

Johns Hopkins Health System
Fiscal Year 2013 Community Benefit Report Narrative
Johns Hopkins Bayview Medical Center

**JOHNS HOPKINS BAYVIEW MEDICAL CENTER
FY 2013
COMMUNITY BENEFIT REPORT NARRATIVE**

TABLE OF CONTENTS

CONTENTS	PAGE
I. Describing the Community Served by the Hospital	2
II. Community Health Needs Assessment.....	7
III. Community Benefits Administration	8
IV. Hospital Community Benefit Program and Initiatives.....	10
V. Physicians.....	18

Appendices

Appendix 1: Financial Assistance Policy Description

Appendix 2: Financial Assistance Policies

Appendix 3: Patient Information Sheet and other information for patients

Appendix 4: Mission, Vision, and Value Statement

Appendix 5: Community Benefit Service Area Data and Primary Service Area Data

Appendix 6: Community Benefit Organizations within Johns Hopkins

Appendix 7: Community Organizations and Outreach Activities

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

Hospital Introduction

Johns Hopkins Bayview Medical Center is a community-oriented, comprehensive acute care hospital. It is home to one of Maryland's most comprehensive neonatal intensive care units, a sleep disorders center, an area-wide trauma center, the state's only regional burn center and a wide variety of nationally-recognized post-acute care and geriatrics programs. It is a major teaching, clinical and research facility of the Johns Hopkins University School of Medicine, with almost all of the medical staff serving as full-time faculty. It is renowned for excellence in residency training in internal medicine, primary care, geriatric medicine and several sub-specialties. With the National Institutes of Health Biomedical Research Center on our campus, research opportunities have continued to grow.

Our licensed bed capacity is:

- 355 acute hospital
- 45 bassinets
- 80 comprehensive care
- 85 special hospital services (CIR, Chronic, etc.)
- 565 total licensed beds

Our patient volumes for FY 13 were:

- Admissions – 20,428
- Operating Room cases – 10,343
- Emergency Department visits – 59,016
- Clinic, ATS and Community Psychiatry Visits – 402,994

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I – Primary Service Area Information

Bed Designation	Inpatient Admissions	Primary Service Area Zip Codes	All other Maryland Hospitals Sharing Primary Service Area	Percentage of Uninsured Patients by County	Percentage of Patients who are Medicaid Recipients, by County
Acute hospital: 355	Admissions: 20,428	21222 21224 21206	Johns Hopkins Hospital	Baltimore City: 16%	Medicaid: 34.25% (Data source: chna.org: http://assessment.communitycommons.org/DataReport/Report.aspx?page=2&id=213)
Bassinets: 45	Operating Room cases: 10,343	21221 21205 21213 21219	Medstar	Baltimore County: 12%	
Comprehensive care: 80	Emergency Department visits: 59,016	21220 21231 21237 21052	Franklin Square Center	Data source: (www.countyhealthrankings.org)	Medicaid: 14.08% (Data sources: chna.org http://assessment.communitycommons.org/DataReport/Report.aspx?page=2&id=213)
Special hospital services (CIR, Chronic, etc.): 85	Clinic, ATS & Community Psychiatry visits: 402,994				
Total licensed beds: 565					

Please see Appendix V for more information regarding our Primary Service Area.

- For purposes of reporting on your community benefit activities, please provide the following information:

- a. Describe your CBSA. This information may be copied directly from the section of the CHNA.

The hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the hospital allocates resources through its community benefits plan.

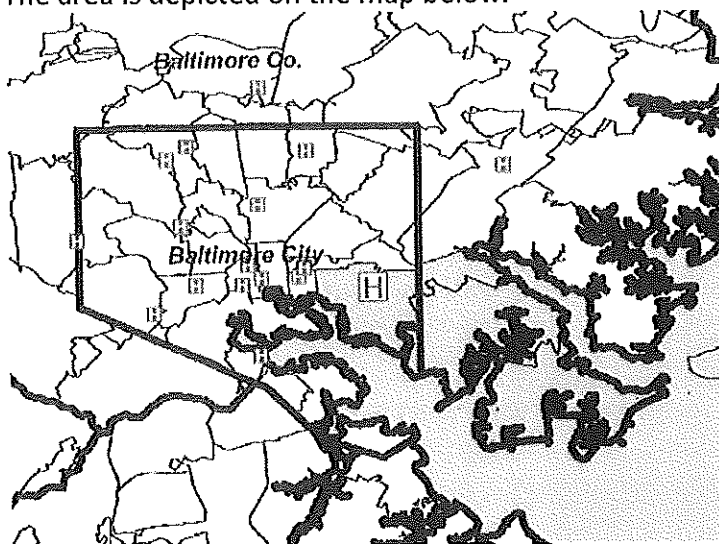
The hospital uses the following approaches to define its CBSA:

Johns Hopkins Bayview does not limit community services to our primary service area, and we have many clinical services and programs that serve regional, and even national and international needs. However, many of our community benefit efforts are targeted to the communities we consider our neighbors, in the southeast part of Baltimore City and Baltimore County. This area is considered Medically Underserved and is a Health Manpower Shortage Area.

The CBSA comprises four zip codes immediately adjacent to the hospital in Southeast Baltimore City and County, 21224, 21222, 21219 and 21052. These zip codes encompass an area from which about 40% of the patients admitted to Johns Hopkins Bayview reside. These four zip codes are defined by the Maryland Department of Health and Mental Hygiene as the Southeastern Area in their MCO regulations.

- 21224 (Highlandtown and Canton)
- 21222 (Dundalk)
- 21219 (Sparrows Point)
- 21052 (Fort Howard)

The area is depicted on the map below.



38% of patients discharged from the hospital represented the zip codes 21224 and 21222 (Thomson & Reuters, 2012). We added two small zip codes which are geographically located further down the Dundalk peninsula (21219, 21052), which brings the total percent of our discharges in the CBSA to 40.6% (Thomson & Reuters, 2012). The population of the area is 114,241 persons (Thomson & Reuters, 2012). This area was responsible for 32,197 visits to the Johns Hopkins Bayview Emergency

Department, representing 55.3% of all ED visits. The area includes a population which is 70% white/non-Hispanic, 13% black/non-Hispanic, and about 11% Hispanic (Thomson & Reuters, 2012). Southeast Baltimore City has a large concentration of Latino residents, many of whom come to Hopkins Bayview for their health care needs. Almost 25% of the population is uninsured; 14.5% have Medicare; 29% have Medical Assistance, compared to 25.4% for combined Baltimore City and County residents (Maryland DHMH, 2012). The major causes of death for the area are heart disease, cancer and stroke.

The demographics of the population served vary significantly by geographic area. Predominantly a white, blue-collar, working class community, the growing Hispanic population is one area of focus. We use language interpreters and our Care-a-Van program to help us address the needs of these patients. Our Latino focus group interviews and a Baltimore City Health Department report indicate that challenges for the Latino population include: poor access to primary health care and prenatal care, a high burden of homicide and unintentional injury-related deaths, and high rates of alcohol use among Latino men.

- b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

A. Table II - Demographics

		Data Source
Community Benefits Service Area (CBSA) Target Population - by sex, race, ethnicity, and average age)	<p>This area represents 114,241 people:</p> <ul style="list-style-type: none"> • 48% male and 52% female. • 70% white, 13% black, and 11% Hispanic. • 21.5% under age 18, and 15.6% over 65. <p>The median age is 38.4 years</p>	Thomson Reuters 2012
Median Household Income within the CBSA	The average household income is \$54,950, as compared to \$67,315 in the U.S.	Thomson Reuters 2012
Percentage of households with incomes below the federal poverty guidelines within the CBSA	15.1% of the households in our area (6,803) have an income lower than \$15,000 and 27.6% (12,452) have an income below \$25,000. The 2012 federal poverty guidelines for a family of 3 are \$19,090 and	Thomson Reuters 2012

	116% is \$22, 144.	
Percentage of uninsured people within the CBSA	25% of the CBSA population is uninsured.	Claritas 2010
Percentage of Medicaid recipients within the CBSA	29% of the population has MA, compared to 25.4% for combined Baltimore City and County residents.	Maryland DHMH August 2012
Life Expectancy within the CBSA, by race and ethnicity where data are available	The life expectancy in the Baltimore City parts of our CBSA range from 68.6 – 77.6 years, depending on the neighborhood. In Baltimore County, the life expectancy is 77.8 years (75.1 years for men and 72.9 years for women). This compares to 72.9 years for the city over all (66.7 for men, 75.6 for women). Both of these are below the Maryland rate.	Baltimore City Health Department, Maryland Vital Statistics
Mortality Rates within the CBSA, by race and ethnicity where data are available	Mortality rates in Baltimore City are now available by neighborhood and disease. The CBSA includes Highlandtown, Orangeville/East Highlandtown, Canton, Patterson Park North and East, and Southeastern. These neighborhoods vary significantly in their mortality rates, generally with the highest mortality rates in Southeastern, and lowest in Canton. There are especially wide variances in the rates of mortality from heart disease (25.6 -35.7) and cancer (15.3-28.4) For Baltimore County, data are not available at this level of detail, but of the 7625 deaths in 2010, 25.3% were from heart disease and 23% from cancer. Baltimore citywide, 25.2% were from heart disease and 22.1% from cancer.	Baltimore City Health Department, Maryland Vital Statistics
Access to healthy food, quality of housing, and transportation within the CBSA	Studies have linked the food environment to consumption of healthy food and overall health outcomes. In 2011, access to the healthy food measure was based on the percent of residential Zip codes in a county with a healthy food outlet, defined as grocery stores or produce stands/farmers' markets. In Baltimore City 96% of the zip codes have access to healthy foods. In	County Health Rankings

	<p>Baltimore County, 77% of the zip codes have such access. We believe that there is access to healthy food for all four zip codes in our Community Benefit Service area using these criteria.</p> <p>Access to public transportation (bus) and paratransit services are reasonably good, although public bus routes often require transfers in order to reach a destination. Housing quality is variable, as many of our neighborhoods include older housing stock, but also new developments. There is senior housing and affordable housing available.</p>	
Available detail on race, ethnicity, and language with the CBSA	<p>See race information above. In FY 12, our on-site Spanish interpreters had 12,996 interactions. The top areas were Emergency, Labor and Delivery, OB/GYN, Post-Partum and Medical Clinic. There were 3300 on-site interpreter interactions for other languages, and 11,718 calls using Cyacom phones to translate in 72 languages.</p>	JHBMC Patient Relations Office

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes
 No

Provide date here. 6/20/2013

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

http://www.hopkinsmedicine.org/the_johns_hopkins_hospital/about/in_the_community/_docs/2013_needs_assessment.pdf

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

Yes
 No

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

Yes No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

Senior Leadership

CEO - Richard C. Bennett, M.D.

CFO - Carl Francioli

Other - (please specify)

Vice President: Renee Blanding, M.D, Medical Affairs

Vice President: Anita Langford, Care Management Services

Vice President: Craig Brodian, Human Resources

Director: Gayle Johnson Adams, ACSW, Community & Government Relations

Special Advisor, Office of the President: Dan Hale, PhD

Clinical Leadership

Physicians: Colleen Christmas, M.D., Constantine Lyketsos, M.D., Anita Everett, M.D., Andrew Satin, M.D.; David Hellmann, M.D., Edward Bessman, M.D., Sarah Polk, M.D., Panagis Galiatsatos, M.D., Gerardo Lopez-Muno, M.D.

Nurses: Susan Wallace, R.N., Ella Durant, R.N., Cynthia Walters, R.N.

Physician Assistants: Patricia Letke-Alexander, P.A.

Social Workers: Thomas Marshall, M.S.W. Administrator, Community Psychiatry; Regina Ritenour, MSW, Director of Social Work

Other (please specify):

Director of Pastoral Care: Paula Teague

Director of Hopkins Elder Plus: Jonathan Aistrop

Director of Medical Library: Linda Gorman, M.L.S.,

Director of Employment Services: Michele Sedney
Director of Diversity and Inclusion: Karen Jones

Community Benefit Department/Team

Individuals (please specify FTE)

Individuals:

Carl Francioli, CFO (40 hours)
Kimberly Moeller, Director Financial Analysis/Special Projects (154 hours);
Gayle Johnson Adams, Director, Community & Government Relations (241.5 hours);
Patricia Carroll, Community Relations Manager (304 hours);
Beth Rosborough, Community Relations Coordinator (393.5 hours);
Dominic Seraphin, Marketing Director (100 hours).

Committee (please list members)

Johns Hopkins Health System has a Community Benefits Task Force that includes representatives of all of the member hospitals. This group meets throughout the year to discuss community benefit issues and opportunities. There is also a new JHHS Community Benefit Advisory Council which will provide additional direction and support to the hospitals' community efforts and further advocacy for this important function at the highest levels of the organization. (The FY 13 Community Benefits Task Force and Advisory Council Workgroup are attached in Appendix VI.)

Other (please describe): Community Health Needs Assessment Steering Committee (included in CHNA document)

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

Spreadsheet	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Narrative	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no

Prior to its submission to the HSCRC, the Community Benefit Report (CBR) is reviewed in detail by the CFO, CEO and the president of Johns Hopkins Health System. Although CBR approval by the Board of Trustees is not a legal requirement, our completed report is reviewed by Board of Trustees Finance Committee and other members of the Board. The Community Health Needs Assessment and Implementation Strategy incorporated in the CBR were approved by the Board of Trustees in May, 2013.

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

Spreadsheet	<u>X</u>	yes	_____no
Narrative	<u>X</u>	yes	_____no

If you answered no to this question, please explain why.

IV HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

- a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.
- b. Name of Initiative: insert name of initiative.
- c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
- d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
- f. How were the outcomes of the initiative evaluated?
- g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
- h. Continuation of Initiative: Will the initiative be continued based on the outcome?

- i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Table III

The JHBMC Implementation Strategy for the CHNA spells out in considerable detail ways that we intend to address the multiple health needs of our community in our four priority areas. Since the CHNA was conducted in 2012-13 and the Implementation Strategy approved by the JHBMC Board in June 2013, it is anticipated that JHBMC will provide details of its Implementation Strategy efforts in the FY14 Community Benefit Report. As we begin to use this valuable tool, the Implementation Strategy itself should be considered a dynamic document and may change as JHBMC gains experience in implementing programs and measuring outcomes. The Implementation Strategy is available as part of the CHNA referenced earlier in the Community Benefit Report.

For FY13, the community initiatives discussed below in Table III address multiple priorities, some of which are incorporated in the Implementation Strategy and others that address valid community needs that were not included in the four priority areas.

Cost source: CBR financial report FY 13

Initiative 1: Food Re Education for School Health (FRESH) and HEARTS Program	
Identified Need	Obesity (Childhood) Childhood obesity is a top priority for Baltimore County and one of 10 priority areas for Healthy Baltimore 2015. Addressing this area is also a priority and objective of the MD SHIP initiative.
Hospital Initiative	FRESH Program & HEARTS Program
Primary objective of the initiative/metrics that will be used to evaluate the results	Objectives: <ul style="list-style-type: none"> • Offer elementary school-based programs for teachers, parents and students about heart health behaviors • Prevent obesity, heart disease, lung disease and smoking
Single or Multi-Year Initiative Time Period	Multi-year/ongoing
Key partners and/or hospitals in initial development and/or implementation	Public and parochial schools within Baltimore City and Baltimore County Baltimore City Neighborhood Center Dept. of Cardiology Community Health Library Julie Community Center Local Farmers Markets
How were the outcomes evaluated?	# of children served # of participating schools # of classes served Program evaluation and teacher feedback # of girl/boy scout troops # of girl/boy scouts

Outcome (include process and impact measures)	<p>Process: Teacher evaluations of the program were consistently high. Suggestions are reviewed and incorporated in the next year's programming.</p> <p>Impact:</p> <ul style="list-style-type: none"> • FRESH program was presented to 1544 students in 16 schools. Student pre/post testing showed learning. • HEARTS program reached 196 Girl Scouts and 18 troops
Continuation of Initiative	Programs continues
Cost of initiative for current FY	\$278,554

Initiative 2: Health Information Seminars (550-KNOW Program)	
Identified Need	Provide health education related to specific health conditions.
Hospital Initiative	Seminars offered at the hospital by health experts
Primary objective of the initiative/metrics that will be used to evaluate the results	Provide health education information on topics of interest to and prevalent in the community
Single or Multi-Year Initiative Time Period	Multi-year/ongoing
Key partners and/or hospitals in initial development and/or implementation	Departments within JHBMC, physicians
How were the outcomes evaluated?	# of attendees at educational seminars Evaluations by seminar attendees
Outcome (include process and impact measures)	<p>Process: For seminars specifically on community-oriented topics, evaluations indicated high degree of satisfaction with content, presenter and location. Most rated the seminar as excellent overall.</p> <p>Impact: 993 people registered for all health education seminars. Respondents to evaluation indicated their questions were answered.</p>
Continuation of Initiative	Programs continues
Cost of initiative for current FY	\$12,650

Initiative 3: Care-A-Van	
Identified Need	<p>Access to Health Care for Latino and Other Non-English Speaking Patients</p> <p>The growth in the Latino population in Baltimore is reflected in the trends among Latino patients receiving care at JHBMC. Data obtained from the Johns Hopkins Health System data analysis unit show that from 2000 to 2010 there was a six-fold increase in Hispanic admissions at JHBMC. The highest utilization of services by Latino patients occurred in the Departments of Pediatrics and Obstetrics where Latino patients accounted for approximately 1/3 of all inpatient admissions for Pediatrics and Ob/Gyn, 35% of outpatient Pediatric visits, and 21% of outpatient Ob/Gyn visits in 2010. About 11% of the residents in the CHNA area are Latino, with a greater concentration in the 21224 Baltimore City. CHNA Focus Group interviews with families and community leaders and public forums indicated a number of language-related barriers to care.</p>
Hospital Initiative	Care-A-Van – A mobile van that brings ambulatory care services and health screenings to the community. The program focuses on children and women of childbearing age and gives access particularly to people who may have transportation and financial limitations. The Care-A-Van, with bilingual providers, is frequently used by Latino patients for primary care or as an entry point to access hospital services.
Primary objective of the initiative/metrics that will be used to evaluate the results	<ul style="list-style-type: none"> • Increase the number of patients served by providing a free, bilingual mobile health unit to serve residents of which a significant number are Latino without access to quality health care and no insurance • Provide access to health care within community primarily to women of child bearing age and children
Single or Multi-Year Initiative/Time Period	Multi-year/ongoing
Key partners and/or hospitals in initial development and/or implementation	Children's Medical Practice's Latino Family Advisory Board Crianza Y Salud (Parenting and Health)
How were the outcomes evaluated?	<p>Process: Patient satisfaction survey, Patients Needs Survey (not done every year)</p> <p>Impact: Number of encounters</p>
Outcome (include process and impact measures)	<p>2400 patient encounters</p> <p>Over 700 patients tested for HIV/Syphilis</p> <p>75% Latino patients</p> <p>420 new OB patients referred for prenatal care, WIC and MA and provided with access to prenatal vitamins</p>
Continuation of Initiative	Program continues
Cost of initiative for current FY	\$277,331.

Initiative 4: Healthy Community Partnership	
Identified Need	Opportunity to partner with faith-based organizations to provide health education and screenings to the community – opportunity to potentially address multiple community health needs priorities.
Hospital Initiative	Healthy Community Partnership – Medical-religious partnership bringing health information and services to local congregations.
Primary objective of the initiative/metrics that will be used to evaluate the results	Objectives: <ul style="list-style-type: none"> • Improve general health status of the community through alliances with faith-based organizations • Enhance outreach to Latino population • Increase the number of patients served • Train Lay Health Educators and Lay Health Advocates within congregations to coordinate health activities for their group
Single or Multi-Year Initiative/Time Period	Multi-year/on-going
Key partners and/or hospitals in initial development and/or implementation	Our Lady of Fatima Catholic Church St. Rita's Catholic Church Zion Baptist Church St. Nicholas Greek Orthodox Church Union Baptist Church St. Matthew's United Methodist Church JHBMC Medical residents Lay Health Educators and Advocates
How were the outcomes evaluated?	# of participants at events Participant feedback Clergy feedback # of events
Outcome (include process and impact measures)	Process: <ul style="list-style-type: none"> • Participant satisfaction surveys indicated a high degree of satisfaction with the LHE and LHA programs • End-of-training feedback discussions – participants expressed a high degree of satisfaction with the training programs and enthusiasm to bring health information back to their faith communities. Impact: <ul style="list-style-type: none"> • 102 participated in the Lay Health Educator (LHE) training program • 86 participated in the Lay Health Advocate (LHA) training program • 50 attended quarterly LHE/LHA dinners to learn about additional health topics. • 22 partnering churches
Continuation of Initiative	Initiative continues
Cost of initiative for current FY	\$465,621

Initiative 5: Kiwanis Burn Prevention	
Identified Need	Prevent burn injuries
Hospital Initiative	School-based burn prevention program
Primary objective of the initiative/metrics that will be used to evaluate the results	Objectives: <ul style="list-style-type: none"> • Provide age-appropriate, school-based lessons about burn prevention, with a retired professional firefighter teaching students.
Single or Multi-Year Initiative/Time Period	Multi-year/Ongoing
Key partners and/or hospitals in initial development and/or implementation	Public and parochial schools
How were the outcomes evaluated?	Children are pre/post tests and teacher evaluations
Outcome (include process and impact measures)	Process: Consistently high scores on evaluations by teachers Impact: 8,173 students in 34 schools; Test scores consistently improved in post-test and between 3 rd and 4 th grades.
Continuation of Initiative	Continues
Cost of initiative for current FY13	\$97,254

Initiative 6: Community Development Support	
Identified Need	Economic Development in Community Benefit Service Area
Hospital Initiative	Community Development Partnerships
Primary objective of the initiative/metrics that will be used to evaluate the results	Partner with Community Development Corporations (CDC) to develop economic opportunities, attract investment, improve housing stock, improve environment.
Single or Multi-Year Initiative/Time Period	Multi-year
Key partners and/or hospitals in initial development and/or implementation	Greektown CDC Dundalk Renaissance Corp. Southeast CDC Bayview Business Association local developers

How were the outcomes evaluated?	Review of annual reports (programs and financials) of CDCs receiving hospital funding to review goal attainment progress.
Outcome (include process and impact measures)	<p>Process: A JHBMC Staff member sits on each organization's board, with ongoing review of operations and input as to how these agencies meet community needs</p> <p>Impact: We evaluate each organization's success in using hospital funds to leverage other funding for the community, in addition to their measures of goal achievement. Three of the four organizations funded were successful in this regard in FY 13.</p>
Continuation of Initiative	Program continues, based on funding availability
Cost of initiative for current FY	\$480,982

Initiative 7: The Access Partnership (TAP)	
Identified Need	
Hospital Initiative	The Access Partnership
Primary objective of the initiative/metrics that will be used to evaluate the results	The Access Partnership, or TAP, of Johns Hopkins Medicine is a mission-driven program designed to improve access to effective, compassionate evidence-based primary and specialty care for uninsured and underinsured patients residing in the community surrounding The Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC) with demonstrated financial need
Single or Multi-Year Initiative Time Period	Multi-year
Key partners and/or hospitals in initial development and/or implementation	<p>Hospital and Physician leadership</p> <p>Hospital administrative staff</p>
How were the outcomes evaluated?	Quarterly evaluation
Outcome (include process and impact measures)	<p>TAP has provided 2,828 primary care visits to 951 patients at 3 rate-regulated clinic sites at Johns Hopkins: the Medical Clinic at JHOC; the JHBMC General Internal Medicine clinic; and the JHBMC Children's Medical Practice. 543 encounters were provided at JHBMC.</p> <p>Clinician and patient satisfaction surveys were administered at one site</p>

	<p>a year after the program began. 82% of clinicians strongly agreed or agreed that TAP had helped them to be more thoughtful about appropriateness of referrals to specialists. All clinicians strongly agreed or agreed that TAP had improved their ability to serve uninsured patients. A majority of patients reported that through TAP they were better able to obtain needed health care and were satisfied with the health care they received through the program.</p> <p>TAP has improved access to care for uninsured people living in the East Baltimore community. Both JHH and JHBMC already care for many of these patients every day through the emergency department and as hospital admissions. TAP takes a proactive approach to managing uninsured patients who live in the area surrounding the hospitals. Through this program, we provide access to primary and specialty care efficiently and effectively to uninsured patients. Primary care clinicians are able to provide comprehensive care to their patients, and as a result, many patients develop alliances with their doctors that will facilitate improved health literacy, improved health outcomes, and reduced health disparities.</p>
Continuation of Initiative	This is an ongoing commitment.
Cost of initiative for current FY	\$102,236

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health-related organizations—primary users of information found in CHNAs—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone.

In our assessment process, the need for dental care was identified as a need beyond the hospital's resources. The Community College of Baltimore County Dundalk Campus has an excellent dental hygienist program that offers free or low-cost care in our area, and the University of Maryland Dental School has a clinic. In addition, Chase-Brexton Health System, a Federally-Qualified Community Health Center in Central Baltimore City, has a dental practice.

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

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, gyno-oncology and pediatric sub-specialty care which are routinely referred to The Johns Hopkins Hospital.

Like other hospitals, we are finding that some patients have to wait longer for non-emergent services (although the patient may see them as quite urgent), as the state is taking longer than 30 days to process MA applications. Should the patient need care while their application is pending, our process for evaluating this need is used and their situation addressed appropriately.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

We provide financial support to Baltimore Medical System for their primary care services in the community, and to Johns Hopkins Community Physician sites for their teaching services and for their care of disadvantaged patients. The hospital's Joint Agreement also provides funds to purchase on-call services, to support teaching and to assist 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 to support care of disadvantaged patients, including undocumented Latino patients, especially in the areas of Emergency, and Trauma. We support physician on-call costs for these and other critical services.

A list of the on-call physician expenses included in the CBR report is below. In addition to these we also include trauma on-call expenses of \$1,414,276, which is offset by revenue of \$894,486 that we receive from the state to support these expenses. Our net community benefit included for trauma is \$519,790.

On-call expenses that JHBMC paid in FY'13: *(Source: UR6 detailed support schedule from the HSCRC Cost Report details)*

1. \$270,307 Anesthesia Intensivist On-call coverage
2. \$154,382 Oncology On-call coverage (weekends & holidays)
3. \$386,415 Emergency Medicine On-call pager coverage
4. \$314,066 Surgery ICU On-call coverage
5. \$331,440 Neonatology On-call coverage
6. \$238,192 Pediatric On-call coverage

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

For example, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Include a copy of your hospital's FAP (label appendix II).
 - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).
2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

APPENDIX I

APPENDIX 1

FINANCIAL ASSISTANCE POLICY DESCRIPTION


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

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. We also have a financial assistance policy for The Access Project. Our financial assistance forms are available in English and in Spanish.

Our patient handbook (available in English and Spanish) 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. This information is provided at a reading comprehension level that meets the needs of our patients. Information about billing is also available on our website, on patient billing statements, and is posted in service areas. We provide an opportunity to discuss any questions, concerns or potential eligibility for government benefits. We mail applications on request and provide the number to call for Medical Assistance eligibility. Our patient relations staff (including interpreters), financial counselors and social workers assist patients requiring help in navigating this process.

APPENDIX II

 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>	05-15-13
	FINANCIAL ASSISTANCE	<i>Page</i>	1 of 21
		<i>Supersedes</i>	09-15-10

POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center, Inc. Acute Care Hospital and Special Programs (JHBMC) and the Chronic Specialty Hospital of the Johns Hopkins Bayview Care Center (JHBCC).

Purpose

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

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


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

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


Definitions

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

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

 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> 05-15-13
		<i>Page</i> 2 of 21
		<i>Supersedes</i> 09-15-10

Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Emergency Medical Condition	<p>A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ul style="list-style-type: none"> (a) Serious jeopardy to the health of a patient; (b) Serious impairment of any bodily functions; (c) Serious dysfunction of any bodily organ or part. (d) With respect to a pregnant woman: <ul style="list-style-type: none"> 1. That there is inadequate time to effect safe transfer to another hospital prior to delivery. 2. That a transfer may pose a threat to the health and safety of the patient or fetus. 3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.
Emergency Services and Care:	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to treat an Emergency Medical Condition. Medically necessary care for the purposes of this policy does not include Elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergency Medical Condition.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.

 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>	05-15-13
	FINANCIAL ASSISTANCE	<i>Page</i>	3 of 21
		<i>Supersedes</i>	09-15-10

Supporting
Documentation


Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.

PROCEDURES


1. An evaluation for Financial Assistance can begin in a number of ways:

For example:

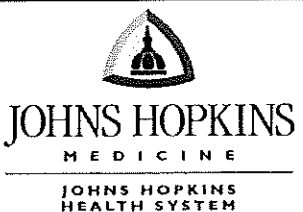
- A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
 - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - A patient with a hospital account referred to a collection agency notifies the collection agency that he/she cannot afford to pay the bill and requests assistance.
 - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
 3. Designated staff 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 sent 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 and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. Consider eligibility for other resources, such as endowment funds, outside foundation resources, etc.
 - c. 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).

 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>	05-15-13
		<i>Page</i>	4 of 21
		<i>Supersedes</i>	09-15-10

- d. All insurance benefits must have been exhausted.
5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
 - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of U.S. citizenship or lawful permanent residence status (green card).
 - f. Proof of disability income (if applicable).
 - g. Reasonable proof of other declared expenses.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a Hopkins hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based upon JHMI guidelines.
 - a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments to the Financial Assistance Evaluation Committee for final evaluation and decision.
 - b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the 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 JHHS guidelines.
7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
8. Services provided to patients registered as Voluntary Self Pay patients do not qualify for Financial Assistance.

 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> 05-15-13
	FINANCIAL ASSISTANCE	<i>Page</i> 5 of 21
		<i>Supersedes</i> 09-15-10

9. A department operating programs under a grant or other outside governing authority (i.e., Psychiatry) 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. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
11. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative request an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.
12. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application 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.14. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
15. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034A</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>05-15-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>6 of 21</p>
		<p><i>Supersedes</i></p>	<p>09-15-10</p>

exceeding \$25. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of-pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

- This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

REFERENCE¹

JHHS Finance Policies and Procedures Manual

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

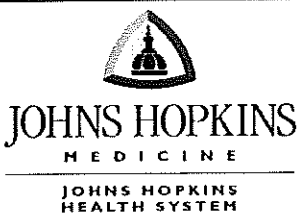
Charity Care and Bad Debts, AICPA Health Care Audit Guide

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

RESPONSIBILITIES - JHH, JHBMC

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service	Understand current criteria for Assistance qualifications.
Collector Admissions Coordinator	Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.
Any Finance representative designated to accept applications for Financial Assistance	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, Patient Profile Questionnaire and Medical Financial Hardship Application (if submitted) to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

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

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034A</p>	
		<p><i>Effective Date</i></p>	<p>05-15-13</p>	
	<p><i>Subject</i></p>	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>7 of 21</p>
			<p><i>Supersedes</i></p>	<p>09-15-10</p>

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

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Management Personnel
(Supervisor/Manager/Director)

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

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

Notices will not be sent to Presumptive Eligibility recipients.

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

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

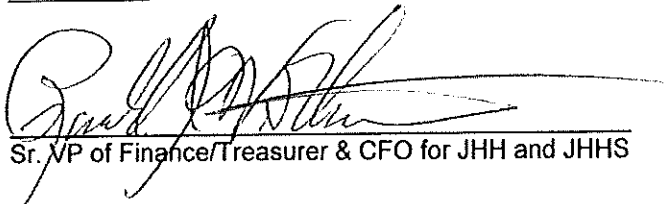
SPONSOR

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

REVIEW CYCLE


Two (2) years

APPROVAL




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

Date

 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>	05-15-13
	FINANCIAL ASSISTANCE	<i>Page</i>	8 of 21
		<i>Supersedes</i>	09-15-10

**APPENDIX A
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

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

 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> 05-15-13
	FINANCIAL ASSISTANCE	<i>Page</i> 9 of 21
		<i>Supersedes</i> 09-15-10

10. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted.
11. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
12. 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 Assistance from another affiliate.
13. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exception

The Director of Patient Financial Services (or affiliate equivalent) may make exceptions according to individual circumstances.


FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
		\$ 25,278	\$ 27,576	\$ 29,874	\$ 32,172	\$ 34,470
1	\$ 22,980	\$ 25,278	\$ 27,576	\$ 29,874	\$ 32,172	\$ 34,470
2	\$ 31,020	\$ 34,122	\$ 37,224	\$ 40,326	\$ 43,428	\$ 46,530
3	\$ 39,060	\$ 42,966	\$ 46,872	\$ 50,778	\$ 54,684	\$ 58,590
4	\$ 47,100	\$ 51,810	\$ 56,520	\$ 61,230	\$ 65,940	\$ 70,650
5	\$ 55,140	\$ 60,654	\$ 66,168	\$ 71,682	\$ 77,196	\$ 82,710
6	\$ 63,180	\$ 69,498	\$ 75,816	\$ 82,134	\$ 88,452	\$ 94,770
7	\$ 71,220	\$ 78,342	\$ 85,464	\$ 92,586	\$ 99,708	\$ 106,830
8*	\$ 79,260	\$ 87,186	\$ 95,112	\$ 103,038	\$ 110,964	\$ 118,890
**amt for each mbr	\$8,040	\$8,844	\$9,648	\$10,452	\$11,256	\$12,060
Allowance to Give:	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines

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

EXAMPLE: Annual Family Income \$52,000
 # of Persons in Family 4
 Applicable Poverty Income Level 47,100
 Upper Limits of Income for Allowance Range \$56,520 (60% range)
 (\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

 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> 05-15-13
	FINANCIAL ASSISTANCE	<i>Page</i> 10 of 21
		<i>Supersedes</i> 09-15-10


Appendix A-1

Presumptive Financial Assistance Eligibility

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

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- Participation in Women, Infants and Children Programs (WIC)*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility *
- Households with children in the free or reduced lunch program*
- Low-income household energy assistance program participation*
- Eligibility for other state or local assistance programs which have financial eligibility at or below 200% of FPL
- Healthy Howard recipients referred to JHH
- Patient is deceased with no known estate
- The Access Partnership Program at Hopkins (see FIN057 for specific procedures)
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- The Pregnancy Care Program at JHBMC (see FIN053 for specific procedures)

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

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034A</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 05-15-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 11 of 21</p>
		<p><i>Supersedes</i> 09-15-10</p>

**APPENDIX B
MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

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

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

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

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

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


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

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

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

General Conditions for Medical Financial Hardship Assistance Application:

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

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034A	
		<i>Effective Date</i>	05-15-13	
	<i>Subject</i>	FINANCIAL ASSISTANCE	<i>Page</i>	12 of 21
			<i>Supersedes</i>	09-15-10

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

Factors for Consideration

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


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

Exception

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

 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>	05-15-13
		<i>Page</i>	13 of 21
		<i>Supersedes</i>	09-15-10

MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

1	\$ 34,470	\$ 45,960	\$ 57,450
2	\$ 46,530	\$ 62,040	\$ 77,550
3	\$ 58,590	\$ 78,120	\$ 97,650
4	\$ 70,650	\$ 94,200	\$ 117,750
5	\$ 82,710	\$ 110,280	\$ 137,850
6	\$ 94,770	\$ 126,360	\$ 157,950
7	\$ 106,830	\$ 142,440	\$ 178,050
8*	\$ 118,890	\$ 158,520	\$ 198,150
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$12,060 for each additional person at 300% of FPL, \$16,080 at 400% at FPL; and \$20,100 at 500% of FPL.

Exhibit A

Johns Hopkins Hospital
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
 First Middle Last

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

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

Phone _____

_____ City State Zip code

_____ Country

Employer Name _____

Phone _____

Work Address _____

_____ City State Zip code

Household members:

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

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

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

Exhibit A

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

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

Applicant signature

Date

Relationship to Patient

Exhibit A

Johns Hopkins Bayview Medical Center
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
 First Middle Last

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

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

Phone _____

_____ _____ _____

Country _____

Employer Name _____

Phone _____

Work Address _____

_____ _____ _____

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

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

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

Family Size:

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

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

8. Is patient a resident of the State of Maryland? Yes or No
If not a Maryland resident, in what state does patient reside? _____
1. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does household have children in the free or reduced lunch program? Yes or No
12. Does household participate in low-income energy assistance program? Yes or No
13. Does patient receive SNAP/Food Stamps? Yes or No
14. Is the patient enrolled in Healthy Howard and referred to JHH? Yes or No
15. Does patient currently have:
 Medical Assistance Pharmacy Only Yes or No
 QMB coverage/ SLMB coverage Yes or No
 PAC coverage Yes or No
16. Is patient employed? Yes or No
 If no, date became unemployed. _____
 Eligible for COBRA health insurance coverage? Yes or No

Exhibit B

SERVICIOS FINANCIEROS AL PACIENTE
CUESTIONARIO DEL PERFIL DEL PACIENTE

NOMBRE DEL HOSPITAL: _____

NOMBRE DEL PACIENTE: _____

DOMICILIO: _____
(Incluya Código Postal)

No. De Archivo Médico: _____

1. ¿Cual es la edad del paciente? _____
2. ¿Es el paciente un Ciudadano Americano o Residente Permanentet? Si o No
3. ¿Esta la paciente embarazada? Si o No
4. ¿Tiene el paciente hijos menores de 21 años viviendo en casa? Si o No
5. ¿Es el paciente ciego o potencialmente discapacitado por lo menos 12 meses o mas afectando su empleo? Si o No
6. ¿Esta el paciente en la actualidad recibiendo beneficios de SSI o SSDI? Si o No
7. ¿Tiene el paciente (y si casado, esposo/a) cuentas de banco o bienes convertibles a efectivo que no exceden las siguientes cantidades? Si o No

Tamaño de Familia:

Individual: \$2,500.00

Dos personas: \$3,000.00

Por cada miembro familiar adicional, agregar \$100.00

(Ejemplo: Para una familia de cuatro, si el total de sus bienes liquidas es menos que \$3200.00 usted contestaría SI)

8. ¿Es el paciente residente del Estado de Maryland? Si o No
Si no es residente de Maryland, en que estado vive? _____
9. ¿Is patient homeless? Si o No
10. ¿Participa el paciente en WIC? Si o No
11. ¿Tiene usted niños en el programa de lunche gratis o reducido? Si o No
12. ¿Su hogar participa en el programa de asistencia de energia para familia de ingresos bajos? Si o No
13. ¿El paciente recibet SNAP/Food Stamps (Cupones de alimentos)? Si o No
14. ¿Esta el paciente inscrito en Healthy Howard y fue referido a JHH? Si o No
15. ¿Tiene el paciente actualmente?:
Asistencia Médica solo para farmacia? Si o No
Covertura de QMB / Covertura SLMB? Si o No
Covertura de PAC? Si o No
16. ¿Esta el paciente empleado? Si o No
Si no, fecha en que se desempleó. _____
Es elegible para covertura del seguro de salud de COBRA? Si o No

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

Date: _____

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

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

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

All documentation submitted becomes part of this application.

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

Applicant's signature

Date: _____

Relationship to Patient

For Internal Use: Reviewed By: _____ Date: _____

Income: _____ 25% of income= _____

Medical Debt: _____ Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

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

Exhibit C

APLICACION PARA DIFICULTADES MEDICAS FINANCIALES

NOMBRE DEL HOSPITAL: _____

NOMBRE DEL PACIENTE: _____

DOMICILIO: _____
(Incluya Código Postal)

No. DE ARCHIVO MEDICO : _____

FECHA: _____

Ingresos Familiares por doce (12) meses anteriores a la fecha de esta solicitud: _____

Deudas Médicas incurridas en el Hospital de Johns Hopkins (no incluyendo co-seguro, co-pagos, o deducibles) por los doce (12) meses del calendario anteriores a la fecha de esta solicitud:

Fecha de Servicio	Monto Debido
_____	_____
_____	_____
_____	_____
_____	_____

Toda documentacion sometida sera parte de esta aplicacion.

Toda la información sometida en la aplicación es verdadera y exacta a lo mejor de mi conocimiento, saber y entender.

Firma del Apicante

Fecha: _____

Relación al Paciente

Para Uso Interno: Revisado Por: _____ Fecha: _____


Ingresos: _____ 25% de ingresos= _____

Deuda Médica: _____ Porcentaje de Subsidio: _____

Reducción: _____

Balance Debido: _____

Monto de Pagos Mensuales: _____ Duración del Plan De Pago: _____ meses

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN053
	<i>Subject</i>	<i>Effective Date</i> 06-16-11
	FINANCIAL ASSISTANCE – THE PREGNANCY CARE PROGRAM AT JHBMC	<i>Page</i> 1 of 1
		<i>Supersedes</i> 09-10-07

PROCEDURE

This procedure 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 procedures pertaining to this population to ensure appropriate care during and immediately following pregnancy. Prenatal services and one postpartum visit are covered by this procedure.

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).

PROCESS

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.

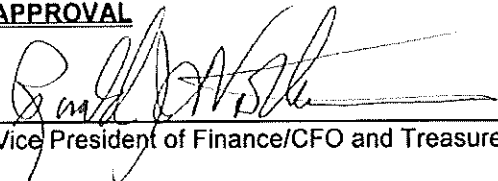
SPONSOR

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

REVIEW CYCLE

Three (3) years


APPROVAL



 Vice President of Finance/CFO and Treasurer, JHHS

6-16-11

 Date

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN053
	<i>Subject</i>	<i>Effective Date</i>	06-16-11
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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).

PROCESS

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.

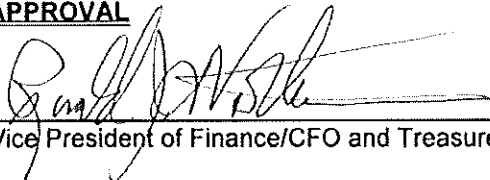
SPONSOR

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

REVIEW CYCLE

Three (3) years

APPROVAL


 Vice President of Finance/CFO and Treasurer, JHHS

6-16-11
 Date

Johns Hopkins Hospital
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
 First Middle Last

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

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

Phone _____

City _____ State _____ Zip code _____

Country _____

Employer Name _____

Phone _____

Work Address _____

City _____ State _____ Zip code _____

Household members:

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

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



JOHNS HOPKINS
MEDICINE

Johns Hopkins Bayview Medical Center
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211

Uso De la Ayuda Financiera Del Uniforme Del Estado De Maryland

Información sobre usted:

Nombre _____
Primer Medio Ultimo Fecha
Numero de Seguridad Social _____ Estado Civil: Solo Casado Separado
Ciudadano de los E.E.U.U.: Si No Residente Permanente: Si No

Dirección Casera _____ Numero de Telefono- _____

Ciudad Estado Código Postal País

Nombre Del Patrón _____ Numero de Telefono- _____

Dirección Del Trabajo _____

Ciudad Estado Código Postal

Miembros De la Casa:

Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion
Nombre	Edad	Relacion

Hace usted solicitar ayuda médica? Si No
Si, cual era la fecha usted se aplico? _____
Si si, cual era la determinacion? _____
Usted recibe cualquier tipo de ayuda del estado o del condado? Si No

I. Ingresos De La Familia

Enumere la cantidad de su renta mensual de todas las fuentes. Usted puede ser requerido dar la prueba de la renta, de los activos, y de los costos. Si usted no tiene ninguna renta, proporcione por favor una letra de la ayuda de la persona que proporciona su cubierta y comidas.

	<u>Cantidad Mensual</u>
Empleo	_____
Ventajas del Retiro/de Pensión	_____
Ventajas De Seguridad Social	_____
Ventajas Públicas De la Ayuda	_____
Pagas Por invalidez	_____
Subsidios De Desempleo	_____
Ventajas De los Veteranos	_____
Alimentos	_____
Renta De Propiedad De alquiler	_____
Ventajas De Huelga	_____
Asignación Militar	_____
Granja o empleo del uno mismo	_____
La otra fuente de la renta	_____

Total \$ _____
Equilibrio Actual

II. Activos Líquidos

Cuenta de Chequeo	_____
Cuenta de Ahorros	_____
Acción, Enlaces, CD, o mercado de valores	_____
Otras Cuentas	_____

Total \$ _____

III. Otros Activos

Si usted posee cualesquiera de los puntos siguientes, enumere por favor el tipo y el valor aproximado.

Casa - Balance Del Préstamo _____	Valor Aproximado _____
Automóvil Haga _____ Año _____	Valor Aproximado _____
Automóvil Haga _____ Año _____	Valor Aproximado _____
Automóvil Haga _____ Año _____	Valor Aproximado _____
La Otra Propiedad _____	Valor Aproximado _____

Total \$ _____

IV. Gastos Mensuales

	<u>Cantidad</u>
Alquiler o hipoteca	_____
Utilidades	_____
Pago Del Coche(s)	_____
Tarjeta(s) de Credito	_____
Seguro de Coche	_____
Seguro Medico	_____
Otros Gastos Médicos	_____
Otros Gastos	_____

Total \$ _____

Usted tiene cualquier otra cuenta médica sin pagar? Si No

Para qué servicio? _____

Si usted ha arreglado un plan del pago, cuál es la cuota? _____

*Si usted solicita que el hospital amplie ayuda financiera adicional, el hospital puede solicitar la información adicional para hacer una determinación suplemental. Firmando esta forma, usted certifica que la información proporcionada es verdad y acuerda notificar el hospital de cualquier cambio a la información proporcionada en el plazo de diez días del cambio.

Firma Del Aspirante

Fecha

Relación al Paciente
Por Favor contacto - _____

Numero de Telefono- _____

APPENDIX III

Financial Assistance Policy

If unable to pay for medical care, you may qualify for financial assistance if you:

- Exhausted all insurance options
- Were denied medical assistance through all other available means
- Meet other criteria for financial assistance

For help, more information or an application for financial assistance, please call:

410-502-2289

If you feel you have been improperly denied free or reduced charged care, call the Compliance Office, 1-877-WE COMPLY (1-877-932-6675).

Asistencia Financiera
Si usted es incapaz de pagar por sus servicios médicos, se puede calificar para asistencia financiera:

- Si ha agotado todas las opciones de los seguros
- Si le ha sido negado ayuda médica a través de todas las formas disponibles
- Si puede cumplir otro criterio para asistencia financiera

Si usted necesita ayuda, o desea información adicional o un formato para aplicar para asistencia financiera, por favor comuníquese con

410-502-2289

Si usted siente que le han sido negado los cargos gratuitos o los costos reducidos, llame Oficina de Conformidad, 1-877-WE COMPLY, (1-877-932-6675)



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



JOHNS HOPKINS
M E D I C I N E

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

PATIENT BILLING and FINANCIAL ASSISTANCE INFORMATION SHEET

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 in to 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: 410-955-5464

with questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost, medically necessary care due to financial hardship
- 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 information about Maryland Medical Assistance

Contact your local department of Social Services

1-800-332-6347 TTY 1-800-925-4434

Or visit: www.dhr.state.md.us

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



JOHNS HOPKINS
M E D I C I N E

THE JOHNS HOPKINS HOSPITAL
600 NORTH WOLFE STREET
BALTIMORE, MD 21287

HOJA INFORMATIVA SOBRE LA FACTURACIÓN DE PACIENTES Y LA ASISTENCIA FINANCIERA

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 le traen al hospital o cuando visita la clínica ambulatoria. Esto ayudará a 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/o 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 médicamente necesario gratuito o de bajo costo** si usted:

- Es ciudadano Estadounidense ó residente permanente viviendo en los Estados Unidos por un periodo no menor a un año
- No tiene otras opciones de seguro
- Le ha sido negada 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 sea elegible para un sistema de pagos extendidos para sus facturas médicas.

Llame a 410-955-5464

con sus preguntas referentes a:

- Su factura del hospital
- Sus derechos y obligaciones en cuanto a su factura del hospital
- Sus derechos y obligaciones de lo que se refiere a la reducción de costo, al cuidado médico necesario debido a dificultades financieras
- Cómo inscribirse para cuidado gratuito o de bajo costo
- Cómo inscribirse para la Asistencia Médica de Maryland u otros programas que le puedan 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

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

Welcome

Patient Information Guide



WELCOME

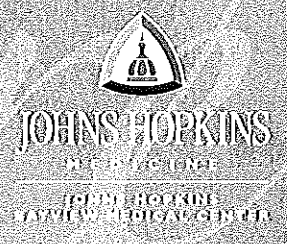


Table of Contents

WELCOME (pages 1- 4)

- Who We Are
- Our Mission
- Our Vision
- Our Core Values
- You're Special To Us
- Our Privacy Practices
- Patient Bill of Rights and Responsibilities
- Your Responsibilities

YOUR HEALTH AND SAFETY (pages 4-8)

- Speak Up
- Our Partnership Pledge
- Your Health Care Team
- Preventing Falls
- Preventing Infections
- Keeping You Safe During Surgery and Procedures
- Understanding and Treating Your Pain
- Medication Safety
- Nutrition Safety
- Smoking

YOUR VISIT TO JOHNS HOPKINS BAYVIEW MEDICAL CENTER (pages 8-12)

- Advance Directives
- Admitting and Registration
- Room Assignment
- Cashier's Office
- Telephone and Television
- Patient Education
- Mail Delivery
- Personal Items and Valuables
- Guide Dogs and Other Service Animals

- Cell Phones
- Visiting Guidelines
- Parking
- Bayview Café
- Java City
- Vending Machines
- Safety and Security
- Escort Service
- Car Trouble
- Lost and Found
- Smoking Policy
- Electrical Appliances
- Fire Drill
- Gift Shop
- Flowers and Mail
- JHGuestNet

SPECIAL SERVICES (pages 12 -13)

- Chaplaincy and Pastoral Care Services
- Community Health Library
- Ethics Committee
- Interpreters
- Labyrinth
- Organ and Tissue Donation
- Palliative Care
- Patient Advocates/Partners
- Volunteers

BILLS AND INSURANCE/MEDICAL RECORDS (pages 13 -14)

- About Your Bill
- Your Hospital Bill
- Your Doctor's Bill
- Patient Billing and Financial Assistance Information
- Obtaining Your Medical Records
- Health Information Exchange

GOING HOME (page 15)

- Discharge
- Pharmacy
- Safe Practices
- Satisfaction Surveys

NOTE: If you are in the hospital and calling the phone numbers listed in this guide, please dial '0' and the four-digit extension.

Please ask the Medical Center staff for information about your option to donate or call the Living Legacy Foundation of Maryland at 1-800-641-HERO(4376).

Palliative Care

The Johns Hopkins Bayview Palliative Care team helps patients and families dealing with serious illnesses. The team addresses physical, psychological, social and spiritual needs and can help patients cope with the pain and anxiety that comes with serious health problems.

The team consists of a physician, nurse practitioner, social worker and chaplain who can visit you in your hospital room. Any person with a serious or chronic illness, or who is suffering from uncomfortable symptoms, or who has family members who are experiencing stress related to their loved one being in the hospital, could benefit from a visit from the Palliative Care Team. If you would like someone from the Palliative Care team to meet with you, ask your doctor to make the referral.

Patient Advocates

Quality health care is our goal for every patient. Your care team is specially trained to take care of your needs. In some cases, you may want to talk with someone about a special concern or issue. Patient Relations is your health care partner and is the channel through which patients and their families may express concerns and request assistance. Patient advocates help with all patient concerns and, if necessary, can act as your direct contact with administration.

Patient Relations is open Monday through Friday, 8:30 a.m. to 5 p.m. For assistance on weekdays, call 410-550-0626. For concerns after hours, please leave a message and a representative will return your call the next business day.

For emergencies, please call the operator at 410-550-0100 and the patient advocate will be paged.

Volunteers

Johns Hopkins Bayview has many volunteers who donate their time and talent to enhance your stay. Volunteers are available in departments throughout the Medical Center. Many of them enjoy visiting at the bedside, talking with patients and performing clerical and other services. If you would like more information, please call Volunteer Services at 410-550-0627.

BILLS AND INSURANCE/ MEDICAL RECORDS

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 protect patients from unjust and unfair costs and control hospitals' charges.

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

A representative from the pre-billing office will contact you for financial information and explain our policies. Please have all of your insurance information available (insurance company's name, contract number, group number). As a convenience to you, we will bill your insurance company.

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 410-550-0830. 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.

If you think you will have difficulty paying your bill, please ask to talk with a financial counselor. If you have any questions about your bill after discharge, please call 410-550-7330. 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 (overnight stays) and outpatient (same-day or office visit) services, these may 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.

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
- 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

Obtaining Your Medical Records

You have the right to obtain a copy of your medical records and to request that your records be provided to someone else (subject to certain limitations). In order to protect your privacy, we must have your written permission before releasing the records. You can contact Health Information Management Monday through Friday, 8:30 a.m. to 5 p.m., at 410-550-0688, or e-mail the department at jhbmchim@jhmi.edu

When completing the health record release form:

- Be sure to fill it out completely, including signing and dating it
- No information can be released unless the form is properly signed and dated. Incomplete forms may be returned to you for completion
- If you are the health care agent or court appointed representative, please bring proof of your authority to act on behalf of the patient

Return the completed form (and any attachments) via fax, in person or by mail:

Fax # 410-550-3409

Mailing address:

Johns Hopkins Bayview Medical Center,
4940 Eastern Avenue, Baltimore, MD, 21224
Attention: Health Information Management

Health Information Exchange

As permitted by law, we may share information that we obtain or create about you with other health care providers through the Chesapeake Regional Information System for our Patients, Inc. (CRISP), Maryland's internet-based health information exchange (HIE). HIE is a way of instantly sharing health information among doctors' offices, hospitals, labs and radiology centers, and will assist your doctors in making decisions about your care.

You may choose to "opt out" of CRISP. "Opting out" means that doctors will be unable to access your health information through the CRISP HIE. However, opting out of the HIE will not prevent your doctor from being able to use the HIE to view the results of tests ordered by your doctor. You may "opt out" by contacting CRISP at www.crisphealth.org or calling 1-877-952-7477. You may change your decision at any time by contacting CRISP.



[Home](#) > [Patient Care](#) > [About Your Medical Bills](#)

Payment Plans and Financial Assistance

If you need assistance paying your bill, we may assist you with payment plans and/or financial assistance.

- [Payment Plans](#)
- [Financial Assistance](#)

Si usted necesita ayuda para pagar su cuenta, nosotros podemos asistirle con planes de pago y/o con asistencia financiera.

- [Planes de pago](#)
- [Asistencia Financiera](#)

[JHH Patient Billing and Financial Assistance Information Sheet in English and Spanish](#)

Payment Plans

We recommend that you contact your insurance payer before any hospital, clinic or physician office visit to find out what is covered under your plan and whether you will be responsible for any part of the payment. If you are not able to pay your account in full, we can help you with a payment plan. And, if you are unable to pay for necessary medical care, you may qualify for financial assistance.

To set up a payment plan, you may contact admissions at the numbers listed below.

- The Johns Hopkins Hospital, 410-955-6056
- Johns Hopkins Bayview Medical Center, 410-550-0830
- Howard County General Hospital, 410-740-7675

Planes de pago

Nosotros le recomendamos contactar a su proveedor de seguro antes de su visita al hospital, clínica u oficina médica, para averiguar lo que será cubierto bajo su plan médico y para saber si usted será responsable de alguna parte del pago. Si usted no puede pagar la cuenta en su totalidad, nosotros podemos ayudarle con un plan de pago. También, si usted no puede pagar por los cuidados médicos necesarios, usted podría calificar para la asistencia financiera.

Para establecer un plan de pago, usted puede contactar a la oficina de admisiones a los números que se indican a continuación.

- The Johns Hopkins Hospital, 410-955-6056
- Johns Hopkins Bayview Medical Center, 410-550-0830
- Howard County General Hospital, 410-740-7675

Financial Assistance

If you are unable to pay for necessary medical care, you may qualify for financial assistance if you:

- Are a U.S. citizen 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.

To determine if you are eligible for financial assistance, please fill out the following forms and return them to

Attn: Financial Assistance Liaison
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211

- [Johns Hopkins Hospital Requirements](#)
- [Johns Hopkins Hospital Patient Profile Questionnaire](#)
- [Maryland State Uniform Financial Assistance Application](#)
- [Johns Hopkins Hospital Medical Financial Hardship Application](#)

Asistencia Financiera

Si usted no puede pagar por los cuidados médicos necesarios, usted podría calificar para la asistencia financiera si cumple con los siguientes requisitos:

- Ser ciudadano estadounidense o residente permanente de los Estados Unidos por un mínimo de un año. (Los pacientes no necesitan ser ciudadanos estadounidenses o residentes permanentes para calificar para la asistencia financiera en el Howard County General Hospital)
- Haber agotado todas las opciones de seguro
- Haber sido denegado para la Asistencia Médica estatal o no cumplir con los requisitos de elegibilidad.
- Cumplir con otros criterios para la asistencia financiera, los cuales serán basados en la información que tendrá que proveer sobre sus ingresos, bienes y deudas pendientes.

Para determinar si usted es elegible para la asistencia financiera, favor de completar y enviar las formas adjuntas a la dirección siguiente:


Attn: Financial Assistance Liaison
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211

- [HCGH Spanish Financial Assistance Application](#)
- [JHBMC Spanish Financial Assistance Application](#)
- [JHH Spanish Financial Assistance Application](#)
- [Medical Financial Hardship Application Spanish](#)
- [Patient Profile Spanish](#)

If you would like additional information or assistance, please contact any of the [customer service offices listed here](#).

Si usted desea más información o ayuda, por favor contacte a cualquiera de las oficinas de [servicio al cliente que aparecen aquí](#).

APPENDIX IV

	Johns Hopkins Bayview Medical Center Hospital Administration Manual General Administration	<i>Policy Number</i>	GEN100
		<i>Effective Date</i>	09/01/2011
		<i>Approval Date</i>	N/A
	<i>Subject</i> Mission/Values Policy	<i>Original Date</i>	09/01/1993
		<i>Supersedes</i>	N/A

Keywords: mission, values

Table of Contents	Page Number
I. <u>JOHNS HOPKINS BAYVIEW MEDICAL CENTER</u>	1
II. <u>JOHNS HOPKINS MEDICINE</u>	1
III. <u>ORIGINATOR</u>	1
IV. <u>REVIEWED BY</u>	2
V. <u>APPROVED BY</u>	2

I. JOHNS HOPKINS BAYVIEW MEDICAL CENTER


- A. The mission of Johns Hopkins Bayview Medical Center is:
1. 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
1. 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:
1. 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.
- C. Core Values
1. Excellence & Discovery
 2. Leadership & Integrity
 3. Diversity & Inclusion
 4. Respect & Collegiality

III. ORIGINATOR

Director of Community Relations

	Johns Hopkins Bayview Medical Center Hospital Administration Manual General Administration	<i>Policy Number</i>	GEN100
		<i>Effective Date</i>	09/01/2011
		<i>Approval Date</i>	N/A
	<i>Subject</i> Mission/Values Policy	<i>Original Date</i>	09/01/1993
		<i>Supersedes</i>	N/A

IV. REVIEWED BY

Board of Trustees

V. APPROVED BY

 Richard G. Bennett, M.D.

President

APPENDIX V

**Johns Hopkins Bayview Medical Center
Community Benefit 60% Primary Service Area
FY 2012
Source: HSCRC**

Rank	Zip	ZIPCounty	Zip City	Total	PCTZIP	PCTHOSP	CUMALATIVE PCT
1	21222	Baltimore	Dundalk	4,588	43.99	20.63	20.63
2	21224	Baltimore City	Baltimore	3,576	42.98	16.08	36.71
3	21206	Baltimore City	Baltimore	1,060	12.54	4.77	41.47
4	21221	Baltimore	Essex	923	12.41	4.15	45.62
5	21205	Baltimore City	Baltimore	810	20.81	3.64	49.26
6	21213	Baltimore City	Baltimore	730	9.81	3.28	52.55
7	21219	Baltimore	Sparrows Point	555	35.78	2.50	55.04
8	21220	Baltimore	Middle River	531	8.28	2.39	57.43
9	21231	Baltimore City	Baltimore	389	15.76	1.75	59.18
10	21237	Baltimore	Rosedale	360	8.24	1.62	60.80

Demographics Expert 2.7
 2013 Demographic Snapshot
 Area: JHBMC CBPSA 60%
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area		USA		2013	2018	% Change
	Area	USA					
2010 Total Population	340,370	308,745,538		Total Male Population	163,862	166,856	1.8%
2013 Total Population	342,187	314,861,807		Total Female Population	178,325	180,702	1.3%
2018 Total Population	347,558	325,322,277		Females, Child Bearing Age (15-44)	73,864	71,516	-3.2%
% Change 2013 - 2018	1.6%	3.3%					
Average Household Income	\$61,679	\$69,637					

POPULATION DISTRIBUTION

Age Group	Age Distribution				
	2013		2018		USA 2013
	Pop	% of Total	Pop	% of Total	% of Total
0-14	65,605	19.2%	68,761	19.8%	19.6%
15-17	12,222	3.6%	11,463	3.3%	4.1%
18-24	31,562	9.2%	27,041	7.8%	10.0%
25-34	55,265	16.2%	53,664	15.4%	13.1%
35-54	92,348	27.0%	91,547	26.3%	26.9%
55-64	41,459	12.1%	45,039	13.0%	12.4%
65+	43,726	12.8%	50,043	14.4%	13.9%
Total	342,187	100.0%	347,558	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

2013 Household Income	Income Distribution		
	2013		USA
	HH Count	% of Total	% of Total
<\$15K	18,492	13.8%	13.8%
\$15-25K	14,408	10.8%	11.6%
\$25-50K	36,655	27.4%	25.3%
\$50-75K	26,859	20.1%	18.1%
\$75-100K	16,124	12.0%	11.7%
Over \$100K	21,319	15.9%	19.5%
Total	133,857	100.0%	100.0%

EDUCATION LEVEL

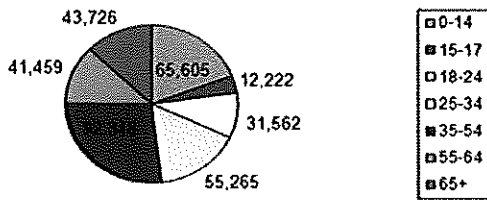
2013 Adult Education Level	Education Level Distribution		
	2013		USA
	Pop Age 25+	% of Total	% of Total
Less than High School	18,547	8.0%	6.2%
Some High School	31,865	13.7%	8.4%
High School Degree	81,551	35.0%	28.4%
Some College/Assoc. Degree	60,061	25.8%	28.9%
Bachelor's Degree or Greater	40,774	17.5%	28.1%
Total	232,798	100.0%	100.0%

RACE/ETHNICITY

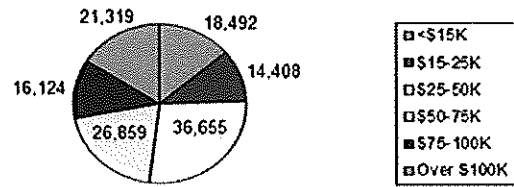
Race/Ethnicity	Race/Ethnicity Distribution		
	2013		USA
	2013 Pop	% of Total	% of Total
White Non-Hispanic	173,443	50.7%	62.3%
Black Non-Hispanic	124,317	36.3%	12.3%
Hispanic	25,893	7.6%	17.3%
Asian & Pacific Is. Non-Hispanic	8,819	2.6%	5.1%
All Others	9,715	2.8%	2.9%
Total	342,187	100.0%	100.0%

2013 Demographic Snapshot Charts

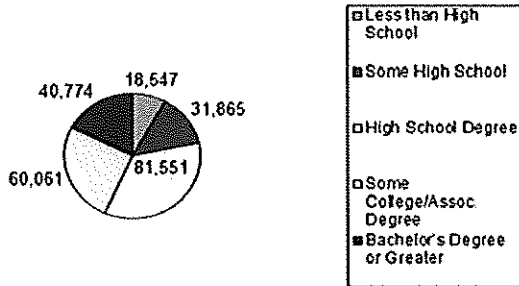
Population Distribution by Age Group



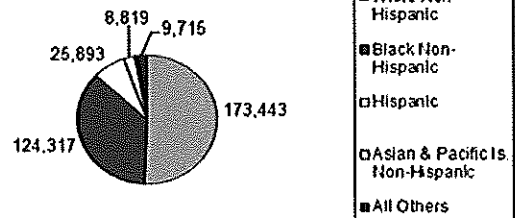
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



2013 Insurance Coverage Estimates
Area: JHBMC CBPSA 60%
Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2013 Adjusted Population							Uninsured
		Total	Medicaid	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	
21205	Baltimore	16,566	8,034	1,487	468	0	104	0	6,473
21206	Baltimore	50,433	11,254	4,493	1,434	2,019	22,232	0	9,002
21213	Baltimore	32,135	11,525	3,092	975	592	6,680	0	9,271
21219	Sparrows Point	9,640	1,422	1,528	156	470	5,118	0	946
21220	Middle River	39,386	5,381	4,296	465	2,179	23,496	0	3,569
21221	Essex	42,678	6,969	5,059	542	2,148	23,228	0	4,631
21222	Dundalk	56,364	12,785	7,169	756	2,286	24,849	0	8,520
21224	Baltimore	49,422	12,095	4,556	1,451	1,840	19,880	0	9,600
21231	Baltimore	15,441	4,962	1,120	362	424	4,632	0	3,941
21237	Rosedale	30,222	3,837	3,597	385	1,687	18,176	0	2,541
Total		342,187	78,263	36,397	6,993	13,647	148,395	0	58,493

Insurance Coverage Estimates 1.1

ICE0001.SQP

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APPENDIX VI

APPENDIX VI

1. Community Benefits Leadership- Fiscal Year 2013

Community Benefits Workgroup

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

The Johns Hopkins Hospital

- Deidra Bishop, Director, East Baltimore Community Affairs
- Zakia Hospedales, Budget Analyst, Government and Community Affairs
- Sharon Tiebert-Maddox, Director of Financial Operations, Government and Community Affairs
- William Wang, Associate Director, Strategic Operations, Government and Community Affairs

Johns Hopkins Bayview Medical Center

- Gayle Adams, Director, Community and Government Relations
- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis

Howard County General Hospital

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Regulatory Compliance

Suburban Hospital

- Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
- Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information
- Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness
- Chris Perkins, Lead Operation Analyst, Financial Planning, Budget, and Reimbursement
- Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness
- Monique Sanfuentes, Director, Community Health and Wellness

Sibley Memorial Hospital

- Marti Bailey, Director, Sibley Senior Association and Community Health
- Mike McCoy, Associate CFO, Finance Department
- Christine Stuppy, Vice President, Business Development and Strategic Planning

All Children's Hospital

- Mary Mahoney, Director of Marketing
- Jeff Craft, Administrative Director of Finance

Johns Hopkins Health System

- Janet Buehler, Director of Tax
- Desiree de la Torre, Assistant Director, Health Policy Planning
- Bonnie Hatami, Senior Tax Accountant
- Anne Langley, Director, Health Policy Planning

Community Benefits Advisory Council

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

- Gayle Adams, Director of Community Relations and Government Affairs, Johns Hopkins Bayview Medical Center
- Jay Blackman, Executive Vice President and Chief Operating Officer, Howard County General Hospital
- John Colmers*, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins University
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Cindy Rose, Vice President of Marketing, Branding, and Community Relations, All Children's Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Chief Operating Officer, Suburban Hospital
- Christine Stuppy, Vice President for Business Development and Strategic Planning, Sibley Memorial Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs

*Chairperson

APPENDIX VII

**Johns Hopkins Bayview Medical
Center
Community Outreach FY13**

Schools

Carney Elem.
Charlesmont Elem.
Chesapeake Terrace Elem.
City Springs Elem.
Cromwell Valley Elem.
Darlington Elem
Essex Elem.
Fallston Day
Father Kolbe
Fountain Green Elem.
FRESH- Archbishop Borders School
FRESH Essex Elementary School
Fresh Graceland Park
Fresh Highlandtown Elem
Fresh Holabird
Fresh John Ruhrah
Fresh Norwood
FRESH Our Lady of Hope
FRESH Our Lady of Mount Carmel
Fresh Patterson Park Charter School
Fresh St Clement Mary Hoffbauer
Fresh St. Casimir
FRESH--Elmwood Elementary
FRESH--Grange Elementary
FRESH--Shady Spring Elementary
General Wolfe Elem.
Gunpowder Elem.
Hampstead Hills Elem.
Imaculate Conception
John Ruhrah Elem.
Leith Walk Elem.
Orems Elem.
Our Lady of Fatima
Our Lady of Hope
Pine Grove Middle
Red House Run Elem.
St. John's
St. Joseph's Fullerton
St. Luke's
St. Michael's Overlea
Trinity

Victory Villa Elem.
William Paca Elem.

Scouts

HEARTS--St. Ursula Troop 1783
HEARTS--Back River UMC Troop 1004
HEARTS--St. Ursula Troop 2525/1998
HEARTS--St. Ursula Troop 328
HEARTS- Orems UMC Troop 38
HEARTS- Woodhome Rec Troop 786/7163
HEARTS-- Piney Grove U.M.C. Troop 937
HEARTS--St. Michael Troop (Brownie troop)
806
HEARTS- St. Clement
HEARTS -- St. Michael Troop (Junior troop)
275
HEARTS--Back River United Methodist
Church
HEARTS- St. Matthew Lutheran Church
Troop 139
HEARTS- Piney Grove United Methodist
Church
HEARTS- Dundalk United Methodist Church
(Daisy)
HEARTS- Dundalk United Methodist Church
(Brownie)
HEARTS- Dundalk United Methodist Church
(Junior)
HEARTS- Dundalk United Methodist Church
(Cadets/Senior/Ambassador)

**Johns Hopkins Bayview Medical Center
Community Outreach FY13**

Events

ABC Health and Wellness Fair
Annual Senior Health Promotion Day at Patterson Park
Avenue at White Marsh Farmer's Market
Back to School Night
Blockenstein
Breast Cancer Awareness
Breast Cancer Survivor's Breakfast
Chesapeake Gateway - Hometown Heroes
Christmas Extravaganza
Community Psych Wellness Fair
Crossroads Health Fair- Danfoss
Cub Scout Summer Camp
DRC Fall Family Festival
Dundalk Farmer's Market
DunFest
Eastfield/Stanbrook Children's Christmas Party
Eastfield/Stanbrook Easter Egg Hunt
Eastpoint Farmers Market
Essex Senior Center Health Fair
Festival Essex
Frankford Community Day
Galilee Baptist Church Picnic & Resource Fair
Girl Scout Workshop committee
Girl Scout Workshop: It's a Girl Thing!
Global Stride Charity Walk
Graceland Park Improvement Assn., Senior Night Out
Great American Smoke Out
Hamilton Street Festival & Car Show
Health Fair at Shiloh Baptist Church
Health Fair Neighborhood Service Center
Health Fair Wellnet
Highlandtown Farmers Market
Kids Day in the Park
Ladies Night Out
Marshy Point Fall Festival
Marshy Point Spring Festival
MD HEAL conference
National Night Out
National Night Out- Orchard Ridge Apartments
New Generations Ministries Health Fair

O'Donnell Heights Health & Resources Fair
Our Lady of Fatima Sr. Housing Community Fair
PAL Cockeysville
PAL Hillendale
PAL Mars Estates
PAL Winfield
PPPCS back to school night
Principals Breakfast
Race to Recovery, Drug & Alcohol-free Picnic hosted by One Voice Recovery Community Center
Resource Fair ODH
Sidney Kimmel Comprehensive Cancer Center @ JHBMC Cancer Fair
Sr. Expo. Department of Aging
St. Luke's Place Health & Wellness Fair
St. Vincent de Paul Headstart Health Fair
The Town Fair
Titan Steel Health Fair
Turner Station 4th Annual Breast Cancer Fund raiser
Turner Station Community Information Fair
Turner's Station "Children First" Rec Council Parade and Fair
Walk Child to School Day
Wellnet Health Fair
Women's Soccer Event
World Burn Congress
Zion Baptist Church Back to School Fair

Screenings

BENI-Belair Edison Senior Group
Berkshire Eastwood Rec Council's Golden Age Club
Bowley Gardens Villas BP's
Edgemere Sr. Center BPs
Everall Gardens Sr. Housing - Cath Charities
Fatima Leisure BP's
Harford Senior Center BPs
Hatton Senior Center BP's
Highlandtown Co-op
John Booth BPs
Jolly Club BPs
Moravia Park Drive Apts
Orchard Ridge Apts
Our Lady of Fatima Senior Housing 1 & 2
St. Lukes BPs
Turner Station Community
Victory Villa BPs
Young at Hearts Club BPs

**Johns Hopkins Bayview Medical Center
Community Outreach FY13**

Community Groups

Back River Neck Peninsula Community Association
Baltimore City Fire Prevention
Baltimore City Health Dept. Hospital Consortium
Baltimore Co. Fire Prevention
Baltimore Co. Provider Council
Baltimore County Chamber (membership)
Baltimore County Chamber Exec. Comm.
Baltimore County Chamber networking breakfast
Baltimore County CHC - Obesity committee
Baltimore County Community Health Coalition
Baltimore County Local Health
Baltimore Safe Kids Coalition
Bayview Business Assn.
Bayview Community Association
Belair Edison C/A
Berkshire C/A
Bowleys Quarters Improvement Assn.
Cancer Committee
Canton Community Association
CCBC Essex Foundation Board
Chesapeake Gateway Chamber Hall of Fame
Chesapeake Gateway Chamber Hometown Heroes Salute
Chesapeake Gateway/Essex Middle River White Marsh Chamber Board of Directors
Chesapeake Gateway/Essex Middle River White Marsh Chamber Executive Committee
CHNA Steering Committee
Colgate Civic Assn.
Community Advisory Board (CAB)
Community Health Action Program (CHAP) Steering Committee
Community Health Initiative JHI
Community Health Needs Assessment Steering
Community Research Advisory Board
DRC Harbor Options Committee
Dundalk Chamber of Commerce Board
Dundalk Renaissance Corp.
Dunlogan Community Assn
Eastern Technical Allied Health Program
Eastfield/Stanbrook Civic Assn
Eastwood Residents & Business Association of Balt. Co.
Ellwood Park Improvement Assn.
Essex Middle River White Marsh Chamber program committee
Essex Middle River White Marsh Civic Council
Essex Senior Center Council Membership

Essex Senior Center Executive Board
Essex-Middle River Renaissance Corporation
Family & Community Engagement
Frankford Board of Directors
Frankford C/A
Friends of Joseph Lee Fields
Greater Greektown Neighborhood Alliance
Graceland Park Improvement Assn.
Greater Dundalk Alliance
Greater Dundalk Comm. Council
Greater Parkville Community Council
Greektown Business Alliance
Greektown CDC (membership)
Hampstead Hill C/A
Harbel Community Assn.
Harborview
HCP Covenant Committee
Healthy Community Partnership HCP
Healthy Community Partnership Operations Committee
Highlandtown C/A (board member)
Highlandtown SFC
JHBMC Geriatrics Comm. Advisory Board
JHBMC Volunteer Advisory Board
JHM CBR Council
JHU Comm. Conversation Breakfasts
John Ruhrah SFC
Julie Community Center
Juvenile Firesetters
Kiwanis Club of East Baltimore
Kiwanis Gift Shop Board
Latino Providers Network
Maryland Health Disparities Coalition
Mayors Commission on Disabilities
MD HEAL Community Based Coalition
MD Safe Kids Coalition
Mental Health Advisory Council
MHAC Child Conference committee
Millers Island Edgemere Business Association Board
Millers Island Edgemere Business Association
Monitor GBC activities
N. Pt. Peninsula Comm. Council
Norwood Holabird
O'Donnell Heights Steering Committee (Not attending)
Overlea Fullerton Professional Business Assoc.
PALS (Por La Avenida Leaders)/CFAA
Partnership for a Safer Maryland
PATH Committee (promoting activity for turner's health)
Patient Family Advisory Council PFAC
Patterson High School stakeholders group

Patterson High School Task Force
Patterson Park Neighborhood Assn.
Patterson Place Community Association
Perry Hall Improvement Assn.
Perry Hall/White Marsh Bus. Assn.
Perry Hall/White Marsh Bus. Assn. Board
Pulaski Highway Business Association
Pulaski Highway Business Association Brd
Red Cross Blood Drive Lifeboard Panel
S.E.N.D. Board
S.E.N.D. Streetscape Sub-committee
Substance Abuse Treatment Advisory Board
SIT Holabird
SIT Patterson
Smoke Free Baltimore County Coalition
Sollers Point H/S Board of Directors
Southeast Area Network
Southeast Community Action Ctr. Adv. Brd.
Southeast Improvement Assn
Southeast Network Board Secretary
Southeast Police/Council member
St. Helena C/A & Neighborhood Assns.
Turner Station Conservation Team, Inc.
Union Baptist Church
Volunteer services Advisory Board
Work/Live Eastern Avenue
World Burn Congress Board