

**Howard County General
Hospital
Fiscal Year 2016
Community Benefits Report
Narrative**



JOHNS HOPKINS
M E D I C I N E

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Primary Service Area

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area (PSA) Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Hospital's Uninsured Patients:	Percentage of Hospital's Patients who are Medicaid Recipients:	Percentage of Hospital's Patients who are Medicare Beneficiaries:
264	17,431	21042, 21043, 21044, 21045, 21046, 21075, 20723, 20777, 21041, 21150, 21029, 21797, 21036, 20763, 20759, 21794, 20794, 21765, 21738, 21737, 21723 60% PSA: 21042, 21043, 21044, 21045, 21046, 21075, 20723, 21794	Sheppard Pratt (Psychiatry only)	Anne Arundel 0.3% Baltimore County 0.7% Baltimore City 1.4% Carroll 0.9% Frederick 0.7% Howard 0.6% Montgomery 1% Prince George's 0.9% Talbot 50% Worcester 9.1%	Anne Arundel 13.5% Baltimore County 19.1% Baltimore City 34% Calvert 30.8% Caroline 50% Carroll 8.6% Cecil 50% Frederick 7.2% Harford 26.7% Howard 16.7% Montgomery 16.3% Prince George's 20.3% Queen Anne's 11.1% St. Mary's 20% Talbot 50% Washington 16.7% Wicomico 50% Worcester 18.2%	Allegany 100% Anne Arundel 13.7% Baltimore County 24.5% Baltimore City 17.1% Calvert 15.4% Caroline 50% Carroll 21.7% Cecil 50% Charles 12.5% Dorchester 100% Frederick 13% Harford 26.7% Howard 38.3% Kent 50%

					Homeless 58.3%	Montgomery 33.7%
						Prince George's 33.6%
						St. Mary's 40%
						Washington 37.5%
						Wicomico 33.3%
						Worcester 54.5%
						Homeless 33.3%
Source: JHM Market Analysis and Business Planning						

2. Community Benefits Service Area

a. Description of Community Benefit Service Area

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community inhabited by 418,265 residents. The county is a melding of urban and rural areas. Howard County ranks as one of the healthiest counties in the state of Maryland, according to the Robert Wood Johnson Foundation/University of Wisconsin County Health Rankings.

Demographic projections estimate that the county will increase in population, as well as age overall, growing and graying. Between 2010 and 2035, the overall population is estimated to increase by 26.6%. During the same time period, those age 50 and older will increase by 60.7%, which is more than double the aging rate for the total county population. An estimated 38% of county residents will be 50 or older by 2035. (Maryland Department of Planning population projections, 2013)

The greatest increase in the 2016 Howard County population was in the 65 plus age group. This group had a 0.9% increase over 2015. Additionally, the 55 plus population represents 26.6% of all county residents. With this increase comes the probability that many may have chronic diseases, and treatment of these could consume more health dollars. Prevention must be targeted and individualized, focusing on evidence based interventions to be able to shift this group toward healthier lifestyles.

The 2016 racial/ethnic distribution in Howard County is 59.6% White, 16.6% African American, 14.1% Asian and 6.2% Hispanic. This continues to confirm that the community remains diverse. According to the 2015 American Community Survey, Howard County is a diverse community, with higher rates of foreign born residents as compared to the state overall (20.1% versus 15.2%,) and higher rates of languages other than English spoken in the home as compared to the rest of Maryland (24.7% versus 18.5%).

Howard County's mortality and morbidity indicators are overall positive compared to most Maryland jurisdictions and state targets. The county demonstrates a relatively low prevalence of chronic disease risk factors, including physical inactivity, smoking, high blood pressure and diabetes. While cancer mortality rates decreased among all racial groups per 100,000 deaths: White (148.4 to 140.7), African American (168.5 to 165.1) and Asian/Pacific Islander (93.8 to 87.7), cancer remains the leading cause of death in Howard County. Heart Disease rates saw a decrease in the White population (137.3 to 132.4) yet an increase in both the African American (125 to 134.4) and Asian/Pacific Islander (67.2 to 72.2) populations.

Diligence in targeting lifestyle changes to decrease risk factors will continue to be areas for intervention. Encouraging the population to have a primary care physician will allow for continuity of care and increased compliance with healthier behaviors.

Over the years, the county has prioritized the health of its residents and invested in programs to improve the health and wellness of those who live, work, learn, plan and worship there. Prior to the passage of the Affordable Care Act, the county created the Healthy Howard Health Plan— a public-private health care access plan for individuals making too much to qualify for public assistance but unable to obtain private insurance because of cost, pre-existing conditions or a lack of employer sponsored coverage. In addition to the CCT mentioned previously, as part of community integrated medical home efforts, Howard County General Hospital and Howard County Department of Health partnered with primary care physicians to support practice transformation activities leading to improved care coordination and health outcomes. Leveraging Howard County's broadband network, access was expanded by bringing telemedicine to school-based health centers in five Title I schools. Understanding the importance of mental/behavioral health issues, the county has made strategic investments such as embedding a mental health professional in the community policing division of the police department and a behavioral health specialist tied to the Grassroots Crisis Intervention Center to work with individuals discharged from HCGH's emergency department, and deliver mental health first aid training. These resources help connect high-risk individuals to care, create linkages to other community resources, and increase awareness of mental illness.

It is important to note that none of the initiatives or programs described above would have been possible without the strong partnerships and

collaborative nature of the county’s public health, health care, and social services organizations. Across the county, prevention activities, improved access to care, interventions to decrease health disparities, and essentially, all current efforts to improve the health and wellness of residents have been the result of public-private funding partnerships and interagency collaboration with community stakeholders.

b. Demographics

Table II

<p>Zip Codes included in the organization’s CBSA, indicating which include geographic areas where the most vulnerable populations reside.</p>	<p>Full CBSA, All Howard County Zip Codes: 21042, 21043, 21044, 21045, 21046, 21075, 20723, 20777, 21041, 21150, 21029, 21797, 21036, 20763, 20759, 21794, 20794, 21765, 21738, 21737, 21723</p> <p>Zip Codes of most vulnerable populations: Either Medicare or uninsured populations are in: 21042, 21043, 21044, 21045, 21075, 20723</p>
<p>Median Household Income within the CBSA</p>	<p>\$137,488 ¹</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>15,159 / 5.1% ²</p>
<p>For counties within the CBSA, what is the percentage of uninsured for each county?</p>	<p>8,520 / 2.04% ¹</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>39,349 / 9.4% ¹</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>The Howard County Life Expectancy baseline is 83 years at birth, (White - 82.8 and African American - 81.8) All are above the State baseline at 79.8. ³</p>
<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>Heart Disease Deaths per 100,000: ³ Howard County: 125.1 -White: 132.4 -African American: 134.4 -Non Hispanic Asian/PI: 72.2</p> <p>Maryland: 169.9 -White: 169.4 -African American: 197.2 -Non-Hispanic Asian/PI: 72.9 -Hispanic: 64.4</p> <p>Cancer Deaths per 100,000: ³ Howard County: 135.3 -White: 140.7 -African American: 165.1</p>

	<p>-Non Hispanic Asian/PI: 87.7</p> <p>Maryland: 162.0</p> <p>-White: 164.3</p> <p>-African American: 182.5</p> <p>-Non Hispanic Asian/PI: 88.0</p> <p>Infant Mortality Rate per 1,000 births: ⁴</p> <p>(2015)</p> <p>Howard County: 7.6</p> <p>-White: 5.5</p> <p>-African American: 13.5</p> <p>Maryland: 6.7</p> <p>-White: 4.3</p> <p>-African American: 11.2</p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources).</p>	<p>Access to Healthy Food ³</p> <p>-Low-income population with low food access: 1.84% ²</p> <p>-Households without a car, greater than one mile from a grocery store: 0.66% (2010)</p> <p>Free school lunch eligibility</p> <p>-Howard County: 14.2%</p> <p>-Maryland: 36.5% (2013)</p> <p>Transportation to Work ⁵</p> <p>-Public Transportation: 3.7%</p> <p>-Drove alone: 81.2%</p> <p>-Carpooled: 8.4%</p> <p>-Walked: 0.9%</p> <p>Education, population Age 25+ ⁵</p> <p>-Less than 9th grade: 3.0</p> <p>Some High School: 2.5%</p> <p>-High School Degree: 15.7%</p> <p>-Some College: 15.9%</p> <p>-A.A Degree: 5.8%</p> <p>-BS Degree or Higher: 57%</p> <p>Housing ⁵</p> <p>-Housing without a car: 5.2%</p> <p>-Owner Occupied: 74.1%</p> <p>-Renter Occupied: 25.9%</p> <p>-Renters spending more than 30% of income on rent: 36.7%</p>

Available detail on race, ethnicity, and language within CBSA.	<p>Language at Home ⁵</p> <p>Only English: 75.3%</p> <p>Other than English: 24.7%</p> <p>-Spanish: 5.0%</p> <p>-Asian/PI: 9.8%</p> <p>-Indo-European: 7.9%</p> <p>-Other: 2.0%</p>
Other	<p>Total Population: 418,265 ¹</p> <p>Sex ¹</p> <p>Male: 207,637 / 49.6%</p> <p>Female: 210,628 / 50.4%</p> <p>Race/Ethnicity ¹</p> <p>-White Non-Hispanic: 249,262 / 59.6%</p> <p>-Black Non-Hispanic: 69,442 / 16.6%</p> <p>-Hispanic: 25,726 / 6.2%</p> <p>-Asian and Pacific Islander Non--Hispanic: 59,037 / 14.1%</p> <p>-All Others: 14,798 / 3.5%</p> <p>Age ¹</p> <p>0-14: 78,273 / 18.7%</p> <p>15-17: 18,752 / 4.5%</p> <p>18-24: 38,506 / 9.2%</p> <p>25-34: 49,685 / 11.9%</p> <p>35-54: 121,639 / 29.1%</p> <p>55-64: 57,014 / 13.6%</p> <p>65+: 54,396 / 13%</p> <p>Income ¹</p> <p>Less than \$15,000: 3.8%</p> <p>\$15,000 - \$25,000: 3.8%</p> <p>\$25,000 - \$50,000: 11.2%</p> <p>\$50,000 - \$75,000: 13.7%</p> <p>\$75,000 - \$100,000: 12.9%</p> <p>\$100,000 and over: 54.6%</p>

References:

- ¹ 2016 Truven Market Expert
- ² <http://assessment.communitycommons.org>
- ³ <http://dhmh.maryland.gov/ship>
- ⁴ [http://dhmh.maryland.gov/vsa/Documents/Infant Mortality Report 2015.pdf](http://dhmh.maryland.gov/vsa/Documents/Infant_Mortality_Report_2015.pdf)
- ⁵ [http://planning.maryland.gov/msdc/American Community Survey/2015/Charts/2015ACS_Chart.shtml](http://planning.maryland.gov/msdc/American_Community_Survey/2015/Charts/2015ACS_Chart.shtml)

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?

Yes
 No

Provide date here. 6/30/16

If you answered yes to this question, provide a link to the document here. (Please note: This may be the same document used in the prior year report).

http://www.hopkinsmedicine.org/howard_county_general_hospital/downloads/FY2016_CHNA_FINAL.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes Enter date approved by governing body here: 06/15/16
 No

If you answered yes to this question, provide the link to the document here.

http://www.hopkinsmedicine.org/howard_county_general_hospital/downloads/FY2016_CHNA_FINAL.pdf

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b.)**

- a. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

Yes
 No

If yes, please provide a description of how the CB **planning** fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

Community Benefits activities roll up into the "Integration" Strategic Objective for Johns Hopkins Medicine. As a result, HCGH set specific goals relating to our health priorities.

The four health priorities that were approved by the Howard County General Hospital Board of Trustees in 2013 (Access to Care, Behavioral Health, Healthy Aging and Healthy Weight) integrate all priorities into ongoing initiatives.

Howard County General Hospital set two goals for FY2016 which support this integration.

- Access to Care – Create capacity to provide telemedicine consults for school-based wellness centers in Title I elementary schools within the Howard County Public School System.
- Behavioral Health – Implement pilot program for urgent care mental health services program with Way Station, Inc.

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary))

i. Senior Leadership

1. CEO
2. CFO
3. Other

Eric Aldrich, M.D., VP of Medical Affairs; Elizabeth Edsall Kromm, VP of Population Health and Advancement; Karen Davis, VP of Nursing

Describe the role of Senior Leadership.

Senior leadership directs, oversees and approves all community benefit work, including the allocation of funds that support community outreach directed at underserved and high-need populations in the CBSA. This high level review and evaluation sets the priorities of the hospital's outreach work and ensures the effective, efficient usage of funds to achieve the largest impact in improving the lives of those who live in the communities we serve. This group conducts the final review and approval of the final report's financial accuracy to the hospital's financial statements, alignment with the strategic plan and compliance with regulatory requirements.

ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Other (please specify)

Describe the role of Clinical Leadership

Individual clinical leaders, along with administrators, make decisions on community benefit programs that each department supports/funds through their budget. Clinical leaders will also identify and create strategies to tackle community health needs that arise in the CBSA, and oversee department programs for content accuracy, adherence to department protocols and best practices.

HCGH Clinical Leadership support the four HCGH health priorities most impactful in:

- Access to Care – Laura Hagan, Nurse Manager of the Pediatric Unit, and David Monroe, Medical Director of the Children’s Care Center worked to put the Telemedicine Program in place for the six Title I schools.
- Behavioral Health – Andrew Angelino, M.D., Chair of the Department of Psychiatry is a member of the LHIC, adding to the ongoing dialogue on the issues facing Howard County. He is also building partnerships in the community to expand providers and patient access, and played a key role in the development of the Rapid Access Program (RAP).
- Healthy Aging – An HCGH multidisciplinary team, which includes members of the HCGH unit staff, the Community Care Team (CCT), Social Workers, and Physicians, meet to identify inpatients for referral. In the community, Skilled Nursing Facilities, Primary Care Physicians, the Office on Aging and Independence and the Howard County Mental Health Authority refer directly to the CCT. All referred residents must voluntarily opt into the program. All participants receive up to 90-days of individualized support.

iii. Population Health Leadership and Staff

1. Population Health VP or equivalent
Patricia M.C. Brown, Senior VP of Managed Care and Population Health, JHM
2. Other
Population Health staff: Elizabeth Edsall Kromm, VP of Population Health and Advancement; Cindi Miller, Director of Community Health Education.

Describe the role of population health leaders and staff in the community benefit process.

Patricia M.C. Brown, Senior VP of Managed Care and Population Health, JHM is responsible for directing the Johns Hopkins Medicine (JHM) population health strategies, including care management, disease management and preparation for health care reform for all JHM hospitals and provider groups.

Elizabeth Edsall Kromm, VP of Population Health and Advancement, assesses hospital data, partners with community organizations and determines CB programs and initiatives based upon the four HCGH Community Health Priorities. She links the Executive Leadership Team with key initiatives, allowing for organizational integration.

Cindi Miller, Director of Community Health Education, integrates community outreach and community health improvement priorities.

iv. Community Benefit Operations

1. Individual (please specify FTE)
2 FTEs: Senior Project Manager of Regulatory Compliance and the Senior Revenue Analyst support the CB tracking and reporting.
0.32 FTE: VP of Population Health and Advancement 0.2 FTE: Director of Community Health Education
2. Committee (please list members)
3. Department (please list staff)
4. Task Force (please list members)
5. Other (please describe)
See Appendix VI for Community Benefit Team and Task Force Membership

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.

The Senior Project Manager of Regulatory Compliance and the Senior Revenue Analyst compile and analyze data that support the Community Benefit (CB) at HCGH. They provide the annual CB Financial Inventory report for HCGH.

The VP of Population Health and Advancement assesses the hospital data, partners with community organizations and determines CB programs and initiatives based upon the four HCGH Community Health Priorities. The VP provides oversight for the annual CB Narrative.

The Director of Community Health Education develops the annual CB Narrative.

All above staff are members of the JHM CB Workgroup.

- c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?)

Spreadsheet yes no
Narrative yes no

If yes, describe the details of the audit/review process (Who does the review? Who signs off on the review?)

There are several levels of audit and review in place at Johns Hopkins Health System (JHHS). Members of the CB team conduct the initial review for accuracy of information submissions, analyzes the financial data variances year over year, reviews reports for data inconsistencies and/or omissions and contact program reporters to verify submitted information and/or provide additional details. The CB team meets with senior hospital finance leadership to discuss, review and approve the CB financial reports. The CB team also meets with the senior compliance officer to review and audit for regulatory compliance. After the hospital specific audit/review is completed, the JHHS CB Workgroup

attends a meeting with all of the JHHS CFOs to review system wide data and final reports for the Health System president. In the final review meeting before submission, the hospital CFOs present to the health system president and discuss strategic alignment, challenges and opportunities discussed during the CB process.

- d. Does the hospital's Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet yes no
Narrative yes no

If no, please explain why.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence-based activities, continuous communication and quality improvement and a backbone organization designated to engage and coordinate partners.

- a. Does the hospital organization engage in external collaboration with the following partners:

Other hospital organizations
 Local Health Department
 Local health improvement coalitions (LHICs)
 Schools
 Behavioral health organizations
 Faith based community organizations
 Social service organizations

- b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

The following, along with Howard County General Hospital, are members of the 2014 CHNA Survey Planning Committee.

Organization	Name of Key Collaborator	Title	Collaboration Description
LHIC	Maura Rossman, M.D.	Health Officer and LHIC co-chair.	More than 40 member organizations voted in November 2014 to determine the health priorities for calendar years 2015-2017.
	Steve Snelgrove	HCGH President and LHIC co-chair.	
	Jeananne Sciabarra	LHIC, Director	
Howard County Health Department	Maura Rossman, M.D.	Howard County Health Officer	Staff provided input for the survey on questions of interest that were reflective of community health needs. Assistance was given in the outreach to the community about the survey, as well as a point of contact for the data analysis.
	Felicia Pailen	Director, Policy and Planning	
	Jacqueline Douge, M.D.	Director, Child Health	
	Kati Moore	Health Policy Analyst	
Columbia Association	Shawni Paraska	Director, Community Health Sustainability	Provided input on questions concerning healthy behaviors and physical activity.
Horizon Foundation	Glenn Schneider	Chief Program Officer	Provided coordination of the survey process, input into pertinent questions for the survey and was the agency contact for the consultant group performing the survey.
	Tiffany Callender	Senior Program Officer	
Johns Hopkins Medicine	Steve Arenberg	Director, Marketing Research	Provided advice on marketing research.
	Elizabeth Edsall Kromm, PhD.	VP, Population Health and Advancement	Provided input on HCGH Community Health Needs.
	Cindi Miller, R.N., M.S.	Director, Community Health Education	Provided input on HCGH Community Health Needs.
OpinionWorks, LLC	Steve Rabe	President	Provided expertise in survey question development, data collection and data summary.

- c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

HCGH President Steve Snelgrove is the co-chair of LHIC, along with Maura Rossman, M.D., Howard County Health Officer.

- d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

Howard County LHIC Members include: Steve Snelgrove, President; Andrew Angelino, M.D., Chair, Department of Psychiatry; Eric Aldrich, M.D., VP of Medical Affairs; Elizabeth Edsall Kromm, VP of Population Health and Advancement; Cindi Miller, Director of Community Health Education

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. CHNA 2016 Key Community Initiatives

The top health priorities were identified as:

1. Access to Care
2. Behavioral Health
3. Healthy Aging
4. Healthy Weight

These areas were consistent with the four areas voted as health priorities by HCGH in their first CHNA in 2012. They are also the four LHIC priorities identified for 2015-2017. Chronic disease is a concern for all residents. Interventions are incorporated into the four prioritized needs, as it is believed that by addressing these targeted areas there will be improvements in chronic diseases and conditions. All four priority areas are interconnected, with the prevalence of chronic disease as a major factor impacting healthy aging. An example of how chronic disease is addressed within Healthy Aging is through interventions such as referrals to the CCT. Referrals to the CCT come from the Hospital, Skilled Nursing Facilities, the Office on Aging and Independence and Primary Care Physician offices. Interventions are individualized to the participant to increase compliance with the prescribed plan of care. HCGH provided support to the Office on Aging and Independence for their chronic disease, evidence-based classes. Support included free program marketing and free classroom space at the HCGH Wellness Center.

Access to Care

There are 8,520 residents (2.04%) with no health insurance coverage. While this number is decreasing, it is still not acceptable. Issues of inequity exist when considering income, race and education. Only 87% of respondents in households making less than \$50,000 a year have coverage. The education breakouts indicate only 90% of those with a high school diploma or GED have coverage, and only 76% of those with less than a high school degree are insured.

Respondents who identified their race as African American, Hispanic, or Native American/Other were more likely to experience health access difficulties. While 96% of White residents said they have health coverage, only 94% of African Americans, 94% of Asians, 97% of those in the Native American/Other category report having coverage. The ethnic group with lowest coverage is Hispanics, with only 79% having health coverage. Employment status also affects access to health care. For example, while 95% of those employed say they have some type of health insurance, only 92% of those who were self-employed and 92% of those unemployed were insured. Of the student population, only 88% are insured.

Behavioral Health

The percent of residents reporting presently taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem increased to 11% in 2016 (7% in 2014). Residents are more likely to be taking medicine or receiving treatment for a mental health condition or emotional problem if they are female, White, have no children at home, are unemployed or are obese. 28% of residents (2% increase from 2014) reported being stressed about money for vital expenses, such as rent or mortgage and food. However, respondents who identified their race as African American, Hispanic, or Native American/Other were more likely to experience this type of stress. 54% of White residents and 54% of Asian residents said they were never stressed about money for vital expenses, compared with 41% of African Americans, 37% of Hispanics, and 36% of those in the Native American/Other category.

When looking at those who reported binge drinking or having more than five drinks for men and four drinks for women, at least once in a month, the residents aged 18 to 34 were the largest group (21%). Although this is a decrease from 2014 (27%), concern for this behavior continues.

Healthy Aging

The population of older adults is increasing, and they are at high risk for having and/or developing chronic disease. Elders age 55 and older now represent 26.6% of county residents.

Residents are more likely to have been told by a medical professional that they have high blood pressure if they are over 55, African American, have no children in the home, are unemployed or retired, divorced, separated, widowed or obese. This same age group is more likely to have been told their blood cholesterol is high.

COPD is more likely in elders who are aged 55 to 74, have a lower-income, do not have a high school degree, are unemployed or retired or are divorced or separated. Reporting of diabetes among all residents is down to 7% (from 8% in 2014). However, elders aged 55 to

74 are more likely to have been told they have diabetes if they are self-employed, unemployed, retired or obese.

With all the above diseases, obesity is a major contributing factor. This health risk is addressed in the Healthy Weight initiative.

Healthy Weight

Sixty percent of Howard County respondents reported BMI scores in the overweight or obese range. This is an increase from 56% in 2014. The Howard County obesity rate (23%) is lower than the State (28%), as reported by the County Health Rankings of 2015. However, many survey participants reported behaviors that contribute to unhealthy weight, including lack of exercise and low consumption of fruits and vegetables.

When broken down by race, the overweight/obesity rates among all races/ethnicities increased or stayed the same. White residents remained at 59%, African American residents increased to 72% from 61%, Asian residents increased to 46% from 36% and Hispanic residents increased to 67% from 53%. Residents' daily fruit consumption is down to 63% from 67% (2014). Daily vegetable consumption is down to 68% from 70% (2014). Residents reporting physical activity in the past week was slightly lower (80% compared to 81% in 2014).

Table III, Initiative 1. Access to Care

<p>Identified Need</p>	<p>Residents who are Asian, African American, Hispanic or adults with less than a high school education may not have the access to care, some because they do not qualify for coverage and others because the co-pays may be unaffordable.</p> <p>The 2016 Survey indicated there are still residents without health care coverage, although it decreased from 6% to 5% of surveyed residents. Laurel (7%), ElkrIDGE (7%) and Ellicott City (5%) were the locations reporting the largest lack of health care coverage.</p> <table border="1" data-bbox="561 512 1419 701"> <thead> <tr> <th></th> <th>West County</th> <th>Ellicott City</th> <th>Columbia</th> <th>ElkrIDGE</th> <th>Laurel</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>97%</td> <td>94%</td> <td>95%</td> <td>92%</td> <td>93%</td> </tr> <tr> <td>No</td> <td>3%</td> <td>5%</td> <td>4%</td> <td>7%</td> <td>7%</td> </tr> <tr> <td>Not sure</td> <td>-</td> <td>-</td> <td>-</td> <td>1%</td> <td>-</td> </tr> </tbody> </table> <p>8,520 residents currently do not have health insurance coverage. While this number has decreased from 2.62% in 2015 to 2.04% in 2016, the need to address this remains. Additionally, our foreign-born community population increased in FY16. There was an increase in the population of African Americans (12,041), Asian/Pacific Islander (9,583) and Hispanic (5,098) populations. The Hispanic population is the group with the greatest area of need (20% without health care coverage).</p> <table border="1" data-bbox="561 1045 1344 1192"> <thead> <tr> <th></th> <th>White</th> <th>African American</th> <th>Asian</th> <th>Hispanic</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>96%</td> <td>94%</td> <td>94%</td> <td>79%</td> <td>97%</td> </tr> <tr> <td>No</td> <td>4%</td> <td>6%</td> <td>6%</td> <td>20%</td> <td>3%</td> </tr> </tbody> </table> <p>Title I Students who become ill while at school. Concern for missed school time and possible emergency room admissions due to need for immediate appointments for the health issues.</p>		West County	Ellicott City	Columbia	ElkrIDGE	Laurel	Yes	97%	94%	95%	92%	93%	No	3%	5%	4%	7%	7%	Not sure	-	-	-	1%	-		White	African American	Asian	Hispanic	Other	Yes	96%	94%	94%	79%	97%	No	4%	6%	6%	20%	3%
	West County	Ellicott City	Columbia	ElkrIDGE	Laurel																																						
Yes	97%	94%	95%	92%	93%																																						
No	3%	5%	4%	7%	7%																																						
Not sure	-	-	-	1%	-																																						
	White	African American	Asian	Hispanic	Other																																						
Yes	96%	94%	94%	79%	97%																																						
No	4%	6%	6%	20%	3%																																						
<p>Hospital Initiative: Increase the percentage of adults reporting having health insurance. (SHIP)</p>	<ol style="list-style-type: none"> Partner with the Office on Aging and Independence and hold Medicare informational programs in the Wellness Center. Educate the community on the importance of having a medical home (primary care professional). Provide a school-based telemedicine program for children in Title 1 elementary schools. Provide one annual Latino health fair, providing health screenings and resources, to improve health care access for the Hispanic population. 																																										
<p>Total Number of People within Target Population</p>	<p>8,520 residents who currently do not have health insurance coverage.</p> <ol style="list-style-type: none"> 37,168 residents eligible for Medicare. Children enrolled in the 6 Title 1 schools (Elementary). Hispanic residents (20%) without health care coverage. 																																										
<p>Total Number of People Reached by Initiative</p>	<ol style="list-style-type: none"> Medicare education: 267 senior attendees Telemedicine: 150 pediatric student encounters 																																										

	3. Latino Outreach: 320 participants
Primary Objective	Increase the percentage of all residents with access to affordable care.
Single or Multi-Year Initiative Time Period	All initiatives are Multi-year
Key Collaborators in Delivery	<ol style="list-style-type: none"> 1. Office on Aging and Independence, Howard County Dept. of Citizen Services, MD Senior Health Insurance Program (SHIP), Maryland Access Point 2. HCHD, Howard County Public School System, 1 Physician practice, Columbia Medical Practice 3. St. John's Catholic Church, FIRN, Priority Partners (Medicaid MCO), HCHD, Community non-profits
Impact/Outcome of Hospital Initiative	<p>Decrease in uninsured to 2.04%.</p> <ol style="list-style-type: none"> 1. 7 Medicare programs held with 267 attendees 2. 1,144 children enrolled into telemedicine program. 150 Visits. 43.7% with Medical Assistance, 13.5% Uninsured. 3. 320 participants attended the annual Latino Health Fair in March 2016. 8 booths shared Access to Care information with attendees. Healthy Howard Door to Health Care (80), Dept. of Social Services (50), Mental Health (15), JH Community Physicians (45), MD Insurance Plan (30), Priority Partners (55), United Way (45) and Chase Brexton (42).
Evaluation of Outcome (Include process and impact measures)	<p>2014 SHIP data showed overall percent of Howard County residents who are insured is 92.9%.</p> <p>2016 Howard County Community Health Needs Assessment (CHNA) showed an increase of insured to 95% from 94%. However, disparities exist among ethnicities: White (96%), African American (94%), Asian (94%) and Hispanic (79%).</p> <p>In the 65-74 age group, 99% indicated health care coverage and 100% of residents age 75 and older have health care coverage. The residents with the lowest coverage are the 18-24 age group with only 87% indicating coverage.</p> <ul style="list-style-type: none"> • 7 Medicare education sessions held – 267 attendees. • Telemedicine encounters were able to treat children and return 95% to the classroom, thus avoiding extended loss of learning time. • The attendance at the Annual Latino Health Fair increased by 70 participants from 250 (2015) to 320 (2016).
Continuation of Initiative	<p>Yes, all initiatives will continue.</p> <p>The 2016 CHNA showed a 1% increase in residents who have health insurance. The 2016 survey was able assess ethnicity and access. We will now be able to use this data for further targeted improvement.</p>

<p>Expense</p> <p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Total Cost of Initiative Charity Care Dollars FY16 = \$3,560,370</p> <p>Medicare Room Use/ Scheduling/Set-Up: 7 x 2.5 hours x \$60 = \$1,050 Marketing: 4 x \$250 = \$1000</p> <p>Telemedicine – HCGH paid for 49 Encounters: 49 encounters x .5 hours x \$100/hr. = \$2,450</p> <p>Latino Health Fair - \$7,000</p>	<p>B. Direct offsetting revenue from Restricted Grants</p>
--	--	--

Table III, Initiative 2. Behavioral Health

Identified Need	<p>Eleven percent of residents (2016 CHNA) reported they were presently taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem. This is an increase from 7% in 2014 and 9% in 2012.</p> <p>LHIC Priority: 2014 Behavioral Health Task Force’s recommendations to enhance behavioral health consumer needs.</p>
Hospital Initiative	<p>Increase timely access to behavioral health services for residents of all ages.</p> <ol style="list-style-type: none"> 1. Establish new partnerships with community behavioral health providers to provide seamless connections to treatment from acute, post-acute and primary care settings. 2. Connect patients at risk for suicide to an outpatient follow-up program administered by Way Station, Inc. 3. Implement urgent care psychiatric stabilization services with community provider, Way Station, Inc. Connect eligible residents to first follow-up appointment within two business days.
Total Number of People within Target Population	<p>All HCGH psychiatric emergency department and inpatient admissions with urgent behavioral health needs.</p>
Total Number of People Reached by Initiative	<ol style="list-style-type: none"> 1. Two partnerships with Grassroots and Way Station, Inc. continued in FY16. 2. In FY16 there were 141 patients referred to the Crises Beds at the Way Station, Inc. Of those, 49 were able to be placed at this facility. 3. 492 Rapid Access Program (RAP) referrals from HCGH and Grassroots were made in FY16. Of these, 387 (77%) kept their appointments made to the Way Station for outpatient treatment.
Primary Objective	<p>Expand access to behavioral health resources and reduce behavioral health emergencies.</p> <p>Address the three important issues identified by the 2014 Behavioral Health Task Force</p> <ol style="list-style-type: none"> 1. Decrease gaps in service 2. Increase access to behavioral health services 3. Enable timeliness of access.
Single or Multi-Year Initiative Time Period	<p>Multi-Year initiative</p>
Key Collaborators in Delivery	<p>Howard County Mental Health Authority, Way Station, Inc., Local Health Improvement Coalition – Behavioral Health Work Group, Grassroots Crisis Intervention Center, National Alliance for Mental Illness (NAMI) Howard County, The Horizon Foundation, Howard County Health Department, HC Drug Free, On Our Own Howard County, MD Chapter, American Academy of Pediatrics</p>

Impact/Outcome of Hospital Initiative	<ol style="list-style-type: none"> 1. Two partnerships continued, which allowed for improved outpatient behavioral health care. 2. HCGH discharged patients, admitted for suicide risk at HCGH Emergency Department, are referred to the Crises Beds at the Way Station, Inc. This prevents any gap in service from inpatient to outpatient. 3. 375 (HCGH and Grassroots) RAP referrals to the Way Station, Inc. eliminates any post discharge outpatient gap in care. 	
Evaluation of Outcome (Include process and impact measures)	<p>Three percent of residents said there was a time during the prior 12 months when they needed mental health treatment or counseling, but did not get it. This number is unchanged from 2014. The question was not asked in 2012.</p> <p>As mentioned earlier, in 2016 there was an increase in the percentage of residents, (7% in 2014 to 11% in 2016), taking medication or receiving treatment from a health professional for a mental health condition or emotional problem.</p> <p>Stress can affect physical and/or mental health. Residents continue to report they were worried or stressed at least sometimes during the prior 12 months about having enough money to pay vital expenses like rent, mortgage or food.</p>	
Continuation of Initiative	Yes	
Expense A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	<p>A. Total Cost of Initiative</p> <p>HCGH Grant to Way Station, Inc. to provide outpatient care to discharged behavioral health inpatients. \$75,000.</p>	<p>B. Direct offsetting revenue from Restricted Grants</p>

Table III, Initiative 3. Healthy Aging

Identified Need	The greatest increase in the 2016 Howard County population was in the 65 plus age group. This group had a 0.9% increase over 2015. Additionally, the 55 plus population represents 26.6% of all county residents. With this increase comes the probability that many may have chronic diseases.
Hospital Initiative	<ol style="list-style-type: none"> 1. Implement the Community Care Team (CCT) to provide comprehensive care coordination services for chronically ill older adults, with a focus on addressing social determinants of health. 2. Enroll elder residents in evidence-based Chronic Disease Management classes. 3. Support the health fair screenings at the Office on Aging and Independence annual 50 Plus Expo.
Total Number of People within Target Population	Residents aged 55 to Over 65 – 111,410 Community seniors who have used the ED – 2,700
Total Number of People Reached by Initiative	<ol style="list-style-type: none"> 1. Patient referral pathways: acute, post-acute, primary care and home care. Program addresses social determinants in addition to health care needs. The care plan development is client-led. FY16 CCT clients – Approximately 171 accepted Average Age: 66 years (70% had Medicare) Gender: Female – 63% Male – 37% Race: White – 54% African American – 34% Asian – 4% American Indian/Alaskan Native – 1% Other – 5% Median Number of Chronic Conditions: 5 Most frequent conditions: hypertension, diabetes, depression, coronary artery disease, anxiety 2. Two Living Well classes held in Wellness Center – 24 participants. These classes were taught by the Office on Aging and Independence. In FY 17, this will become a partnership between HCGH and the Office on Aging and Independence to increase the number of classes provided. 3. Over 200 seniors participated in the health screenings at the FY16 50 Plus Expo.

Primary Objective	Improve the health of older adults living in Howard County, and provide comprehensive care coordination for those with chronic conditions.	
Single or Multi-Year Initiative Time Period	Multi-year	
Key Collaborators in Delivery	Healthy Howard Inc., Howard County Office on Aging and Independence, Howard County Health Department, Coalition of Geriatric Services (COGS), NeighborRide, Community Action Council, Transition Howard County, LHIC, Lorien Health Systems	
Impact/Outcome of Hospital Initiative	<p>Chronic disease is increasing in the county in conjunction with the greying of the community.</p> <p>Mortality rate in Howard County is 125.1/100,000, with the White population at 132.4, African American population at 134.4 and the Non-Hispanic Asian/PI population at 72.2. Although there is a slight decrease in the overall mortality rate, heart disease remains a chronic disease in the county. The 2016 survey showed 26% of Howard County residents have been told by a health professional that they have high blood pressure, an increase from 24% in both 2014 and 2012.</p> <p>Diabetes is another concern for the county. 7% of residents have been told they have diabetes, down slightly from the 8% in 2014. Of the senior population, 11% of residents aged 55-64 and 29% of residents aged 65 and older report having diabetes. The over 65 population has increased from 24% in 2014.</p>	
Evaluation of Outcome (Include process and impact measures)	<p>171 people enrolled in the CCT program from both the community and HCGH referrals. CCT intervention is for 30-90 days. The acceptance rate has increased to 35% from 29% in 2015.</p> <p>Due to the aging of the population and the increase in chronic disease, we will continue to reach out to the community to enroll residents into evidence-based programs.</p>	
Continuation of Initiative	Yes	
Expense	A. Total Cost of Initiative	B. Direct offsetting revenue from Restricted Grants
A. Total Cost of Initiative for Current Fiscal Year	In-Kind Room/Setup: (Two Living Well programs) 2 programs x 3.5 hours x 6 sessions x \$60 = \$2,520	
B. What amount is Restricted Grants/Direct offsetting revenue	Marketing = 2 x \$250 = \$500	

Table III, Initiative 4. Healthy Weight

<p>Identified Need</p>	<p>The 2016 Howard County Health Assessment Survey (HCHAS) determined 60% of Howard County population is identified as obese or overweight.</p> <p>Higher percentages are in the Western Howard County, Ellicott City and Elkridge areas. A higher percentage is among African American and Hispanic residents.</p> <p>LHIC has identified four critical strategies toward reducing obesity within the County</p> <ol style="list-style-type: none"> 1. Increase access to and consumption of healthy food and drinks 2. Increase access to and participation in physical activity 3. Create walkable/bikeable communities 4. Support education related to healthy living <p>Approximately 300,000 deaths per year may be attributable to obesity (Office of the Surgeon General).</p>
<p>Hospital Initiative</p>	<ol style="list-style-type: none"> 1. Implement nutrition standards for beverages sold in HCGH cafeteria. 2. Support LHIC advocacy work to update County food and beverage nutrition standards. 3. Support LHIC advocacy work to improve County Public School System’s Wellness Policy. 4. Support programs, including the Roving Radish and expanded Farmers Market locations (WIC office near Health Department and Social Services), which increase access to healthy foods, especially for low-income families. 5. Implement multi-week walking program in North Laurel/Elkridge area of the county.
<p>Total Number of People within Target Population</p>	<ul style="list-style-type: none"> • Howard County population identified as obese or overweight – 60% • Students in the Howard County Public School System – 54,870 • Customers annually in the HCGH Cafeteria – Over 232,000
<p>Total Number of People Reached by Initiative</p>	<p>HCGH decreased the sale of sugary beverages in the hospital cafeteria. All staff and visitors who visit the cafeteria are given healthier options.</p> <p>Roving Radish pick-up site at HCGH – the first full year of data (2015) shows HCGH is the largest distribution site (20% of all meals distributed in the program). Of the 673 meal kits, 48% of those meals were subsidized.</p> <p>We Walk for Wellness in North Laurel – (second year) 22 participants monthly for the 7 month program.</p>
<p>Primary Objective</p>	<p>Enable people of all ages and incomes to achieve and maintain a healthy weight through healthy eating and physical activity.</p>

Single or Multi-Year Initiative Time Period	Multi-Year	
Key Collaborators in Delivery	Johns Hopkins Health System, Local Health Improvement Coalition – Healthy Weight Work Group, Howard County Health Department, The Horizon Foundation, People Acting Together in Howard County (PATH), American Heart Association, Howard County Government	
Impact/Outcome of Hospital Initiative	<p>Less Sugary beverages are offered to consumers in the HCGH cafeteria. Healthier choices are more readily available.</p> <p>19 Health fairs where healthy nutrition and sugary beverage education was provided at BMI screenings and/or the Healthy Kids Nutrition Game, which reached over 500 adults/parents.</p> <p>Healthier food options are more available through the HCGH Roving Radish pick up site.</p> <p>The 2016 CHNA reports a decrease in healthy weight of residents from 44% (2014) to 40% (2016).</p>	
Evaluation of Outcome (Include process and impact measures)	<p>The 2016 CHNA showed a decrease in healthy weight overall for all residents to 40% from 44% in 2014. All ethnic groups showed a decrease in healthy weight: White (40.9% to 40%), African American (38.8% to 29%), Asian (63.8% to 54%) and Hispanic (46.8% to 32%). This new data will need to be discussed within the LHIC as we seek to change the behaviors of overweight residents.</p> <p>The FY16 population increased in Howard County by 111,005. Current interventions will continue for another two years as we continue to reach out to the community to eat healthier and become more active.</p>	
Continuation of Initiative	Yes	
Expense	A. Total Cost of Initiative	B. Direct offsetting revenue from Restricted Grants
A. Total Cost of Initiative for Current Fiscal Year	Health Fairs – \$2,270	
B. What amount is Restricted Grants/Direct offsetting revenue	We Walk for Wellness – \$3600	

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital?

Howard County has a high rate of Lyme Disease, and the chronic health problems of those infected with the disease are very challenging. The 2016 CHNA found 37% of residents indicate they “always” take protective measures against ticks when they go outside, and 30% said they “sometimes” do, for a total of 67%. In prior years, this was asked as a simple yes or no question, with 57% of residents in 2014 saying they were taking protective measures against ticks. More public education is needed to increase compliance with “always” taking prevention precautions. Public education on Lyme Disease prevention, via wellness programs and social media, are done throughout the year, with an emphasis on warmer months to encourage the wearing of proper clothing attire.

Dental Health is another area identified as a health need. Eighty percent of residents indicated they had visited a dentist/dental clinic within the past 12 months. Dental health is very important for overall health. Residents are less likely to have had a dental visit in the past 12 months if they are aged 25 to 34, are lower income, have less than a college degree, or are widowed or never married. Nine percent of residents reported having a dental problem and would have liked to see a dentist but did not. The main reason they did not see the dentist was due to cost (49%). Residents in the ElkrIDGE (51%) and Laurel (73%) areas indicated cost was a greater concern than did other areas of Howard County. Currently, the LHIC Access to Care workgroup includes improving access to oral health in their 2015 – 2017 Action Plan.

3. How do the hospital’s CB operations/activities work toward the State’s initiatives for improvement in population health? (see links below for more information on the State’s various initiatives).

The four HCGH priorities/initiatives detailed in Table III link directly with LHIC priorities/initiatives. All work done through the LHIC is based on SHIP measures and reported to the State through the Howard County Health Department. The Behavioral Health initiative seeks to reduce hospital ED visits related to behavioral health. The Healthy Weight initiative seeks to increase the percentage of adults who are at a healthy weight.

VI. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.
2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call;

Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Table IV – Physician Subsidies

Category of Subsidy	Explanation of Need for Service
Hospital-Based Physicians	<p>In FY16, the Hospital contributed \$2,039,943 for ED On-Call, OB/GYN ED/IP, Psych ED/IP to provide coverage for their services.</p> <p>Payments incentivize on-call coverage responsibilities, serving both the Hospital’s Emergency Department (ED) and consultation and treatment of Hospital inpatients.</p> <p>Physicians no longer take calls unless compensated for this service.</p>
Non-Resident House Staff and Hospitalists	<p>The Hospital staffs a team of hospitalists to provide primary care for patients, working collaboratively alongside specialists and patients’ primary care physicians. Payments incentivize physicians to cover responsibilities serving inpatients, so full payment is received for coverage time.</p> <p>In total, the Hospital supported \$3,318,436 for these hospital-based physicians.</p>
Coverage of Emergency Department Call	See above
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	

VII. APPENDICES

APPENDIX I. DESCRIPTION OF FINANCIAL ASSISTANCE POLICY

Description of how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's financial assistance policy.

JHHS hospitals publish the availability of Financial Assistance on a yearly basis in their local newspapers, and post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. These notices are at a reading comprehension level appropriate to the CBSA's population and are in English and in non-English languages prevalent in the CBSA.

Notice of availability is mentioned during oral communications. The hospital has multilingual staff to assist non-English speaking patients.

Notice of availability and financial assistance contact information is also prominently noted on patient bills and statements at a reading comprehension level appropriate to the CBSA's population. For Spanish speaking patients, when the hospital is aware of patient's limited language skills, statements and letters are sent in Spanish.

A Patient Billing and Financial Assistance Information Sheet is provided to inpatients before discharge and will be available to all patients upon request. This Information Sheet is at a reading comprehension level appropriate to the CBSA's population and is in English and in non-English languages prevalent in the CBSA.

Financial Assistance Applications and Medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and those patients are notified in writing, as well as verbally.

Notice of availability of financial assistance is posted on each hospital website. The Financial Assistance Policy and Application and Medical Financial Hardship Application are posted on the hospital's website in English and in non-English languages that are prevalent to the CBSA's population. The application is printable.

JHHS has staff available to discuss and assist patients and/or their families with the availability of various government benefits, such as Medicaid or State programs, and assists patients with qualification for such programs, where applicable.

APPENDIX II. Description of How Hospital's Financial Assistance Policy has changed since ACA became effect on January 1, 2014

Effective January 1, 2015, JHHS expanded its definition of Medical Debt to include co-payments, co-insurance and deductibles of patients who purchased insurance through a Qualified Health Plan.

In JHHS FAP a Qualified Health Plan is defined as:

Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.

At The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (JHBMC), the policy expanded eligibility for Financial Assistance. Previously, eligibility was limited to patients who were citizens of the United States of America or a permanent legal resident (must have resided in the USA for a minimum of one year). Effective January 1, 2015, this was expanded to include patients who reside within the geographic area described in the hospital's Community Health Needs Assessment. The ZIP codes for JHH and JHBMC are: 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231, and 21052.


Notice of financial assistance availability was posted on each hospital's website and mentioned during oral communications. Policy was changed to state this is being done. This change is in response to IRS regulation changes.

Previously patients had to apply for Medical Assistance as a prerequisite for financial assistance. JHHS added that the patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements.

For Medical Hardship: Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines.

Policy was changed to add an Appendix and language advising that the Appendix lists physicians that provide emergency and medically necessary care at the hospitals and whether the doctor is covered under the hospital's Financial Assistance policy. The Appendix will be updated quarterly and is posted on the hospital website. The policy and the website instruct patients to direct any questions they may have concerning whether a specific doctor has a financial assistance policy separate and apart from the hospital's policy. This change is in response to IRS regulation changes.

APPENDIX III. FINANCIAL ASSISTANCE POLICY

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 1 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

Purpose

JHHS is committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, also will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.


Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses. Financial Assistance Applications and medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted so long as other requirements are met.

Definitions

Medical Debt Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)

Liquid Assets Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.

Immediate Family If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If


 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<i>Policy Number</i>	FIN034H
		<i>Effective Date</i>	10-23-13
	<i>Subject</i>	<i>Page</i>	2 of 21
	FINANCIAL ASSISTANCE	<i>Supersedes</i>	05-15-13

patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.


PROCEDURES

1. An evaluation for Financial Assistance can begin in a number of ways:
For example:
 - A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
 - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
3. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
 - a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
 - b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
 - c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved


 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 3 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's to mail patient a written determination of eligibility.

4. To determine final eligibility, the following criteria must be met:
 - a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. All insurance benefits must have been exhausted.
5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
 - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
 - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle for review and final eligibility based upon JHMI guidelines.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 4 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

- a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments for reconsideration to the CFO (HCGH) or Director PFS and CFO (SH) for final evaluation and decision.
 - b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will base their determination of financial need on JHHS guidelines.
7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
 8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.
 9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.
 10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
 11. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patients representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.
 12. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
 13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 5 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

14. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
15. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of-pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.
16. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

REFERENCE¹


JHHS Finance Policies and Procedures Manual

Policy No. FIN017 - Signature Authority: Patient Financial Services
Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq
Maryland Code Health General 19-214, et seq
Federal Poverty Guidelines (Updated annually) in Federal Register

¹ NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.

 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 6 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

RESPONSIBILITIES - HCGH, SH

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance

Understand current criteria for Assistance qualifications.

Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.

On the day preliminary application is received, send to Patient Financial Services Department's for determination of probable eligibility.

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Management Personnel
(Supervisor/Manager/Director)


Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.

Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]

Notices will not be sent to Presumptive Eligibility recipients.

Financial Management Personnel
(Senior Director/Assistant Treasurer or affiliate equivalent)
CP Director and Management Staff

Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 10-23-13
		<i>Page</i> 7 of 21
		<i>Supersedes</i> 05-15-13

SPONSOR

CFO (HCGH, SH)
 Director of Revenue Cycle (HCGH)
 Director, PFS (SH)


REVIEW CYCLE

Two (2) years

APPROVAL



 Sr/VP of Finance/Treasurer & CFO for JHH and JHHS

11-1-2013
 Date

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 8 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

**APPENDIX A
FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

1. Each patient requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.
2. A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
4. Proof of income must be provided with the final application. Acceptable proofs include:
 - (a) Prior-year tax return;
 - (b) Current pay stubs;
 - (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
 - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
 - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
7. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.
8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.

	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	9 of 21
		<i>Supersedes</i>	05-15-13

9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted. The Financial Counselor will issue the final eligibility determination.
10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.
12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.


FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES						
Effective 2/1/15						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 23,540	\$ 25,894	\$ 28,248	\$ 30,602	\$ 32,956	\$ 35,310
2	\$ 31,860	\$ 35,046	\$ 38,232	\$ 41,418	\$ 44,604	\$ 47,790
3	\$ 40,180	\$ 44,198	\$ 48,216	\$ 52,234	\$ 56,252	\$ 60,270
4	\$ 48,500	\$ 53,350	\$ 58,200	\$ 63,050	\$ 67,900	\$ 72,750
5	\$ 56,820	\$ 62,502	\$ 68,184	\$ 73,866	\$ 79,548	\$ 85,230
6	\$ 65,140	\$ 71,654	\$ 78,168	\$ 84,682	\$ 91,196	\$ 97,710
7	\$ 73,460	\$ 80,806	\$ 88,152	\$ 95,498	\$ 102,844	\$ 110,190
8*	\$ 81,780	\$ 89,958	\$ 98,136	\$ 106,314	\$ 114,492	\$ 122,670
**amt for each member	\$8,120	\$8,932	\$9,744	\$10,556	\$11,368	\$12,180
Allowance to Give:	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines

**For family units with more than eight (8) members

EXAMPLE: Annual Family Income \$54,000
 # of Persons in Family 4
 Applicable Poverty Income Level \$47,700
 Upper Limits of Income for Allowance Range \$57,240 (60% range)
 (\$54,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	10 of 21
		<i>Supersedes</i>	05-15-13


Appendix A-1

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- Participation in Women, Infants and Children Programs (WIC)*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility *
- Households with children in the free or reduced lunch program*
- Low-income household energy assistance program participation*
- Eligibility for other state or local assistance programs which have financial eligibility at or below 200% of FPL
- patients referred to Suburban Hospital by organizations which have partnered with Suburban (See Appendix E)
- Patient is deceased with no known estate
- Health Department moms – For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

*These life circumstances are set forth in COMAR 10.37.10.26 A-2. The patient needs to submit proof of enrollment in these programs within 30 days of treatment unless the patient requests an additional 30 days.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>11 of 21</p>
		<p><i>Supersedes</i></p>	<p>05-15-13</p>

**APPENDIX B
MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance. This determination will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:

- 1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and
- 2.) who meet the income standards for this level of Assistance are met.

For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHHS shall apply the reduction in charges that is most favorable to the patient.

Medical Financial Hardship is defined as Medical Debt for Medically Necessary treatment incurred by a family over a twelve (12) month period that exceeds 25% of that family's income.


Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

The patient/guarantor can request that such a determination be made by submitting a Medical Financial Hardship Assistance Application (Exhibit C), when submitting JHM/Financial Assistance Application, also known as the Maryland State Uniform Financial Assistance Application (Exhibit A), and the Patient Profile Questionnaire (Exhibit B). The patient guarantor must also submit financial documentation of family income for the twelve (12) calendar months preceding the application date and documentation evidencing Medical Debt of at least 25% of family income.

Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the same hospital for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures. However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.

General Conditions for Medical Financial Hardship Assistance Application:

1. Patient's income is under 500% of the Federal Poverty Level.
2. Patient has exhausted all insurance coverage.
3. Patient account balances for patients who chose to register as voluntary self pay shall not counted toward Medical Debt for Medical Financial Hardship Assistance.
4. Patient/guarantor do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
5. Patient is not eligible for any of the following:
 - Medical Assistance

 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<i>Policy Number</i>	FIN034H
	<p><i>Subject</i></p> <p>FINANCIAL ASSISTANCE</p>	<i>Effective Date</i>	10-23-13
		<i>Page</i>	12 of 21
		<i>Supersedes</i>	05-15-13

- Other forms of assistance available through JHM affiliates
6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.
 7. The affiliate has the right to request patient to file updated supporting documentation.
 8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
 9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Medical Financial Hardship Assistance Application:


- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS treating facility where the application was made.
- Liquid Assets (leaving a residual of \$10,000)
- Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- Supporting Documentation

Exceptions

The Vice President, Finance/CFO or designee may make exceptions according to individual circumstances.

Evaluation Method and Process

1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.
2. The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.


 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	The Johns Hopkins Health System Policy & Procedure		<i>Policy Number</i>	FIN034H
	<i>Subject</i>		<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE		<i>Page</i>	13 of 21
			<i>Supersedes</i>	05-15-13

MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES			
Effective 2/1/15			
# of Persons in Family	Income Level**		
# of Persons in Family	300% of FPL	400% of FPL	500% of FPL
1	\$ 35,310	\$ 47,080	\$ 58,850
2	\$ 47,790	\$ 63,720	\$ 79,650
3	\$ 60,270	\$ 80,360	\$ 100,450
4	\$ 72,750	\$ 97,000	\$ 121,250
5	\$ 85,230	\$ 113,640	\$ 142,050
6	\$ 97,710	\$ 130,280	\$ 162,850
7	\$ 110,190	\$ 146,920	\$ 183,650
8*	\$ 122,670	\$ 163,560	\$ 204,450
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$12,480 for each additional person at 300% of FPL, \$16,640 at 400% at FPL; and \$20,800 at 500% of FPL.

 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>14 of 21</p>
		<p><i>Supersedes</i></p>	<p>05-15-13</p>

**APPENDIX C (HCGH only)
FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS**

Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.


Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's in-house medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.


Insurance listed as:	Charity Care	Patient to pay:
FAR.PENDIN	Pending Verification	
FARB20	20% of charges	80% of charges
FARN40	40% of charges	60% of charges
FARN50	50% of charges	50% of charges
FARN70	70% of charges	30% of charges
FARN80	80% of charges	20% of charges
FAR100	100% of charges	0% of charges

PROCEDURE

1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc.) to be pulled forward.
2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
3. The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i>	10-23-13
		<i>Page</i>	15 of 21
		<i>Supersedes</i>	05-15-13

4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper level of charity care and collecting the patient balance (if any).
5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.
6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>16 of 21</p>
		<p><i>Supersedes</i></p>	<p>05-15-13</p>

**APPENDIX D (HCGH only)
FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS**

Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via MCNET (a web based system administered by JHHC).


For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034H</p>
	<p><u>Subject</u></p>	<p><i>Effective Date</i></p>	<p>10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>17 of 21</p>
		<p><i>Supersedes</i></p>	<p>05-15-13</p>

**APPENDIX E (Suburban Hospital only)
FINANCIAL ASSISTANCE FOR MONTGOMERY COUNTY AND LOCALLY BASED PROGRAMS FOR
LOW INCOME UNINSURED PATIENTS**

Purpose

Suburban Hospital is partnered with several Montgomery County, MD and locally based programs that offer primary care services and/or connection to local specialty and hospital based care. Based on agreements with these partnered programs, Suburban Hospital provides access to inpatient and outpatient care to patients who would not otherwise be able to access or afford medically necessary care.

Policy

Suburban Hospital shall accept charity referrals for medical necessary care from the following providers: Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Primary Care Coalition, Project Access, and Proyecto Salud. Care is provided to such patients based on meeting eligibility requirements for one of the aforementioned local programs.

Patients must provide a program generated referral for care as proof of their enrollment in one of the above programs to qualify for presumptive approval for 100% free care. Suburban Hospital shall base acceptance of such referrals on the referring programs' enrollment of patients using their income based eligibility requirements which for these designated programs is at or below a maximum of 250% of the federal poverty guidelines.

Procedure

1. When a patient is scheduled and/or presents for services at SH, the patient must provide a referral form from one of the above programs as proof of enrollment.
2. Once the referral form is received, the Scheduler or Registrar will apply to the account a designated insurance mnemonic for the referring partnered program.
3. If no referral form is received by the patient, the account will be registered as self pay. The patient has 30 days to produce a referral or proof of enrollment in one of the partnered programs. An additional 30 days will be allowed upon request from the patient.
4. A Financial Counselor and/or Registrar will check the real time eligibility or Maryland EVS System to verify enrollment in Maryland Medicaid. If enrolled, Medicaid will prevail and free care presumptive approval will not apply.
5. Each hospital account with a designated insurance mnemonic for one of the partnered programs will be subject to final review for the existence of a program referral prior to application of the program driven charity adjustment. Presumptive approval for 100% free care applies to a single episode of care (account) only.

Exhibit A

Howard County General Hospital
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____ - ____ - ____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

Phone _____

City State Zip code

Country _____

Employer Name _____

Phone _____

Work Address _____

City State Zip code

Household members:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Exhibit A

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No
 For what service? _____
 If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

 Applicant signature

 Relationship to Patient

Date

Exhibit B

**PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE**

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

1. What is the patient's age? _____
2. Is the patient a U.S. citizen or permanent resident? Yes or No
3. Is patient pregnant? Yes or No
4. Does patient have children under 21 years of age living at home? Yes or No
5. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment? Yes or No
6. Is patient currently receiving SSI or SSDI benefits? Yes or No
7. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts? Yes or No

Family Size:

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

(Example: For a family of four, if you have total liquid assets of less than \$3,200.00, you would answer YES.)

8. Is patient a resident of the State of Maryland?
If not a Maryland resident, in what state does patient reside? _____ Yes or No
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:
 Medical Assistance Pharmacy Only Yes or No
 QMB coverage/ SLMB coverage Yes or No
 PAC coverage Yes or No
13. Is patient employed? Yes or No
 If no, date became unemployed. _____
 Eligible for COBRA health insurance coverage? Yes or No

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

Date: _____

Family Income for twelve (12) calendar months preceding date of this application: _____

Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

Date of service	Amount owed
_____	_____
_____	_____
_____	_____
_____	_____

All documentation submitted becomes part of this application.

All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

Applicant's signature _____ Date: _____

Relationship to Patient _____

For Internal Use: Reviewed By: _____ Date: _____

Income: _____ 25% of income= _____

Medical Debt: _____ Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

Monthly Payment Amount: _____ Length of Payment Plan: _____ month

APPENDIX IV. PATIENT INFORMATION SHEET

**JOHNS HOPKINS HEALTH SYSTEM
PATIENT BILLING & FINANCIAL ASSISTANCE INFORMATION**

YOUR RIGHTS AND RESPONSIBILITIES:

We make every effort to see that your account is properly billed. You are responsible for making sure the insurance information provided to us is correct. However, we cannot guarantee payment from your insurance company. All unpaid charges on the statement will be your responsibility.

We provide a reasonable amount of our services for free, or at a reduced charge to eligible persons who cannot afford to pay for medical care. Financial Assistance eligibility is based upon documented family circumstances and family size. Additionally, to qualify for this assistance, all other sources of payment must be exhausted, including Medical Assistance. In certain circumstances, Medical Financial Hardship Assistance may also be available. Financial Assistance Eligibility applications can be obtained by contacting Customer Service between 8:30 AM to 4:30 PM, Monday through Friday, at the numbers listed below.

If you have any questions concerning this bill and charges for services rendered by our hospitals, please call our Customer Service office between 8:30 AM to 4:30 PM, Monday through Friday at 443-997-3370 or toll-free at 1-855-662-3017, or you may email us at the address listed below. Questions regarding your account should include your account number, patient name, date of service, statement date and insurance information.

Mail payments only to:	Mail correspondence/Insurance information	For Patient Financial Services directly to
	Customer Service:	Customer Service email:
Johns Hopkins Health System	Johns Hopkins Health System	
P.O. Box 417714 3910 Keswick Road, Suite S-5100	pfscs@jhmi.edu	BOSTON, MA 02241-7714 Baltimore, MD 21211

For information concerning Maryland Medical Assistance Program contact your local Department of Social Services at 1-800-332-6347, TTY: 1-800-926-4434 or visit: www.dhr.state.md.us.

For information concerning DC Medical Assistance Program contact your local Department of Social Services at 1-202-727-5355, TTY: 711 or visit: <http://dhcf.dc.gov/service/medicaid>

Payment remitted by check will be applied from oldest to newest account billed on this statement. If you wish to direct your payment to a specific account or accounts, you must do so by paying on line at www.hopskinsmedicine.org or by calling Patient Financial Services Customer Service at 443-997-3370.

Any payment that is sent by check that is sent to Hopkins for less than the full balance due that is marked "Paid in Full" or contains similar notation, or that is otherwise sent in full satisfaction of a disputed amount must be sent to the correspondence address listed above.

If any checks are returned due to NSF (Non-Sufficient Funds) or stop payment, you will be charged the maximum fee permitted by law.

HOSPITAL STATEMENTS DO NOT INCLUDE PHYSICIAN FEES OR CHARGES:

This statement represents only those charges for services billed through our hospitals. Services rendered by your doctors are billed separately. Questions concerning physician fees must be directed to the physician's office at the phone number listed on the physician's bill.

CORRECTIONS OR CHANGE OF NAME, ADDRESS, OR HEALTH INSURANCE INFORMATION (Please Print)

Name Change:		New Street Address:		
City:		State:	Zip Code:	New Phone Number:
Insured's Name:	Social Security:	Patient's DOB: / /		Relationship to Insured (circle one): Self Spouse Child Other
Insurance Company Name and Address:		Policy Number:	Group Number:	
Effective Date:	Insurance Company Phone Number:			
Signed:	Date:	I authorize the release of medical information necessary to process this claim. I assign and authorize direct payment to Johns Hopkins Health System of any insurance or other benefits otherwise payable to me or the patient.		

APPENDIX V. MISSION, VISION, VALUE STATEMENTS

MISSION

Provide the highest quality of care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety.

VISION

To be the premier community hospital in Maryland.

VALUE STATEMENT

Our values are rooted in providing unsurpassed service to everyone we encounter – patients, their families and caregivers, and our co-workers. These values – Communication, Anticipation of and Response to other’s needs, Respect, and Engagement with others – reduced to the acronym CARE, are our credo for interactions with our patients and visitors as well as our co-workers.

APPENDIX VI. COMMUNITY BENEFIT WORK GROUP AND COMMUNITY BENEFIT TASK FORCE

Johns Hopkins Health System Community Benefits Leadership

Fiscal Year 2016

JHHS Community Benefit Reporting Work Group

Description: The Workgroup is responsible for collecting and reporting community benefit activities to the president of JHHS, their respective hospital president and chief financial officer, the HSCRC for all Maryland Hospitals, and IRS annually. The Workgroup meets monthly to discuss data collection, community benefit planning and evaluation.

The JHHS Community Benefit Workgroup convenes monthly to bring Community Benefit groups together with Tax, Financial Assistance, and Health Policy staff from across the Health System to coordinate process, practice, and policy. Workgroup members discuss issues and problems they face in community benefit reporting, regulatory compliance to state and federal community benefit requirements, and technical aspects of administering and reporting community benefit systems. When needed, a designated representative from the group contacts the governing agency for clarification or decision regarding the issues in question to ensure that all hospitals reports are consistent in the interpretation of regulations.

JHHS Community Benefit Reporting Work Group

- The Johns Hopkins Hospital
 - Sherry Fluke, Senior Financial Analyst, Govt. & Community Affairs (GCA)
 - Sudanah Gray, Budget Analyst, GCA
 - Sharon Tiebert-Maddox, Director, Strategic Initiatives, GCA
 - William Wang, Associate Director, Strategic Initiatives, GCA
- Johns Hopkins Bayview Medical Center
 - Patricia A. Carroll, Manager, Community Relations
 - Kimberly Moeller, Director, Financial Analysis and Special Projects
 - Selwyn Ray, Director, Community Relations JHBMC, Health and Wellness
- Howard County General Hospital
 - Elizabeth Edsall-Kromm, Senior Director, Population Health and Community Relations
 - Cindi Miller, Director, Community Health Education
 - Fran Moll, Manager, Regulatory Compliance
 - Scott Ryan, Senior Revenue Analyst
- Suburban Hospital
 - Eleni Antzoulatos, Supervisor, Community Health and Wellness Operations, Community Health and Wellness
 - Sara Demetriou, Coordinator, Health Initiative and Community Relations, Community Health and Wellness

- Paul Gauthier, Senior Financial Analyst, Financial Planning, Budget and Reimbursement, Finance and Treasury
 - Lucas McCormley, Manager of Budget and Financial Planning, Finance and Treasury
 - Kate McGrail, Program Manager, Health Outcomes and Evaluation, Community Health and Wellness
 - Patricia Rios, Manager, Community Health Improvement, Community Health and Wellness
 - Monique Sanfuentes, Director, Community Health and Wellness
 - Sunil Vasudevan, Senior Director of Finance and Treasury, Finance and Treasury
- Sibley Memorial Hospital
 - Marti Bailey, Director, Sibley Senior Association and Community Health
 - Courtney Coffey, Community Health Program Manager
 - Cynthia McKeever, Manager, Finance Decision Support
 - Marissa McKeever, Director, Government and Community Affairs
 - Honora Precourt, Community Program Coordinator
 - All Children’s Hospital
 - Jill Pucillo, Accounting Manager
 - Alizza Punzalan-Randle, Community Engagement Manager
 - Johns Hopkins Health System
 - Janet Buehler, Senior Director, Tax Compliance
 - Bonnie Hatami, Senior Tax Accountant
 - Sandra Johnson, Vice President, Revenue Cycle Management
 - Anne Langley, Senior Director, Health Policy Planning and Community Engagement

JHM Community Benefits Advisory Council

Description: The Community Benefits Advisory Council (CBAC) is comprised of hospital leadership and is responsible for developing a systematic approach that aligns community benefit objectives with JHM strategic priorities. The Advisory Council meets quarterly to discuss how JHM intends to fulfill both its mission of community service and its charitable, tax-exempt purpose.

- John Colmers, Senior Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System [Chairperson, CBAC]
- Kenneth Grant, Vice President, Supply Chain, The Johns Hopkins Health System
- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Anne Langley, Senior Director, Health Policy Planning and Community Engagement
- Marissa McKeever, Director, Government and Community Affairs, Sibley Memorial Hospital

- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Sharon Tiebert-Maddox, Director, Strategic Initiatives, Johns Hopkins Government and Community Affairs

Community Benefit Task Force

Fiscal Year 2016

Local Health Improvement Coalition

- ALFA Specialty Pharmacy
- African American Community Roundtable of Howard County
- American Heart Association
- Association of Community Services
- British American Auto Care
- Build Haiti Foundation
- Chase Brexton Health Services, Inc.
- Columbia Association
- Columbia Medical Practice
- Community Action Council of Howard County
- Delta Sigma Theta
- Evergreen Health Care
- Foreign Information Referral Network
- Girls on the Run of Central Maryland
- Grassroots Crisis Intervention Center
- HC DrugFree
- Health Promotion On Call
- Healthy Howard
- Horizon Foundation
- Howard Community College
- Howard County Citizens Association
- Howard County Dental Association
- Howard County Department of Community Resources and Services
- Howard County Department of Social Services
- Howard County General Hospital
- Howard County Government
- Howard County Health Department
- Howard County Library System
- Howard County Mental Health Authority
- Howard County Public School System
- Howard County Recreation and Parks
- Maryland University of Integrative Health
- MD Chapter of the American Academy of Pediatrics
- National Alliance on Mental Illness Howard County
- Transition Howard County
- United Way of Central Maryland
- University of Maryland Extension
- The Village in Howard
- Walgreens
- Barbara Wasserman, Community Member
- Way Station, Inc.

- We Promote Health
- Y of Central Maryland