 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN055
	<i>Subject</i>	<i>Effective Date</i>	01-02-09
	DISCHARGE CLEARANCE	<i>Page</i>	1 of 5
		<i>Supersedes</i>	06-01-06

POLICY

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

Purpose


The JHHS Admitting Department is responsible for ensuring that each registered inpatient has supplied the information and/or signatures necessary for billing and record release purposes. It is goal of the JHHS Admitting Department to ensure that each registered inpatient has made the necessary financial arrangements regarding any self-pay portion related to his or her admission by the time of discharge. It is also the goal of the JHHS Admitting Department to streamline the financial clearance and insurance verification process and thereby improve patient financial services. In the course of achieving these goals, the procedures outlined in this policy are under continuous improvement and will be updated as required. In general, Admitting shall coordinate activities with other functional areas involved in the admissions process whenever possible, and strive to improve overall service to patients. Service improvement goals will be established by each affiliate as appropriate and monitored by the Senior Director of Patient Financial Service (or affiliate equivalent).

For elective patients, financial clearance is provided prior to admission in accordance with the guidelines contained in JHHS Finance Policy No. FIN044 - Inpatient Admission and Financial Responsibility. The financial clearance process is initiated immediately upon notification of the admission for those patients who are admitted on an elective, urgent or emergent basis during normal business hours, and on the following business day for emergency/urgent admissions that occur after normal business hours. JHHS Finance Policy No. FIN056 - Financially Clearing Hospital Transfers and Other Direct Source Admissions provides guidelines regarding financial clearance for patients requesting transfer into our facilities from other hospitals and long-term care facilities.

Financial Discharge Clearance Criteria:

Patients who have met the following criteria are considered financially cleared by the Admitting Department:

1. Insurance benefits have been verified at 100% coverage; acceptable payment arrangements have been made for any identified patient liabilities; all necessary demographic and insurance information has been provided to facilitate billing and reporting requirements.
2. The Medical Assistance/Medicaid application process has been initiated for any patients requesting consideration under this program.
3. A JHHS Financial Assistance Program application has been initiated for any patients requesting consideration under this policy.
4. Valid signatures are on file for financial responsibility, assignment of benefits and releases of information, as appropriate. [Signatures regarding consent to treat are obtained by the Patient Care Unit personnel.]

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN055
	<i>Subject</i> DISCHARGE CLEARANCE	<i>Effective Date</i>	01-02-09
		<i>Page</i>	2 of 5
		<i>Supersedes</i>	06-01-06

The Admitting Department will make every effort to complete the documentation needed for financial clearance before the discharge date, taking into consideration the medical condition of the patient and the availability of family members or other responsible parties to assist in the financial clearance process. If any of the criteria above have not been met by the time of discharge, the patient (or family member/responsible party) will be requested to complete the requirements at the Cashier's Office at time of discharge. If the patient is medically unable to complete the financial clearance criteria at discharge, or if a discharge requiring further financial clearance occurs after normal business hours when the Cashier's Office is closed, the financial clearance will be waived pending further action and the occurrence will be reported to the clinical department head.

REFERENCES

JHHS Finance Policies and Procedures Manual


- Policy No. FIN034 ¥ JHHS Financial Assistance Program
- Policy No. FIN041 ¥ Estimating Inpatient Payment Requirements
- Policy No. FIN044 ¥ Inpatient Admission & Financial Responsibility
- Policy No. FIN045 ¥ Verification of Insurance Benefits
- Policy No. FIN054 ¥ Special Entitlement Advocacy Program
- Policy No. FIN056 ¥ Financially Clearing Hospital Transfers and Other Direct Source Admissions

RESPONSIBILITIES

- | | |
|---------------------------------------|---|
| Admitting/Patient Service Coordinator | Complete financial clearance for all patient admissions/transfers prior to discharge through own efforts and in conjunction with Social Services Department and Patient Care Unit personnel.

Notify Patient Care Unit personnel of any patients who should be requested to stop at the Cashier's Office to complete the financial clearance process. |
| Patient Care Unit Personnel | Work with Patient Service Coordinators to secure necessary information for compliance with financial clearance requirements.

Request that patients and/or family members stop at Cashier's Office on discharge day if financial clearance has not been granted. |
| Admitting | Notify the clinical department heads of any cases that were discharged without financial clearance during non-business hours. |

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN055
	<i>Subject</i>	<i>Effective Date</i>	01-02-09
	DISCHARGE CLEARANCE	<i>Page</i>	3 of 5
		<i>Supersedes</i>	06-01-06


SPONSOR

Senior Director, Patient Finance (JHH, JHHS, JHBMC)
 Director, Revenue Cycle (HCGH)

REVIEW CYCLE

Three (3) years


APPROVAL


 Vice President of Finance/CFO and Treasurer, JHHS

7-9-09
 Date

PROCEDURES- JHH & JHBMC


1. Admitting Patient Service Coordinator
 - a. Complete financial clearance for elective admission patients prior to scheduled admission date.
 - b. Complete financial clearances for urgent and emergent admissions immediately upon notification of admission for all admissions occurring during normal business hours or on the following business day for all admissions occurring during non-business hours.
 - c. Contact Patient Care Unit personnel to arrange for bedside or main office interviews with patients and/or family members as necessary.
 - d. Assure that prior to discharge the following steps have been completed:
 - 1) Pre-certification and verification of insurance benefits.
 - 2) Procurement of necessary demographic and insurance information.
 - 3) Initiation of Medical Assistance/Medicaid eligibility process and/or JHHS charity assistance program application for patient requesting consideration/evaluation by these programs.
 - 4) Obtaining necessary signatures for financial responsibility and assignment of insurance benefits.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN055
	<i>Subject</i> DISCHARGE CLEARANCE	<i>Effective Date</i> 01-02-09
		<i>Page</i> 4 of 5
		<i>Supersedes</i> 06-01-06

- 5) Collect any balances due from the patient prior to discharge.
- e. Notify Patient Care Unit personnel of any patients who should be requested to stop at the Cashier's Office to complete the financial clearance process.
- 2. Patient Care Unit Personnel
 - a. Work with Patient Service Coordinators to secure necessary information to comply with financial clearance requirements as needed.
- 3. Admitting
 - a. Request that patients and/or family members stop at the Cashier's Office on discharge day or prior if financial clearance has not been granted.
 - b. Review discharges that took place without completing the financial clearance process.
 - c. Notify clinical department heads of all cases that were discharged without financial clearance.

PROCEDURES- HCGH

- 1. Admitting Patient Service Coordinator
 - a. Complete financial clearance for elective admission patients prior to scheduled admission date.
 - b. Complete financial clearances for urgent and emergent admissions immediately upon notification of admission for all admissions occurring during normal business hours or on the following business day for all admissions occurring during non-business hours.
 - c. Case Manager Care Unit personnel to arrange for bedside or main office interviews with patients and/or family members as necessary.
- 2. Designated Authorization Group
 - a. Assure that prior to discharge the following steps have been completed:
 - 1) Pre-certification and verification of insurance benefits.
 - 2) Procurement of necessary demographic and insurance information.
 - 3) Validate initiation of Medical Assistance/Medicaid eligibility process and/or JHHS charity assistance program application for patient requesting consideration/evaluation by these programs with Financial Counselor.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN055
	<i>Subject</i> DISCHARGE CLEARANCE	<i>Effective Date</i>	01-02-09
		<i>Page</i>	5 of 5
		<i>Supersedes</i>	06-01-06

- 4) Obtaining necessary signatures for financial responsibility and assignment of insurance benefits.
 - 5) Collect any balances due from the patient prior to discharge.
- b. Notify Patient Care Unit personnel of any patients who should be requested to stop at the Cashier's Office to complete the financial clearance process.
3. Patient Financial Counselor Unit Personnel
 - a. Work with Financial Counselor to secure necessary information to comply with financial clearance requirements as needed.
 4. Admitting
 - a. Request that patients and/or family members stop at the Cashier's Office on discharge day or prior if financial clearance has not been granted.
 - b. Review discharges that took place without completing the financial clearance process.
 - c. Notify clinical department heads of all cases that were discharged without financial clearance.