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|  JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM | The Johns Hopkins Health System Policy & Procedure | <i>Policy Number</i> | FIN074 |
| | <i>Subject</i> | <i>Effective Date</i> | 07-25-08 |
| | REVENUE CONTROL AND RESPONSIBILITY | <i>Page</i> | 1 of 3 |
| | | <i>Supersedes</i> | 05-15-07 |

POLICY

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

Purpose

The purpose of this policy is to establish the accountability for submission and accuracy of patient charges and to ensure all services are billed on a timely basis. This policy applies to all charges and service credits for inpatient, outpatient, emergency and ambulatory surgery services rendered by all JHHS affiliates and affiliated health center locations.


Revenue Submission and Reconciliation Responsibilities

Each patient revenue center (functional unit, clinical area or site) is responsible for ensuring that all revenues are properly credited for the services they provide and will perform the following steps to fulfill that responsibility:

- The creation of patient charge data (via direct entry) or media (paper, electronic) at time of service.
- Verification that charges are reflective of services provided to the patient and documented in the medical record.
- Entry of charge data in the automated system within the time frame set by affiliate standard practices, normally within one day from date of service.
- Daily delivery of charge media within the time frame set by affiliate standard practices, normally on the day of service.
- Reconciliation of charges to internal departmental logs.
- Correction of duplicate, missing or rejected charges on the same working day as the notice is received. This includes corrections resulting from charge audits.

The charge processing departments are responsible for the timely and accurate processing of all patient charge transactions and for prompt and complete communication to patient revenue centers and senior management. The charge processing departments will perform the following steps to fulfill those responsibilities:

- Monitoring of daily submissions, including direct data entry and auto-generated charges/credits from revenue centers, functional units, clinical areas or sites.
- Accurate and timely processing of charge media.
- Appropriate communication with responsible area when expected submissions are not received or recorded, or appear to be unreasonable.
- Monitoring of departmental dollar and service volumes for reasonableness.
- Identification of discrepancies in submitted data and follow up with appropriate revenue center
- Production of transaction reports and daily distribution to revenue centers for review
- Notification of senior management regarding significant discrepancies in reported data, as defined by each department.

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| | REVENUE CONTROL AND RESPONSIBILITY | <i>Page</i> 2 of 3 |
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All departments and revenue centers will ensure that personnel responsible for revenue control are adequately cross trained and supported to provide coverage for vacations, holidays and emergencies in order to prevent undue interruption in the flow of charge creation, entry, delivery and processing.

- Charges submitted in excess of 6 months from the date of service will not be recognized as revenue. Likewise, late charges will not be posted to accounts that are in a bad debt status, that are placed with our collection agencies and/or legal firms. Exceptions must be communicated to the Senior Director, Patient Financial Services from the department.

Unbilled Revenue Management Responsibilities

Revenue Centers (functional units, clinical areas) as well as central support departments (Admissions, Information Services, Health Information Management/Medical Records, Utilization/Case Management, Patient Financial Services) have responsibilities in ensuring that revenue is billed timely. Affiliates have various "bill-hold" reporting and mechanisms to ensure that all required billing elements are captured prior to a claim releasing to the payor. These requirements are generally met prior to the affiliates targeted bill release (i.e. claims at HCGH are targeted to release four (4) days after date of service).

Examples of requirements include but are not limited to:

- Submission of attending/ordering provider
- Diagnosis and procedure coding
- Insurance Verification
- Clinical/Medical necessity reviews
- Completion of a 3808
- Authorization for services
- Delivery ticket (JHHCG)

If claims cannot be released within the targeted timeframe, departments must have an escalation process to resolve the issue.

Information Services has responsibility in ensuring revenue systems functionality, diagnosing issues impacting the revenue cycle in a timely manner, communicating systems changes to impacted systems users and assuring a technical environment that has checks and balances to maintain transaction integrity and accuracy.


REFERENCES

JHHS Finance Policies and Procedures Manual
 Policy No. FIN072 - Third Party Charge Audits

RESPONSIBILITIES

Revenue Center, Functional Units,
 Departments, Sites

- Create and enter accurate patient charge data.
- Ensure timely delivery of charge data to processing areas.
- Reconcile submitted charges to internal departmental logs.

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| | | <i>Page</i> | 3 of 3 |
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- Review production reports as produced by charge processing departments.

- Correct and resubmit erroneous or incomplete charges or credits.

- Monitor daily entries or submissions from revenue centers.

Charge Processing Departments

- Process charge media in an accurate and timely manner.

- Follow up with the revenue center for missing entries or submissions.

- Check dollar and service volumes for reasonableness.

- Identify discrepancies and follow up with revenue centers.

- Notify senior management regarding significant discrepancies.

- Produce transaction reports and distribute on daily basis to revenue centers.

Department Managers

- Monitor unbilled requirements that departmental staff is accountable for.

- Review cases beyond targeted timeframes to determine issues/next steps.

- Escalate issues to responsible parties to seek timely resolution.


SPONSOR

Senior Director, Patient Finance (JHH, JHHS, JHBMC, HCGH)
 Senior Director of Finance (JHCP)
 CFO (JHHCG)
 Director of Revenue Cycle (HCGH)

CYCLE REVIEW

Three (3) years

APPROVAL


 Vice President of Finance/CFO and Treasurer, JHHS

7-9-09
 Date