OUTPATIENT DEPARTMENT SYSTEM

# 342 - 67

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COMMUNITY SYSTEMS FOUNDATION
April 3, 1967

Mr. Donald R. Weir, Administrator
Baltimore County General Hospital, Inc.
5401 Old Court Road
Randallstown, Maryland 21133

Dear Mr. Weir:

This report represents a study done by Community Systems Foundation in the Out Patient Department. The proposed Layout, Procedure, and System were designed to serve the Hospital in its existing facilities as well as in anticipated expansions, and to be compatible with future In Patient-Out Patient Systems.

I would like to thank Mr. Donald Schatz, Business Manager, for his help in the development of this report. In addition, I would like to express my gratitude to Mrs. Wilma Norman and Miss Sarah Dunne, Out Patient Department Clerk, for their cooperation and invaluable assistance.

Sincerely,

George F. Whitlock, Jr.,
Project Director

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Community Systems Foundations was asked to implement the removal of the Out Patient Department from the Business Office. By this removal, it was felt that improved information flow, speed in billing Out Patients, and increased control could be obtained through the separation of these functions. In addition, the physical separation will enable the Administration to assign costs distinctly associated with the Out Patient Department and will further the development of the Cost Accounting System. The proposed separation of these areas will enable the Information Desk-Telephone Operator to route all Out Patient Department business to its proper locations and personnel and will greatly reduce the interruptions and telephone load now experienced in the Business Office.

The areas that are involved by this re-location are the office directly across from the Emergency Treatment area and the small office adjacent to this office. This smaller office is presently being used to store Inhalation Therapy devices and other assorted equipment. These areas could contain the two people presently involved in Out Patient work and their necessary files and equipment. (See Sketches # 1 and 1A)

The layout of these areas will include three file cabinets, two desks, and some chairs for Out Patients. The main use of the file cabinets would be in the storage of the Source Record documents and their associated back-up detail.

The Out Patient Clerk to be located in the smaller office will perform all the associated billing functions and resolve all the inquiries into status of Out Patient records and statements. This location is well suited to this type of work due to its separation from the traffic pattern (see Sketch #2) of the main office, and the ready availability of the telephone facility in this office. The second Out Patient Department Clerk will be located in the center
of the main office for initial processing of the Out Patients. The information and forms flow between these two clerks is represented in Sketch #3. To reduce the noise level that presently exists in the proposed Out Patient Department, it is recommended that the door to the Telephone Operator's area be closed at all times, thus assuring a proper condition for processing Out Patients and performing the associated Out Patient billing operations.

The enclosed procedure (Flow Chart #1) is for processing Out Patients in the following financial categories: Blue Cross, Medicare, Welfare, Serviceman (Active Duty), Self Pay, and Other Insurance. The procedure was written with the proposed layout in mind; however, it can operate satisfactorily with other layouts as well. Incorporated into the procedure is the concept of returning of Out Patient charge tickets to the Out Patient Department after they have been priced by the various ancillary services, and not to the Business Office as was the previous practice. Handling charge tickets in this manner eliminates a large unit of sorting time as well as confusion in interpreting which charge tickets are In Patients' and which are Out Patients'. This will also greatly reduce the problem of interpretation of illegible charge tickets by persons who are not familiar with the Out Patient services.

To insure that all Out Patient Charge Tickets are returned properly, a stamp reading "Out Patient-Return to O.P.D." was purchased; and all charge tickets used in the Emergency Room were stamped. This interim step will serve to fulfill the requirements until at a future time charge tickets designated specifically for Out Patient Department use only can be designed.

With the ever-increasing demand for various types of statistics, both from the Hospital Administration and outside agencies, it is becoming pertinent that various facts, conditions, and categories be captured in the original source document, that is, the charge ticket. The means by which to satisfy this re-
quirement are numerous; however, taking into consideration the Hospital's size and the associated costs, the Standard Register Collection Terminal Model 1603, at a leased cost of $35.00 per month, could satisfy the requirements as stated. Upon processing of the charge tickets by the Data Collection Terminal, they could be sent directly to a service bureau or another Hospital with computer capabilities for processing of desired statistics and reports. In addition, this will introduce to the Hospital Personnel the new style of Data Collection Terminal now used within many hospitals. This system will also lend itself to future expansion into In Patient Department and other internal data processing which might not be justified at this time but will surely be a part of the planned expansion of Baltimore County General Hospital. The location of this initial terminal would be in the Out Patient Department and all charge tickets would be processed within this area. The Flow Chart of this system is Flow Chart #2.

Processing of the charge tickets by this mode will eliminate the requirement of having the information key punched, internally or externally, from the source document or from a hand written key punch sheet. Either one of these methods would incur cost that can be avoided by the proposed method of Data Collection.

The recording of certain pertinent information on the charge ticket would then give the capability of generating the following reports as presently desired by the Business Office Manager: income by department, total income per period, income by category of Out Patient, Trial Balance-Out Patient, number of Ancillary Area visits by category of patient, number of visits by category of service, and total tests performed by Ancillary Area by category of patient. In addition, various other hospital management statistics could be generated from the captured information on the charge ticket to assist the Administration in the making of management decisions.
The physical size and requirements of this Data Collection Terminal (19" wide, 16 7/8" deep, 12 1/4" high; Weight 70 lbs.; Power requirement: 115 Volts AC, 3.2 Amps.) make it easily adaptable to the proposed layout, as it is a small compact unit that does not require special wiring or alteration to the normal working environment.

In summary, it is felt that with the installation of the proposed Layout, Procedure, and Data Collection Terminal, the Hospital Administration will be able to: obtain pertinent management statistics in a minimum period of time; reduce clerical effort now experienced in processing Out Patients; minimize the likelihood of mis-applied charges; separate cost associated with Out Patient Department function; and increase control and auditability of Out Patient accounts.
SKETCH I - LARGE OFFICE

Telephone Operators Office
File Cabinet 15"x26"
File Cabinet 15"x26"

Small Office
See Sketch IA

Desk 34" x 60"

Scale: 1" = 2'
SKETCH IA - SMALL OFFICE

Scale: 1"=2'
SKETCH # 2

OUT PATIENT TRAFFIC FLOW

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Emergency Room

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To Emergency Admitting

To Treatment Area

Return to Emergency Admitting and then Exit.
SKETCH # 3

INFORMATION AND FORMS FLOW

Telephone Room

Out Patient Department

Inhalation Therapy and Out Patient Clinics, etc.

Hall

Emergency Room
FLOW CHART # 1

OUT PATIENT DEPARTMENT PROCEDURE
FLOW CHART #1

OUT PATIENT DEPARTMENT PROCEDURE

1. When patient enters Emergency Room, he will be processed by OPD Clerk.

2. The Out Patient Dept. Clerk will complete every item above the double lines on Form 812 and "where and How Accident Occurred" and authorization block.

3. The patient and Form 812 will be processed in the Emergency Room.

4. Complete "Assignment to Hospital" Form 231.

Continued on P.13
(5) The Nurse or Physician will fill in the Test on Form 812. The Clerk will fill in charges incurred by Patient in Emergency Room and will originate charge tickets where required.

(6) Performing of Test and pricing by Ancillary Area.

(7) Completion of Charge Information on Form 812 and the pricing of those charges where charge tickets are not required or where charge was omitted by Ancillary Area.
P.2

Create Accounts Receivable Card

(8) Type Accounts Receivable Card (3 x 5).

3x5 Card

Burst Form

(9) Burst Form 812 and send #1 copy (white) to Medical Records

White Copy
Form 812

Medical Records

File

Determine Category of Patient from Form 812

(10) Determine category of Patient: Blue Cross, Medicare, Welfare, Self Pay, and Other Insurance.

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(11) If Out Patient is Blue Cross, go to Page 5.

(12) If Out Patient is Welfare, go to Page 7.

(13) If Out Patient is "Other" Insurance, go to Page 12.

(14) If Out Patient is Medicare, go to Page 15.

(15) If Out Patient is Self Pay, go to Page 8.
BLUE CROSS OUT PATIENTS

(16) The Out Patient Clerk will complete Form 8.1 with the charges incurred by the Blue Cross Out Patient.

Burst Form and Mail To Blue Cross

(17) Mail copies 1 and 2 to Blue Cross.

Form 8.1
Pink Copy

Form 3.1

Blue Cross

Cont P.6

Cont P.1
(18) Fill in Date Billed, Amount Billed, and Who Billed on 3x5 Card (Accounts Receivable Out Patient Record). Attach Out Patient and Emergency Room Form 812 (copies 2 and 3) and statement of Out Patient Charges Form 8.1 (copy 3) together and file in Source Record File. (Filed by month-numeric).

File the Accounts Receivable Out Patient Record (3x5 card) in File Accounts Receivable Out Patient (month-alphabetic).
(19) The Out Patient Clerk will complete Hospital Out Patient Report and Invoice (Form MS-15) with charges incurred by Welfare Patient.

(20) Fill in Date Billed, Amount Billed, and Who Billed on Accounts Receivable Out Patient Record (3x5 card), and file in A/R Out Patient File (filed by month-alpha.) Attach Out Patient and Emergency Room Form 812 (copies 2 and 3) and file in Source Record File (filed by month-numeric). The Form "Hospital Out Patient Report and Invoice" (Form MS-15) is then mailed to Maryland State Dept. of Health.
(21) The Out Patient Clerk will prior all charges incurred by self pay Out Patient while patient is still in Hospital. When patient is ready to leave, a preliminary Total-Charges-Incurred will be presented and collection of charges at this time will be attempted. Patient will be informed that this is not a final bill.
(22) The OED Clerk will process the receipt of pay and give Self Pay Out Patient Copy #1 of Receipt.

(23) Upon Receipt of payment, make notation on (3x5) Accounts Receivable Card of Amount Received and attach receipt to Out Patient and Emergency Room Form 812 (copies 2 and 3).
(24) The Clerk upon receipt of Charge Ticket will verify that Charge Total is correct or will make adjustment to account.

(25) If bill has not been paid in full, type final bill statement and mail to self pay Out Patient. File the Out Patient and Emergency Room Form 812 (copies 2 and 3) in Source Record File and the Accounts Receivable Out Patient Record (335) in Accounts Receivable Out Patient File.
(Continued from Page 10 (C))

(26) If Bill is paid in full, indicate this on Accounts Receivable Card (3x5 card) and file the Out Patient and Emergency Room Form 812 (copies 2 and 3) and receipt (copy 2) in Source Record File and the Accounts Receivable Out Patient Record (3x5 card) in Account Receivable Out Patient File.
(27) The Out Patient Dept. Clerk will process the Out Patient as "Self Pay" if the patient does not have insurance forms.

(28) Notation on the Out Patient Accounts Receivable Record of date billed and to whom.

(29) The Patient will obtain Insurance Form from his Insurance Company and sign form and send it to the Hospital.

(30) If Patient has not assigned Payment and signed Medical Information Release, send back to Patient for signature.
(31) The OPD Clerk will update the Out Patient Accounts Receivable Record as to when billed and to whom, and will distribute forms.
(32) The OPD Clerk will file the Accounts Receivable Record in the Out Patient A/R Record File and the Emergency Room Form 812 (copy 2) and Assignment to Hospital Form 231 (copy 2) in the Source Record File. The Clerk will mail the Insurance Company Form, Emergency Room Form (copy 3) and Assignment to Hospital Form (copy 1) to the Out Patient's Insurance Company.
(33) The Out Patient Clerk will complete Forms—Explanation of Out Patient Hospital Benefits Form 16.8, Provider Billing Form 1554, and Hospital and Medical Insurance Benefits Form SSA-1483.

(34) The Out Patient Clerk will file the Accounts Receivable Record in the Out Patient A/R Record File and attach the Emergency Room Form 812 (copies 2 & 3) to Explanation of Out Patient Hospital Benefits Form 16.8 (copy 5) and file in Source Record File. The Clerk will mail the following Forms to Blue Cross: Hospital and Medical Insurance Benefits Form SSA-1483 (copies 1, 2, & 3); Explanation of Out Patient Hospital Benefits Form 16.8 (copies 1, 2, 3, & 4); and Provider Bill Form 1554 (copy 1).
(35) If Service Man is present, have him or his agent sign form; otherwise obtain signatures by mailing form to same.

(36) Notation of date billed and who is being billed in A/R Record.
(37) The Out Patient Clerk will file the Accounts Receivable Record in the Out Patient A/R Record File and file the Emergency Room Form 812 (copies 2 & 3) and U.S. Govt. Form DA-1863-1 (copy 3) in Source Record File. Mail to Blue Cross (copies 1 & 2) U.S. Govt. Form DA-1863-1.
FLOW CHART # 2

PROCEDURE FOR USE OF DATA COLLECTION TERMINAL IN OUT PATIENT DEPARTMENT
FLOW CHART #2
PROCESSING CHARGE TICKET IN DATA COLLECTION TERMINAL

Patient

Out Patient Department

Fill Out Forms and Charge Tickets

Charge Ticket

Ancillary Area

Processing of Charge Ticket

Out Patient Department

Processing of Charge Ticket in 1603

P.2

Forms For Category of Out Patient

P.2
Information Furnished in Charge Ticket

1) Out Patient - Emergency Record Number 5 digits
2) Category of Patient 1 digit
   a) Blue Cross
   b) Medicare
   c) Welfare
   d) Self Pay
   e) Other Insurance

3) Type of Patient 1 digit
   a) POP
   b) Emergency
   c) Private referred

4) Ancillary Area Code 1 digit

5) Test Performed 2 digits

6) Cost Total 5 digits

Process in Normal Procedure (See Out Patient Procedure)