	<b>The Johns Hopkins Health System</b>	<i>Policy Number</i>	<b>SYS034</b>
	<b>Policy &amp; Procedure</b>	<i>Effective Date</i>	<b>5/15/08</b>
	<i>Subject</i>	<i>Page</i>	<b>1 of 2</b>
	<b>PFS Validation of Statement and Letter Processing</b>	<i>Revised</i>	<b>12/17/08</b>

## POLICY

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

## PURPOSE

To establish the process whereby PFS will validate the transmission, receipt, and processing of all Keane and Meditech patient statements and letters sent to our mail-services vendor.

Because PFS is not responsible to produce files for transmission, this process will only identify transmission failure. Such failures will be reported to the Senior Project Administrator or equivalent position responsible for the processing and transmission of data files.

## RESPONSIBILITY


Supervisor of Self-Pay Support (or designated representative)

## PROCEDURE

The following validations are to be documented and reported to the Director of Operations or designee on a daily basis:

- Identify volume of statements and letters (letters include both PFS-generated letters and the MHA uniform summary statement of inpatient charges). These daily volumes are available through various inquiries and reports generated from host billing systems.
- Validate that all files processed during the daily day-end are received by our mail-services vendor as recorded on the confirmation notification generated by the vendor.
- Validate that all files received by mail vendor are processed as recorded on printed confirmation notice received from the vendor.
- Reconcile system output to vendor statement / letter production. Report any out-of-balance situations to Systems staff for resolution.
- Maintain daily log—by batch date—of:

Number of statements from host system  
 Number of letters from host system  
 Dollar amount of account balances from host system  
 Date received by mail-services vendor  
 Number of statements vendor received and processed  
 Date statements printed and mailed by vendor  
 Number of letters vendor received and processed  
 Date letters printed and mailed by vendor  
 Number of undeliverable items  
 Number of items printed and mailed by vendor

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**SPONSOR**

Senior Director, Patient Financial Services, JHHS

**REVIEW CYCLE**

Three (3) years

**APPROVAL**

  
 \_\_\_\_\_  
 Senior Director, JHHS

1/22/09  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Director, PFS Operations, JHHS

1/20/09  
 \_\_\_\_\_  
 Date