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POLICY

This policy applies to the Johns Hopkins Health System Corporation (JHHS) for the following entities: Johns Hopkins Hospital (JHH), Bayview Medical Center (BMC), and Howard County General Hospital (HCGH).

DEFINITION

The Meditech reminder and AFS work queue(s) are an automated follow-up system, which monitors collector activities on accounts that need to be resolved.

PROCEDURE

Staff Responsibilities

Patient Service Coordinators are responsible for following-up on accounts within 21-30 days after final bill date, follow-up will continue every 21-30 days thereafter. If any problem or issue arises, the account should be referred to management for guidance.

Management Responsibility

Johns Hopkins Hospital

- Management will review all designated accounts 60 days from final bill date. Upon account review, staff will be provided additional collection steps in order to resolve unpaid balances as needed.

- All accounts \geq \$20,000 and \geq 60 days from final bill date require review from the department Supervisor for appropriate follow-up; based on the 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 dates require review from the department Manager or Associate Director for appropriate follow-up, based on the review the account can be forwarded back to the Supervisor, or to the department Director. All inpatient accounts nearing statute limits will be reviewed by management monthly.

Bayview Medical Center


- Management will review all designated accounts 60 days from final bill date. Upon account review, staff will be provided additional collection steps in order to resolve unpaid balances as needed.

- All accounts \geq \$10,000 and \geq 60 days from final bill date require review from the department Supervisor appropriate follow-up, based on the review the account can be forwarded back to the PSC or to the department Manager.
- All accounts \geq \$40,000 and \geq 90 days from final bill dates require review from the department Manager or Associate Director for appropriate follow-up, based on the review the account can be forwarded to the Supervisor, or to the department Director. All inpatient accounts nearing statute limits will be reviewed by management monthly.

Howard County General Hospital

- Management will review all accounts 60 days from final bill date. Upon account review, staff will be provided additional collection steps in order to resolve unpaid balances as needed.

- All accounts \geq \$10,000 and \geq 60 days from final bill date require review from the department Supervisor appropriate follow-up, based on the review the account can be forwarded back to the PSC or to the department Manager.

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- All accounts \geq \$25,000 and \geq 90 days from final bill dates require review from the department Manager or Associate Director for appropriate follow-up, based on the review the account can be forwarded to the Supervisor, or to the department Director. All inpatient accounts nearing statute limits will be reviewed by management monthly.

Johns Hopkins Bayview Care Center

Staff Responsibilities

Patient Service Coordinators are responsible for following-up on accounts within 30 days after final bill date, follow-up will continue every 30 days thereafter. If any problem or issue arises, the account should be referred to management for guidance.

Management Responsibility

- Management will review all designated accounts 60 days from final bill date. Upon account review, staff will be provided additional collection steps in order to resolve unpaid balances as needed.

- All accounts \geq \$10,000 and \geq 60 days from final bill date require review from the department Manager appropriate follow-up, based on the review the account can be forwarded back to the PSC.
- All accounts \geq \$40,000 and \geq 90 days from final bill dates require review from the department Manager or Associate Director for appropriate follow-up, based on the review the account can be forwarded to the Manager, or to the department Director. All inpatient accounts nearing statute limits will be reviewed by management monthly.

PFS – All Hospitals













Based on the escalation from the department Manager or Associate Director, Managers will meet with their Director monthly to review JHH accounts $>$ \$200,000, BMC accounts $>$ \$150,000, $>$ and HCGH accounts $>$ \$50,000, 120 days from final bill date. For BMCC accounts $>$ \$75,000, 120 days from final bill.


Accounts should not be transferred to another payer unless the collector has verified the account through proper channels (i.e. EVS, calling the insurance company, or access line). The collector also needs to supply the correct, information to the next collector. (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, as there may be sub-contractor liability).

The diagnosis or procedure code at no time should be changed or altered in any way.

Transferring an account \geq \$10,000 (JHH, BMC, HCGH)

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

 Send		 Cancel		 Address										 fff		 <i>b</i>		 <u>u</u>				 Spell Che	
Mail 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 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

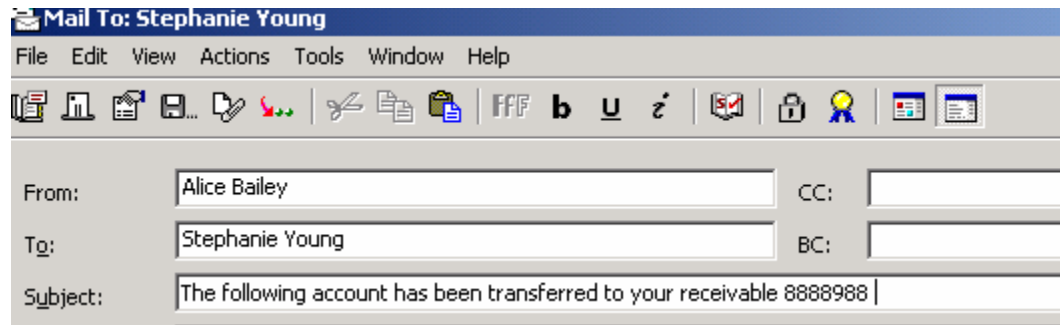
Payer	Billing Responsibility I/P and O/P	I/P Follow-up Responsibility	O/P Follow-up Responsibility
Commercial	7,000	1,000	3,000
HMO	7,000	1,000	3,000
Blue Cross	7,000	1,000	3,000
Medicare	7,000	1,000	3,000
Medicaid	7,000	1,000	3,000
Other	7,000	1,000	3,000

Each employee within their payer category will be responsible for the above monthly billing volumes and vouchers, correspondence, reports and special projects. The daily minimum follow-up standard is:

Follow-up Mechanism	4 – Hour Day	8 – Hour Day	9 -Hour Day
Telephonic	45	90	100
Web/On-line/Auto Tele	60	120	135

Transferring an account \geq \$10,000 (JHBMC – Care Center)

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




MyMentor Reminder Queues

Accounts are assigned to the collector queue according to their User ID for RAM. If an employee leaves it is the responsibility of the department manager to notify the Lead Finance/Operational Analyst and submit an Applications Table Maintenance form for updates to the reminder/work queue table.

Monthly Billing and Follow-up Responsibility

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

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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

Each employee within their payer category will be responsible for the above monthly billing volumes and vouchers, correspondence, reports and special projects. The daily minimum follow-up standard is:

Follow-up Mechanism	8 – Hour Day
Telephonic	20
Web/On-line/Auto Tele	40

REFERENCE

Transplant Billing and Follow-up JHHS PFS Policies and Procedures Manual TRA004

SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years

APPROVAL

Senior Director, JHHS

Date

Director PFS Third Party, JHHS

Date