	The Johns Hopkins Health System	<i>Policy Number</i>	BIL012
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	HMO Billing Procedures	<i>Revised</i>	10/14/08

POLICY

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

PURPOSE

To establish a consistent and uniform method for submitting bills to HMO payers for all patients receiving services at JHHS affiliates.

REFERENCES

JHHS Financial Policies and Procedures Manual

Policy FIN034 – JHHS Financial Assistance Program

Policy FIN041 – Estimating Inpatient Payment Requirements

Policy FIN045 – Verification of Insurance Benefits—Inpatients and JHMSC Services

RESPONSIBILITIES

Patient Financial Services
Representatives

Review all claims generated by each affiliate's billing system and research and correct any missing or erroneous information. Forward registration errors to the appropriate registration area.

Submit claims electronically or on paper in accordance with each payer's requirements for primary, secondary, etc., insurers. Include all necessary attachments in accordance with payment requirements.

PROCEDURE


Billing Format

For JHH, JHBMC and HCGH hospital billing, the UB04 is the standard bill form for third-party payers. The HCFA 1500 is the standard bill form for off-site, unregulated programs (such as Community Psychiatry). Affiliates will submit electronic claims to all HMO payers that can accept the standard EDI format associated with these bill forms.

Interim and Late-Charge Billing

1. Each affiliate will generate interim bills every 30 days.
2. Every week, automated late-charge billing will be generated in Keane and/or Meditech according to each payer's requirements.

Linked Bills

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- Each affiliate will comply with payers' requirements for linking re-admission services to the inpatient bill, the 72-hour rule, and other examples of linked billing.

Accountability for Patient Data

- To generate a correct bill form, all intake areas are responsible for collecting and validating accurate patient information—including referrals and authorization, as required. These intake areas include but are not limited to: Admitting Departments, Emergency Departments, Clinics, Johns Hopkins Outpatient Centers, and Diagnostic Testing Departments.


SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE


Three (3) years

APPROVAL

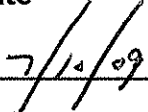


 Senior Director, JHHS

Date



 Director, PFS Operations, JHHS



 Date