Johns Hopkins Bayview Medical Center
Fiscal Year 2015
Community Benefits Report

December 8, 2015

JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
BAYVIEW MEDICAL CENTER

THE JOHNS HOPKINS HEALTH SYSTEM
FISCAL YEAR 2015 COMMUNITY BENEFITS REPORT
JOHNS HOPKINS BAYVIEW MEDICAL CENTER

TABLE OF CONTENTS

CONTENTS **PAGE**

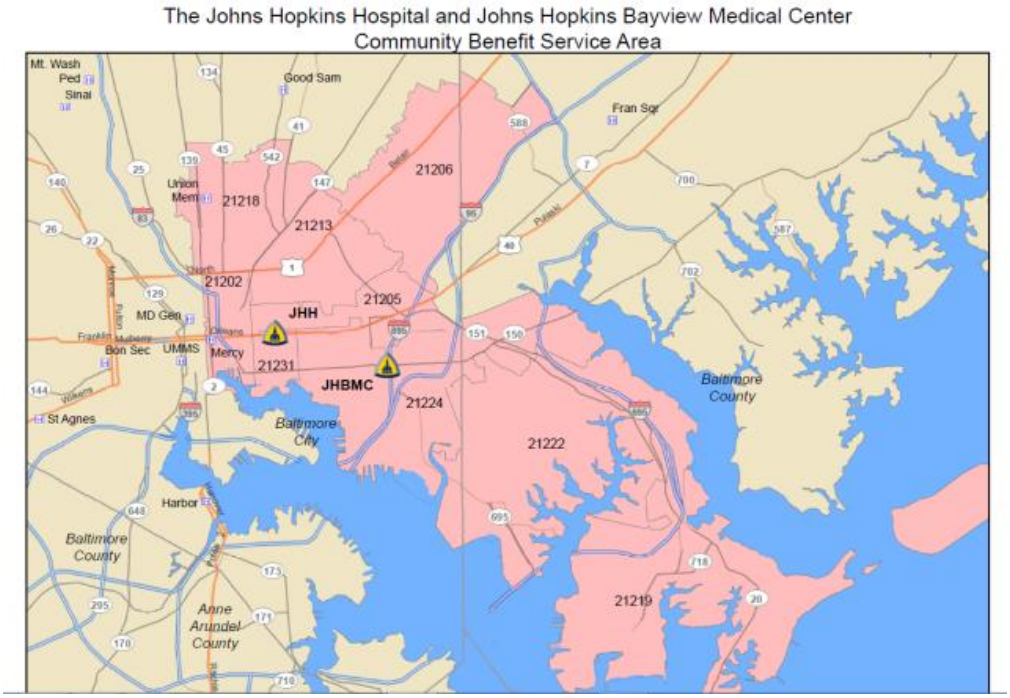
I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Primary Service Area

Table I

		Data Source
Bed Designation	447 licensed beds	MHCC
Inpatient Admissions	19,649	JHM Market Analysis and Business Planning
Primary Service Area zip codes	21222 21224 21221 21206 21205 21213 21219 21220 21231 21234	HSCRC
All other Maryland hospitals sharing primary service area	Johns Hopkins Hospital Medstar Franklin Square Hospital Center	JHM Market Analysis and Business Planning
Percentage of uninsured patients by county	Baltimore 2.7% Baltimore City 3.9%	JHM Market Analysis and Business Planning
Percentage of patients who are Medicaid recipients by county	Baltimore 30.7% Baltimore City 48.2%	JHM Market Analysis and Business Planning

2. Community Benefits Service Area (CBSA)



A. Description of the community or communities served by the organization

In 2015, the Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (JHBMC) merged their respective Community Benefit Service Areas (CBSA) in order to better integrate community health and community outreach across the East and Southeast Baltimore City and County region. The geographic area contained within the nine ZIP codes includes 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, and 21231. This area reflects the population with the largest usage of the emergency departments and the majority of recipients of community contributions and programming. Within the CBSA, JHH and JHBMC have focused on certain target populations such as the elderly, at-risk children and adolescents, uninsured individuals and households, and underinsured and low-income individuals and households.

The CBSA covers approximately 27.9 square miles within the City of Baltimore or approximately thirty-four percent of the total 80.94 square miles of land area for the city and 25.6 square miles in Baltimore County. In terms of population, an estimated 304,276 people live within CBSA, of which the population in City ZIP codes accounts for thirty-eight percent of the City's population and the population in County ZIP codes accounts for eight percent of the County's population (2014 Census estimate of Baltimore City population, 622,793, and Baltimore County population, 826,925).

Within the CBSA, there are three Baltimore County neighborhoods - Dundalk, Sparrows Point, and Edgemere. The Baltimore City Department of Health has subdivided the city area into 23 neighborhoods or neighborhood groupings that are completely or partially included within the CBSA. These

neighborhoods are Belair-Edison, Canton, Cedonia/Frankford, Claremont/Armistead, Clifton-Berea, Downtown/Seton Hill, Fells Point, Greater Charles Village/Barclay, Greater Govans, Greenmount East, Hamilton, Highlandtown, Jonestown/Oldtown, Lauraville, Madison/East End, Midtown, Midway-Coldstream, Northwood, Orangeville/East Highlandtown, Patterson Park North & East, Perkins/Middle East, Southeastern, and The Waverlies.

Johns Hopkins Bayview Medical Center is located east Baltimore City and southeast Baltimore County, the CBSA population demographics have historically trended as white middle-income, working-class communities; however, in the past few decades, Southeast Baltimore has become much more diverse with a growing Latino population clustered around Patterson Park and Highlandtown. In Baltimore County, Dundalk, Sparrows Point, and Edgemere have been predominantly white with increasing populations of Hispanic and African American residents. 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

The Johns Hopkins Hospital is in the neighborhood called Perkins/Middle East, and the neighborhoods that are contiguous to the campus are: Perkins/Middle East include Greenmount East, Clifton-Berea, Madison/East End, Patterson Park North & East, Fells Point, and Jonestown/Oldtown. Residents of most of these neighborhoods are primarily African American, with the exceptions of Fells Point, which is primarily white, and Patterson Park North & East, which represents a diversity of resident ethnicities. With the exceptions of Fells Point and Patterson Park N&E, the median household income of most of these neighborhoods is significantly lower than the Baltimore City median household income. Median income in Fells Point and Patterson Park N&E skews higher, and there are higher percentages of white households having higher median incomes residing in these neighborhoods.

Since the end of the Second World War, the population of Baltimore City has been leaving the city to the surrounding suburban counties. This demographic trend accelerated in the 1960s and 1970s, greatly affecting the neighborhoods around the Hospitals. As the population of Baltimore City dropped, there has been a considerable disinvestment in housing stock in these neighborhoods. Economic conditions that resulted in the closing or relocation of manufacturing and industrial jobs in Baltimore City and southeast Baltimore County led to higher unemployment in the neighborhoods around the Hospitals, and social trends during the 1970s and 1980s led to increases in substance abuse and violent crime as well. The closure of Bethlehem Steel in Sparrow's Point had a particularly devastating impact on the residents of the Dundalk Peninsula, a large group of which rely upon JHBMC for services.

Greater health disparities are found in these neighborhoods closest to the Hospitals compared to Maryland state averages and surrounding county averages. The June 2012 Charts of Selected Black vs. White Chronic Disease SHIP Metrics for Baltimore City prepared by the Maryland Office of Minority Health and Health Disparities highlights some of these health disparities including higher emergency department visit rates for asthma, diabetes, and hypertension in blacks compared to whites, higher heart disease and cancer mortality in blacks than whites, higher rates of adult smoking, and lower percentages of adults at a healthy weight.

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B. CBSA Demographics

Table II

		Data Source
Community Benefits Service Area (CBSA)	21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231	JHM Market Analysis & Business Planning
CBSA demographics, by sex, race, ethnicity, and average age	Total population: 304,276 Sex Male: 148,582/48.8% Female: 155,694/51.2% Race White non-Hispanic: 122,915/41.4% Black non-Hispanic: 139,602/45.9% Hispanic: 21,801/7.2% Asian and Pacific Islander non-Hispanic: 8,701/2.9% All others: 8,257/2.7% Age 0-14: 54,696/18.0% 15-17: 10,357/3.4% 18-24: 31,725/10.4% 25-34: 54,784/18.0% 35-54: 79,559/26.1% 55-64: 36,478/12.0% 65+: 36,677/12.1%	2015 Truven
Median household income within your CBSA	Average household income: $60,305	2015 Truven
Percentage of households (families and people) with incomes below the federal poverty guidelines within your CBSA (past 12 months)	All families: 19.1% Married couple family: 6.3% Female householder, no husband present, family: 32.3% Female householder with related children under 5 years only: 39.2% All people: 23.8%	U.S. Census Bureau, 2013 American Community Survey http://factfinder2.census.gov

	Under 18 years: 34.1% Related Children under 5 years: 36.0% (Baltimore City, 2013) All families: 6.0% Married couple family: 3.0% Female householder, no husband present, family: 15.0% Female householder with related children under 5 years only: 21.9% All people: 8.9% Under 18 years: 11.3% Related Children under 5 years: 12.6% (Baltimore County, 2013)	
Please estimate the percentage of uninsured people within your CBSA	11.2%	2015 Truven
Percentage of Medicaid recipients within your CBSA	37.2%	2015 Truven
Life expectancy and crude deaths within your CBSA	73.9 years at birth (Baltimore City, 2013) 79.4 years at birth (Baltimore County, 2013) 79.6 years at birth (Maryland, 2012) Baltimore City by Race White: 76.5 years at birth Black: 72.2 years at birth Baltimore County by Race White: 79.6 years at birth Black: 78.1 years at birth	Maryland Vital Statistics Annual Report 2013 http://dhmh.maryland.gov/vsa
Infant mortality rates within your CBSA	All: 10.4 per 1,000 live births White: 7.1 per 1,000 live births Black: 12.8 per 1,000 live births (Baltimore City, 2014)	Maryland Vital Statistics Infant Mortality in Maryland, 2014 http://dhmh.maryland.gov/vsa

	All: 6.9 per 1,000 live births White: 3.1 per 1,000 live births Black: 14.6 per 1,000 live births (Baltimore County, 2014) All: 6.5 per 1,000 live births (Maryland, 2014)	
Language other than English spoken at home	8.8% (Baltimore City, 2013) 13.1% (Baltimore County, 2013)	U.S. Census Bureau, Quickfacts, 2013
Access to healthy food	Baltimore City food deserts	Johns Hopkins Bloomberg School of Public Health, Center for a Livable Future http://www.jhsph.edu/bin/k/o/BaltimoreCityFoodEnvironment.pdf Baltimore City Food Policy Initiative http://archive.baltimorecity.gov/portals/0/agencies/planning/public%20downloads/Baltimore%20Food%20Environment%20info-map%20handout.pdf Baltimore City Food Deserts Map: http://mdfoodsystemmap.org/map/

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?

_X__Yes
____No

Provide date here. 06/20/13 (mm/dd/yy)

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

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

_X__Yes
___No

If you answered yes to this question, provide the link to the document here.
http://web.jhu.edu/administration/gca/CHNA

III. COMMUNITY BENEFITS ADMINISTRATION

1. Is Community Benefits planning part of your hospital's strategic plan? If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

   _X__Yes
   ___No

   Community Benefit planning is an integral part of the Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center's strategic plan through an annual Strategic Objectives planning process that involves evaluating the Hospital's progress at meeting two community health goals and defines metrics for determining progress. The ability to meet the goals for these objectives is part of the performance measurement for each hospital and is tied to the annual executive compensation review.

   The commitment of Johns Hopkins' leadership to improving the lives of its nearest neighbors is illustrated by the incorporation of Community Benefit metrics at the highest level in the Johns Hopkins Medicine Strategic Plan. JHM consists of JHU School of Medicine and the Johns Hopkins Health System which includes education and research in its tri-partite mission (Education, Research and Healthcare). Even at this cross entity level (JHU and JHHS) Community Benefit activities and planning goes beyond hospital requirements and expectations and is a core objective for all departments, schools and affiliates.

   Reference:
   JHM Strategic Plan 2014-2018
   Performance Goal #1: "Ensure that all financial operations, performance indicators and results support the strategic priorities, as well as the individual entity requirements"
   Strategy: "Create a mechanism to capture the value of community benefit and ensure that it supports strategic goals, and achieve compliance with community benefit standards"
   Tactic: "Continue to use the community benefit advisory council to align reporting and investment decisions across member organizations"

2. What stakeholders in the hospital are involved in your hospital community benefits process/structure to implement and deliver community benefits activities? (Place a check to any individual/group involved in the structure of the CB process and provide additional information if necessary)

a. Senior Leadership - JHHS
    i. _X_ Ronald R. Peterson, President
    ii. _X_ Ronald J. Werthman, CFO/Treasurer and VP, Finance
    iii. _X_John Colmers, VP, Health Care Transformation and Strategic Planning
    iv. _X_Ed Beranek, Senior Director, Regulatory Compliance

   Senior Leadership - JHBMC
    v. _X_Richard C. Bennett, President and CEO
    vi. _X_Carl Francioli, CFO

   Other (please specify)
    vii. _X_Renee Blanding, M.D., Vice President of Medical Affairs
    viii. _X_Craig Brodian, Vice president of Human Resources
    ix. _X_Anita Langford, Vice President of Care Management Services
    x. _X_Dan Hale, PhD, Special Advisor to the President

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

b. Clinical Leadership
    i. _X_Physicians
    ii. _X_Nurses
    iii. _X_Social Workers
    iv. _X_Physician Assistants

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

c. Community Benefits Department/Team
    i. _X_ Carl Francioli, CFO
    ii. _X_Kim Moeller, Director, Financial Analysis/Special Projects
    iii. _X_Selwyn Ray, Director, Community Relations
    iv. _X_Pat Carroll, Manager, Community Relations

Role of Community Benefit Department/Team: The Community Benefit Team interacts with all groups in the hospital performing community benefit activities. They educate, advocate and collaborate with internal audiences to increase understanding, appreciation and participation of the Community Benefit report process and community outreach activities. Team members collect and verify all CB data, compile report, provide initial audit and verification of CBR financials and write CBR narrative. Throughout the year, the CB team attends local and regional community health conferences and meetings, represents the Hospital to external audiences, and works with community and JHH clinical leaders to identify promising projects or programs that address CBSA community health needs.

d. Committee (please list members)

i. Community Benefit Reporting Work Group

- The Johns Hopkins Hospital
  - Sherry Fluke, Financial Manager, Govt. & Community Affairs (GCA)
  - Sharon Tiebert-Maddox, Director, Strategic Initiatives, GCA
  - William Wang, Associate Director, Strategic Initiatives, GCA

- Johns Hopkins Bayview Medical Center
  - Patricia A. Carroll, Community Relations Manager
  - Kimberly Moeller, Director, Financial Analysis
  - Selwyn Ray, Director, Community Relations

- Howard County General Hospital
  - Elizabeth Edsall-Kromm, Senior Director, Population Health and Community Relations
  - Cindi Miller, Director, Community Health Education
  - Fran Moll, Manager, Regulatory Compliance
  - Scott Ryan, Senior Revenue Analyst

- Suburban Hospital
  - Eleni Antzoulatos, Coordinator, Health Promotions and Community Wellness, Community Health and Wellness
  - Sara Demetriou, Coordinator, Health Initiative and Community Relations, Community Health and Wellness
  - Lucas McCormley, Senior Financial Analyst, Financial Planning, Budget, and Reimbursement
  - Alan Poole, Senior Financial Analyst, Financial Planning, Budget, and Reimbursement
  - Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness
  - Monique Sanfuentes, Director, Community Health and Wellness
  - Sezelle Gabriel Banwaree, Department Director, Finance and Treasury

- Sibley Memorial Hospital
  - Marissa McKeever, Director, Government and Community Affairs
  - Marti Bailey, Director, Sibley Senior Association and Community Health
  - Cynthia McKeever, Manager, Finance Decision Support
  - Honora Precourt, Community Program Coordinator

- All Children's Hospital
  - Jeff Craft, Administrative Director, Finance
  - Alizza Punzalan-Randle, Community Relations Manager

- Johns Hopkins Health System
  - Janet Buehler, Director of Tax
  - Desiree de la Torre, Assistant Director, Healthy Policy Planning
  - Bonnie Hatami, Senior Tax Accountant
  - Sandra Johnson, Vice President, Revenue Cycle Management
  - Anne Langley, Director, Health Policy Planning

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

ii. _X_ Other (please describe)

Description: The Community Benefits 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 of improving the lives of the members of their communities.

<u>JHM Community Benefits Advisory Council - Members</u>

- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins University
- John Colmers*, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Elizabeth Edsall Kromm, Sr. Director, Population Health and Community Relations, Howard County General Hospital
- Kenneth Grant, Vice President, Supply Chain, The Johns Hopkins Health System

- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Amy Maguire, Vice President, Government and Community Affairs, All Children's Hospital
- Marissa McKeever, Director, Government and Community Affairs, Sibley Memorial Hospital
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs
  *Chairperson

3. Is there an internal audit (i.e., an internal review conducted at the hospital) of the community benefits report?
   a. Spreadsheet (Y/N) Yes
   b. Narrative (Y/N) Yes

   Description of the details of the audit/review process:
   There are several levels of audit and review in place at Johns Hopkins. Members of the CBR team conduct the initial review of accuracy of information submissions, analyze financial data variances year over year, review reports for data inconsistencies and/or omissions and contact program reporters to verify submitted information and/or provide additional details. The CBR team meets with senior hospital finance leadership to discuss, review and approve the CBR financial reports. The CBR team also meets with the senior compliance officer to review and audit for regulatory compliance. After hospital specific audit/review is completed the JHHS Community Benefit Workgroup attends a meeting with all of the JHHS CFOs to review system wide data and final reports to the Health System president. In the final review meeting before submission, the hospital CFOs present to the health system president and discuss strategic alignment, challenges and opportunities discussed during the CBR process.

4. Does the hospital's Board review and approve the completed FY Community Benefits report that is submitted to the HSCRC?
   a. Spreadsheet (Y/N) Yes
   b. Narrative (Y/N) Yes

   Description: 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, the completed report is reviewed by the JHBMC Board of Trustees Finance Committee and other members of the Board. The Community Health Needs Assessment and Implementation Strategy incorporated in the CBR were approved by the Board in May, 2013. Update reports and

presentations are given to the Board to every six months for review and comment. The report includes highlights of activities, programs and impact made in the four JHBMC health priority areas identified in the CHNA and Implementation Strategy.

COMMUNITY BENEFIT EXTERNAL COLLABORATION

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

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

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

Last Name	First Name	Title	Organization	Date	Forum
Archer-Smith	Stephanie	Executive Director	Meals on Wheels	10/9/2012	Interview
Atlee and staff	Adrienne	Director	International Resettlement Center	11/12/2012	Interview
Benton	Vance	Principal	Patterson High School	9/24/2012	Interview
Bernhard	Kevin	President	Highlandtown Community Association	10/15/2012	Interview
Brown	Stephanie	Nutritionist	Johns Hopkins WIC	10/9/2012	Interview
Clippinger	Luke	State Delegate	Maryland House of Delegates	11/1/2012	Interview

Cooper	Erika	Librarian III	Baltimore County Public Library, Sollers Point Branch	10/19/2012	Interview
Crisp	Rhonda	Past-President	Dun-Logan Community Association	10/22/2012	Interview
D'Alesandro	Nick	Community social worker	Baltimore County Dept. of Social Services	11/1/2012	Interview
Donnelly	Mary	Principal	John Ruhrah Elementary School	10/19/2012	Interview
Ferguson	Bill	State Senator	Maryland Senate	10/19/2012	Interview
Gavrilis	John	C.E.O.	Greektown Community Development Corp.	10/22/2012	Interview
Hammen	Peter	State Delegate	Maryland House of Delegates	9/6/2012	Interview
Haroth	Peggy	Volunteer, Health Ministry	St. Rita's Catholic Church	10/2/2012	Interview
Harris	Raina	Manager	O'Donnell Heights Public Housing Community	10/29/2012	Interview
Jankowiak	Charlotte	Program Assistant	John Booth Senior Center	10/18/2012	Interview
Kleback	Cindy	Branch Manager	Southeast Anchor	10/22/2012	Interview

Barbot (Dr.)	Oxiris	Commissioner of Health	Baltimore City Health Dept.	1/12/2012 5/12/2012	Community Benefit mtg; CEO meeting
Branch (Dr.)	Gregory	Baltimore County Health Officer	Baltimore County Dept. of Health and Human Services	10/17/2012	Interview
Leister	Della	Deputy Health Officer	Baltimore County Dept. of Health and Human Srvcs	10/17/2012	Interview
Lindamood	Kevin	C.E.O.	Health Care for the Homeless		Interview
Sharfstein (Dr.)	Joshua	Secretary	MD Dept of Health and Mental Hygiene		Interview
Wood (Dr.)	Nollie	Executive Director	Mayor's Commission on Disabilities	9/26/2012	Interview

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

__X__yes ___ JHBMC is represented in a leadership role in the Baltimore County LHIC. Baltimore City is currently restructuring but JHBMC and JHH have been and will continue to be an integral leadership member of the group.

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

__X__yes ___ No

IV. HOSPITAL COMMUNITY BENEFITS PROGRAM AND INITIATIVES

1. Brief introduction of community benefits program and initiatives, including any measurable disparities and poor health status of racial and ethnic minority groups.

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:

Health Leads
The Access Partnership
Food ReEducation for School Health (FRESH) and HEARTS
Care-A-Van
Healthy Community Partnership
Kiwanis Burn Prevention

JHBMC CHNA priorities:

- Obesity(including complications)
- Addiction(including complications)
- Access to Health Care for Latino and other non-English speaking populations
- Mental Health

Health Disparities in Baltimore City
The JHBMC CHNA identified in Baltimore City a number of health disparities, which refer to differences in occurrence and burden of diseases and other adverse health conditions between specific population groups. For example, there may be differences in health measures between males and females, different racial groups, or individuals with differing education or income levels. Health disparities are preventable occurrences that primarily affect socially disadvantaged populations.

Disparity ratios are based on 2008 data through the 2010 Baltimore City Health Disparities Report Card. They were obtained by dividing the rate of the comparison group by the reference group rate. For example, to calculate a gender disparity, the female rate (comparison group) is divided by the male rate (reference group). There are data limitations concerning disparities among Latino, Asian, Pacific Islander and Native American/Alaskan Native residents, but this is not indicative of an absence of health disparities among these groups.

Health Disparities in Baltimore County
The health disparities in Baltimore County mirror those in Baltimore City and Maryland overall. It is the ratios that vary significantly. Per the DHMH Office of Minority Health and Health Disparities Report of June 2012 comparing Black vs. White disparities in the Baltimore Metro Jurisdictions (Baltimore County, Baltimore City and Anne Arundel), the following SHIP indicators were examined: Heart Disease Mortality, Cancer Mortality, Diabetes ED visits, Hypertension ED visits, Asthma ED Visits, Adults at Healthy Weight and Adult Cigarette Smoking. In all three jurisdictions the Black rates are typically 3 to 5 fold higher than the White Rates. Data for Baltimore County is not available with detail at the neighborhood or zip code level and when viewed in the aggregate, the data for the area in Southeast Baltimore contained in the JHBMC/JHH CBSA is diluted by the inclusion of many affluent areas in this large county. For that reason, in this report, the detailed information for the hospitals CBSA in Baltimore City will be described in more detail.

Mortality, Illness and Infant Health
There are health differences in mortality by location, gender, race and education level. People with a high school degree or less are 2.65 times more likely to die from all causes than people with a bachelor's degree or more.

Baltimore City residents are 10.48 times more likely to die from HIV compared to Maryland residents. Blacks are 7.70 times more likely to die from HIV than whites. Men are 2.12 times more likely to die from HIV compared to women.

Individuals with a high school degree or less are 11.51 times more likely to die from HIV compared to individuals with a bachelor's degree or more.

Homicide is 5.05 times more likely to occur among Baltimore City residents compared to Maryland residents. Blacks are 5.99 times more likely to be involved in a homicide compared to whites. Homicide also occurs more frequently among men compared to women (disparity ratio = 7.06) and people with a high school degree or less compared to people with a bachelor's degree or more (disparity ratio = 13.60).

Infant mortality is 1.96 times more likely to occur in blacks compared to whites.

Health Status
There are differences in health status by race, gender, education level and household income. In Baltimore City, blacks are twice as likely to be obese compared to whites. People with a high school degree or less are also twice as likely to be obese compared to people with a bachelor's degree or more. Individuals with a household income less than $15,000 are 2.39 times more likely to be obese compared to individuals with a household income of $75,000 or more.

Diabetes occurs more frequently in people with a high school degree or less compared to people with a bachelor's degree or more (disparity ratio = 2.49), and in people with a household income less than $15,000 compared to people with a household income of $75,000 or more (disparity ratio = 3.67).

Child asthma is 5.97 times more likely to occur in blacks compared to whites.

Healthy Homes and Communities
In Baltimore City, there are differences in community safety and food and energy insecurity by race, gender, education level and household income. Men are 2.54 times more likely to be exposed to violence compared to women. People with a high school degree or less are more than three times as likely to be exposed to violence compared to people with a bachelor's degree or more. Blacks are 3.47 times more likely to report living in a dangerous neighborhood compared to whites. People with a high school degree or less are 5.12 times as likely to report living in a dangerous neighborhood compared to people with a bachelor's degree or more. Individuals with an income level below $15,000 are 14.17 times more likely to report living in a dangerous neighborhood than individuals with an income of $75,000 or more.

Food insecurity is 2.84 times higher among people with a high school degree or less compared to people with a bachelor's or more. People with a household income lower than $15,000 are 5.81 times more likely to have food insecurity compared to people with an income of $75,000 or more.

Energy insecurities occur more frequently among individuals with an income below $15,000 compared to individuals with an income of $75,000 or more (disparity ratio = 3.32).

Health Care
There are differences in health insurance coverage and health care needs by race, gender, education and household income. Blacks are twice as likely to lack health insurance compared to whites. Residents with a high school degree or less are also twice as likely to lack health insurance compared to residents with a bachelor's degree or more. People with an income less than $15,000 are 3.81 times more likely to lack health insurance compared to people with an income of $75,000 or more.

Individuals with a high school degree or less are 2.22 times more likely to report unmet health care needs compared to individuals with a bachelor's degree or more. Unmet health care needs are 5.23 times more likely to be reported by people with an income below $15,000 compared to people with an income of $75,000 or more. Blacks are 3.68 times more likely to report unmet mental health care needs compared to whites. People with a high school degree or less are 3.67 times more likely to report unmet mental health care needs compared to people with a bachelor's degree or more.

Initiative 1. Health Leads

Identified Need	Access to Healthcare Percentages of residents who reported having unmet medical needs in 2009 in the Baltimore City Health Disparities Report Card (2010 edition) reflected a greater number of African Americans (19.8%) than whites (8.3%) reporting unmet needs in the past year. In the 2013 edition of the Report Card, the disparity had declined with African Americans reporting 16.51% had unmet healthcare needs while whites at 14.89% had higher unmet healthcare needs. Strikingly, disparity remained quite high those with less than a high school education (40.36%) and with incomes below $15,000 per year (20.48%). Social determinants of health are critical factors in determining the broader picture of health disparity. The 2010 Baltimore City Health Disparities Report Card showed that there are significant disparities by socioeconomic status, race and ethnicity, gender, and education level within social determinants of health such as exposure to violence, food insecurity, energy insecurity, lack of pest-free housing, lead exposure, and access to safe and clean recreation spaces.
Hospital Initiative	Health Leads Family Resource Desk – located in two JHBMC Clinics
Total Number of People within Target Population	Estimated individuals and families in the JHBMC CBSA with household income below $50,000 per year is 66,073 (Truven, 2015).
Total Number of People Reached by Initiative	1,004 unique clients served in FY 2015
Primary Objective	Health Leads provides 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. It serves 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.
Single or Multi-Year Initiative **Time Period**	Multi-year initiative has been ongoing effort at Johns Hopkins Bayview Medical Center since 2006.
Key Partners in Development and/or Implementation	Health Leads Baltimore, Johns Hopkins Hospital, Johns Hopkins University

How were the outcomes evaluated?

Health Leads does not keep baseline health related data about its clients. As their efforts to better integrate with the EMR continue, however, it may be possible to conduct pre and post analyses to determine if working with Health Leads affects a patients' probability of achieving a certain outcome. Health Leads has conducted such a study at an out-of-state partner hospital and initial findings indicate a positive correlation between Health Leads intervention and meaningful medical benefits.

Measurable goals like clients served, success rate of needs solved, time to case closure, client follow-up, and % of volunteers with Heath Leads experience are tracked by the program and measured against Heath Leads national data.

Outcome (Include process and impact measures)

Health Leads Outcomes:

For FY15, the top presenting needs were as follows:

Bayview Children's Medical Practice	Bayview Comprehensive Care Practice	Harriet Lane Clinic
Health (31%)	Food (20%)	Health (18%)
Food (29%)	Health (17%)	Employment (17%)
Commodities (9%)	Housing (16%)	Housing (17%)
Adult Education (7%)	Utilities (12%)	Child-Related (10%)
Financial (7%)	Transportation (10%)	Commodities (8%)
Child-Related (5%)	Commodities (8%)	Food (7%)
Employment (4%)	Employment (6%)	Utilities (6%)

Clients Served	Bayview Children's Medical Practice	Bayview Comprehensive Care Practice	Harriet Lane Clinic
Unique Clients	732	272	604

Total: 1608

Client Race/Ethnicity	Bayview Children's Medical Practice	Bayview Comprehensive Care Practice	Harriet Lane Clinic
American Indian or Alaska Native	0%	5%	0%
Asian	0%	1%	0%

Black or African American	4%	36%	93%
Decline to State	0%	2%	1%
Hispanic	91%	0%	3%
Native Hawaiian or Other Pacific Islander	0%	1%	0%
White	4%	55%	2%
Grand Total	100%	100%	100%
Client fill-out rate	59%	33%	41%

	% of 10 day followup	% solved at least 1 need	Days to closure
HL National	95%	61%	53
HL Midatlantic	93%	67%	59
BCCP	95%	70%	60
BCMP	89%	69%	52
HLC	95%	61%	66

Overall, for the metrics tracked by HealthLeads nationally and regionally, the Johns Hopkins HealthLeads desks metrics are in line with regional and national metrics. As part of a continual process for improving HealthLeads, Program Managers meet with clinicians and attend rounds on a weekly basis to better coordinate referrals.

Health Leads does not utilize specific population health targets. However, the vision and mission reflect the public health literature that ties unmet resource needs to increases in risk for negative medical outcomes in children and adults. Motivated by this research, as well as the day-in and day-out struggles of clients, Health Leads envisions a healthcare system that addresses all patients' basic resource needs as a standard part of quality care. Health Leads' mission is to catalyze this healthcare system by connecting patients with the basic resources they need to be healthy, and in doing so, build leaders with the conviction and ability to champion quality care for all patients.

The most significant barrier to improving the value of the Heath Leads program is limited access to EMR training for volunteer Advocates. In close collaboration with JHM's EPIC team, Health Leads has built a tool to integrate social resource notes into the patient EHR. However, the current EPIC training options are not convenient for most of the volunteer student Advocates. As a result, utilization of the promising EPIC innovation is months behind schedule and Health Leads is not yet able to easily integrate social needs screening results into patient EHRs.

		Health Leads is experimenting nationally with tools and technologies to increase the scale of its impact and plans to bring these to JHM once they have incorporated lessons from the pilot phase into the program model. Most immediately, these include greater use of automated resource connection information for patients and the use of acuity indexes to steer our human resources towards the patients most likely to benefit from it or at greatest risk for a negative health outcome. In the future, Health Leads may also deploy self-help options such as clinic-based kiosks and a patient-centered website.	
Continuation of Initiative		Yes, JHBMC is continuing to support its partnership with Health Leads Baltimore.	
Total Cost of Initiative for Current FY	**Direct Offsetting Revenues from Restricted Grants**	Total Cost $76,815	Restricted Grants $0

Initiative 2. The Access Partnership (TAP)

Identified Need	Access to Healthcare Percentages of residents who reported having unmet medical needs in 2009 in the Baltimore City Health Disparities Report Card (2010 edition) reflected a greater number of African Americans (19.8%) than whites (8.3%) reporting unmet needs in the past year. In the 2013 edition of the Report Card, the disparity had declined with African Americans reporting 16.51% had unmet healthcare needs while whites at 14.89% had higher unmet healthcare needs. Strikingly, disparity remained quite high those with less than a high school education (40.36%) and with incomes below $15,000 per year (20.48%). The top goal as identified in Baltimore City Health Department's Healthy Baltimore 2015 report is to increase the quality of health care for all citizens, specifically reducing emergency department utilization rates, decrease hospitalization rates for chronic conditions, and decrease the number of city residents with unmet medical needs. As part of a dialogue initiated in 2007 among East Baltimore faith leaders and Johns Hopkins leadership, efforts were made to improve access to health care for the large uninsured population in East Baltimore. From these conversations, TAP was created primarily to improve access to outpatient specialty care to uninsured and/or

	financially needy residents and to provide access to primary care in certain situations.
Hospital Initiative	The Access Partnership (TAP)
Total number of people in the target population	29,398 estimate of uninsured population in ZIP codes eligible for TAP (JHM Market Analysis and Business Planning)
Total number of people reached by initiative	4,270 people for specialty referrals 1,446 people for primary care
Primary Objective	The Access Partnership, or TAP, of Johns Hopkins Medicine is a program designed to improve access to effective, compassionate, evidence-based primary and specialty care for uninsured and underinsured patients residing in the East Baltimore community surrounding The Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC) with demonstrated financial need. TAP ensures access to continuity of care for East Baltimore residents. Before TAP, uninsured and underinsured patients residing in East Baltimore neighborhoods struggled to obtain care for their chronic and acute illnesses early in the disease process. Even when patients were able to obtain primary care – not always a simple proposition – referrals for diagnostic tests, specialty consultations, or surgery often went uncompleted as patients had no way to pay for them. This access problem frustrated local primary care physicians and hospitalists' efforts to care for their patients as much as it impeded patients' deep aspirations to manage their health. For the past six years, TAP has opened up new opportunities for partnership among patients, physicians, and frontline clinic staff. Once a primary care physician at one of eight participating sites identifies a need for additional care and makes a referral, a TAP Navigator determines if patients are eligible for the program, and the TAP Medical Reviewer evaluates all specialty referrals to determine whether the medical issue can be managed in the primary care setting rather than through diagnostic testing or specialty consultation. Eligible patients meet the following criteria: • Enrolled in primary care at a participating primary care clinic at Johns Hopkins or in the Baltimore community; • Uninsured or Underinsured with demonstrated financial need; and • Reside in ZIP code area 21202, 21205, 21213, 21219, 21222, 21224, 21231, 21218, or 21052, or additionally, for patients who are beneficiaries of the high risk prenatal charity care program at the Johns Hopkins Bayview Medical Center, in ZIP code area 21206, 21221, or 21237. The program operates across four Johns Hopkins primary care locations and four primary care locations in the Baltimore community:

	• At Johns Hopkins: (1) East Baltimore Medical Center (EBMC); (2) John Hopkins Outpatient Center (JHOC) Adult Medicine Clinic; (3) JHBMC General Internal Medicine Clinic; (4) JHBMC Children's Medical Practice. • In the Baltimore community: (1) Chase Brexton Health Services; (2) The Esperanza Center; (3) Healthcare for the Homeless; and (4) Baltimore Medical Systems-Highlandtown. Number served is primary measurable outcome. ZIP codes expanded significantly and BMS added as a participating site. There are no provisions in the program that would allow us to measure improvements in health status. Goal is to improve access to outpatient specialty care and TAP consider the number of people served, number of visits, growing geographic area eligible, and growing number of participating sites all measures of success.
Single or Multi-Year Initiative Time Period	This program has been active from 2009 to date.
Key Collaborators in Delivery	Johns Hopkins Medicine, Johns Hopkins Health System, and the Johns Hopkins Clinical Practice Association are critical partners in the implementation of TAP. Additional partners are Chase Brexton Health Services, Esperanza Center, and Healthcare for the Homeless, Baltimore Medical System Inc.
Impact/Outcome of Hospital Initiative	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.
Evaluation of Outcome	**<u>TAP Outcomes:</u>** From its inception May 1, 2009 through March 31, 2015, the TAP program has provided medical services to 4,270 patients residing in eligible zip codes and has processed 10,541 specialty referrals across five Johns Hopkins clinical locations. Through Q2 FY2015, TAP has provided 5,027 primary care visits to 1,446 patients at 3 rate-regulated clinic sites at Johns Hopkins: the Medical Clinic at JHOC; the JHBMC General Internal Medicine clinic; and the JHBMC Children's Medical Practice. The top ZIP codes for patients served by residence since program inception are 21224 (44.7% of overall patients), 21213 (13.4%), 21205 (13.7%) and 21222 (9.1%). TAP has improved access to care for uninsured people living in the East Baltimore community. Both JHH and JHBMC already care for many of these patients every day through the emergency department and as hospital admissions. TAP takes a proactive approach to managing uninsured patients who live in the area surrounding the hospitals. Through this program, we

		provide access to primary and specialty care efficiently and effectively to uninsured patients. Primary care clinicians are able to provide comprehensive care to their patients, and as a result, many patients develop alliances with their doctors that will facilitate improved health literacy, improved health outcomes, and reduced health disparities. Since January 1, 2014, 80-90 percent of the patients enrolled in TAP are the uninsurable (undocumented residents are not eligible for state or federal assistance) of which many are Latino or Hispanic. Prior to the implementation of the ACA, the percentage of assumed undocumented residents was in the range of 35-40 percent. TAP provides navigators that have linguistic competency in Spanish and all brochures and program information is also available in Spanish. There are always patients served by participating clinics but living outside of the eligible ZIP codes who need care and TAP receives many requests to expand our geographic area. TAP staff are not aware of other barriers—there are no additional clinics requesting to participate at this time, and TAP staff have no reports of patients not getting access to primary or outpatient specialty care. The navigators ensure that patients get timely appointments and notify TAP staff so that they can address any barriers as they arise. TAP has grown steadily but carefully since its inception, ensuring access to care for Baltimore neighbors. Early on, TAP met with other hospitals in the city and suggested that they all work together, with each hospital providing similar access in their immediate geographic area. Specifically, TAP met with UMMS and MedStar Union Memorial. At that time, there was no interest in expanding this initiative outside of Hopkins. TAP is certainly open to working to expand to other hospitals if they are interested.	
Continuation of Initiative		Yes, TAP is a continuing commitment of JHBMC.	
Expense	**Direct Offsetting Revenues from Restricted Grants**	Total Cost 21,884	Restricted Grants $0

Initiative 3: Food ReEducation 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: • Offer elementary school-based programs for teachers, parents and students about heart health behaviors • Prevent obesity, heart disease, lung disease and smoking	
Single or Multi-Year Initiative Time Period	Multi-year/ongoing	
Key partners and/or hospitals in initial development and/or implementation	Public and parochial schools within Baltimore City and Baltimore County Baltimore City Neighborhood Center 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 programs were consistently high. Suggestions are reviewed and incorporated in the next year's programming. Impact: • FRESH program was presented to **2,136** students in **17** schools. Student pre/post testing showed learning. • HEARTS program reached **531** Girl Scouts and **17** troops	
Continuation of Initiative	Programs continue	
Total Cost of Initiative for Current Fiscal Year **2015**	**$181,941**	What amount is Restricted Grants/Direct offsetting revenue **$2,000**

Initiative 4: Care-A-Van		
Identified Need	**Meet the health need of underserved populations including access to HealthCare for Latino and Other Non-English Speaking Patients as identified in CHNA 2013** 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.	
Hospital Initiative	Care-A-Van-A mobile van that brings ambulatory care services and health screenings to the community. The program focuses on children and women of childbearing age and gives access particularly to people who may have transportation and financial limitations. The Care-A-Van, with bilingual providers, is frequently used by Latino patients for primary care or as an entry point to access hospital services.	
Primary objective of the initiative/metrics that will be used to evaluate the results	• Increase the number of patients served by providing a free, bilingual mobile health unit to serve residents of which a significant number are Latino without access to quality health care and no insurance • Provide access to health care within community primarily to women of child bearing age and children	
Single or Multi-Year Initiative/Time Period	Multi-year/ongoing	
Key partners and/or hospitals in initial development and/or implementation	Children's Medical Practice's Latino Family Advisory Board Crianza Y Salud {Parenting and Health}	
How were the outcomes evaluated?	Process: Patient satisfaction survey, Patients Needs Survey (not done every year) Impact: Number of encounters	
Outcome (include process and impact measures}	• **2100 patient encounters** • Over **700 patients** tested for HIV/Syphilis • **75%** Latino patients • **581** new OB patients referred for prenatal care, WIC and MA and provided with access to prenatal vitamins	
Continuation of Initiative	Program continues	
Total Cost of Initiative for Current Fiscal Year **2015**	**$257,490**	What amount is Restricted **$50,000**

Initiative 5: Healthy Community Partnership	
Identified Need	Given the aging of our population and the accompanying increase in chronic conditions, and recognizing the critical role patients and their families play in monitoring and managing these conditions, there is a need to improve the health literacy of community residents and their knowledge of and access to resources and services that can help them maintain their health, independence and dignity.
Hospital Initiative	The Healthy Community Partnership addresses the need to improve health literacy and the awareness of resources by establishing alliances between the hospital and local faith communities and other community-based organizations.
Primary objective of the initiative/metrics that will be used to evaluate the results	Objectives: • Extend the reach of health education and information about health-related services into the community by partnering with faith-based organizations and other community organizations that then share that knowledge with the individuals they serve • Extend the reach of health education and information about health-related services into the community by training Lay Health Educators and Lay Health Advocates who, in turn, educate and support members of their congregations and communities • Enhance the capacity of patients to engage in self-care • Enhance the capacity of informal caregivers to support and assist patients in self-care • Enhance outreach to Latino population and other underserved groups
Single or Multi-Year Initiative/Time Period	Multi-year/on-going
Key partners and/or hospitals in initial development and/or implementation	Sacred Heart of Jesus Catholic Church Our Lady of Fatima Catholic Church St. Rita Catholic Church Zion Baptist Church of Christ St. Nicholas Greek Orthodox Church Union Baptist Church St. Matthew United Methodist Church Catholic Charities Jewish Community Services Medicine for the Greater Good Civic Works – Cities for All Ages Benefits Data Trust Meals on Wheels STAR/Sisters Together and Reaching Alzheimer's Association Baltimore City Health Department, Division of Aging
How were the outcomes evaluated?	Partnerships established/maintained Volunteers trained Participant feedback

Outcome (include process and impact measures)	• 13 completed the 20-hour Lay Health Educator (LHE) training program • 15 completed the 16-hour Lay Health Advocate {LHA) training program • Participant surveys indicated a high degree of satisfaction with the LHE and LHA programs and greater confidence in their ability to positively impact the health of their congregations and communities by putting into practice what was learned • Participants, during end-of-training feedback discussion, expressed a high degree of satisfaction with the training programs and enthusiasm about bringing health information back to their congregations and communities • 12 attended quarterly LHE/LHA dinners to learn about additional health topics. • 75 attended the healthcare volunteers appreciation program • 750 congregations received regular mailings on health issues and resources • 32 partnering churches have trained volunteers coordinating health programs • 15 attended “Who Will Speak for You?” workshop to equip themselves to offer programs and materials on advance directives • 14 attended blood pressure workshop to equip themselves to conduct monitoring in their congregations • 300 attended William S. Perper Faith-Healthy Symposium	
Continuation of Initiative	Initiative continues	
Total Cost of Initiative for Current Fiscal Year 2014	$507,274.00	What amount is Restricted Grants/Direct offsetting revenue $81,577

Initiative 6: Kiwanis Burn Prevention	
Identified Need	Prevent burn injuries Historically the identified need addressed by this program is the prevention of burn injuries. JHBMC partnered with Kiwanis over 25 years ago to create this program to educate school children on fire safety and burn prevention. Although burn prevention was not addressed in the 2013 CHNA it continues to be a community need.
Hospital Initiative	School-based burn prevention program
Primary objective of the initiative/metrics that will be used to evaluate the results	Objectives: • Provide age-appropriate, school-based lessons about burn prevention, with a retired professional firefighter teaching students.
Single or Multi-Year Initiative/Time Period	Multi-year/Ongoing
Key partners and/or hospitals in initial development and/or implementation	Public and parochial schools
How were the outcomes evaluated?	Children are given pre/post tests and teachers 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 **2015**	**$84,832**

2. Description of the community health needs that were identified through a community needs assessment 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 the JHBMC 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 and the University of Maryland Dental School has a clinic in the JHBMC Community Benefit Service Area, In addition, Chase-Brexton Health System, a Federally-Qualified Community Health Center in Central Baltimore City, has a dental practice.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health?

The Hospital has many programs that work toward the State's Health Improvement Process measures.

A specific priority for JHBMC is Access to Healthcare particularly for the growing Latino population in its community. Aligning with the SHIP goal of reducing the percentage of individuals unable to afford to see a doctor, JHBMC has expanded its financial assistance policy to include a broader group of community members and offer The Access Partnership (TAP) and Health Leads programs which provide a continuum of care to participants. Health Leads expands clinics' capacity to address basic resource needs often at the root causes of poor health and enables healthcare providers to prescribe basic resources like food and heat.
JHBMC also operates the Care-A-Van, a mobile care clinic which brings JHBMC into the community at various locations. To increase Access to care for Spanish speaking patients JHBMC has a staff of eight Spanish-speaking interpreters, bilingual staff in key departments, and the Latino Family Advisory Board (LFAB) at the Children's Medical Practice (CMP)to tailor clinic services and programs to the unique needs of Spanish-speaking families. Crianza y Salud (Parenting and Health), a child health promotion support group for Latino immigrant families in southeast Baltimore and Centro Sol are two more JHBMC programs created to help Spanish speaking neighbors

There are numerous existing programs at Johns Hopkins Bayview addressing obesity and the SHIP goals to increase the % of adults at a healthy weight and reduce the % of children who are considered obese. One program is the Food ReEducation for School Health (FRESH). FRESH, offers elementary school students a nutrition and exercise education program aimed at encouraging heart healthy behaviors to help reduce future heart disease. Lessons introduce children to subjects, such as the heart, MyPlate, healthy snacks, exercise, healthy weight guidelines, meal planning and reading food

labels. Pre-and Post-assessments also are performed. FRESH targets3rdand 4thgraders at 17 schools throughout in the JHBMC CBSA. The hospital offers walking events and coordinates community walking groups. The weight management and bariatric programs hold health education sessions.

For the increase life expectancy goal and reduce hypertension related ED visit goal, the Hospital conducts stroke awareness, blood pressure screenings, and community health education at many health fairs/events.

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.

As stated in its Financial Assistance Policy, Johns Hopkins Bayview Medical Center is committed to providing medically necessary care to uninsured and underinsured patients with demonstrated financial need. We recognize, however, that specialty care, particularly outpatient, can be difficult to access for some uninsured patients with significant financial need despite the Hospital's stated policy. In FY2009, JHBMC together with the Johns Hopkins Hospital, implemented a program, The Access Partnership, to address these barriers to outpatient specialty care for uninsured patients living in the ZIP codes that surround the Hospital. The Access Partnership provides facilitation and coordination of specialty referrals for uninsured Hopkins primary care patients. Patients in the program receive support through the referral process with scheduling, appointment reminders, and follow-up. The Hospitals provide specialty care as charity care, at no charge to the patient other than a nominal fee for participation in the program.

2. Physician subsidies

The Johns Hopkins Bayview Medical Center provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the hospital. In FY 2015, JHBMC paid a total of $1.77 million in subsidies to physicians for the following patient services for on-call coverage in the emergency department:

Hospitalist (Med/Surg, Peds, Oncol, L&D)	$274,362
Intensivist – Anesthesia	$156,698
On call – Trauma	$392,212
On call – Anesthesia	$318,777
On call – MRI	$336,412
On call – PICU Expansion	$292,515

APPENDIX I

FINANCIAL ASSISTANCE POLICY DESCRIPTION

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

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

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

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

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

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

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

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

APPENDIX II

Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014.

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

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

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

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

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

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

Policy is being changed to add an Appendix and language advising that the Appendix lists physicians that provide emergency and medically necessary care at the hospitals and whether the doctor is covered under the hospital's Financial Assistance policy. The Appendix will be updated quarterly and will be posted on the hospital website. The policy and the website instruct patients to direct any questions they may have concerning whether a specific doctor has a financial assistance policy separate and apart from the hospital's policy. This change is in response to IRS regulation changes. Changes expected to be made and approved by the hospital board in December 2015.

APPENDIX III

FINANCIAL ASSISTANCE POLICY
SPECIAL ENTITLEMENT ADVOCACY POLICY

Appendix III

JOHNS HOPKINS MEDICINE / JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034A
		Effective Date	01-01-15
	Subject: FINANCIAL ASSISTANCE	Page	1 of 23
		Supersedes	05-15-13

POLICY

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

Purpose

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

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

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

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

Definitions

Medical Debt

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

Liquid Assets

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

qualified deferred compensation plans.

Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Emergency Medical Condition	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: (a) Serious jeopardy to the health of a patient; (b) Serious impairment of any bodily functions; (c) Serious dysfunction of any bodily organ or part. (d) With respect to a pregnant woman: 1. That there is inadequate time to effect safe transfer to another hospital prior to delivery. 2. That a transfer may pose a threat to the health and safety of the patient or fetus. 3. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.
Emergency Services and Care	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to treat an Emergency Medical Condition. Medically necessary care for the purposes of this policy does not include Elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergency Medical Condition.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.
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.

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

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 or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. 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).

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) if applicable.

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 unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements 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.

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. Patients who receive coverage on a Qualified Health Plan and ask for help with out of pocket expenses (co-payments and deductibles) for medical costs resulting from medically necessary care shall be required to submit a Financial Assistance Application if the patient is at or below 200% of Federal Poverty Guidelines.

15. 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.

16. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding $25. If 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.

17. 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.

18. JHHS Hospitals may extend Financial Assistance to residents with demonstrated financial need, regardless of citizenship, in the neighborhoods surrounding their respective hospitals, as determined by the hospital's Community Health Needs Assessment. The zip codes for JHH and JHBMC are: 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231 and 21052. 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. Financial Counselors will refer these patients to The Access Partnership program at Hopkins (see FIN057 for specific procedures).

REFERENCE[1]

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

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

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. 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

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 or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. 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, same sex married couples) 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.

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

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES

Effective 2/1/15

# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	**$ 23,540**	$ 25,894	$ 28,248	$ 30,602	$ 32,956	$ 35,310
2	**$ 31,860**	$ 35,046	$ 38,232	$ 41,418	$ 44,604	$ 47,790
3	**$ 40,180**	$ 44,198	$ 48,216	$ 52,234	$ 56,252	$ 60,270
4	**$ 48,500**	$ 53,350	$ 58,200	$ 63,050	$ 67,900	$ 72,750
5	**$ 56,820**	$ 62,502	$ 68,184	$ 73,866	$ 79,548	$ 85,230
6	**$ 65,140**	$ 71,654	$ 78,168	$ 84,682	$ 91,196	$ 97,710
7	**$ 73,460**	$ 80,806	$ 88,152	$ 95,498	$ 102,844	$ 110,190
8*	**$ 81,780**	$ 89,958	$ 98,136	$ 106,314	$ 114,492	$ 122,670
**amt for each mbr	$8,320	$9,152	$9,984	$10,816	$11,648	$12,480
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	$55,000
# of Persons in Family	4
Applicable Poverty Income Level	48,500
Upper Limits of Income for Allowance Range	$58,200 (60% range)

($55,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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
- 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.

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, unless the patient is below 200% of Federal Poverty Guidelines.

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

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.

MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES

Effective 2/1/15

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

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

Exhibit A

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

JOHNS HOPKINS
MEDICINE

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

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

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

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

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

Exhibit A

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

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

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

_____ _____

Applicant signature Date

_____

Relationship to Patient

Exhibit A

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

JOHNS HOPKINS
MEDICINE

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

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

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

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

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

Exhibit A

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

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

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

_____ _____

Applicant signature Date

_____

Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #:_____

1. What is the patient's age? _____

2. Is the patient a U.S. citizen or permanent resident? Yes or No

3. Is patient pregnant? Yes or No

4. Does patient have children under 21 years of age living at home? Yes or No

5. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment? Yes or No

6. Is patient currently receiving SSI or SSDI benefits? Yes or No

7. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts? Yes or No

   Family Size:

   Individual: $2,500.00
   Two people: $3,000.00
   For each additional family member, add $100.00
   (Example: For a family of four, if you have total liquid assets of less than $3,200.00, you would answer YES.)

8. Is patient a resident of the State of Maryland? Yes or No
   If not a Maryland resident, in what state does patient reside? _____

1. Is patient homeless? Yes or No

10. Does patient participate in WIC? Yes or No

11. Does household have children in the free or reduced lunch program? Yes or No

12. Does household participate in low-income energy assistance program? Yes or No

13. Does patient receive SNAP/Food Stamps? Yes or No

14. Is the patient enrolled in Healthy Howard and referred to JHH Yes or No

15. Does patient currently have?
    Medical Assistance Pharmacy Only Yes or No
    QMB coverage/ SLMB coverage Yes or No
    PAC coverage Yes or No

16. Is patient employed? Yes or No
    If no, date became unemployed. _____
    Eligible for COBRA health insurance coverage? Yes or No

Exhibit B

SERVICIOS FINANCIEROS AL PACIENTE
CUESTIONARIO DEL PERFIL DEL PACIENTE

NOMBRE DEL HOSPITAL: _____

NOMBRE DEL PACIENTE: _____

DOMICILIO: _____
(Incluya Código Postal)

No. De Archivo Médico: _____

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

   Tamaño de Familia:

   Individual: $2,500.00
   Dos personas: $3,000.00
   Por cada miembro familiar adicional, agregar $100.00
   (Ejemplo: Para una familia de cuatro, si el total de sus bienes liquidas es menos que $3200.00 usted contestaría SI)

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

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

Date: _____

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

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

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

All documentation submitted becomes part of this application.

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

_____ Date: _____
Applicant's signature

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

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

Toda documentacion sometida sera parte de esta aplicación.

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

_____ Fecha: _____
Firma del Aplicante

_____
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 IV

PATIENT INFORMATION SHEET

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

PATIENT BILLING and FINANCIAL ASSISTANCE INFORMATION SHEET

Billing Rights and Obligations

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

Financial Assistance

If you are unable to pay for medical care, **you may qualify for** Free or Reduced-Cost Medically Necessary Care if you:

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

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

Call: 410-955-5464

with questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost, medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

For information about Maryland Medical Assistance

Contact your local department of Social Services

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

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

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

1296 (9/10)

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

HOJA INFORMATIVA SOBRE LA FACTURACIÓN DE PACIENTES Y LA ASISTENCIA FINANCIERA

Los derechos y obligaciones de la facturación

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

Asistencia financiera

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

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

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

Llame a 410-955-5464

con sus preguntas referentes a:

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

Para más información sobre la Asistencia Médica de Maryland

Por favor llame a su departamento local de Servicios Sociales

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

O visite al: www.dhr.state.md.us

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

1296 (9/10)

Patient Information Guide

Table of Contents

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

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

Palliative Care

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

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

Patient Advocates

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

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

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

Volunteers

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

Bills and Insurance/ Medical Records

About Your Bill

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

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

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

If you do not have health insurance and believe you are entitled to Medical Assistance or if you have questions about your account before or during your stay, call our financial counselor at 410-550-0830. Unless other arrangements have been made, payment in full for services is due on receipt of your final bill. The Medical Center accepts MasterCard, VISA, Discover and American Express.

If you think you will have difficulty paying your bill, please ask to talk with a financial counselor. If you have any questions about your bill after discharge, please call 410-550-7330. Insurance carriers, Medicare and Medicaid require separate billings for professional fees from physicians and hospital charges. The bills are outlined in the sections that follow.

Your Hospital Bill

Your Medical Center bill includes room and associated charges, X-rays, laboratory work, medicines and other medical supplies. If you have both inpatient (overnight stays) and outpatient (same-day or office visit) services, these may be billed separately.

Your Doctor's Bill

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

Patient Billing and Financial Assistance Information

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

Billing Rights and Obligations

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

Financial Assistance

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

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

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

Call 410-502-2289 with questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

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

Obtaining Your Medical Records

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

When completing the health record release form:

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

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

Fax # 410-550-3409

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

Health Information Exchange

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

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

JOHNS HOPKINS
MEDICINE

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 V

MISSION

VISION

VALUE STATEMENT

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

Keywords: mission, values

Table of Contents		Page Number

I. JOHNS HOPKINS BAYVIEW MEDICAL CENTER

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

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

B. Vision: Making the Best Even Better

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

II. JOHNS HOPKINS MEDICINE

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

B. Johns Hopkins Medicine Vision:

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

C. Core Values

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

III. ORIGINATOR

Director of Community Relations

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

IV. REVIEWED BY

Board of Trustees

V. APPROVED BY

_____

Richard G. Bennett, M.D.

President