

**Johns Hopkins Bayview Medical Center  
Fiscal Year 2014  
Community Benefits Report**



**JOHNS HOPKINS**  
M E D I C I N E

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**JOHNS HOPKINS BAYVIEW MEDICAL CENTER**

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FISCAL YEAR 2014  
COMMUNITY BENEFITS REPORT NARRATIVE**

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**INTRODUCTION**

Johns Hopkins Bayview Medical Center (JHBMC) is committed to meeting the health and human service needs of our community. This commitment is rooted in the institution’s founding mission in 1773 by the City of Baltimore and the State of Maryland to serve the poor and sick. Today JHBMC’s mission focuses on patient care, research, training future leaders in health care, making new discoveries in medicine, providing care for our neighbors, and investing in our neighborhoods.

**I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS**

1. Primary Service Area.

**Table I**

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: 337  Bassinets: 45  Special hospital services (CIR, Chronic, etc.): 85  Total licensed beds: 467	Admissions: 19,340  Operating room cases: 10,305  Emergency dept. visits: 55,994  Clinic, ATS & Community Psychiatry visits: 409,290	21222 21224 21206 21221 21205 21213 21219 21220 21231 21237 21052	Johns Hopkins Hospital  Medstar  Franklin Square Center	Baltimore City: 13.99%  Baltimore County: 9.33%	Baltimore City: 33.36%  Baltimore County: 13.5%
				(Date source: CHNA.org, 2009-2012 American Community Survey)	(Data source: CHNA.org, 2009-2012 American Community Survey)

2. Community Benefits Service Area.

a. Description of Community Benefit Service Area.

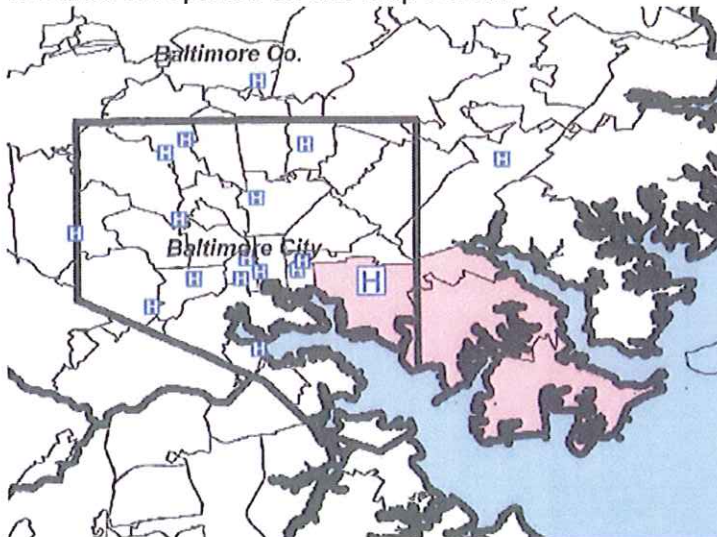
JHBMC considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the hospital allocates resources through its community benefits plan. The hospital uses the following approaches to define its CBSA:

Johns Hopkins Bayview does not limit community services to its primary service area and has many clinical services and programs that serve regional and even national and international needs. However, many community benefit efforts are targeted to the surrounding neighborhoods 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.



Thirty-eight percent of patients discharged from the hospital represented the zip codes 21224 and 21222. Two small zip codes which are geographically located further down the Dundalk peninsula (21219, 21052) were added, bringing the total percent of JHBM's discharges in the CBSA to 40.6% (Johns Hopkins Medicine Market Analysis and Business Planning). The population of these areas, 114,241 persons (Thomson Reuters, 2012), was responsible for 32,197 visits to the Johns Hopkins Bayview Emergency Department, representing 55.3% of all ED visits. The racial demographics include 70% White/non-Hispanic, 13% Black/non-Hispanic, and about 11% Hispanic. Currently 23% of the population for our Primary Service Area is uninsured; 33.36% are Medicaid recipients in Baltimore City and 13.5% are Medicaid recipients residing in Baltimore County. (Source: 2009-2012 American Community Survey via CHNA.org). The major causes of death for the area are heart disease, cancer and stroke (Maryland DHMH).

The demographics of the CBSA population served vary significantly by geographic area. Predominantly a white, blue-collar, working class community, Southeast Baltimore has become much more diverse with a

growing immigrant population. Baltimore City's largest group of foreign born immigrants is from Latin America and these new residents have heavily clustered around the Patterson Park and Highlandtown neighborhoods. (*The Role of Immigrants in Growing Baltimore*, 2014)

Many of these new residents come to JHBMC for their health care needs. Challenges for Hispanic families include poor access to primary care, need for prenatal care for women, unintentional injury-related deaths, and high rates of alcohol use among Latino men. To address these disparities Johns Hopkins Bayview has increased clinical services and developed new initiatives including more language interpretations for patient services, the Care-a-Van mobile health unit, the Children's Medical Practice and Centro Sol which provides outreach, education, mental health support and improved access to services.

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.

**Table II**

<p>Community Benefit Service Area (CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)</p>	<p>Total CBSA target population: 116,472: male - 47%, female - 53%. White - 70%, African American - 13%, Hispanic - 11%, Other -6%. Median age - 38.4 years.</p> <p>CBSA population by zip code &amp; neighborhood:                  21224 Highlandtown and Canton – 49,789                  21222 Dundalk - 56,683                  21219 Sparrows Point – 9,780                  21052 Fort Howard – 220</p> <p>Total Baltimore County population: 805,029                  Total Baltimore City population: 620,961</p> <p>(Data sources: <a href="http://www.census.state.md.us">www.census.state.md.us</a>;  <a href="http://planning.maryland.gov/msdc/census/cen2010/SF1/AgeProf/AgeProf.shtml">http://planning.maryland.gov/msdc/census/cen2010/SF1/AgeProf/AgeProf.shtml</a>)</p>
<p>Median Household Income within the CBSA</p>	<p>\$47,276 – Dundalk/Sparrows Point/Fort Howard                  \$39,077 - Baltimore City (estimates for Highlandtown/Canton)</p> <p>(Data sources: <a href="http://www.maryland-demographics.com/dundalk-demographics">http://www.maryland-demographics.com/dundalk-demographics</a>;  <a href="http://www.mdp.state.md.us/msdc/md_statistical_handbook13.pdf">http://www.mdp.state.md.us/msdc/md_statistical_handbook13.pdf</a>)</p>
<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p>	<p>15.1% of the households in the 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 116% is \$22, 144.</p> <p>(Data source: Thomson Reuters 2012)</p>

<p>Please estimate the percentage of uninsured people by County within the CBSA</p>	<p>Baltimore City: 13.99 % do not have health insurance  Baltimore County: 9.33 % do not have health insurance</p> <p>21224 Highlandtown and Canton – 11.8%  21222 Dundalk – 9.6%  21219 Sparrows Point – 9.6% (estimated)</p> <p>(Data source: 2009-2012 American Community Survey)</p>
<p>Percentage of Medicaid recipients by County within the CBSA.</p>	<p>Baltimore City: 33.36 %  Baltimore County: 13.5 %</p> <p>21224 Highlandtown and Canton – 27.7%  21222 Dundalk – 23.2%  21219 Sparrows Point – 21.1%</p> <p>(Data source: the 2009-2012 American Community Survey)</p>
<p>Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).  See SHIP website:  <a href="http://dhmh.maryland.gov/ship/SitePages/Home.aspx">http://dhmh.maryland.gov/ship/SitePages/Home.aspx</a> and county profiles:  <a href="http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx">http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</a></p>	<p>Within the CBSA life expectancy ranges from 66.79 to 74.99 depending on the neighborhood.</p> <p>Baltimore County life expectancy is 79.2 years  Baltimore City life expectancy is 73.9, the lowest in the state</p> <p>(Data sources: Baltimore City Government;  <a href="http://health.baltimorecity.gov/sites/default/files/Map_Healthy%20Baltimore%20-%20Life%20Expectancy.pdf">http://health.baltimorecity.gov/sites/default/files/Map_Healthy%20Baltimore%20-%20Life%20Expectancy.pdf</a>;  Maryland Department of Health &amp; Mental Hygiene,  <a href="http://dhmh.maryland.gov/ship/SitePages/Home.aspx">http://dhmh.maryland.gov/ship/SitePages/Home.aspx</a>)</p>

<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>Heart disease mortality age-adjusted deaths per 100,000  Baltimore County: Black: 237; White: 193 SHIP goal 2014: 173  Baltimore City: Black: 275; White: 248  SHIP goal 2014: 173 (Not race specific)</p> <p>Cancer mortality age-adjusted deaths per 100,000  Baltimore County: Black: 210; White: 186  Baltimore City: Black: 237; White 191  SHIP goal 2014: 169 (Not race specific)</p> <p>Infant mortality: DHMH cites infant mortality as the most sensitive indicator of the overall health of a population. While there have been several decades of improvement in infant mortality, Maryland's rate remains higher than the national average. Infant mortality rates per 1,000 live births for Baltimore City in 2012 was 9.7, the first time the City's infant mortality rate has dropped below 10.0; the overall infant mortality rate decreased by 28% from 2009 to 2012. The racial disparity gap remains with 3.4 for White infants vs. 12.6 for Black infants. In Baltimore County Infant mortality rates per 1,000 live births was 5.3; White infants: 3.3 and Black infants: 9.5</p> <p>(Data sources: MD Office of Minority Health &amp; Health Disparities, MD Dept. of Health &amp; Mental Hygiene, 2012; B'more Healthy for Babies; Maryland Vital Statistics )</p>
<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)  See SHIP website for social and physical environmental data and county profiles for primary service area information:  <a href="http://dhmh.maryland.gov/ship/SitePages/measures.aspx">http://dhmh.maryland.gov/ship/SitePages/measures.aspx</a></p>	<p>Healthy food: 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 Baltimore County, 77% of the zip codes have such access indicating that there is relatively good access to healthy food for all four zip codes in JHBMC's Community Benefit Service area using these criteria. Baltimore City also has a thriving urban farm scene. A growing number of urban agriculture projects connect consumers to Baltimore-grown food. (Source: Center for a Livable Future)</p> <p>Access to public transportation facilitates &amp; housing: Most residents in the CBSA area have access to transportation within ½ mile of their home. Bus and para transit services are reasonably good although public bus routes often require transfers and wait time in order to reach a destination. Housing quality in the CBSA area is variable, as many neighborhoods have older housing stock, but there are also new developments. Senior housing and affordable housing is available.</p>

	<p>Other factors - Smoking: Cigarette smoking is the cause of almost 6,800 Maryland deaths each year and 150,000 people suffer from diseases/cancers caused by cigarette smoking.</p> <p>The percentage of adults who currently smoke in Baltimore City is 22.6% and in Baltimore County 20.3%. The CBSA area has a high percentage of smokers. This is above SHIP's 2014 goal of 14.4%.</p> <p>(Data source: Maryland DHMH Behavioral Risk Factor Surveillance System; <a href="http://www.marylandbrfss.org">www.marylandbrfss.org</a>)</p>
<p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions</p>	<p>Total CBSA population: 116,472: White - 70% African American - 13% Hispanic - 11% Other -6%</p> <p>8.9 % of Baltimore City residents speak a language other than English at home.</p> <p>(Data source: <a href="http://quickfacts.census.gov/qfd/states/24/24510.html">http://quickfacts.census.gov/qfd/states/24/24510.html</a>)</p>
<p>Other: Unemployment and Education</p>	<p>Unemployment: In the CBSA Dundalk - 5.8% ; in Highlandtown - 9.8% Baltimore - City 11.1%</p> <p>(Data source: Baltimore City Neighborhood Health Profile 2011)</p> <p>Education: Education can have a strong influence on health status and access to health care. In 2009, American adults (age 25 years and older) with less than a high school education or equivalent had less than half the earnings (\$18,432 versus \$47,510) and were three times more likely to die before age 65. They were also more likely to engage in unhealthy behaviors like cigarette smoking.</p> <p>In CBSA only 1 – 7% of adults have at least a Bachelor's degree. Black adults in Baltimore were also significantly more likely to lack a high school diploma than were non-Hispanic White adults.</p> <p>(Data sources: Neighborhood Characteristics and Health in Baltimore, Virginia Commonwealth University and Blacks or African Americans in Maryland: Health Data and Resources, MD Dept. of Health &amp; Mental Hygiene)</p>



## 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/johns\\_hopkins\\_bayview/community\\_services/health\\_needs\\_initiatives/community\\_health\\_needs\\_assessment.html](http://www.hopkinsmedicine.org/johns_hopkins_bayview/community_services/health_needs_initiatives/community_health_needs_assessment.html)

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

Yes

No

[http://www.hopkinsmedicine.org/the\\_johns\\_hopkins\\_hospital/about/in\\_the\\_community/\\_docs/2013\\_needs\\_assessment.pdf](http://www.hopkinsmedicine.org/the_johns_hopkins_hospital/about/in_the_community/_docs/2013_needs_assessment.pdf)

## III. COMMUNITY BENEFIT ADMINISTRATION

1. Decision making process of determining which needs in the community would be addressed through community benefits activities of the 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):

i Senior Leadership

CEO Richard C. Bennett, M.D.

CFO Carl Francioli

Other (please specify):

Strategic advice is offered by the vice president of Medical Affairs, Renee Blanding, M.D; vice president of Care Management Services, Anita Langford; vice president of Human Resources, Craig Brodian; director of Community Relations, Gayle Johnson Adams; and the Special Advisor to the President, Dan Hale, PhD.

ii Clinical Leadership

- Physician
- Nurse
- Physician Assistant
- Social Worker

Other (please specify):

Director of Spiritual Care and Chaplaincy  
Director of Hopkins Elder Plus  
Director of Library Services, Harrison Library  
Senior Director of Personnel Services  
Manager of Diversity and Inclusion

iii Community Benefit Department/Team Individuals

1.  Individual (please specify FTE)

CFO (40 hours)

Director Financial Analysis/Special Projects (177 hours)  
Director, Community & Government Relations (103.5 hours)  
Patricia Carroll, Community Relations Manager (237 hours)  
Linda Stewart, Community Relations Coordinator (163.5 hours)

2.  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 JHHS Community Benefit Advisory Council which provides additional direction and support to the hospitals' community efforts and further advocacy for this important function at the highest levels of the organization.

3.  Other (please describe)

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

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

Spreadsheet     yes \_\_\_\_\_no  
Narrative         yes \_\_\_\_\_no

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 the JHBMC Board of Trustees Finance Committee and other members of the JHBMC Board. The Community Health Needs Assessment and Implementation Strategy incorporated in the CBR were approved by the JHBMC Board in May, 2013. A six-month follow up report was made at the March 24, 2014 Board meeting to highlight activities, programs and impact made in the four health priority areas.

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

Spreadsheet     yes     no  
Narrative         yes     no

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

#### **IV        HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES**

JHBMC's Implementation Strategy for the CHNA describes in detail the target population, action plan, goals, and measureable indicators which address the health needs of our community in four priority areas: mental health, obesity, substance abuse and access to health care for Spanish and other non-English speakers. Since the CHNA was conducted in 2012 and the Implementation Strategy approved by the JHBMC board of trustees in 2013, the Community Benefit program has raised public awareness of community health needs, undertaken new research, intensified services to address patient needs, launched new initiatives to expand care and tracked data in the priority areas to measure impact and goal attainment. To address our community's health priorities delineated in the Implementation Strategy, Table III highlights nine key programs and initiatives for JHBMC's service area. They are:

- Food Re Education for School Health (FRESH) and HEARTS
- Health Information Seminars
- Care-A-Van
- Healthy Community Partnership
- Kiwanis Burn Prevention
- Community Development Support
- The Access Partnership
- Center for Salud/Health and Opportunity for Latinos (Centro Sol)
- Health Leads

Table III

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"> <li>• Offer elementary school-based programs for teachers, parents and students about heart health behaviors</li> <li>• Prevent obesity, heart disease, lung disease and smoking</li> </ul>	
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 JH Department of Cardiology Community Health Library at JHBMC 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)	Process: Teacher evaluations of the program were consistently high. Suggestions are reviewed and incorporated in the next year's programming. Impact: <ul style="list-style-type: none"> <li>• FRESH program was presented to 2,042 students in 18 schools. Student pre/post testing showed learning.</li> <li>• HEARTS program reached 173 Girl Scouts and 16 troops</li> </ul>	
Continuation of Initiative	Programs continue	
Total Cost of Initiative for Current Fiscal Year 2014	\$273,531	What amount is Restricted Grants/Direct offsetting revenue \$0

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:</p> <ul style="list-style-type: none"> <li>• 828 phone consultations on health education seminars</li> <li>• 124 participants attended a seminar</li> <li>• Respondents to evaluation indicated their questions were answered</li> </ul>	
Continuation of Initiative	Program continues	
Total Cost of Initiative for Current Fiscal Year 2014	\$19,221	What amount is Restricted Grants/Direct offsetting revenue  \$0

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 CBSA area are Latino, with greater concentration in the 21224 zip code. Forums with families and leaders indicated a number of language-related barriers to care.</p>	
Hospital Initiative	<p>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.</p>	
Primary objective of the initiative/metrics that will be used to evaluate the results	<ul style="list-style-type: none"> <li>• 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</li> <li>• Provide access to health care within community primarily to women of child bearing age and children</li> </ul>	
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)	<ul style="list-style-type: none"> <li>• 2,400 patient encounters</li> <li>• Over 700 patients tested for HIV/Syphilis</li> <li>• 75% Latino patients</li> <li>• 588 new OB patients referred for prenatal care, WIC and MA and provided with access to prenatal vitamins</li> </ul>	
Continuation of Initiative	Program continues	
Total Cost of Initiative for Current Fiscal Year 2014	\$263,574	What amount is Restricted Grants/Direct offsetting revenue \$49,896

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	<p>Objectives:</p> <ul style="list-style-type: none"> <li>• Improve general health status of the community through alliances with faith-based organizations</li> <li>• Enhance outreach to Latino population</li> <li>• Increase the number of patients served</li> <li>• Train Lay Health Educators and Lay Health Advocates within congregations to coordinate health activities for their group</li> </ul>	
Single or Multi-Year Initiative/Time Period	Multi-year/on-going	
Key partners and/or hospitals in initial development and/or implementation	<p>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</p>	
How were the outcomes evaluated?	<p># of participants at events  Participant feedback  Clergy feedback  # of events</p>	
Outcome (include process and impact measures)	<p>Process:</p> <ul style="list-style-type: none"> <li>• Participant satisfaction surveys indicated a high degree of satisfaction with the LHE and LHA programs</li> <li>• 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.</li> </ul> <p>Impact:</p> <ul style="list-style-type: none"> <li>• 23 participated in the Lay Health Educator (LHE) training program</li> <li>• 19 participated in the Lay Health Advocate (LHA) training program</li> <li>• 50 attended quarterly LHE/LHA dinners to learn about additional health topics.</li> <li>• 60 attended the National healthcare volunteers reception</li> <li>• 32 partnering churches</li> </ul>	
Continuation of Initiative	Initiative continues	
Total Cost of Initiative for Current Fiscal Year 2014	\$ 553,851	What amount is Restricted Grants/Direct offsetting revenue \$0

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"> <li>• Provide age-appropriate, school-based lessons about burn prevention, with a retired professional firefighter teaching students.</li> </ul>	
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 given pre/post tests and teacher evaluate the program	
Outcome (include process and impact measures)	Process: Consistently high scores on evaluations by teachers Test scores of students consistently improved in post-test to measure understanding of burn prevention  Impact: 9,119 students in 33 schools; 362 presentations	
Continuation of Initiative	Continues	
Total Cost of Initiative for Current Fiscal Year 2014	\$96,084	What amount is Restricted Grants/Direct offsetting revenue  \$60,249



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 - \$93,373 Dundalk Renaissance Corp.- \$37,610 Southeast CDC – \$ 89,663	
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:</p> <ul style="list-style-type: none"> <li>• Organization’s success in using hospital funds to leverage other funding for the community; three of the organizations funded were successful.</li> <li>• Community members volunteered and were engaged in neighborhood-building activities</li> </ul>	
Continuation of Initiative	Program continues, based on funding availability	
Total Cost of Initiative for Current Fiscal Year 2014	\$220,646	What amount is Restricted Grants/Direct offsetting revenue \$0

Initiative 7: The Access Partnership (TAP)		
Identified Need	Access to Health Care	
Hospital Initiative	The Access Partnership	
Primary objective of the initiative/metrics that will be used to evaluate the results	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	<ul style="list-style-type: none"> <li>• Johns Hopkins Medicine, Johns Hopkins Health System, and the Johns Hopkins Clinical Practice Association</li> <li>• Chase Brexton Health Services</li> <li>• Esperanza Center</li> <li>• Healthcare for the Homeless</li> </ul>	
How were the outcomes evaluated?	Patient data such as demographics, eligibility, enrollment and referrals are tracked on a monthly basis. Program metrics are monitored and reviewed on a monthly basis and statistical data and trends are summarized in quarterly reports.	
Outcome (include process and impact measures)	<p>From its inception May 1, 2009 through June 30, 2014, the TAP program has provided medical services to 3,732 patients residing in eligible zip codes and has processed 9,124 specialty referrals across five Johns Hopkins clinical locations.</p> <p>In FY14 there were 806 patients seen and 2,170 referrals made. This was an increase of 27.5% compared to patients seen in FY13 and 6.4% increase compared to referrals in FY13.</p> <p>In addition, TAP has provided 4,074 primary care visits to 1,237 patients at 3 rate-regulated clinic sites at Johns Hopkins: the Medical Clinic at JH Outpatient Center; the JHBMC General Internal Medicine clinic; and the JHBMC Children's Medical Practice. In FY14 there were 1,246 primary care visits and 286 patients seen. This was a 9.6% increase in primary care visits in FY13 and there was no percentage change in patients seen compared to FY13.</p>	
Continuation of Initiative	This is an ongoing commitment.	
Total Cost of Initiative for Current Fiscal Year 2014	\$102,236	What amount is Restricted Grants/Direct offsetting revenue \$0

<b>Initiative 8: Center for Salud/Health and Opportunity for Latinos (Centro SOL)</b>	
Identified Need	Health access and health equity for Latinos
Hospital Initiative	Center for Excellence for Latino Health/Centro SOL
Primary objective of the initiative/metrics that will be used to evaluate the results	Promote equity in health and opportunity for Latinos by advancing clinical care, research, education and advocacy at Johns Hopkins and the surrounding area in partnership with our Latino neighbors.
Single or Multi-Year Initiative Time Period	Multi-year 2013 – 2018
Key partners and/or hospitals in initial development and/or implementation	<ul style="list-style-type: none"> <li>• Straus Foundation</li> <li>• Latino Providers Network (Latino based/serving business, education health providers)</li> <li>• Faith organizations: Sacred Heart Church, Gallery Church</li> <li>• CASA of Maryland (education and basic services support)</li> <li>• Esperanza Center (clinical rotations)</li> <li>• Baltimore City Mayor’s Office of Multicultural and Immigration Affairs (MIMA)</li> <li>• Media: El Zol Radio station 107.9 and Latin Opinion Newspaper</li> </ul> <p>Johns Hopkins based organizations:</p> <ul style="list-style-type: none"> <li>• Departments of Pediatrics, Internal Medicine, Obstetrics and Gynecology</li> <li>• Healthy Community Partnership</li> <li>• Johns Hopkins Medicine TAP</li> <li>• Bienestar</li> <li>• Latino Medical Students Association</li> <li>• Latino Alliance</li> <li>• SOURCE</li> <li>• Community-Research Advisory Council</li> <li>• Patient and Family Advisory Council</li> <li>• Latino Family Advisory Board</li> <li>• Student Diversity Office</li> <li>• Center to Reduce Cancer Disparities</li> <li>• DC Baltimore Research Center on Child Health Disparities</li> </ul>
How were the outcomes evaluated?	<p>Research core: # of scientific publications, # of grants written and granted, and # seed grants disbursed</p> <p>Education core: # of applications received and accepted for high school program, # of high school students successfully completing the program # cultural competency sessions, # clinical rotations</p>

	<p>Advocacy and Outreach:  # of community members served, # of participants attending programs, # of participants to internal HOLA meetings  # of health columns written per year, # of radio shows recorded per year, # of social media followers, # of website visitors per month</p> <p>Clinical Care:  # of patient encounters</p>	
Outcome (include process and impact measures)	<p>Research core:</p> <ul style="list-style-type: none"> <li>• 40 Publications, abstracts and presentations</li> <li>• 27 Proposals and 25 Grants</li> <li>• 9 Research projects</li> <li>• 2015 Conference planning ongoing</li> </ul> <p>Education core:</p> <ul style="list-style-type: none"> <li>• 22 applications, 6 scholars, 5 weeks</li> <li>• 1 Hopkins undergraduate intern, 5 departments involved</li> </ul> <p>Advocacy and Outreach:</p> <ul style="list-style-type: none"> <li>• 1022 community participants served in events in the community</li> <li>• 100 participants regularly attended Testimonios for mental health support, Embajadores de Salud for training and, the Latino Family Advisory Board</li> <li>• 20 average participants at the HOLA meetings</li> <li>• 24 health columns</li> <li>• 8 radio shows</li> <li>• 92 social media "likes" and an average of 30 visits per day</li> <li>• 225 average website visits in Jul 2014 (website started in June)</li> </ul>	
Continuation of Initiative	Yes	
Total Cost of Initiative for Current Fiscal Year 2014	\$150,000,	What amount is Restricted Grants/Direct offsetting revenue  \$150,000

Initiative 9: Health Leads		
Identified Need	Access to Health Care	
Hospital Initiative	Health leads (HL)	
Primary objective of the initiative/metrics that will be used to evaluate the results	<p>To provide preventative referrals to government and community resources to enable families and individuals to avert crises and access critical help such as food, clothing, shelter, energy security, and job training. Health Leads acts as an important supplement to the medical care that doctors provide, since many of the underlying wellness issues of patients and families is related to basic needs that doctors may not have time or access to research. Objectives:</p> <ul style="list-style-type: none"> <li>• Increase the number of clients served with the resources they need</li> <li>• Increase the number of volunteers and partners</li> </ul>	
Single or Multi-Year Initiative Time Period	Multi-year	
Key partners and/or hospitals in initial development and/or implementation	Health Leads Baltimore, Johns Hopkins Hospital, Johns Hopkins University, JHBMC Children's Medical Practice (CMP) and Comprehensive Care Practice (CCP)	
How were the outcomes evaluated?	<ul style="list-style-type: none"> <li>• # of clients served</li> <li>• Success rate of needs solved, time to case closure, client follow-up,</li> <li>• % of volunteers with Health Leads experience measured against Health Leads national data.</li> </ul>	
Outcome (include process and impact measures)	<ul style="list-style-type: none"> <li>• 926 clients were served from the JHBMC CMP and CCP with health, food, adult education, employment, transportation, utilities, commodities, child-related and other basic assistance</li> <li>• Of the 609 served by CMP, 91% were of Hispanic origin</li> <li>• 86 Johns Hopkins University students volunteering 25,056 hours. Students served on Leaderships teams and participated in weekly professional development trainings to better work with families.</li> <li>• 3 HL program managers met with clinicians and attended rounds on a weekly basis to better coordinate referrals.</li> </ul>	
Continuation of Initiative	This is an ongoing commitment.	
Total Cost of Initiative for Current Fiscal Year 2014	\$81,335	What amount is Restricted Grants/Direct offsetting revenue \$0

2. Description of community health needs that were identified through the CHNA that were not addressed by the hospital.

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 JHBMC's 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 when we need to refer patients.

## V PHYSICIANS

1. 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. Physician subsidies

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 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 \$1,424,185, which is offset by revenue of \$812,374 that we receive from the state to support these expenses. Our net community benefit included for trauma is \$611,811.

On-call expenses that JHBMC paid in FY'14: *(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. \$288,192 Pediatric On-call coverage

## **VI APPENDICES**

- Appendix I Description of Financial Assistance Policy
- Appendix II Financial Assistance Policy
- Appendix III Patient Information Sheet
- Appendix IV Mission, Vision, Value Statements

**Johns Hopkins Health System  
Community Benefits Leadership  
Fiscal Year 2014**

**Community Benefits Workgroup**

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

**The Johns Hopkins Hospital**

- Sherry Fluke, Finance Manager, 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
- Linda Stewart, Community Relations Coordinator

**Howard County General Hospital**

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Senior Project Manager Regulatory Compliance
- Scott Ryan, Senior Revenue Analyst

**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
- 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
- Mark Long, Director of External Affairs
- Mike McCoy, Associate CFO, Finance Department

**All Children's Hospital**

- Mary Mahoney, Director of Community Relations and Strategic Engagement
- Jeff Craft, Administrative Director of Finance
- Alizza Punzalan-Randle, Community Relations Manager

**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**

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
- Mark Long, Director of External Affairs, Sibley Memorial Hospital
- 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, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs

\*Chairperson

**APPENDIX I**  
**DESCRIPTION OF FINANCIAL ASSISTANCE POLICY**

## 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**  
**FINANCIAL ASSISTANCE POLICY**

 <b>JOHNS HOPKINS</b> MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034A
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<b>Elective Admission</b>	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.
<b>Immediate Family</b>	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.
<b>Emergency Medical Condition</b>	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: <ul style="list-style-type: none"> <li>(a) Serious jeopardy to the health of a patient;</li> <li>(b) Serious impairment of any bodily functions;</li> <li>(c) Serious dysfunction of any bodily organ or part.</li> <li>(d) With respect to a pregnant woman:             <ul style="list-style-type: none"> <li>1. That there is inadequate time to effect safe transfer to another hospital prior to delivery.</li> <li>2. That a transfer may pose a threat to the health and safety of the patient or fetus.</li> <li>3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.</li> </ul> </li> </ul>
<b>Emergency Services and Care:</b>	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.
<b>Medically Necessary Care</b>	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.
<b>Medically Necessary Admission</b>	A hospital admission that is for the treatment of an Emergency Medical Condition.
<b>Family Income</b>	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.

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**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).


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- 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.

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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



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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.

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

#### REFERENCE<sup>1</sup>

##### **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  
 Collector Admissions Coordinator  
 Any Finance representative designated to accept applications for Financial Assistance


Understand current criteria for Assistance qualifications.

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

On the day preliminary application is received, 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.

<sup>1</sup> 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.

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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

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	<b>FIN034A</b>
	<i>Subject</i> <b>FINANCIAL ASSISTANCE</b>	<i>Effective Date</i>	<b>05-15-13</b>
		<i>Page</i>	<b>8 of 21</b>
		<i>Supersedes</i>	<b>09-15-10</b>

**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.

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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.)

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### 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.

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**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

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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.

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**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	\$ 68,590	\$ 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 \_\_\_\_\_ Marital Status: Single Married Separated  
US Citizen: Yes No Permanent Resident: Yes No

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code Country

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip code

Household members:

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

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

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

Exhibit A

**I. Family Income**

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

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

**II. Liquid Assets**

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

**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 _____
<b>Total</b>		_____

**IV. Monthly Expenses**

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

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 \_\_\_\_\_

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	_____
<b>Total</b>	_____

**II. Liquid Assets**

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

**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 _____
<b>Total</b>		_____

**IV. Monthly Expenses**

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

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 Permanentel? 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 líquidas es menos que \$3200.00 usted  
contestaría SI )

8. ¿Es el paciente residente del Estado de Maryland?  
Si no es residente de Maryland, en que estado vive? Si o No
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 documentación sometida será parte de esta aplicación.

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

\_\_\_\_\_  
Firma del Aplicante

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



**APPENDIX III**  
**PATIENT INFORMATION SHEET**

# 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)



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**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](http://www.dhr.state.md.us)

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



**JOHNS HOPKINS**  
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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 período 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](http://www.dhr.state.md.us)

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

# Patient Information Guide



**JOHNS HOPKINS**  
UNIVERSITY  
HARVARD MEDICAL SCHOOL  
JOHNS HOPKINS HOSPITAL  
JOHNS HOPKINS KIRKWOOD CENTER

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**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](http://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](mailto: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](http://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**  
**MISSION, VISION, VALUE STATEMENTS**

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

**Keywords:** mission, values

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### **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 <b>Hospital Administration Manual</b> <b>General Administration</b>	<i>Policy Number</i>	OEN100
		<i>Effective Date</i>	09/01/2011
<i>Subject</i> <b>Mission/Values Policy</b>		<i>Approval Date</i>	N/A
		<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