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POLICY

This policy/procedure applies to the Johns Hopkins Health System (JHHS) and the following affiliated entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center, Inc. (JHBMC) and Howard County General Hospital (HCGH)

PURPOSE

The purpose of this procedure is to outline the process to refer accounts to an external attorney/agency for further collection activity when internal appeal efforts have failed.

RESPONSIBILITIES- JHH/JHBMC/HCGH Utilization Management/Appeals Unit

- Determine the suitability of a denied case to be referred to the external attorney group for pursuit of a denial reversal. Typical criteria would include:
- Internal appeal activities exhausted
- External appeal (MIA/DHMH) activity exhausted
- History of appealing a certain type of denial with a payer has been unsuccessful

Procedural Steps


Responsible Party

UM/Appeals Coordinator


1. A list is created weekly of accounts (for each hospital) that are to be forwarded to the external attorneys/agencies with the following information per account:
 - Patient account number
 - Medical record number
 - Patient name
 - Total charges
 - Account balance (if available)
 - Appeal amount (if available)
 - Number of days denied
 - Date appealed
 - Payer name
2. If an account is time sensitive, then the account will be sent immediately via facsimile.
3. The Director of the area/Director of Revenue Cycle will “sign-off” on the account listing.

UM/Appeals Team Member

4. The Utilization/appeal team will attach to that listing the medical records needed for the appeals process, and any internal notes they would like the attorney/agency to be aware of, along with a copy of the denial letter or denial

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|--------------------------------|-----|---|
| | 13. | On a daily basis, report payments to the attorney/agency, Hospital UM Director and PFS Appeals Manager, JHH |
| Attorney/Agency | 14. | Send a biweekly billing/payment listing for payments reported and payments received directly to Associate Director, PFS. |
| | 15. | Send a monthly list of accounts closed the previous month. |
| | 16. | Send monthly status report to UM/Appeals Coordinators. |
| Associate Director or designee | 17. | Validate payments and process for payment if appropriate. |
| PFS Legal Counsel | 18. | Upon receipt of request for authorization of suit or arbitration, the following shall be done: <ul style="list-style-type: none"> • Contact Risk Management Department to ascertain if there is possible medical incident • Contact office of Managed Care to advise of suit request and to determine if there is any reason to deny suit authorization • Within two days of receipt of request for suit authorization, contact Senior Director of PFS and advise of responses from Risk Management and Office of Managed Care |
| Senior Director | 19. | Within two days of receipt of information from Legal Counsel, the request for suit authorization along with responses from Risk Management and the Office of Managed Care shall be reviewed and a decision to deny or authorize suit will be made in writing and forwarded to Legal Counsel. |
| PFS Legal Counsel | 20. | Upon receipt of response from Senior Director suit authorization or denial will be conveyed to attorneys/agency. |
| Associate Director | 21. | On a monthly basis the attorney/agency monthly status report will be reviewed. |
| | 22. | On a monthly basis the attorney/agency monthly list of accounts closed will be reviewed and forwarded to PFS managers to close the listed accounts. |

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23. On a biweekly basis the attorney/agency billing statement will be reviewed and forwarded to Senior Director or designee for approval.

Senior Director 24. Forward attorney/agency billing statement to Accounts Payable.

SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years

APPROVAL

Senior Director, JHHS _____
Date

Director, PFS Operations, JHHS _____
Date