

The Johns Hopkins Hospital

Community Benefit Narrative

COMMUNITY BENEFIT NARRATIVE
The Johns Hopkins Hospital
Fiscal Year 2009

1. **Key Statistics.** In fiscal year (FY) 2009, The Johns Hopkins Hospital (JHH or Hospital) was licensed to operate 979 acute care beds. During the same period, the hospital had 47,275 inpatient admissions.

2. **Primary Service Area.** The Hospital's primary service area includes Baltimore City, Anne Arundel, Baltimore County, Harford County, and Howard County. This area accounts for 63.4% of total discharges. The Hospital's secondary service area includes all other areas and Western Maryland. This area accounts for 16.7% of total discharges. The table below shows the primary and secondary service areas' population, average household income, percent of households below the poverty line, percent of residents uninsured, and percent of residents who are covered by Medicaid/Medicare.

PSA=Primary Service Area; SSA= Secondary Service area, all of Maryland minus the PSA.

Metric	PSA	SSA
Population	2,626,674	3,041,709
Average household income	\$ 82,794	\$ 93,180
Percent of households below poverty line(Families/Individuals)	5.90%	5.00%
Percent of residents who are uninsured	16.9%	12.0%
Percent of residents who are covered by Medicaid/Medicare	14.5%	12.3%

Table 1 shows that the JHH primary service area is growing at a slower rate than the country as a whole.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS		
	Selected Area	USA
2000 Total Population	2,500,129	281,421,906
2009 Total Population	2,620,674	306,624,699
2014 Total Population	2,688,556	322,320,436
% Change 2009 - 2014	2.6%	5.1%
Average Household Income	\$82,794	\$69,376

Table 2 illustrates the projected increase in the male and female population. There is a slight decrease in the number of females of childbearing age. The primary service area population has a high unemployment rate.

TABLE 2. Primary Service Area Population			
	2009	2014	% Change
Total Male Population	1,262,733	1,298,132	2.8%
Total Female Population	1,357,941	1,390,424	2.4%
Females, Child Bearing Age (15-44)	544,685	525,095	-3.6%
% Unemployment	4.8%		
% USA Unemployment	5.6%		

Table 3 shows the demographic shifts projected over the next five years in the JHH primary service area. The largest growth will be in the 65+ and 55-65 age groups, respectively. The younger age groups remain the same or decrease over the next five years.

TABLE 3. POPULATION DISTRIBUTION					
Age Group	Age Distribution				USA 2009
	2009	% of Total	2014	% of Total	% of Total
0-14	508,569	19.4%	510,890	19.0%	20.1%
15-17	116,724	4.5%	110,073	4.1%	4.3%
18-24	253,828	9.7%	261,054	9.7%	9.8%
25-34	329,781	12.6%	336,569	12.5%	13.3%
35-54	776,890	29.6%	736,878	27.4%	28.4%
55-64	306,257	11.7%	352,684	13.1%	11.3%
65+	328,625	12.5%	380,408	14.1%	12.9%
Total	2,620,674	100.0%	2,688,556	100.0%	100.0%

Table 4 demonstrates the distribution of household income in the JHH primary service area. Almost 40% of households earn \$50,000 or less. Ten percent of households had an income of \$15,000 or less.

TABLE 4. HOUSEHOLD INCOME DISTRIBUTION			
2009 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<\$15K	98,877	9.8%	12.4%
\$15-25K	76,920	7.6%	10.4%
\$25-50K	216,540	21.5%	26.0%
\$50-75K	190,878	19.0%	19.6%
\$75-100K	146,351	14.6%	12.3%
Over \$100K	276,083	27.5%	19.3%
Total	1,005,649	100.0%	100.0%

Table 5 shows the racial/ethnic distribution in the JHH primary service area. The communities surrounding JHH are predominantly Black, double the national percentage.

TABLE 5. RACE/ETHNICITY			
Race/Ethnicity	Race/Ethnicity Distribution		
	2009 Pop	% of Total	USA % of Total
White Non-Hispanic	1,611,500	61.5%	65.0%
Black Non-Hispanic	762,349	29.1%	12.2%
Hispanic	87,247	3.3%	15.5%
Asian & Pacific Is. Non-Hispanic	103,453	3.9%	4.5%
All Others	56,125	2.1%	2.8%
Total	2,620,674	100.0%	100.0%

The JHH primary service area is located near many colleges and universities. In 2009, more than 80% of residents had a high school degree or higher.

TABLE 6. EDUCATION LEVEL			
2009 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
Less than High School	91,988	5.3%	7.5%
Some High School	214,449	12.3%	11.9%
High School Degree	466,733	26.8%	28.3%
Some College/Assoc. Degree	447,620	25.7%	27.7%
Bachelor's Degree or Greater	520,763	29.9%	24.7%
Total	1,741,553	100.0%	100.0%

3 (a). **Community Needs.** The Johns Hopkins Hospital's FY2009 Community Benefit Report includes a number of initiatives that supports its efforts to meet the needs of the community. These initiatives are decentralized and use a variety of methods to identify community needs.

As highlighted in last year's Community Benefit Report, The Johns Hopkins Hospital (JHH) conducted a formal needs assessment of the East Baltimore in 1997. In 2000, the Johns Hopkins Urban Health Institute (UHI) was created to address the health care needs of the community. The UHI was created with significant input from the community, with collaborative groups meeting over several months to identify goals and needs. The mission of UHI is to marshal the resources of the Johns Hopkins Institutions as well as other, external resources to improve the health and well-being of the residents of East Baltimore and Baltimore City, and to promote evidence-based interventions to solve urban health problems nationwide.

In FY2005, a community needs assessment was conducted that include the community around JHH, and provided additional information for both JHH and the Johns Hopkins Bayview Medical Center to identify community needs and develop targeted initiatives. Other major community benefit initiatives include the New EastSide Project and the Historic East Baltimore Community Action Coalition (HEBCAC). Both initiatives have included significant involvement of community members, nonprofit organizations, government representatives and the business community.

HEBCAC, a nonprofit community-based organization, was developed in 1993 to address the needs of the East Baltimore community by a coalition that included representatives from JHH, local community, business, nonprofit organizations and governmental agencies. The HEBCAC developmental process included a community needs assessment which was conducted over a 12 month period.

The New EastSide Project is a long term community redevelopment initiative to renew neighborhoods north of the JHH campus. The project started in 2001 and is an ongoing collaborative process that includes identifying and assessing community needs. A comprehensive community assessment and needs analysis was conducted over several years. This process involved community representatives and stakeholders from a number of community sectors.

3 (b). **Community Consultation.** The Hospital consulted with the local and state health departments as needed in developing the community assessment processes included above.

4. **Major community health needs identified** during FY 2009 include the following:

- Substance Abuse

- Cardiovascular Disease
- Diabetes
- Violence
- Inadequate Housing
- High Unemployment
- Economic Development
- Enhancement of Educational Services for youth

5. **Decision Making Process.** Stakeholders from various sections within the community were involved in the process including the following:

- Community associations that represent neighborhoods in JHH's service area
- Nonprofit organizations such as the Annie E. Casey Foundation and the France Merrick Foundation
- Governmental Agencies including law enforcement, housing, community development and economic development
- Local business association
- Political representatives (local, state and federal)
- Representatives from JHH

6. **Addressing the Community Needs.** JHH has several programs to address the community needs described above including the following:

Cardiovascular

- The Cardiology Department developed a community benefit initiative titled "Heart Hype 2009". The initiative is focused on preventing sudden death among athletes in the community. Clinical staff spend time in the community providing screening, evaluations and follow-up treatment for those athlete identified to be at risk.

Substance Abuse

- JHH has a number of community benefit initiatives that provide substance abuse services for community members in need. One initiative provides substance abuse housing for men in need of shelter that are going through recovery. JHH supports several housing areas in the local community. In addition, a JHH comprehensive substance abuse program provides services to community representatives in need of support and treatment.

Diabetes

- The JHH Comprehensive Diabetes Center has established a monthly support group to assist patients and community members in managing their diabetes. The support group has been instrumental in assisting individuals in coping with a disease that is prevalent in the community.

Violence

- In partnership with the local health department, JHH has supported an initiative titled "Safe Streets Program" that attempts to address the gun violence in East Baltimore. The departments of Emergency Medicine and Social Work provide support by identifying

individuals at-risk for violence that seek treatment at the Hospital. Intervention services are than provided to prevent violent activities in the community.

Community Building Activities (Inadequate housing, high unemployment, economic development, enhancement of educational services for youth)

- JHH has been a significant partner in establishing major initiatives to address the need for community redevelopment in the surrounding neighborhoods. As mentioned previously, the New EastSide Project is an initiative to redevelop the community north of the JHH campus. The goal is to develop a vibrant community with new and rebuilt housing, employment opportunities, a new community school, and to attract commercial and retail business into the area. The project is also providing a comprehensive range of services for East Baltimore residents, from job training and financial counseling to health care and youth employment assistance.
- In partnership with the community, JHH has also played a leadership role in establishing the Historic East Baltimore Community Action Coalition (HEBCAC). A community-based organization established to improve the Historic East Baltimore community which surrounds the JHH campus. Over the years, HEBCAC has been instrumental in spearheading a variety of community improvement projects including those that have enhance housing opportunities, employment, youth development and the quality of the environment.

7. Evaluation. The evaluations of several major initiatives are included below:

- a. Name: Access Partnership
 Year of Evaluation: 2009
 Nature of Evaluation: Number of completed appointments; # of closed referrals and number of no show appointments
 Result: Program continues to be evaluated
- b. Name: Breast Health Awareness
 Year of Evaluation: 2009
 Nature of Evaluation: Evaluation of the effective of display; review of questions; comments and request for information
 Result: Incorporate requests for information and comments
- c. Name: Ask the Expert Information Table
 Year of Evaluation: 2009
 Nature of Evaluation: Staff analysis of types of information and resources requested by patient, family and community participants
 Result: Identified educational content and theme for weekly in information table
- d. Name: Martin Luther King Early Head Start
 Year of Evaluation: 2009
 Nature of Evaluation: The tool used to conduct the assessment was the Head Start Protocol which is designated by the grantee agency
 Result: Continuation of program
- e. Name: Clinical Pastoral Education intern Group
 Year of Evaluation: 2009
 Nature of Evaluation: Outcome measures per standards of ACPE

Result: Reviewed by professional advisory group, developed a quality improvement plan including exit interview updates and improved communication issues addressed

8. Gaps in the Availability of Specialist Providers. Description of the gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

As stated in its Financial Assistance policy, The Johns Hopkins Hospital is committed to providing medically necessary care to uninsured and underinsured patients with demonstrated financial need. We recognize, however, that specialty care, particularly outpatient, can be difficult to access for some uninsured patients with significant financial need despite the hospital's stated policy. In FY2009, JHH implemented a program to address these barriers to outpatient specialty care for uninsured patients living in the zip codes that surround the hospital. The Access Partnership—Specialty Care is a pilot program that provides facilitation and coordination of specialty referrals for uninsured East Baltimore Medical Center ("EBMC") primary care patients. Patients in the program receive support through the referral process with scheduling, appointment reminders, and follow-up. The Hospital provides specialty care as charity care, at no charge to the patient other than a nominal fee for participation in the program. From May 1-October 31, 2009, only patients living in zip codes 21213 and 21205 receiving care at EBMC were eligible for the program. As of November 1, 2009, the program was expanded to include zip codes 21231, 21224, and 21202.

9. Physician Subsidies. We provide support for 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 all on-call physicians and assists with support of uncompensated care provided by the physicians to community members in our programs.

Appendix 1

Charity Care Policy Description

Appendix 1

Charity Care Policy Description

The Hospital provides necessary emergency medical care to all people regardless of their ability to pay. Financial assistance is available for those patients who are unable to pay for necessary medical care. A patient may qualify for financial assistance if they meet the following requirements:


- Are U.S. citizens or permanent resident living in the United States for a minimum of one year. (Patients need not be U.S. citizens or permanent residents to qualify for financial assistance at Howard County General Hospital)
- Have exhausted all insurance options.
- Have been denied Medical Assistance or do not meet eligibility requirements.
- Meet other criteria for financial assistance, which is based on information you will be asked to provide regarding your income, assets and outstanding debt.

The Hospital informs patients who would otherwise be billed for services about the hospital's financial assistance policy in the following manner:

- Signs in patient waiting and registration areas
- Posted on the Hospital website
- All patients indicating a need for financial assistance are referred to a financial counselor who reviews with them the availability of assistance under federal, state, or local government programs.

Appendix 2

Charity Care Policy

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	1 of 20
		<i>Supersedes</i>	02-02-09

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

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	2 of 20
		<i>Supersedes</i>	02-02-09

- 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.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	3 of 20
		<i>Supersedes</i>	02-02-09

- 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

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034A
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 4 of 20
		<i>Supersedes</i> 02-02-09

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.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034A
	<i>Subject</i>	<i>Effective Date</i> 07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i> 5 of 20
		<i>Supersedes</i> 02-02-09

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.]

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	6 of 20
		<i>Supersedes</i>	02-02-09

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

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	7 of 20
		<i>Supersedes</i>	02-02-09

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


 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034A
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 8 of 20
		<i>Supersedes</i> 02-02-09

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.

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure		<i>Policy Number</i>	FIN034A
	<i>Subject</i>		<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE		<i>Page</i>	9 of 20
			<i>Supersedes</i>	02-02-09

- 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.


 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure		<i>Policy Number</i> FIN034A
	<i>Subject</i> FINANCIAL ASSISTANCE		<i>Effective Date</i> 07-01-09
			<i>Page</i> 10 of 20
			<i>Supersedes</i> 02-02-09

- 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.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034A
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 11 of 20
		<i>Supersedes</i> 02-02-09

**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

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	12 of 20
		<i>Supersedes</i>	02-02-09


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.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	13 of 20
		<i>Supersedes</i>	02-02-09

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

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	14 of 20
		<i>Supersedes</i>	02-02-09

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.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034A
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 15 of 20
		<i>Supersedes</i> 02-02-09

**TABLE FOR DETERMINATION OF
FINANCIAL ASSISTANCE ALLOWANCES**

Effective 2/2/09

# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
		100%	80%	70%	50%	40%
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 _____ - _____ - _____ 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 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

Appendix 3

Mission, Vision, and Value Statement Description

Appendix 3

The mission of the Hospital is to improve the health of the community and the world. The hospital Board reviewed and approved the current mission, vision, and values in September 2007. The review cycle is every three years.

Appendix 4

Mission, Vision, and Value Statement



Appendix 4 Statement of Mission, Vision, and Values

The Johns Hopkins Hospital Mission

The mission of The Johns Hopkins Hospital is to improve the health of the community and the world by setting the standard of excellence in patient care. Diverse and inclusive, The Johns Hopkins Hospital in collaboration with the faculty of The Johns Hopkins University supports medical education and research, and provides innovative patient-centered care to prevent, diagnose and treat human illness.

The Johns Hopkins Hospital Vision

The vision of The Johns Hopkins Hospital is to be the world's preeminent health care institution.

The Johns Hopkins Hospital Values

- Excellence & Discovery
- Leadership & Integrity
- Diversity & Inclusion
- Respect & Collegiality