	The Johns Hopkins Health System	<i>Policy Number</i>	SYS003
	Policy & Procedure	<i>Effective Date</i>	6/30/99
	<i>Subject</i>	<i>Page</i>	1 of 3
	Applications Table Update Policy	<i>Revised</i>	12/15/08

POLICY

This policy applies to the Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Department.

PURPOSE


To define and clarify the process PFS will use to update or change the Applications system tables. PFS Application Support will be responsible to process all requests. The policy and procedures will ensure correct information is entered into the system and that all PFS staff is notified of the change.

RESPONSIBILITIES

PFS Managers/Supervisors

PROCEDURES

- If you need an update or change, complete a request form (see **Exhibit 1**). Be sure to give adequate detail as to what you want added or changed. A PFS Director must sign this form. If the request will affect another area, the signature of the affected PFS Director is also required.
- Give the completed form to the Systems Support Project Leader who is responsible for the system that is the subject of your request. Only one request is required for the same change on all systems. Indicate the system(s) by circling the appropriate item(s) at the top of the request form.
- The task will be prioritized according to its scope and nature, how critical it is to everyday workflow, and the resources required.
- Notification about the status of the request will occur weekly or bi-weekly, depending on the complexity of the task.
- The task will first be implemented in the Test system. After appropriate management sign-off, the task can then be scheduled to move to Production.
- When the task is completed, the person making the request and the appropriate Manager will be notified via Email. This Email will include when the task was completed, who made the changes, what was amended, and when the change will go into effect.
- If additional changes are required, please refer to the original request and begin the process with a new request form.

	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	SYS003
	<i>Subject</i> Applications Table Update Policy	<i>Effective Date</i>	6/30/99
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		<i>Revised</i>	12/15/08

SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years

APPROVAL


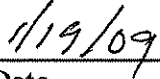

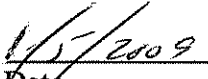
 <hr/> Senior Director, JHHS	 <hr/> Date
 <hr/> Director, PFS Systems JHHS	 <hr/> Date

Exhibit 1

PFS Applications Table Maintenance Request Form

Circle One: **Keane** **Meditech** **XactiMed** **Keane RAM**

Circle One: JHH BMC HCGH Other _____

Update Required By: ____ / ____ / ____
Date

Requestor Information:

Name / User ID _____

Department / Phone _____

Table Name that needs to be Updated: _____

Give a **DETAILED** description of what needs to be updated: _____

Purpose? _____

Is this change subject to a trial period? Yes No

Effective Date of the change: ____ / ____ / ____ Stop Date (if applicable): ____ / ____ / ____

Request Approved By: _____ ____ / ____ / ____
Manager Signature Date

REQUIRED: _____ ____ / ____ / ____
Director Signature Date

APPLICATIONS APPROVAL: _____