

Johns Hopkins Bayview Medical Center

Community Benefit Narrative

COMMUNITY BENEFIT NARRATIVE
Johns Hopkins Bayview Medical Center
Fiscal Year 2009

1. **Key Statistics.** In fiscal year (FY) 2009, Johns Hopkins Bayview Medical Center was licensed to operate 345 acute hospital beds, 45 bassinets, 190 comprehensive care beds and 123 special hospital services (CIR, Chronic, etc). The acute hospital had 20,849 admissions, excluding newborns.
2. **Primary Service Area.** The Medical Center serves the communities in Southeast Baltimore City and County and Northeast Baltimore City and County. We also serve a broader area for our regional and statewide services. The demographics of the population served varies significantly by geographic area. (See attached.) A growing Hispanic population is one area of focus, and we use language interpreters and our Care-a-Van program to help us address the needs of these patients. 19.14% of the hospital's patients are uninsured, and 7.75% receive Medicaid benefits. Some areas of our community have a high concentration of elderly residents, as well. 32.49% of our patients have Medicare. In our primary service area (where 65% of our patients live), 19.3% of individual households are below the poverty line, and 24.2% of residents are uninsured.
3. **Identification of Community Needs.**

We rely on a number of means to determine the health needs of our community:

COMMUNITY HEALTH ASSESSMENTS: We last conducted a formal community needs assessment in FY05. The assessment was a follow-up to a 1996 needs assessment that spearheaded JHBMC's Community Health Action Project (CHAP), the goal of which was to reduce the incidence of heart disease in the medical center's catchment area by ten percent over ten years. The assessment also filled a gap in information that was not being provided by the local city and county health departments. CHAP remains an active outgrowth of JHBMC's original needs assessment.

In FY09, a needs assessment was completed for the southeast area of the county, sponsored by a group of service providers with the support of Baltimore County Office of Community Conservation and Franklin Square Hospital Center.

HEALTH DEPARTMENT STATISTICS: We review information available from Baltimore City and Baltimore County Health Departments regarding morbidity and mortality and health trends for those jurisdictions. Baltimore City Planning Department also develops community profiles which are reviewed and considered. Because JHBMC serves parts of both areas, it is difficult to determine the health needs of our particular service areas from this data, but is helpful in indicating general population status.

In FY 09, the Baltimore City Health Commissioner convened a series of discussions regarding community needs and the Health Department's plans to address priority areas. This discussion focused on cardiovascular disease and three health department initiatives

intended to reach out into the community to address it. The hospital's outreach programs in this area complement the health department's plans.

Baltimore City Health Department's Major Health Indicators Summary (Baltimore City Health Status Report 2008) indicates that the heart disease mortality rate in the city is 31% higher than that for the State of Maryland. 28% of city residents smoke, as compared to 17% of Marylanders. Adolescent obesity is 41% higher and adult obesity 33% higher in the city than for the state as a whole. The cancer mortality rate for Baltimore City is 25% higher than the state rate.

DIRECT COMMUNITY CONTACT: The Medical Center has several community advisory boards and our Community Health Action Project that provide us with information and feedback regarding community health needs. Additionally, Community Relations staff members routinely attend a great number of community association meetings around our service area to help assess community needs and offer the hospital's resources. We also respond to requests to participate in health fairs, community events, provide screenings or speakers, etc.

ANALYSIS OF HOSPITAL PROGRAMS: A key factor in assessing the community's health needs is to look at demand for and utilization of clinical programs. Our review of markets, market-share, patient demographics, business trends and other clinical data inform our thinking with respect to defining community needs. For example, a Patient First urgent care center was opened in November, 2007 to offset the increasing Emergency Department volumes. ED visits has increased an average 5% per year, for last 5 years. Also, continued demand for primary care and specialist visits prompted construction of additional outpatient clinical space. Outpatient clinic visits growth has averaged 4% per year, for last 5 years. During the last 18 months, the Medical Center assessed the unmet needs of the surrounding community and established new or expanded clinical programs. The programs address the unique needs of the East Baltimore community and the resources available at the Medical Center. New programs were established to address the following conditions: Alzheimer's, women's cardiovascular health, pelvic disorders and osteoporosis.

As the population ages, the frequency of dementia and memory loss is increasing. Because of the growing senior population in our service area, the Medical Center established a Memory and Alzheimer's Treatment Center in 2008 to provide diagnostic and treatment services to patients with memory disorders. It is estimated that 13% of persons 65+ have Alzheimer's.

Cardiovascular diseases, such as heart attack and stroke, remain the #1 killer of women. However, women can substantially reduce their risk factors for heart disease and stroke with lifestyle changes. To help women fight heart disease, the Medical Center established a new Women's Cardiovascular Health Center, a multidisciplinary program including cardiology, psychology and nutrition to meet the unique needs of women.

Female pelvic floor dysfunction refers to disorders of the pelvic organs, including the lower urinary tract, vagina and lower gastrointestinal tract. By age 55, nearly half of all women will have some type of pelvic floor condition, and many will suffer in silence with the uncomfortable, embarrassing and sometimes life-altering symptoms such as incontinence or pelvic discomfort.

The new Women's Center for Pelvic Health brings together a team of gynecologists, urologists and rehabilitation specialists offering both surgical and non-surgical treatments.

Men and women of all ages suffer from metabolic bone diseases, disorders of bone strength such as osteoporosis, osteomalacia and Paget's disease. When untreated, it can lead to fragility fractures, bone deformities and serious disability. In 2008, the Medical Center established the Metabolic Bone Center where specialists from different areas of medicine (endocrinology, geriatrics and orthopedics) collaborate to ensure the best treatment plan.

Lung cancer is the second most common cancer and remains the leading cause of cancer related death for both men and women. The incidence of lung cancer in the East Baltimore community has been higher than national rates given the high smoking rates, past concentration of manufacturing facilities and other environmental factors unique to this community. The Medical Center has been actively planning to expand its lung cancer clinical services and research in the coming years working with Johns Hopkins experts in pulmonology, thoracic surgery, medical oncology and radiation oncology.

4. Major Community Health Needs. As explained above, major community health issues identified include:

- a. Cardiovascular disease
- b. Geriatric services, including memory loss services
- c. Overcoming barriers to care for the Hispanic population
- d. Psychiatric services, including substance abuse
- e. Injury prevention and treatment

5. Decision Making Process. Decisions regarding community benefit activities are made with input from our Board of Trustees, Executive and clinical leadership and, with regard to outreach activities, community relations staff. We also consult our community advisory boards. An effort is made to coordinate our clinical programs to meet community needs with those at The Johns Hopkins Hospital, since some of our service area is the same. Additional input is sought from primary care physicians serving our immediate community including Baltimore Medical System and Johns Hopkins Community Physicians.

6. Addressing the Community Needs.

Cardiovascular disease: In addition to the new women's program, we continue to provide blood pressure screenings monthly in the community, and continue to operate our cardiac disease prevention program (Food Re-Education for School Health – FRESH) in the elementary schools and for the Girl Scout troops in our area. In addition, with the high incidence rate of coronary artery disease the Medical Center was approved to participate in the C-PORT E Trial study, which enables hospitals without an open-heart surgery program to perform elective angioplasty. The Medical Center is one of nine elite hospitals in Maryland chosen to be part of this study in 2009. Our Community Health Action Program, a partnership with the community to promote health, has had a Smoke-Free Families effort in place for several years and provides a resource guide distributed at the hospital and in the community.

Geriatric services: The Memory Center provides a resource for memory-loss patients with a strong focus on the well-being of the caregiver. We continue outreach to senior centers with screenings and special events.

Hispanic population: The hospital has a full time staff of Spanish interpreters to facilitate high quality treatment. Our Community Psychiatry Program has recently added the capacity to provide therapy in Spanish. Our Care-a-Van, a free mobile health unit, has bilingual staff that provide neighborhood-based care to many Latino residents. 73% of the patients cared for on the Care-A-Van speak Spanish and 82% of the patients are Latino. 40% report a weekly income of \$200 or less, with 26% reporting no weekly income.

Psychiatric Services: We continue to provide a full range of psychiatric and addictions treatment programs for the community. We are working across clinical disciplines (geriatrics, psychiatry, neurology) to continue to develop programs like the Memory Center.

Injury prevention: As the state's Burn Center, we have a number of community benefit activities around burn care and burn prevention education. We educate other health care providers about burn wound care, and have a program to train Air Force staff caring for burn victims in the military. We have a retired firefighter who teaches burn prevention in area schools, and a Safe Babies program which provides new mothers with burn prevention items and information to reduce risk for their new babies. Several members of our staff are certified Child Safety Seat technicians, who offer their services to the community to assure that child safety seats are correctly installed. We also participate in other initiatives designed to heighten safety awareness and prevent injuries.

7. Evaluation.

- a. Name of initiative:
- b. Year of evaluation:
- c. Nature of the evaluation: (i.e., what output or outcome measures were used);
- d. Result of the evaluation (was the program changed, discontinued, etc.)' or
- e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Initiative	Year evaluated	Measure	Results	Future Evaluation options
Food ReEducation for School Health	Annual	<ul style="list-style-type: none"> • Children's knowledge pre/post testing • Teacher evaluations 	Program continues	n/a
Kiwanis Burn Prevention Educ.	Annual	<ul style="list-style-type: none"> • Children's pre/post test • Teacher evaluations 	Program continues	Continue routine evaluations
Care-a Van	Annual	<ul style="list-style-type: none"> • Numbers of patients 	Program continues	

	2009	<ul style="list-style-type: none"> • Patient Satisfaction survey 		
Community Health Action Project	2008-2009	Self-assessment by participants; strategic planning	Shifted focus to diabetes and obesity	Repeat Community Needs Assessment at some future time
Community Development Support (Southeast CDC, Greektown CDC, Dundalk Renaissance Corp.)	Annual	Review of annual reports (program and financials) of community development corporations receiving hospital funds	We have a staff member from the hospital serving on each organization's Board, with on-going input into how these agencies meet community needs	Continue current practice

- 8. Gaps in the Availability of Specialist Providers.** We are not aware of any gaps in the availability of specialist providers to serve the uninsured, as they are routinely cared for by the hospital (primarily in substance abuse, psychiatry and obstetrical services). Inability to pay is sometimes a barrier for patients needing “elective” services, but we have a process to evaluate these needs and address them. There are some specialty services which JHBMC does not offer, such as cardiac surgery, transplant surgery, radiation oncology, bone marrow transplant, gynecology and pediatric sub-specialty care which are routinely referred to Johns Hopkins Hospital.
- 9. Physician Subsidies.** We provide financial support to Baltimore Medical System for their primary care services in the community, and to two Johns Hopkins Community Physician sites for their teaching services and for their care of disadvantaged patients. The hospital's Joint Agreement also provides funds for on-call physicians and assists with support of uncompensated care provided by the physicians to community members in our programs. This support is key to our ability to transcend financial barriers to care for disadvantaged patients, including Hispanic patients, especially in the areas of Emergency, Obstetrics, and Trauma. We support physician on-call costs for these three services.

Attachment: JHBMC primary service area demographics

2000 census info from zipskinny.com

	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	21205	21206	21213	21219	21220	21221	21222	21224	21231	21234	21236	21237	TOTAL	TOTAL
Total Pop	18440	50154	38442	9178	36551	42567	54923	48536	15734	69100	37779	25414	446818	100%
Race Hispanic	1.6%	1.3%	0.7%	0.6%	1.5%	2.2%	1.4%	4.6%	9.8%	1.5%	1.7%	2.1%		
Race White	20.7%	42.6%	9.5%	92.9%	83.0%	75.0%	87.9%	69.5%	45.8%	76.8%	86.3%	76.7%		
Race Black	75.1%	53.5%	88.1%	5.3%	12.8%	19.5%	8.3%	21.0%	39.6%	16.9%	5.9%	16.2%		
White pop.	3817	21366	3652	8526	30337	31925	48277	33733	7206	53069	32603	19493	294004	65.8%
Race - all other %														
Median Hshld Inc.	\$21,922	\$36,360	\$26,801	\$47,254	\$42,238	\$35,688	\$39,866	\$30,489	\$30,121	\$44,554	\$53,534	\$47,581		
Below poverty line	34.4%	13.8%	26.4%	6.5%	8.5%	11.8%	9.3%	22.0%	27.5%	6.9%	4.1%	4.7%		

Household Income

<\$10,000	23.9%	11.1%	20.7%	7.7%	6.8%	10.7%	8.7%	16.2%	22.0%	6.3%	3.9%	4.2%		
10,000-14,999	11.4%	6.7%	8.2%	6.7%	4.9%	7.4%	6.7%	9.2%	8.6%	4.9%	3.1%	5.1%		
15,000-24,999	19.8%	15.7%	18.2%	9.2%	12.5%	16.3%	14.7%	15.5%	13.5%	11.8%	9.3%	12.3%		
25,000-34,999	16.6%	14.2%	14.3%	13.6%	16.3%	14.7%	14.0%	16.1%	11.7%	13.9%	10.4%	13.0%		
35,000-49,999	12.0%	18.0%	16.5%	15.3%	18.8%	15.3%	18.8%	15.5%	15.4%	18.8%	18.9%	18.8%		
50,000-74,999	8.9%	19.9%	13.9%	23.5%	23.1%	20.5%	22.8%	15.0%	15.9%	20.0%	26.8%	24.9%		
75,000-99,999	4.9%	9.8%	4.8%	13.8%	10.7%	9.6%	8.9%	7.4%	5.5%	11.9%	14.4%	13.3%		
100,000-149,999	1.4%	3.8%	2.3%	6.9%	5.5%	4.7%	4.3%	3.6%	4.8%	7.4%	10.0%	6.6%		
150,000-199,999	0.3%	0.4%	0.5%	2.4%	0.8%	0.6%	0.5%	0.6%	1.2%	1.2%	2.0%	1.3%		
200,000+	0.9%	0.4%	0.7%	0.9%	0.7%	0.3%	0.5%	0.8%	1.4%	0.7%	1.2%	0.7%		
Median	\$21,922	\$36,360	\$26,801	\$47,254	\$42,238	\$35,688	\$39,866	\$30,489	\$30,121	\$44,554	\$53,534	\$47,581		

Unemployed Below Poverty Line

Unemployed	10.5%	3.4%	7.7%	1.7%	2.8%	4.3%	3.6%	4.8%	6.8%	3.1%	1.7%	2.0%		
Below Poverty Line	34.4%	13.8%	26.4%	6.5%	8.5%	11.8%	9.3%	22.0%	27.5%	6.9%	4.1%	4.7%		

Race

Hispanic/latino	1.6%	1.3%	0.7%	0.6%	1.5%	2.2%	1.4%	4.6%	9.8%	1.5%	1.7%	2.1%		
White	20.7%	42.6%	9.5%	92.9%	83.0%	75.0%	87.9%	69.5%	45.8%	76.8%	86.3%	76.7%		
Black	75.1%	53.5%	88.1%	5.3%	12.8%	19.5%	8.3%	21.0%	39.6%	16.9%	5.9%	16.2%		
Native American	1.2%	0.8%	0.6%	0.3%	0.9%	1.2%	0.7%	1.3%	1.4%	3.4%	4.7%	3.3%		
Asian				0.2%										
HI/Pacific Island														
Other	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.1%	0.2%	0.4%	0.1%	0.1%	0.2%		
Multi	0.9%	1.4%	0.8%	0.5%	1.2%	1.5%	1.0%	2.3%	2.0%	1.2%	1.1%	1.3%		

Age/Sex

Male	45.9%	46.8%	45.2%	49.5%	48.7%	48.0%	47.7%	47.5%	49.5%	46.5%	47.9%	48.4%		
Female	54.1%	53.2%	54.8%	50.5%	51.3%	52.0%	52.3%	52.5%	50.5%	53.5%	52.1%	51.6%		
Median Age	31.5	34.7	34.8	41.1	35.8	36.4	39.3	36.3	32.8	38.4	36.6	36.8		

Appendix 1

Charity Care Policy Description


Appendix 1

Charity Care Policy Description

The financial policies of the Johns Hopkins Bayview Medical Center are explained in policies of the Johns Hopkins Health System. We have a general financial assistance policy and, due to dramatic growth in pregnancy care for uninsured mothers over the past 5 years, a policy regarding pregnancy care as well. Our patient handbook spells out how patients may access information about their bills and the process to follow in order to qualify for free or reduced-cost medically necessary care.

Appendix 2

Charity Care Policy

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
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POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: The Johns Hopkins Hospital (JHH), and Johns Hopkins Bayview Medical Center, Inc. (JHBMC).

Purpose

JHHS is committed to providing financial assistance to persons 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 high medical expenses 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 should 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 appropriate intake locations as well as the Billing Office. Notice of availability 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. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications 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.


JHHS hospitals have seen an increase in Emergency Room visits from residents of the East Baltimore Community who are not eligible for or do not have any insurance coverage and have demonstrated significant difficulty in paying for healthcare services. Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor and disenfranchised, JHHS' hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further the JHHS hospitals' commitment to their mission to provide healthcare to those residing in the neighborhoods surrounding their respective hospitals, the JHHS hospitals reserve the right to grant financial assistance without formal application being made by patients residing in the respective hospital's primary service area as defined by the Johns Hopkins Strategic Planning and Marketing Research definition. The zip codes for the JHH primary service area include: (21202, 21205, 21213, 21224, 21231). The zip codes for the JHBMC primary service area include: (21205, 21219, 21222, 21224). The patients eligible for this financial assistance must not be eligible for any other insurance benefits or have exhausted their insurance benefits, and do not have active medical assistance coverage.

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 (includes emergency department) without insurance and states that he/she cannot afford to pay the medical expenses associated with their

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- 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, JHOPC first-floor administrative staff, Customer Service, etc.
- 3. Designated staff will 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, we will provide a statement of conditional approval that will let them know what paperwork is required for a final determination of eligibility.
 - b. Applications received will be faxed daily to the JHHS Patient Financial Services Department's dedicated Financial Assistance application line for review; a written determination of probable eligibility will be issued to the patient.
- 4. To determine final eligibility, the following criteria must be met:
 - a. The patient must apply for Medical Assistance 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.
 - b. Review the alternative of offering a payment-plan agreement.
 - c. Consider eligibility for other resources, such as endowment funds, outside foundation resources, etc.
 - d. The patient must be a United States of America citizen or permanent legal resident (must have resided in the U.S.A. for a minimum of one year).
 - e. All insurance benefits must have been exhausted.
- 5. There will be one application process for all of Johns Hopkins Medicine. The patient is required to provide the following:
 - a. A completed Financial Assistance Application and Patient Profile Questionnaire.
 - 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.

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- d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of U.S. citizenship or lawful permanent residence status (green card).
 - f. Proof of disability income (if applicable).
 - g. Reasonable proof of other declared expenses.
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. 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.
 - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Counselor will recommend the patient's level of eligibility.
 - b. If the patient's application for Financial Assistance is based on excessive medical expenses 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 Financial Assistance Evaluation Committee. This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Committee will have a final determination made no later than 30 days from the date the application was considered complete. The Financial Assistance Evaluation Committee will base its determination of financial need on CPA, JHH and BMC guidelines.
 7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
 8. A department can continue using an adjustment to total charges (sliding scale) without the completion of Financial Need Assessment paperwork if the resulting adjustment is consistent with the Adjustments and Courtesy for Clinical Services policy. The use of a sliding scale in this manner applies only to the specific service involved; it does not automatically apply to any other services.
 9. Specific departments operating programs under a grant or other outside governing authority (such as JHBMC Addiction Treatment Services) 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 make a good-faith payment at the beginning of the Financial Assistance period. 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 extend to three years.
 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 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% writeoff of

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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
- 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
- Participation in Women, Infants and Children Programs (WIC)
- Food Stamp eligibility
- Eligibility for other state or local assistance programs
- Patient is deceased with no known estate
- The Access Partnership Program at Hopkins

12. Patients who present to the Emergency Departments but are not admitted as inpatients and who reside in the hospitals' primary service area need not complete a Financial Assistance Application but will be granted financial assistance based upon the following criteria:
1. Reside in primary service area (address has been verified)
 2. Not have any health insurance coverage
 3. Not enrolled in Medical Assistance for date of service
 4. Indicate an inability to pay for their care

Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. 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 Financial Assistance Evaluation Committee. 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.

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

Federal Poverty Guidelines (Updated annually) in Federal Register

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

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RESPONSIBILITIES - JHH, JHBMC

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 candidates; initiate application process when required. (BMC Community Psychiatry completes the "Application for Financial Hardship and Fee Adjustment" form)

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

Review preliminary application and Patient Profile Questionnaire 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.

Review and ensure completion of final application.


Deliver completed final application to Patient Financial Services management.

Document all transactions in all applicable patient accounts collection record.

Management Personnel (Supervisor/Manager/Director)

Review completed final application; monitor those accounts for which no application id requires; determine patient eligibility; communicate final written determination to patient.

Advise ineligible patients of other alternatives available to them including Medical Assistance, installment payments, bank loans, or consideration under the catastrophic program. [Refer to Appendix B - Catastrophic Financial Assistance Guidelines.]

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Financial Management Personnel
(Senior Director/Assistant Treasurer
or affiliate equivalent)
CPP 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.


SPONSOR

Senior Director, Patient Finance (JHHS)
Director, PFS Operations (JHHS)

REVIEW CYCLE

Three (3) years


APPROVAL


Vice President of Finance/CFO and Treasurer, JHHS

6-19-09
Date

PROCEDURES - JHH


1. Financial Counselor/Patient Financial Services Representative/Counselor
 - a. Maintain and understand current guidelines qualifying patients for Financial Assistance.
 - b. Maintain supply of Financial Assistance Applications, Patient Profile Questionnaires and current Federal Poverty Income guidelines from Federal Register.
 - c. Identify prospective candidates for Financial Assistance. Determine possible eligibility for Financial Assistance as early in the account cycle as possible in cases where identification of Financial Assistance patient was not made before services were provided.
 - d. Initiate the Financial Assistance Application process with the patient/guarantor when applicable. As necessary, assist patient/guarantor in completing the application.
 - e. If patient meets Presumptive Financial Assistance Eligibility criteria that does not require that a Financial Assistance Application to be completed, notate the patient account comments and place into financial assistance code for system writeoff.
 - f. Review preliminary application and communicate a determination of probable eligibility to patient within two

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business days.

- g. Review completed application to ensure that all required information is present. Contact appropriate party to obtain any missing documentation.
 - h. Compile all supporting documentation (e.g., tax returns, pay stubs, bank statements, etc.); attach to application and place in a file folder marked "Financial Assistance"; deliver file to Supervisor.
 - i. Document all transactions involving the application process.
2. Supervisor
- a. Review applications for completeness within five (5) business days of receipt. Return incomplete applications to the responsible Financial Representative for completion of documentation, etc.
 - b. Determine eligibility for charitable Financial Assistance using available information, including application and applicable guidelines (e.g., Table for Determination of Financial Assistance Allowances).
 - c. Approve/disapprove financial assistance applications according to signature authority established in Finance Policy No. FIN017. Disapprove any application which does not meet the Financial Assistance Guidelines as set forth in Appendix A.

NOTE: Extenuating circumstances not addressed in the policy's guidelines may permit the application to be forwarded to the Director of Patient Financial Services for further consideration.
 - d. If recommending approval of financial assistance applications for amounts equal to or greater than authorized amount, forward to Associate Director, Patient Financial Services.
 - e. Send "Notice of Financial Assistance Determination" to the patient/guarantor. (Decisions for approval/disapproval will be made within thirty (30) business days of receiving completed application.)
 - f. Initiate transactions to offset revenue on approved applications.
 - g. Scan records and ensure their safekeeping. Retain all completed applications for eight (8) years following the end of the fiscal year in which the assistance need was identified.
3. Director, Patient Financial Services
- a. Review applications according to signature authority established in Finance Policy No. FIN017, or those applications forwarded because of extenuating

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circumstances.


- b. Approve/disapprove financial assistance applications as authorized in Finance Policy No. FIN017.
 - c. Return finalized applications and approvals to Associate Director, Patient Financial Services for "Notice of Financial Assistance Determination" to be sent to patient/guarantor. Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.
 - d. If recommending approval of financial assistance for amounts equal to or greater than authorized amount, forward to Senior Director, Patient Financial Services for further action.

- 4. Senior Director, Patient Financial Services
 - a. Review applications according to signature authority established in Finance Policy No. FIN017, or applications forwarded because of extenuating circumstances.
 - b. Approve/disapprove financial assistance as authorized in Finance Policy No. FIN017.
 - c. Return finalized applications and approvals to the Director, Reimbursement or designated Manager for "Notice of Financial Assistance Determination" to be sent to patient/guarantor. Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.
 - d. If recommending approval of financial assistance for amounts equal to or greater than amounts authorized, forward to Vice President, Finance/CFO.


- 5. Vice President, Finance/CFO and Treasurer or COO
 - a. Review applications for amounts according to signature authority established in Finance Policy No. FIN017.
 - b. Approve/disapprove financial assistance; return finalized applications and approvals to Senior Director for final processing.

PROCEDURES – JHBMC

- 1. Financial Counselor (Inpatient and Outpatient) and Collector CPP Admissions Coordinator and Clinical Staff
 - a. Maintain and understand current guidelines qualifying patients for Financial Assistance.
 - b. Maintain supply of Financial Assistance Applications, Patient Profile Questionnaires and current Federal Poverty Income guidelines from Federal Register.
 - c. Identify prospective candidates for Financial Assistance.
 - d. Initiate the Financial Assistance application process with the patient/guarantor when applicable. As necessary, assist patient/guarantor in completing the application.

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- e. If patient meets Presumptive Financial Assistance Eligibility criteria that does not require that a Financial Assistance Application be completed, notate the patient account comments and place into financial assistance code for system writeoff.
 - f. Review preliminary application and communicate a determination of probable eligibility to patient within two business days.
 - g. Review completed application to ensure that all required information is present. Contact appropriate party to obtain any missing documentation.
 - h. Compile all supporting documentation (e.g., tax returns, pay stubs, bank statements, etc.); attach to the application; place in a file folder marked "Financial Assistance;" deliver file to designated Manager or responsible party.
 - i. Document all transactions in the application process.
2. Supervisor, Patient Financial Services
CPP Director/Managers
- a. Review applications for completeness within five (5) business days of receipt. Return incomplete applications to the responsible Financial Representative for completion of documentation, etc.
 - b. Determine eligibility for Financial Assistance using available information, including application and applicable guidelines (e.g., Table for Determination of Financial Assistance Allowances).
 - c. Approve/disapprove financial assistance applications according to signature authority established in Finance Policy No. FIN017. Disapprove any application that does not meet the Financial Assistance Guidelines as set forth in Appendix A.
 - NOTE:** Extenuating circumstances not addressed in the policy's guidelines may permit the application to be forwarded to the Director of Patient Financial Services for further consideration.
 - d. If recommending approval of financial assistance applications for amounts equal to or greater than authorized amount, forward to Associate Director, Patient Financial Services.
 - e. Send "Notice of Financial Assistance Determination" to the patient/guarantor. (Decisions for approval/disapproval will be made within thirty (30) business days of receiving completed application.)
 - f. Initiate transactions to offset revenue on approved applications.


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- g. File records and ensure their safekeeping. Retain all completed applications for eight (8) years following the end of the fiscal year in which the assistance need was identified.

- 3. Associate Director, Patient Financial Services
 - a. Review applications according to signature authority established in Finance Policy No. FIN017 or those applications forwarded because of extenuating circumstances.
 - b. Approve/disapprove financial assistance applications as authorized in Finance Policy No. FIN017.
 - c. Maintain system-generated report of Financial Assistance amounts written off. Return finalized applications and approvals to Supervisor, Patient Financial Services for "Notice of Financial Assistance Determination" to be sent to patient/guarantor. Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.
 - d. If recommending approval of financial assistance for amounts equal to or greater than authorized amount, forward to Director, Patient Financial Services for further action.
 - e. Reconcile monthly Financial Assistance write-offs per the automated report against monthly case files.


- 4. Director, Patient Financial Services
 - a. Review applications according to signature authority established in Finance Policy No. FIN017 or applications forwarded because of extenuating circumstances.
 - b. Approve/disapprove financial assistance as authorized.
 - c. Return finalized applications and approvals to Associate Director, Patient Financial Services for "Notice of Financial Assistance Determination" to be sent to patient/guarantor. Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.
 - d. If recommending approval for financial assistance applications greater than amount authorized, forward to affiliate Senior Director, Patient Financial Services, for further action.

- 5. Vice President, Finance/CFO or COO
 - a. Review applications for amounts according to signature authority established in Finance Policy No. FIN017.
 - b. Approve/disapprove financial assistance applications and return finalized applications and approvals to Director, Patient Financial Services.

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**APPENDIX A
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

1. ***Notice of the availability of the JHHS Financial Assistance Program will be posted at patient registration sites, Admissions/Business Offices, Billing Office and at the emergency department within each facility and presented to patients upon request.
2. Each person requesting Financial Assistance must complete a JHM/Financial Assistance application and Patient Profile Questionnaire. Exception: when there is Presumptive Financial Assistance Eligibility or patient resides in hospital's primary service area and is ED patient. (see below)
3. 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.
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; and
 - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
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 \$5,000 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.
7. 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 "elective" or "necessary," the patient's admitting physician shall be consulted. Questions as to necessity may be directed to the physician advisor appointed by the hospital.
8. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days (or their specifically established timeline) of the day when the application was satisfactorily completed and submitted. The Manager or designated responsible party will issue the final eligibility determination.
9. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
10. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application 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

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Assistance from another affiliate.

11. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.
12. **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 may 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% 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 that may include:
 - Active Medical Assistance pharmacy coverage
 - QMB coverage/ SLMB coverage
 - 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
 - Participation in Women, Infants and Children Programs (WIC)
 - Food Stamp eligibility
 - Eligibility for other state or local assistance programs
 - Patient is deceased with no known estate
 - The Access Partnership Program at Hopkins
13. Patients who present to the Emergency Departments but are not admitted as inpatients and who reside in the hospitals' primary service area need not complete a Financial Assistance Application but will be granted financial assistance based upon the following criteria:
 1. Reside in primary service area (address has been verified)
 2. Not have any health insurance coverage
 3. Not enrolled in Medical Assistance for date of service
 4. Indicate an inability to pay for their care

Financial Assistance granted for these Emergency Department visits shall be effective for the specific date of service and shall not extend for a six (6) month period.

14. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. 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 Financial Assistance Evaluation Committee. 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.

*Liquid Assets are defined as 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, pension benefits, accounts receivable or other property immediately convertible to cash.

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APPENDIX B CATASTROPHIC FINANCIAL ASSISTANCE GUIDELINES

Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom the resulting financial liability for medical treatment represents a catastrophic loss. The patient/guarantor can request that such a determination be made by submitting a JHHS Catastrophic Assistance Application. Under these circumstances, the term "catastrophic" is defined as a situation in which the self-pay portion of the JHM affiliate medical bill is greater than the patient/guarantor's ability to repay with current income and liquid assets in 18 months or less.


General Conditions for Catastrophic Assistance Application:

1. Patient has exhausted all insurance coverage.
2. Patient is not eligible for any of the following:
 - Medical Assistance
 - The JHM Financial Assistance Program
 - Other forms of assistance available through JHM affiliates
3. The patient cannot repay the self-responsible portion of the JHHS affiliate account in 18 months or less.
4. The affiliate has the right to request patient to file updated supporting documentation.
5. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
6. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the catastrophic assistance program, the patient is still required to file a JHHS Catastrophic Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Catastrophic Assistance Application:

- Current Medical Debt
- Liquid Assets (leaving a residual of \$5,000)
- Living Expenses
- Projected Medical Expenses
- Annual Income
- Spell of Illness
- Supporting Documentation

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Definitions

Current Medical Debt	Self-responsible portion of current inpatient and outpatient affiliate account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.
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.
Living Expenses	Per-person allowance based on the Federal Poverty Guidelines times a factor of 3. Allowance will be updated annually when guidelines are published in the Federal Register.
Projected Medical Expenses	Patient's significant, ongoing annual medical expenses, which are reasonably estimated, to remain as not covered by insurance carriers (i.e., drugs, co-pays, deductibles and durable medical equipment.)
Take-Home Pay	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, net rental income before depreciation, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, after taxes and other deductions.
Spell of Illness	Medical encounters/admissions for treatment of condition, disease, or illness in the same diagnosis-related group or closely related diagnostic-related group (DRG) occurring within a 120-day period.
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.

Exceptions

1. Each affiliate has the right to refuse treatment for elective procedures which may result in catastrophic medical debt.
2. The Director of Patient Financial Services (or affiliate equivalent) may make exceptions according to individual circumstances.

Evaluation Method and Process

1. The Financial Counselor will review the Catastrophic Assistance Application and collateral documentation submitted by the patient/responsible party.
2. The Financial Counselor will then complete a Catastrophic Assistance Worksheet (see below) 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.


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TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES Effective 2/2/09						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 16,245	\$ 19,494	\$ 21,119	\$ 24,368	\$ 25,992	\$ 29,241
2	\$ 21,855	\$ 26,226	\$ 28,412	\$ 32,783	\$ 34,968	\$ 39,339
3	\$ 27,465	\$ 32,958	\$ 35,705	\$ 41,198	\$ 43,944	\$ 49,437
4	\$ 33,075	\$ 39,690	\$ 42,998	\$ 49,613	\$ 52,920	\$ 59,535
5	\$ 38,685	\$ 46,422	\$ 50,291	\$ 58,028	\$ 61,896	\$ 69,633
6	\$ 44,295	\$ 53,154	\$ 57,584	\$ 66,443	\$ 70,872	\$ 79,731
7	\$ 49,905	\$ 59,886	\$ 64,877	\$ 74,858	\$ 79,848	\$ 89,829
8*	\$ 55,515	\$ 66,618	\$ 72,170	\$ 83,273	\$ 88,824	\$ 99,927
Allowance to Give:	100%	80%	70%	50%	40%	20%

*150% of Poverty Guidelines

EXAMPLE: Annual Family Income \$50,000
 # of Persons in Family 4
 Applicable Poverty Income Level \$33,075
 Upper Limits of Income for Allowance Range \$52,920 (40% range)
 (\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

*For family units with more than eight (8) members, add \$5,610 for each additional member.

Exhibit A

Johns Hopkins Hospital
5300 Alpha Commons/Suite 300
Baltimore, MD 21224-2724



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
 First Middle Last

Social Security Number _____ - ____ - ____ Marital Status: Single Married Separated
US Citizen: Yes No 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

Date

Relationship to Patient

Exhibit A

Johns Hopkins Bayview Medical Center
5300 Alpha Commons/Suite 300
Baltimore, MD 21224-2724



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

Date

Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

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? Yes or No
If not a Maryland resident, in what state does patient reside? _____
- 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

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>		<p><i>Policy Number</i> FIN053</p>
	<p><i>Subject</i></p>		<p><i>Effective Date</i> 09-10-07</p>
	<p>FINANCIAL ASSISTANCE – PREGNANCY CARE JHBMC</p>		<p><i>Page</i> 1 of 1</p>
			<p><i>Supersedes</i> 02-01-05</p>

POLICY

This policy applies to the Johns Hopkins Bayview Medical Center (JHBMC).

PURPOSE

JHBMC has witnessed the dramatic growth in pregnancy care for expectant mothers within the East Baltimore Community who are not eligible for any insurance coverage, and have demonstrated significant difficulty in paying for healthcare services. JHBMC recognizes the need to establish a policy pertaining to this population to ensure appropriate care during and immediately following pregnancy. Prenatal services and one postpartum visit are covered by this policy.

Eligibility Criteria:

1. Positive pregnancy test with no other obstetrical healthcare provider;
2. Not eligible for any other insurance benefits or exhausted her insurance benefits;
3. Not eligible for any other sources of funding;
4. Demonstrates inability to pay to Financial Representatives;
5. Resides in the JHBMC primary service area as defined by the 2004 Johns Hopkins Strategic Planning and Market Research definition. The zip codes for the JHBMC primary service area include: (21205, 21206, 21213, 21219, 21220, 21221, 21222, 21224, 21231, 21237).

PROCEDURE

Expectant mothers will be seen in the JHBMC outpatient OB/GYN practice for pregnancy care. Expectant mothers are required to meet with a financial counselor to determine their financial eligibility. Following a review of financial eligibility according to policy, FIN 034A; a determination of need will be made.

SPONSOR

Senior Vice President, Medical Affairs (JHBMC)
Vice President, Finance (JHBMC)

REVIEW CYCLE

Three (3) years

APPROVAL

Vice President of Finance/CFO and Treasurer, JHHS

Date

About Your Bill

Maryland's Health Services Cost Review Commission sets and approves rates and charges for Johns Hopkins Bayview Medical Center. The commission's purpose is to control hospitals' charges and to protect patients from unjust and unfair costs.

Before admission, all non-emergency patients will be asked for evidence of hospital and medical insurance. Many insurance carriers require us to contact them for approval before admission.

If you do not have health insurance and believe you are entitled to Medical Assistance or if you have questions about your account before or during your stay, call our financial counselor at ext. 0-0830. Unless other arrangements have been made, payment in full for services is due on receipt of your final bill. The Medical Center accepts MasterCard, VISA, Discover and American Express.

Insurance carriers, Medicare and Medicaid require separate billings for professional fees from physicians and hospital charges. The bills are outlined in the sections that follow.

Your hospital bill

Your Medical Center bill includes room and associated charges, X-rays, laboratory work, medicines and other medical supplies. If you have both inpatient and outpatient services, these will be billed separately.

Your doctor's bill

Your doctor's bill includes fees for examinations, care and interpretation of diagnostic tests. You may receive several bills if more than one physician is involved in your care. Bills should be paid according to arrangements made during the admission process.

- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

For more information about Maryland Medical Assistance, contact your local department of social services at 1-800-332-6347, TTY 1-800-925-4434, or visit: www.dhr.state.md.us

Hoja informativa sobre la Facturación de pacientes y la Asistencia financiera

Los cobros de los médicos no se incluyen en las facturas del hospital, son facturados aparte

Los derechos y obligaciones de la facturación

No todos los costos médicos son cubiertos por el seguro. El hospital hace todo lo posible para estar seguro de que usted reciba la factura correcta. Depende de usted proveer la información completa y precisa sobre su cobertura de seguro médico cuando la traen al hospital o cuando visita la clínica ambulatoria. Esto ayudará asegurar que se manden las facturas a su compañía de seguros a tiempo. Algunas compañías de seguro requieren que se manden las facturas tan pronto como usted recibe el tratamiento, de lo contrario pueden no pagarlas. Su factura final reflejará el verdadero costo de su cuidado, menos cualquier pago que se haya recibido y haya hecho al momento de su visita. Todo cobro no cubierto por su seguro es responsabilidad suya.

Asistencia financiera

Si usted no puede pagar por su cuidado médico, es posible que califique para cuidado medicamentoso necesario gratuito o de bajo costo si usted:

- Es ciudadano Estadounidense o residente permanente viviendo en los Estados Unidos por un periodo no menos que un año
- No tiene otras opciones de seguro
- Le ha sido negado la asistencia médica, o no cumple con todos los requisitos de elegibilidad
- Cumple con criterios financieros específicos

Si usted no califica para la Asistencia Médica de Maryland o la asistencia financiera, es posible que se elegible para un sistema de pagos extendidos para sus facturas médicas.

Llame a 410-502-2289 con preguntas referentes a:

- Su factura del hospital
- Sus derechos y obligaciones en cuanto a su factura del hospital
- Cómo inscribirse para cuidado gratuito o de bajo costo
- Cómo inscribirse para la Asistencia Médica de Maryland u otros programas que le pueden ayudar a pagar sus facturas médicas

Para más información sobre la Asistencia Médica de Maryland Por favor llame a su departamento local de Servicios Sociales 1-800-332-6347. TTY 1-800-925-4434 O visite al: www.dhr.state.md.us

Patient Billing and Financial Assistance Information

Physician charges are not included in hospital bills and are billed separately.

Billing rights and obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought into the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

Financial assistance

If you are unable to pay for medical care, you may qualify for free or reduced-cost medically necessary care if you:

- Are a U.S. citizen or permanent resident living in the U.S. for a minimum of one year
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

If you do not qualify for Maryland Medical Assistance or financial assistance, you may be eligible for an extended payment plan for your medical bill.

Call 410-502-2289 with questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill

Appendix 3

Mission, Vision, and Value Statement Description

Appendix 3

The mission and vision statements for Johns Hopkins Bayview Medical Center were developed with broad input from dozens of staff members, physician leaders and the Board of Trustees. Each statement captures the qualities that make Johns Hopkins Bayview unique, as well as reflecting the unique history and community commitment of our legacy. The statements not only echo our purpose as a health care organization, but also inspire Medical Center employees, medical staff members and volunteers to give their best each day. In addition, we adopted the core values of The Johns Hopkins Health System and Johns Hopkins Medicine. The core values succinctly share the ideals to which we all aspire.

Appendix 4

Mission, Vision, and Value Statement

Johns Hopkins Bayview Medical Center Hospital Administrative Policies	
Mission/Values Policy	Policy No.: 100 Original Date: 09/93 Reviewed/Revised Date: 01/09 Page 1 Of 2

I. Johns Hopkins Bayview Medical Center

- A. The mission of Johns Hopkins Bayview Medical Center is:

Johns Hopkins Bayview Medical Center, a member of Johns Hopkins Medicine, provides compassionate health care that is focused on the uniqueness and dignity of each person we serve. We offer this care in an environment that promotes, embraces and honors the diversity of our global community. With a rich and long tradition of medical care, education and research, we are dedicated to providing and advancing medicine that is respectful and nurturing of the lives of those we touch.

- B. Vision: Making the Best Even Better

The Johns Hopkins Bayview Medical Center will be widely recognized for innovation and excellence in clinical care, education and research in medicine. As a leading academic medical center, we will provide an enriching environment for our employees and an exceptional health care experience for our patients and their families.

II. Johns Hopkins Medicine

- A. The **mission** of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care. Diverse and inclusive, Johns Hopkins Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness.

- B. Johns Hopkins Medicine Vision:

Johns Hopkins Medicine provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides medical leadership to the world.

Johns Hopkins Bayview Medical Center Hospital Administrative Policies	
Mission/Values Policy	Policy No.: 100 Original Date: 09/93 Reviewed/Revised Date: 01/09 Page 2 Of 2

C. Core Values

1. Excellence & Discovery
2. Leadership & Integrity
3. Diversity & Inclusion
4. Respect & Collegiality

Originator: Director of Community Relations
Reviewed by: Board of Trustees
References:

Gregory F. Schaffer
President