	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN075	
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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 guidelines for communications regarding patient financial issues between JHHS or affiliate employees and customers.

JHHS and its affiliates seek to provide relevant information to all customers and potential consumers regarding the value and quality of services received at a JHHS affiliate, and to provide optimal service in a timely manner while respecting customers' needs and priorities. All communications with patients or their families regarding patient financial issues will be handled by the appropriate personnel throughout the admission, discharge, and billing and collection processes, including personnel from the Admitting and Patient Financial Services Departments. All communications with patients and their families regarding patient financial issues will maintain patient confidentiality. Every effort will be made to respond to the concerns of patients and their families at the service department or functional unit level.

At JHH, when patient or family concerns cannot be addressed at the departmental level, the Patient Relations Department is available to intervene at the request of the patient, in accordance with JHH Corporate and Administrative Policy No. PAT004 - Patient Complaints. Requests for billing adjustments must be referred for approval to the clinical Chief of Service, the appropriate clinical department Administrator and the affiliate Vice President of Finance (or designee) for approval, in accordance with JHH Corporate and Administrative Policy No. PAT005 - Special Requests for Billing Adjustments.


At JHBMC, when patient or family concerns cannot be addressed at the departmental level, the Patient Relations Department is available to intervene at the request of the patient. Requests for billing adjustments must be referred for approval to the clinical Chief of Service, the appropriate clinical department head and the affiliate Vice President of Finance (or designee) for approval.

At JHCP, when patient concerns cannot be addressed at the practice level, the Business Services Department or Sr. Director of Clinical Operations is available, depending on the issue, to intervene at the request of the patient. Requests for billing adjustments must be referred for approval to the practice administrator and the Affiliate Vice President of Finance (or designee) for approval.

At JHHCG, when member concerns cannot be addressed at the departmental level, the Manager of Financial Services is available to intervene at the request of the member. Requests for billing adjustments must be referred for approval to the Director of Finance and the CFO for approval.

Special Communications Requirements

Senior Finance Department management will have the discretion to request a review of all communications for selected Patient Financial Services. These requests will be communicated to Patient Financial Services management, and the selected accounts will be coded to enable Patient Financial Services management to review all communications in the billing and collections cycle. The Risk Management staff of the Corporate Legal Department should be consulted in all cases involving potential litigation or liability before any further communication takes place.

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REFERENCE

JHHS Finance Policies and Procedures Manual


- Policy No. FIN033 - Installment Payments
- Policy No. FIN034 - JHHS Financial Assistance Program
- Policy No. FIN041 - Estimating Inpatient Payment Requirements
- Policy No. FIN043 - Central Cashiering
- Policy No. FIN044 - Inpatient Admissions and Financial Responsibility
- Policy No. FIN045 - Verification of Insurance Benefits
- Policy No. FIN054 - Special Entitlement Advocacy Program
- Policy No. FIN055 - Discharge Clearance
- Policy No. FIN063 - Self-Pay Collections
- Policy No. FIN064 - Third Party Billing Practices
- Policy No. PAS003 - Addressing Patient Complaints or Grievances
- Policy No. CUS001 - Processing Patient Complaints
- Policy No. CUS002 - Patient Correspondence

JHH Corporate and Administrative Policies and Procedures Manual

- Policy No. PAT004 -Patient Complaints (for JHH only)
- Policy No. PAT005 - Special Requests for Billing Adjustments (for JHH only)

RESPONSIBILITIES

Director of Patient Financial Services/Director of Business Office	Ensure that proper procedures are observed by all Patient Financial Services personnel in communications with patients and families. These procedures are in compliance with all protected health information (PHI) policies and procedures.
Chief of Service/Affiliate Vice President of Finance (or designee)	Review requests for billing adjustments and authorize any waiver of charges.
Senior Finance Department Management	Request management review of all communications for selected accounts.
Patient Financial Services Management	Ensure that accounts selected for management review are properly coded and review all communications for these accounts in the billing and collections cycle.
Corporate Legal Department	Advise Patient Financial Services representatives regarding customer communication in cases involving potential litigation or liability.
Patient Relations Department (JHH, JHBMC), Manager of Financial Services (JHHCG), Performance Improvement Department (JHCP)	Address problems or concerns of patients or family members when attempts to resolve at departmental level have been exhausted.

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SPONSOR

Senior Director of Patient Financial Services (JHHS, JHH, JHBMC)
 Sr. Director of Business Operations (JHCP)
 Director of Reimbursements (JHHCG)
 Director of Patient Accounts (HCGH)

CYCLE REVIEW

Three (3) years

APPROVAL

 President, JHHS/JHH

 Date