	The Johns Hopkins Health System	<i>Policy Number</i>	BIL012
	PFS Policies and Procedures Manual	<i>Effective Date</i>	02-18-00
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	HMO Billing Specifics	<i>Revised</i>	1/9/06

POLICY

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

DEFINITION

The purpose of this policy is to establish a consistent and uniform method of bill submission to HMO payers for all patients receiving services at JHHS affiliates.

REFERENCE

JHHS Financial Policies and Procedures Manual

Policy No. FIN034 - JHHS Financial Assistance Program

Policy No. FIN045 - Verification of Insurance Benefits - Inpatient and JHMSC Services

Policy No. FIN041 - Estimating Inpatient Payment Requirements

RESPONSIBILITIES


Patient Financial Services Representatives Review all claims generated by the affiliate(s) billing system and research and correct any missing or erroneous information. Forward registration errors to appropriate registration area.

Submit claims electronically or on paper in accordance with the payers requirements for primary, secondary, etc insurers. Attach all necessary attachments in accordance with payers requirements.

PROCEDURES

Billing Format: For JHH, JHBMC and HCGH hospital billing, the UB92 is the standard bill form which will be submitted to the third payers. The HCFA 1500 form will be the standard form, for off-site non-regulated programs such as Community Psychiatry. Affiliates will submit electronic claims to all HMO payers that can accept the standard EDI format associated with these bill forms.

Interim and Late Charge Billing: The affiliate will generate interim bills every 30 days, and automated late charge billing in Keane and/or Meditech weekly, in accordance with payer requirements.

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Linked Bills: All affiliates will comply with payer requirements for linking readmission services to the inpatient bill, 72-hour rule, and other examples of linked billing.

Accountability for Patient Data: All intake areas, including but not limited to the Emergency Departments, Clinics, Johns Hopkins Outpatient Center, Diagnostic Testing and Admitting Departments, are accountable for collecting and validating accurate patient data, referrals and authorization as required to generate a correct bill form.

SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years

APPROVAL

Senior Director, JHHS

Date

Director, PFS Operations, JHHS

Date