

BUSINESS OFFICE PLANNING REPORT

Under the department commonly referred to as the Business Office, there are various divisions which might well be defined as subdepartments; namely, Patient Accounting, Hospital Accounting, Data Processing, Budgeting, Credit and Collections, and the Payroll Department. For each of these the role, goals and objectives will be dealt with independently.

I. Patient Accounting

- A. Role - To present a bill promptly and accurately.
- B. Goal - Post charges instantaneously when the charge is made for both in-patients and out-patients.
- C. Objectives - To utilize data processing so that patients will receive one bill covering both in-patient and out-patient care.

Patient accounting includes the following sections and the reasons for requesting additional space is shown opposite the section heading.

- A. Cashiering - Due to increase of beds and the desire to convert part time help to full time.
- B. Insurance - Due primarily to the increase of beds.
- C. Special Billing - Due somewhat to the increase in beds, but also for the possible extension of benefits in title XVIII and title XIX.
- D. Professional Billing - New program, it is anticipated that this will be required by the Medical Staff.
- E. In-Patient Accounting - Increase in beds.
- F. Out-Patient Department - The new out-patient facility will demand a better accounting system and additional personnel will be needed if not adjacent to the main business office.

II. Hospital Accounting

- A. Role - To develop cost care centers, prepare reimbursable cost formulas, and to report current fiscal standings to hospital departments.
- B. Goal - To produce records for the administrative staff which are meaningful and accurate to aid in decision making.

BUSINESS OFFICE PLANNING REPORT - page 2

- C. Objectives - To upgrade the accounting department to produce indicative reports necessary for operating an institution of this size:

New Program - To increase the number of graduate accountants and provide for a supervisor of the section.

III. Data Processing Business Office

- A. Role - To produce patient billings and detailed information about their makeup.
- B. Goal - To capture good statistical and financial information by automatic data processing.
- C. Objective - To be adaptable to changes within the hospitals in the field of data processing as the hospital strives toward a total system.

No new program is in this area, but only a continuance^{ation} of the existing program has been planned.

IV. Credit and Collections

- A. Role - To effectively collect monies for the cost of care given and to counsel and assist patients.
- B. Goal - To reduce the number of uncollectible accounts and to improve public relations.
- C. Objectives - To provide financial counsel for all patients.

New Programs - Financial counseling and to employ additional personnel for extended telephone collection work, and to handle garnishments and conciliation court cases.

V. Budgeting

- A. Role - To provide Hospital Administration with a line item budget for salaries and analyse expense budgets as an aid to establishing financial policies and managerial decisions.
- B. Goal - This department should strive to revise all budgeting procedures.
- C. Objectives - To take advantage of data processing for budget preparations and reporting.

No new extended programs are anticipated.

VI. Payroll Department

- A. Role - To pay employees for services rendered on an accurate and prompt basis.
- B. Goal - To simplify payroll procedures.
- C. Objectives - To adopt a completely new payroll system to meet the needs of the University Hospitals.

A moderate increase of about four clerical people will be needed to process the additional payroll and to report accurately sick leave and vacation balances to employees.

VII. General Area

A request is made for 250 square feet of storage for old records, 200 square feet in a conference type room to be used by auditors and an additional reception space of 200 square feet to serve the whole area.

Business Office

4812 - Buff
8817 - Green

	Activity	Employees		Total	Department Office
		Present	New		
1	Fiscal Services Manager	1		1	
2	Asst. Fiscal Ser. Mgr.		1	1	140
3					
4	Credit and Collections				
5	Financial Counselling		1	1	
6	Hospital Credit Manager	1		1	
7	Sr. Collections Rep.	2	1	3	
8	Clerical	4	2	6	
9					
10	Cashiering	6			
11	Supervisor	1		1	
12	Sr. Cashiers	4	1	5	
13	Jr. Cashiers		2	2	
14	Other	2	1	3	
15					
16	Insurance				
17	Supervisor	1		1	
18	Clerical	7	1	8	
19					
20	Special Billing				
21	Supervisor		1	1	
22	Clerical	3	1	4	
23					
24	Professional Billing				
25	Supervisor		1	1	
26	Clerical		3	3	
27					
28	Payroll				
29	Supervisor	1		1	
30	Clerical	9	4	13	
31					
32	Hospital Accounting				
33	Supervisor	1		1	
34	Self accountants	1	2	3	
35	Budget Officer	1		1	
36	Inventory Control	1		1	
37	Clerical		3	3	
38					
39					
40					

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	1	2	3	4
	Employees			Department
	Present	Rec'd	Total	Officers

1	✓	Inpatient Accounting					
2		Supervisor	1			1	
3		Asst. Supervisor	1			1	
4		Clerical	3	1		4	
5							
6	✓	Out Patient Department					
7		Credit Manager		1		1	
8		Clerical		2		2	
9		Insurance Clerks	2	1		3	
10		Special Billing Clerks	1	1		2	
11							
12		Outpatient Patient Accts					
13		Supervisor	2			2	
14		Clerical	5			5	
15		General Acctg					
16		Total	55	31		86	140
17							
18							
19							
20							
21							
22							
23							
24							
25							
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40							

November 10, 1969

TO: Dean Lawrence Weaver, Dean Robert Howard, Mr. John Westerman
FROM: C. Thomas Smith, Jr., Coordinator Health Sciences Planning
SUBJECT: Schedule for Health Sciences Expansion

Recently Vice President Wenberg brought to the attention of Vice President Champion and myself the funding implications of the Health Sciences Expansion schedule as adopted by the Design Coordinating Committee at its August meeting. In light of Mr. Wenberg's liaison role with the State Legislature, he is very sensitive about the state's portion of this project. It is his concern that the schedule as adopted at the October meeting will require far more money from the 1971 legislature than it is realistic to expect. Vice President Champion shared this concern and felt that the University should edit its own proposals before they go to the state legislature rather than to let the legislature edit for us.

The attached sheet shows in very rough figures the breakdown of the funding sequence as envisioned in the 1969 presentation to the legislature, as dictated by the schedule adopted at the October Design Coordinating Committee meeting and an alternative to the latter. You will note that the alternative envisions moving funding for Units D and F to the 1973 session. (Unit D is the Radiation Therapy facility and Unit F the new School of Pharmacy). These two units are suggested only because they are the only two that can logically be separated from the balance of the project. The programmatic implications of the delay in constructing these two units should be weighed by you against the concerns of Vice Presidents Wenberg and Champion about the reality of funding.

This will be a topic for discussion at the November 19th Design Coordinating Committee meeting. I hope you can be in attendance to speak to this point.

cc: VP Champion
VP Wenberg

December 9, 1969

Mr. Peter H. Sammond
Associate Director
Box 606
University Hospitals

Dear Mr. Sammond:

Your recent memorandum to Hospital Department Heads and members of the Administrative Staff asked two questions and I will reply to each separately.

1. What are your thoughts as to the proposed location of your department as indicated on the schematics with reference to your internal functioning and inter-departmental relationship?

- A. Internal Functions - The Business Office is divided into the following sections; Hospital Accounting, Patient Accounting, Cashiering, Credit and Collections, Financial Charts, Budgeting and Payroll. A brief summary of their functions follows.

Hospital Accounting - Prepares cost reimbursable formulas, develops cost care centers and reports current fiscal standings.

Patient Accounting - Comprised of Insurance, Medicare, Special Billings, Blue Cross and billings to patients. This area needs to remain intact and have access to the financial charts. Moderate public contact.

Cashiering - Records payments on accounts, has constant communications with Patient Accounting and the financial file. Needs to be adjacent to main business office, but needs to be somewhat isolated as it is presently. This unit has much public contact.



Credit and Collections - To effectively collect on accounts and to counsel and assist patients. Needs to have access to financial files and has very heavy public contact.

Financial Charting - We have developed a financial file for each patient with a copy of each bill, all correspondence and copies of accounting documents that affect a patient's account are filed. Very busy section assembling, pulling and filing charts. Provides service to all divisions. No public contact.

Budgeting - To provide the administrative staff with a line item budget and to check all payroll documents to keep the budget current. Has no public contact, could be incorporated with either Hospital Accounting or Payroll.

Payroll - This office has the central payroll functions for all of the hospital units as well as document typing and sick leave and vacation records. It has no public contact but has many inter-departmental relations. This department is currently free standing and could remain so, it would be desirable if it was adjacent to the personnel functions.

2. While the space allocated to your department remains relatively fixed, is the internal distribution of space within your department as indicated on the schematics adequate?

In the space allocations for the Business Office much confusion has arisen. Originally Data Processing was a part of the Business Office and with its becoming a department and instituting many new programs, sufficient areas were not planned and expansion was all allocated from the Business Office increment.

In the first allocation of which I had a chance to review I noted that the Admissions had existing 2248 and the Business Office 6590 and departmental projections were admissions 3005 and Business Office 12075 and consultants projections of 13350 to be for both areas. (See schedule I).

The next projection showed existing space the same and the increment of January, 1968 of 457 for admitting and 5465 for the Business Office, the increment with 20% reduction of 4372 and increment with 29% reduction of 3880. This then produced to total of 10470, however the memo showing the square footage of 4148 is asterisked to show that 2442 of the square footage which was included in our overall area was in error as public toilets and the lobby D252 were included.

Schedule III then shows as existing 4815, increment 3850 and total 8665, but if this is to include Data Processing it would leave only 700 square feet for expansion which is totally inadequate.

My original requests were as follows:

	<u>Sq. Ft.</u>
Cashiering	500
Insurance	500
Inpatient Accounting	100
Special Billing	740
Outpatient Department	520
Hospital Accounting	1000
Payroll	900
Fiscal Services	140
Data Processing	635-
Storage Space	250
Waiting Room	200
Conference Room	<u>200</u>
Total	5685

I realize the dream of this added area is out of reach and accordingly I met with my staff and went over projections, programs, and etc., and we arrived at minimum requirements.

The revision is as follows:

1. Patient Accounting	900
2. Payroll	900
3. Budget Office	100
4. Credit	400
5. Hospital Accounting	<u>900</u>
Total needed	3200 square feet

This 3200 requested and the 4815 present would total 8015 square feet.

Currently we have two rooms in Powell Hall of about 200 square feet and have the elevator shaft on 2nd floor, Mayo

and the part of the Heart Hospital basement for storage. The five figures on page 3 are based on a share of the proposed storage area and use of the proposed conference rooms.

The function of Property Accounting in Powell Hall will be incorporated into the Hospital Accounting request.

In the proposed schematics, it was indicated that most of the Business Office would remain in the present space, payroll would move here from Children's Rehabilitation Center and some of the functions would be housed in the new building adjacent to Admissions. This satellite area would be 700 square feet for Credit, Insurance and Cashiering. It is probably a good idea to provide these services to patients but staffing and providing for lunch hours, relief periods, etc. could be a problem.

If it is necessary to split functions, Payroll and Hospital Accounting could move most easily. There would be certain advantages to have Credit and Cashiering near Admissions and the Outpatient Clinics as a service to the patient.

I hope that consideration may be given my request and I assure you that my revision represents many concessions of my staff because of the cutbacks of all new requests.

I hope it is evident that this presents true needs and I would be happy to further discuss this with you and the architects as you see necessary.

Very truly yours,



Merle P. McGrath
Fiscal Services Manager

MPM/d1

Personnel and Space Projections

1276
 SCHEDULE I
 1973

	Personnel		1973		
	Existing	Projection	Existing	Consultant's Projection	Department Projection
Administration	16	21	6129	6729	8129
✓ Admitting Office	21	26	2248	{ 13350 }	3005
✓ Business Office	55	86	6590		12075
Building Services	—	—	7545	8745	8745
Central Supply	40	60	4439	{ 11000 }	10830
Central Trans.	8	31	150		790
Data Processing	1	7	0	—	900
Dietary Kitchen & Cafeteria	187	—	18243	25105	35387 ²
Emergency Suite	9	—	1269	6269	6269
Employee & Visitor Facilities	—	—	—	—	—
Lockers, Lounge & Toilets	—	—	12532	19494	19494
Hosp. & Vending	12	—	5046	15046	15046
✓ Employee Health Service	3	—	324	624	624
Housekeeping	212	253	18458	24958	24408 ^{2,3}
Maintenance & Operations	38	54	31529	44529	42110 ³
✓ Medical Art & Photography	16	22 ²³	2962	5962	3862
✓ Medical Records	45	69	5922	8922	12079

155,750 sq. ft.

SCHEDULE II

	Existing Space	Increment January 1968	Increment with 20% Reduction	Increment 29% Reduc
Administration	6,129	1,200	960	852
Admitting Of.	2,248	457	365	325
Business Office	6,590	5,465	4,372	3,880
Building Services	7,545	1,200	960	-----
Central Supply	4,439	5,311	4,249	3,771
Central Trans.	150	640	512	454
Dentistry	-----	650	520	462
Electronic Data P.	-----	900	720	639
Emergency Suite	1,269	5,876	4,701	4,172
Lockers, Lounges	12,532	6,962	5,570	4,943
Hospitality & Vend.	5,046	4,954	3,963	3,468
Employee Health	324	238	190	238
Housekeeping	18,458	3,509	2,807	2,491
Maintenance	31,529	9,223	7,378	6,456
Med Art & Photog.	2,962	514	411	360
Medical Records	5,922	5,040	4,032	3,528
Newborn Nurs.	1,394	0	0	0
Nursing Services	3,395	1,560	1,248	1,107
Patient Care Units	170,187	43,011	34,409	43,011
Nutrition	18,243	14,448	11,558	10,258
OB Dlvry Suite	1,894	1,600	1,280	1,600
Personnel	685	500	400	355
Pharmacy	4,676	10,814	8,651	7,678
Pur. Rec & Stores	13,166	13,534	10,827	9,609
Recovery Suite	918	2,322	1,858	2,322
Social Service	2,041	1,124	899	798
Chapel	751	0	0	0
Lobby	3,861	2,314	1,851	1,643
PBX-CID-Mail	720	205	164	205
Volunteers	830	710	568	497
OR Suite	13,210	13,913	11,130	13,913

By Wednesday
SCHEDULE III8. HOSPITAL8.3 BUSINESS OFFICE

	EXISTING	INCREMENT	TOTAL
8.3.1 Mayo Facilities	4,148	3,817	7,965
8.3.2 Rehab Facilities	667	- 667	0
8.3.3 Building B Facilities	0	700	700
TOTAL	4,815	3,850	8,665

NOTE: Locate Satellite Facilities in Building B adjacent to Hospital Admitting, OP Pharmacy and OP Waiting.

UNIVERSITY OF *Minnesota*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

February 9, 1970

Mr. Peter H. Sammond
Associate Director
Box 606
Mayo

Dear Mr. Sammond:

You asked me to relay my thoughts regarding the location of the Business Office in the expansion plans of the Health Sciences.

I have discussed with my people the possibilities of the separation of certain functions, and it is apparent that an interrelationship exists so that it would be unwise to separate any functions, with the exception of the payroll department.

Plans have not been formalized for a new payroll system, but it appears some changes will be made. However, it is not necessary for payroll to be adjacent to the Business Office.

I would like the Business Office to be accessible for patients and their relatives and I feel it would be desirable to have it in the proximity of the Admissions and Out Patient Departments.

I do not feel it advisable to maintain satellite units for cashiering or credit functions.

One other thought is that the present Business Office might lend itself better to laboratory expansion at a lesser cost.

Very truly yours,



Merle P. McGrath
Fiscal Services Director

MPM:skb



HEALTH SCIENCES CENTER

BUSINESS OFFICE

Minutes for the meeting of September 1, 1970

Present: Mr. Fearing, Mr. McGrath, Mr. Taylor

TOPICS

Storage of inactive accounts

Definition of EDP

Charge Billing

Insurance

Late Admissions procedure

MAJOR ELEMENTS

The major elements of the Business Office were defined as follows:

Billing(Insurance)

Cashiering (third party reimbursement)

Hospital Accounting (hospital side of costs)

Account Auditing

Charge Slip Processing

It was noted that Payroll has been eliminated from the 7885SF subdivided for Business Office space.

DESCRIPTION OF OFFICES AND PERSONNEL

Cashiering Consists of all incoming checks. Personnel, at desks, requires 1 supervisor's office with a safe in it. A walk in vault must also be developed. Basically no storage will be required. Everything can be placed in file storage. Typing desks are also required.

Insurance This function will probably require storage space. It should accommodate some 25 people however this dept. should review its population figures in light of future requirements.

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September 3, 1970

To: Ken Taylor
 From: Cliff Fearing
 Subject: Future Fiscals Services allocation of Square Feet

Due to our increasong role of supplying data to third party intermediary and the increasing requirements for our services, both internal and external sources, the Hospitals Fiscals Services Department plans to utilize its allocated square footage as follows:

	Present Number of People	Projected Number of People	Allocated Square Feet	
Patient Accounting Supervisor	1	1 ✓	100	(1)
sub-total	<u>1</u>	<u>1</u>	<u>100</u>	
Insurance Billing	7	8 ✓	50-680	(2)
Medicare and Medical Assist. Billing-	5	8 ✓	50-680	(2)
Special Billing	4	6 ✓	510	(2)
sub-total	<u>16</u>	<u>22</u>	1,770 <u>1,870</u>	
Charge Processing	6	7 ✓	600	(3)
Account Auditing	6	8 ✓	600	(3)
sub-total	<u>12</u>	<u>15</u>	<u>1,200</u>	
Financial Files	8	9 ✓	600	(4)
Financial Files Office } <i>gone office</i>	1	1 ✓	100	(4)
sub-total	<u>9</u>	<u>10</u>	<u>700</u>	
Hospital Accounting Supervisor ✓	1	1 ✓	100	(5)
Hospital Accounting Staff ✓	6	12 ✓	1,288	(5)
sub-total	<u>7</u>	<u>13</u>	- 50 <u>1,383</u> 1,338	
Cashiers	6	8 ✓	500	(6)
Cashiers Supervisor Office	1	1 ✓	100	(7)
sub-total	<u>7</u>	<u>9</u>	<u>600</u>	



	Present Number of People	Projected Number of People	Allocated Square Feet
Credit Collection Supervisor	1	1	100 (8)
Five Interview Offices	4	5	425 (9)
Five Clerical	4	5	325 (10)
Receptionis	0	1	65 (11)
File Space - Patient Inhouse Accounts In Process	0	0	130 (10)
sub-total	9	12	1,045
<i>WRITING AREA.</i>			
Fiscals Services Manager	1	1	130 (12)
Fiscals Services Manager's Secretary	1	1	65 (12)
sub-total	2	2	195
<hr/>			
TOTAL	63	84	7,098
<hr/>			

- (1) Patient accounting Supervisor's Office should be located in an area where it could overlook the following Departments; Insurance, Medicare MA, and Special Billing, Charge Processing and Account Auditing.
- (2) This area may be an open bullpen-type area of 1,870 sq. ft.
- (3) This area should not be combined with the above. If possible, they should be separated by a wall.
- (4) Financial Files should be adjacent to or surrounded by; Credit and Collectors, Cashiers, Charge Processing and Account Auditing.
- (5) Hospital Accounting Supervisor's Office should overlook the Hospital Accounting Area.
- (6) Cashiers should be readily accessible to the public and include a separate room for safes or a vault.
- (7) Cashiers Supervisor's Office should overlook the main cashiers area. *used for Payroll Report*
- (8) Credit and Collectors Supervisor's Office must be accessible to patients and overlook or be adjacent to the remaining Credit and Collectors area.
- (9) Interview Offices must be accesible to patients. *and in close proximity to Admission*

- (10) Clerical area should be closed off to patients, but adjacent to Interview Offices.
- (11) Receptionists Desk must meet the public, ~~with this idea we are depending on using the Admissions waiting area as our lobby.~~
- (12) Fiscals Manager's Office must be accessible to the public without going through any work areas. Secretary to the Fiscals Manager should be adjacent.

September 3, 1970

To: Ken Taylor
 From: Cliff Fearing
 Subject: Future Fiscals Services allocation of Square Feet

Due to our increasong role of supplying data to third party intermediary and the increasing requirements for our services, both internal and external sources, the Hospitals Fiscals Services Department plans to utilize its allocated square footage as follows:

	Present Number of People	Projected Number of People	Allocated Square Feet	
Patient Accounting Supervisor	1	1	100	(1)
sub-total	<u>1</u>	<u>1</u>	<u>100</u>	
Insurance Billing	7	8	680	(2)
Medicare and Medical Assist. Billing	5	8	680	(2)
Special Billing	4	6	510	(2)
sub-total	<u>16</u>	<u>22</u>	<u>1,870</u>	
Charge Processing	6	7	600	(3)
Account Auditing	6	8	600	(3)
sub-total	<u>12</u>	<u>15</u>	<u>1,200</u>	
Financial Files	8	9	600	(4)
Financial Files Office	1	1	100	(4)
sub-total	<u>9</u>	<u>10</u>	<u>700</u>	
Hospital Accounting Supervisor	1	1	100	(5)
Hospital Accounting Staff	6	12	1,288	(5)
sub-total	<u>7</u>	<u>13</u>	<u>1,388</u>	
Cashiers	6	8	500	(6)
Cashiers Supervisor Office	1	1	100	(7)
sub-total	<u>7</u>	<u>9</u>	<u>600</u>	



	Present Number of People	Projected Number of People	Allocated Square Feet
Credit Collection Supervisor	1	1	100 (8)
Five Interview Offices	4	5	425 (9)
Five Clerical	4	5	325 (10)
Receptionis	0	1	65 (11)
File Space - Patient Inhouse Accounts In Process	0	0	130 (10)
sub-total	<u>9</u>	<u>12</u>	<u>1,045</u>
Fiscals Services Manager	1	1	130 (12)
Fiscals Services Manager's Secretary	<u>1</u>	<u>1</u>	<u>65 (12)</u>
sub-total	<u>2</u>	<u>2</u>	<u>195</u>
TOTAL	63	84	7,098

- (1) Patient accounting Supervisor's Office should be located in an area where it could overlook the following Departments; Insurance, Medicare MA, and Special Billing, Charge Processing and Account Auditing.
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- (11) Receptionists Desk must meet the public, with this idea we are depending on using the Admissions waiting area as our lobby.
- (12) Fiscals Manager's Office must be accessible to the public without going through any work areas. Secretary to the Fiscals Manager should be adjacent.

Zetup 7000 - - - - - 1
 Mail opener - - - - - 1
 Tie-O-Meter - - - - - 1
 Safes - - - - - 2
 Camera - - - - - 1
 3M 400 Reader - - - 1
 Blackboard - - - - - 1
 Screen - - - - - 1
 large files 243 drawers 45
 storage Cabinet - 1
 Financial files - - 33 sections
 Desks - - - - - 53
 Chairs - - - - - 90
 Typewriters - - - - 30
 adding machines - - 42
 Stands - - - - - 12
 Work tables - - - - - 14
 Carts - - - - - 4
 small files - - - - - 22

September 3, 1970

Mr. Peter Sammond
Associate Director
University Hospitals
Box 606

Dear Mr. Sammond:

Recently Mr. Fearing and I met with Mr. Taylor of TAC, regarding Business Office space in the Health Sciences Expansion Program, and Mr. Fearing is providing Mr. Taylor with details of the Business Office needs.

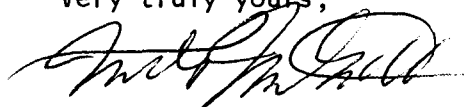
There is one modification that needs to be noted and hopefully some adjustment may still be made.

The Business Office area has 4,815 sq. ft. listed as existing space which includes 667 sq. ft. in Children's Rehanilitation currently assigned to Payroll. In Mr. Fearing's report this 667 sq. ft. has been eliminated as well as the request of 900 sq. ft. for future Payroll expansion. We are now in the process of combining the Payroll, Personnel, Employees Health Service and perhaps the Budget Offices into one unit in hopes of streamlining procedures and avoiding duplicate record keeping, so I wish to propose that the areas assigned for Personnel and Payroll be combined. A summary of the needs follows:

	<u>Existing</u>	<u>Additional</u>	<u>Total</u>
Payroll	667	900	1,567
Personnel	<u>685</u>	<u>351</u>	<u>1,036</u>
Totals	1,352	1,251	2,603

Employees Health Service has 324 sq. ft. existing and is to receive an increment of 238 sq. ft. for a total of 562 sq. ft. This is perhaps adequate, but it may be desirable that its location be adjacent to a clinic area if programs change.

Very truly yours,



Merle McGrath
Fiscal Services Manager



HEALTH SCIENCES CENTER

MM/ct

cc: Fearing

THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 4 February 1971

PLACE: Powell Hall 4112

TAC JOB: Unit B-C, #70046

PRESENT: Cliff Fearing, Mr. McGrath, Jim Block

SUBJECT: Business Office

BY: Jim Block

The Floor Plan of Level 2, Unit B-C was presented. The location of the Business Office, and its relationship to the adjacent departments had previously been discussed and approved. The division of the Business Office into two separate areas is acceptable as shown. The proposed sharing of the Interview Offices with Admitting was found to be desirable. The layout of the rooms and their relationships to each other was acceptable. One exception was the Reception area and the Cashiering Vault. These two areas should be reversed.* The next stage of the development of this area should include a furniture layout of the office areas and a layout of the Financial Files.

One question which came up during the meeting was whether or not the Business Office would include a Payroll. Mr. McGrath confirmed that the Payroll will not be included in this area.

* See sketch plan with Admitting Meeting Notes (4 February 1971).

JB/bb
9 February 1971

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THE ARCHITECTS COLLABORATIVE, Inc.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 20 May 1971
PLACE: Powell Hall 4107
TAC JOB: Unit B C, #70046
PRESENT: Cliff Fearing, Jim Block
SUBJECT: Business Office

The plan dated 17 May 1971, Floor 2, was presented for approval.

This plan had responded to a study of the pedestrian concourses by opening up a large waiting room off of the concourse. This altered somewhat the waiting in front of the business office, giving the business office its own waiting. It also reorganized the cashiering window and the reception desk. The major change suggested in the reception and cashiering area was the increase of the reception area to include two stations. The second station would be used by a insurance person capable of quickly gathering insurance information without going to an insurance interview room. This change was accomplished by decreasing the size of the cashiering clerical area and increasing the reception and interview clerical area.

The remaining clerical and file areas shown on the plan were approved with respect to size and their relationships to each other. The layout of desks and furniture within the room will be done during working drawings.

Business Office plan was not approved at this meeting because we wanted to wait until Mr. Kujawa had reviewed the Admissions Department.

The result of the Admissions Department Meeting the next day was to include a business interview office which would be permanently assigned to the business office. In exchange for this space, one of the interview offices in the business office was added to the Director's office. When this idea was presented to Mr. Fearing on May 21st, he accepted this revision and approved the plan.

JB:pci

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THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 13 October 1971
 PLACE: Powell Hall 4107
 TAC JOB: Unit B/C, #70046
 SUBJECT: Business Office, File 8.3
 PRESENT: Cliff Fearing, Jim Block
 BY: Jim Block

The purpose of the meeting was to review the plans for the Business Office which had been modified slightly since the design development approval. Mr. Fearing could see no problems which might result from the change as drawn for the Business Office. It was again pointed out that an interior study would be done which would finalize the arrangement of the desks, file cabinets, and locate the xerox machine. The plan has been reviewed on the basis of a sample desk, file cabinet, and xerox room layout which was used to determine the adequacy of the spaces several meetings ago and the minor modifications proposed in this plan should still be acceptable.

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