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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 establish a consistent and timely process for submitting initial secondary claims, and to outline how to handle electronic cross-over claims that do not cross.

REFERENCES

JHHS Patient Financial Services Policies and Procedures

- BIL003—Medicare Billing Specifics
- BIL010—Blue Cross Billing Specifics
- BIL011—Medicaid Billing Specifics
- BIL012—HMO Billing Specifics

RESPONSIBILITIES

Third Party Patient Service Coordinators

PROCEDURES

All secondary claims are billed through the electronic billing system, XClaim.

Accelerated Secondary Billing


1. As primary payments are populated to the initial primary claim, the secondary claim is generated through XClaim to the payer team responsible for the secondary insurance.

Note: Claims are generated only for those payers from which we receive an 835 (electronic payment).
2. In addition, claims are generated in the hospital systems for secondary billing based on billing rules or manual updates for secondary payers. These claims are downloaded daily into XClaim, to the payer team responsible for the secondary insurance.
3. All secondary claims are sent through XClaim.

Claims are sent electronically to insurance companies that accept the electronic format.

For remaining secondary claims, once they have been validated in XClaim:

—if identified with payer ID 99999, the claim is sent to MedAssets for printing and mailing;

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—if identified with payer ID 00000, the claim is printed locally by PSCs and mailed.

Note: Exceptions are crossover claims that are generated through the Medicare system (e.g., Blue Cross, Medicaid, AARP, etc.).

Crossover claims are accepted by the secondary insurance once Medicare provides the file of claims adjudicated in the Medicare system for processing by the secondary payer.

SPONSOR

Senior Director, Patient Financial Services, JHHS

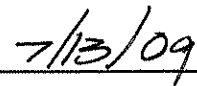
REVIEW CYCLE

Three (3) years

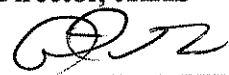
APPROVAL



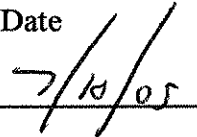
Senior Director, JHHS



Date



Director, PFS Financial Support, JHHS



Date