up will continue every 30 days thereafter.

*Self-Pay:* PSCs will follow up 32 days from the date the first data mailer was sent to the patient. Follow-up will continue at least every 30 days thereafter.


If any problem or issue arises, the account should be referred to management for guidance.

#### Management Responsibilities

Management will review all designated accounts 60 days from the final bill date. They will provide staff with additional collection steps, as needed, to resolve unpaid balances.

- All accounts  $\geq \$10,000$  and  $\geq 60$  days from final bill date require review by the department Manager for appropriate follow-up. Based on this review, the account can be forwarded back to the PSC.
- All accounts  $\geq 40,000$  and  $\geq 90$  days from final bill date require review by the department Manager or Associate Director for appropriate follow-up. Based on this review, the account can be forwarded to the Manager or to the department Director.

*Every month, all inpatient accounts nearing statute limits will be reviewed by management.*

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**All Hospitals—PFS**

Every month, based on the escalation from the department Manager or Associate Director, Managers will meet with their Director to review accounts:

<b>JHH accounts</b>	>\$200,000	≥120 days from final bill date
<b>JHBMC accounts</b>	>\$150,000	≥120 days from final bill date
<b>HCGH accounts</b>	>\$50,000	≥120 days from final bill date
<b>BMCC accounts</b>	>\$75,000	≥120 days from final bill date

Accounts should **not** be transferred to another payer unless the collector has verified the account through proper channels (e.g., EVS, calling the insurance company, or the access line). The original collector also needs to supply the correct information to the subsequent collector.

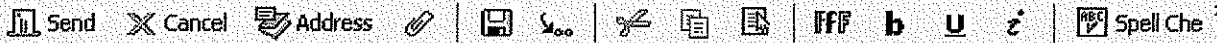
**Note:** When verifying through EVS, if the coverage is anything other than Federal MA, a call should be made to the telephone number given by EVS, because there may be sub-contractor liability.


*The diagnosis or procedure code should never be changed in any way.*

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**JHH/JHBMC/HCGH: Transferring an account ≥\$10,000**

When transferring an account ≥\$10,000 to another receivable, an email notification must be sent from the transferring department Manager to the receiving department Manager.

			
<b>Mail</b>   Send Options			
From:	▼ Bernadette Debelius Keane	CC:	
To:	Elizabeth Davis	BC:	
Subject:	Account > \$10,000		
The following account has been transferred to your receivable MC999999999			

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### Meditech Reminder Queues and Keane Work Queues


Accounts are assigned to the collector queue according to their User ID for Meditech, or the collector code in Keane AFS. If an employee leaves, it is the responsibility of the department Manager to notify the Project Leader and submit an Applications Table Maintenance form for updates to the reminder/work-queue table.

### Monthly Billing and Follow-Up Responsibility

<b>Payer</b>	<b>Billing Responsibility I/P and O/P</b>	<b>I/P Follow-up Responsibility</b>	<b>O/P Follow-up Responsibility</b>
Commercial	7,000	1,000	3,000
HMO	7,000	1,000	3,000
Blue Cross	7,000	1,000	3,000
Medicare	7,000	1,000	3,000
Medicaid	7,000	1,000	3,000
Other	7,000	1,000	3,000

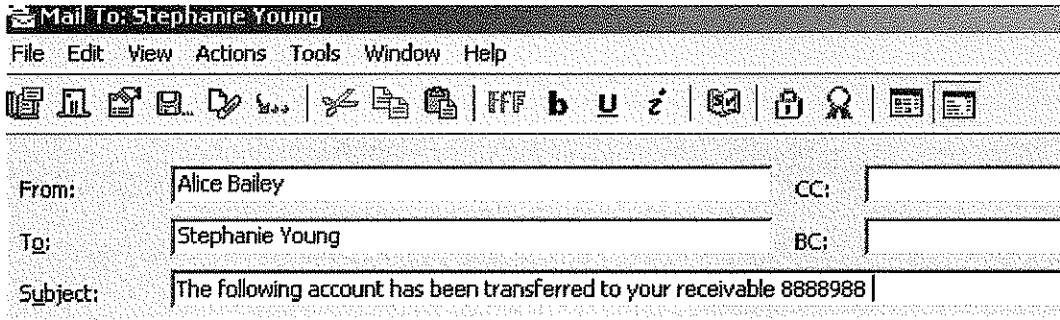
Within each payer category, every employee will be responsible for the monthly volumes outlined in the table above for billing and vouchers, correspondence, reports, and special projects. The daily minimum follow-up standard is:

<b>Follow-up Mechanism</b>	<b>4-Hour Day</b>	<b>8-Hour Day</b>	<b>9-Hour Day</b>
Telephonic	45	90	100
Web/Online/Auto Tele	60	120	135

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**JHBMC—Care Center: Transferring an account ≥\$10,000**

When transferring an account ≥\$10,000 to another receivable, an email notification must be sent from the transferring collector to the receiving collector.




**Monthly Billing and Follow-Up Responsibility**

Payer	I/P Billing and Follow-up Responsibility
Facility One HMO/Commercial/Blue Cross	Every account 30 days

Facility Two HMO/Commercial/Blue Cross	Every account 30 days
Medicare	Every account 30 days
Medicaid	Every account 30 days
Medicaid Pending	Every account 30 days
Private Pay	Every account 30 days

Within each payer category, every employee will be responsible for the monthly volumes outlined in the table above for billing and vouchers, correspondence, reports, and special projects. The daily minimum follow-up standard is:

Follow-up Mechanism	8-Hour Day
Telephonic	20
Web/Online/Auto Tele	40

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**SPONSOR**

Senior Director, Patient Financial Services, JHHS

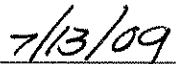
**REVIEW CYCLE**

Three (3) years

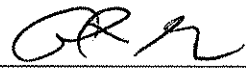
**APPROVAL**

  
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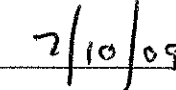
Senior Director, JHHS

  
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Date

  
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Director, PFS Third Party, JHHS

  
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Date