 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN056
	<i>Subject</i> FINANCIALLY CLEARING HOSPITAL TRANSFERS AND OTHER DIRECT SOURCE ADMISSIONS	<i>Effective Date</i> 01-02-09 <i>Page</i> 1 of 9 <i>Supersedes</i> 06-01-06

POLICY

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

Purpose

The purpose of this policy is to establish guidelines and procedures for the financial clearance process for patients transferred to a JHHS inpatient facility from another hospital or medical facility.


Definitions

Business Hours	Monday through Friday, 8:30 a. m. - 5:00 p.m.
Emergency	A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbance, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in: a) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; b) serious impairment to bodily functions; or, c) serious dysfunction of any bodily organ or part; or, with respect to a pregnant woman who is having contractions: 1) that there will be adequate time to effect a safe transfer to another hospital before delivery, or 2) that transfer may pose a threat to the health or safety of the woman or the unborn child.
External Transfer	Admission to a JHHS affiliate from any other medical facility.
Internal Transfer or Discharge	Transfer of a patient to/from a specialty service (i.e., psychiatry, detoxification, rehabilitation oncology) within a JHHS affiliate, which requires re-certification or re-verification of insurance benefits.
Non-business Hours	Saturday, Sundays and major holidays; weekdays, 5:00 p.m. - 8:30 a.m.

Accepting Transfers from Other Facilities

All incoming transfers of patients from other hospitals or long-term care facilities must be financially approved as early as possible in the transfer process. Emergency transfers may not be delayed or refused due to financial reasons. It is the responsibility of the department receiving the transfer request (Hopkins Access Line [HAL] Team) to obtain relevant clinical and insurance information from the transferring facility for distribution to appropriate departments within the affiliate. Financial clearance for transfer will be granted when the following conditions are met:

- Insurance benefits and eligibility are verified with the payers of record.
- Certifications and admission authorizations are obtained from the verified payers of record.
- Verified insurance coverage expected to pay at least 80% of the bill.
- Physician override in cases where financial clearance cannot be obtained.

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For those transfers for which third party coverage cannot be confirmed, or the payor of record will not authorize the transfer, or contractual agreements dictate care must be rendered at a facility other than JHH, postponement of the transfer will be recommended to the JHHS attending physician until authorization or suitable financial arrangements can be made. The transfer decision made by the attending physician or designee is final.

To the extent possible, non-emergency transfers should be scheduled on weekdays between the hours of 8:30 and 4:30 p.m. in order to facilitate verification of benefit eligibility and authorization processes.

Emergency transfers (including potentially life-threatening medical conditions and occasions where specific medical services are not available at the transferring facility) are subject to financial review by the Admitting Department. Those emergency transfers made during non-business hours shall be reviewed on the first business day after the transfer. If the results of the retrospective review indicate that the patient lacks acceptable insurance coverage, or of the patient's carrier will not authorize payment for the admission, Admitting will notify the attending physician and seek alternate payment arrangements. The decision of the attending physician or designee to continue the admission is final.

Internal Transfers

The Admitting Department will manage all internal transfers of patients to or from a speciality service (e.g., psychiatry or detoxification). Such notification is necessary to re-verify benefits for the change in treatment course and to obtain all necessary authorizations and certifications in accordance with payer requirements.


REFERENCE

JHHS Finance Policies and Procedures Manual

- Policy No. FIN034 - JHHS Financial Assistance Program
- Policy No. FIN044 - Inpatient Admission and Financial Responsibility
- Policy No. FIN045 - Verification of Insurance Benefits

RESPONSIBILITIES – JHH

Admitting/Patient Service Coordinator	Receive notification of admission and complete steps necessary to generate admission and assign bed for incoming transfers.
Admitting/Patient Service Coordinator	Determine if impending <i>elective</i> transfer is financially cleared by verifying insurance coverage. Emergency transfers may not be delayed or refused due to financial reasons. Notify HAL Expediter of any transfers that should be deferred for financial reasons within one hour of receipt of notification. Receive initial transfer requests and obtain patient demographic data.
HAL Expediter	Notify Admitting, and Utilization Review (UR) Departments of impending transfers. Discuss non-approved transfers with requesting attending

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physician to determine if clinical data supports override.

RESPONSIBILITIES – JHBMC & HCGH

- | | |
|---|---|
| Admitting Officer | Receive initial transfer requests and obtain patient demographic data.

Notify Patient Financial Services and UR of impending transfers.

Notify attending physician of any transfers that should be deferred for financial reasons. Emergency transfers may not be delayed or refused due to financial reasons.

Assign bed for incoming transfer. |
| Financial Counselor | Determine if impending transfer is financially cleared by verifying insurance coverage. |
| Utilization Review
Coordinator/Designated
Authorization Group | Obtain any necessary certifications and admission authorizations. |

SPONSOR

Senior Director, Patient Finance (JHHS)
 Director of Revenue Cycle (HCGH)


REVIEW CYCLE

Three (3) years

APPROVAL


 Vice President of Finance/CFO and Treasurer, JHHS

7-9-09
 Date

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PROCEDURES - JHH


EXTERNAL TRANSFERS - BUSINESS HOURS

HAL

1. Expeditors receive request for transfer. Contact sending institution for patient demographic insurance information. Record pertinent information on HAL Demographic Information form. Fax form to distribution list including Patient Financial Services and Admitting Office.
4. For transfers not financially approved, hold conference call with attending physician and Patient Financial Services whether to override. Physician's decision is final.

Admitting

2. Within one hour of fax receipt HAL Financial Counselors precert/ preauthorize transfer and advise Expediter of status.
3. Admitting staff processes the admission, informing the nursing shift coordinator to obtain location and post patient to designated unit; activate admissions in system.
5. For transfers not financially approved, recommend deferral; hold conference call with JHH attending physician and HAL whether to override. Document override discussion and relevant financial information.

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EXTERNAL TRANSFERS - NON-BUSINESS HOURS

HAL

1. Expeditors receive request for transfer. Recommend deferral until next day of non-emergency transfers received after 9 p.m. JHH attending may override the deferral. Document deferral discussion.
2. For accepted transfers, contact sending institution for patient demographic and all available insurance information. Record information on HAL Demographic Information form. Fax form to distribution list, including Patient Financial Services and Admitting.
4. Discuss transferred or pending transfers with Patient Financial Services.

Admitting

3. Admitting staff processes the admission, informing the nursing shift coordinator to obtain location and post patient to designated unit; activate admissions in system.
4. At 8:30 a.m. on following business day, review overnight faxes, contact HAL regarding transfers or pending transfers.
5. Contact sending institution for insurance information. Obtain necessary insurance transfer authorization.

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6. For transfers not financially approved:
 - a. Hold conference call with Patient Financial Services and attending physician to discuss pending transfer.
 - b. Attending physician's decision to transfer is final.

6. For transfers not financially approved:
 - a. Recommends deferral of pending transfers to HAL. Discuss with HAL and attending physician.
 - b. Completed Transfers - notify physician and seek alternate payment arrangements for patients, or review potential for transfer to designated facility.
7. Document all financial information relevant to transfer and override in automated billing system.

INTERNAL TRANSFERS

Admitting

1. Contact insurance company/agency, in accordance with payer requirements, to recertify and re-verify benefits for the change in treatment.

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PROCEDURES - JHBMC

EXTERNAL TRANSFERS - BUSINESS HOURS

Admitting

UR

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|--|---|
| <ol style="list-style-type: none"> 1. Admitting Officers receive request for transfer; contact sending institution for patient demographic insurance information. Record pertinent information on bed reservation form. Fax form to distribution list including Patient Financial Services and UR. 2. Within one hour of fax receipt preauthorize transfer and advise Admitting Officer of status. 3. For transfers not financially approved, recommend deferral; calls JHBMC attending physician to discuss override. Physician's decision is final. Document override discussion and relevant financial information. 4. Admitting officers process the admission including bed management. | <ol style="list-style-type: none"> 2. Within one hour of fax receipt, obtain recertification and advise Admitting. |
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EXTERNAL TRANSFERS - NON-BUSINESS HOURS

Admitting

UR

1. Admitting Officers receive request for transfer. Recommend deferral until next day of non-emergency transfers.
 2. For accepted transfers, contact sending institution for patient demographic and all available insurance information. Record information on Bed Reservation Information form. Fax form to distribution list, including Patient Financial Services and UR.
 3. At 8:30 a.m., following business day, review overnight faxes, contact Admitting Office regarding transfers or pending transfers.
 4. If necessary, contact sending institution for required insurance information. Contact insurance company/agency for transfer authorization.
 5. For transfers not financially approved:
 - a. Pending Transfers - recommend deferral to attending physician.
 - b. Completed Transfers - notify physician and seek alternate payment arrangements for patients.
3. Determine if transfer has been authorized by third party payer.

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Admitting

UR

6. Admitting officers process the admission including bed management.
7. Document all financial information relevant to transfer and override in automated billing system.

INTERNAL TRANSFERS

Admitting

1. Admitting officers electronically notify Patient Financial Services of impending transfers to/from Psychiatry and Detoxification units.
2. Contact insurance company/agency, in accordance with payer requirements, to re-certify and re-verify benefits for the change in treatment.
3. Document relevant financial information in automated billing system.