

**Johns Hopkins Bayview Medical Center**  
**Community Benefit Report**  
Fiscal Year 2011



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

## INTRODUCTION AND OBJECTIVES

Brief description of the hospital, licensed bed designation, and inpatient admissions.

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

### I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County
348 acute hospital 45 bassinets 172 comprehensive care 107 special hospital services (CIR, Chronic, etc.) 672 total licensed beds	21,051	21222, 21224, 21206, 21221, 21205, 21213, 21220, 21219, 21237	Franklin Square Hospital Center – 21237, The Johns Hopkins Hospital - 21205	PSA: 25.2%  Baltimore City portion of PSA: 36.1%  Baltimore County portion of PSA: 15.6%	PSA: 19.4% MA + 1.9% dual eligible (MA & MC)=20.3%  Baltimore City portion: 26.9% MA + 2.5% dual= 29.4%  Baltimore County portion: 12.8% + 1.3% dual= 14.1%

#### Primary Service Area (PSA)

The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharge from each zip code are ordered from largest to smallest number of discharges.

The Medical Center serves the communities in Southeast Baltimore City and County and Northeast Baltimore City and County. Our primary service area includes Dundalk, Highlandtown, Canton, Gardenville, Belair-Edison, Essex, Middle River, Sparrows Point, Rosedale and East Baltimore. We also serve a broader area for our regional and statewide services. (See Appendix 4 for maps and demographic information.)

#### Community Benefit Service Area (CBSA)

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

Johns Hopkins Bayview Medical Center does not totally limit its community services to our primary service area, as we have regional as well as community-oriented clinical services and programs to offer. However, many of our



community benefit efforts are targeted to the communities we consider our neighbors, in the southeast part of the city and county.

For our Community Benefit Service Area, we have selected the zip codes immediately adjacent to the hospital, zip codes 21224 (Highlandtown and Canton) and 21222 (Dundalk), which represent 38.3% of our discharges. We added two small zip codes which are geographically located further down the Dundalk peninsula (21219 and 21052), which brings the total percent of our discharges in the CBSA to 40.6%. These four zip codes are defined by the Md. Department of Health and Mental Hygiene as the Southeastern Area in their MCO regulations. The population of the area is 110, 515 persons. The CBSA area is depicted in Appendix 5, along with some relevant demographic data for these communities.

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

Approximately 25% of the residents in this area are uninsured, 14.5% have Medicare, 19.4% have Medical Assistance and 2.1% are dually eligible. The major causes of death are heart disease, cancer and stroke.

- **Geographic boundary** (city, zip codes, or county) For the zip codes 21224, 21222, 21219 and 21052:
  - Charity care/bad debt: Patients from the CBSA zip codes generated approximately \$10.6M in charity care and \$6.9M in bad debt during FY 11. (This includes the acute hospital and special programs only). This represents 50.2% of all charity care and 50.9% of all bad debts for the acute hospital and special programs.
  - ED patient origin: This area was responsible for 32, 197 visits to the Johns Hopkins Bayview Emergency Department, representing 55.3% of all ED visits.
  - Medically underserved – Most of the JHBMC service area is medically underserved, and/or a health manpower shortage area by federal standards. This includes the CBSA.
  - Ethnic minorities – The area includes a population which is 76% white/non-Hispanic, 15% black/non-Hispanic, and about 5% Hispanic.
  - Health disparities- Almost 25% of the population is uninsured.
- **Outreach approach** (hospital’s principal function or specialty areas of focus, e.g., Burn Center) Our community outreach approach is multi-faceted, in order to reach all stakeholders. We have special outreach programs in burn prevention and cardiac disease prevention. Our outreach activities are further described below, in the discussion of how we determine community needs.
- **Target population** (uninsured, elderly, HIV, cardiovascular disease, diabetes) Our programs are targeted at the needs of various segments of our community. For example, we do blood pressure screenings at senior centers and clubs, teach burn and heart disease prevention in area schools, and provide a free, bilingual mobile health unit to serve the Hispanic residents of our community and others who experience barriers to health care.

B. CBSA Demographics and Social Determinants

Table II

		Data Source
Community Benefit Service Area (CBSA) (by zip code or county)	21224, 21222, 21219, 21052 This area represents 9,162 discharges (40.6%) from Johns Hopkins Bayview in FY 10. 21224 is in Baltimore City and the others are in Baltimore County.	HSCRC inpatient file
CBSA demographics, by sex, race, and average age	This area represents 110,513 people, <ul style="list-style-type: none"> <li>• 48% are male and 52% female.</li> <li>• 76% are white, 15% black, and 4.7%</li> </ul>	Claritas 2010



	<p>Hispanic.</p> <ul style="list-style-type: none"> <li>• 22.2% are under age 18, and 16.3% are over 65. The median age is 38.4 years.</li> </ul> <p>(More information in Attachment )</p>	
Average Household Income within our CBSA	The average household income is \$56,650, as compared to \$71,071 in the U.S.	Claritas, 2010
Percentage of households with incomes at 116% or below the federal poverty guidelines within our CBSA	14.6% of the households in our area (6494) have an income lower than \$15,000, and 26.6% (5359) have an income below \$25,000. The federal poverty guidelines for a family of 3 are \$18530 and 116% is \$21495. The average household size in the area is 2.5.	Claritas, 2010
Percentage of uninsured people within our CBSA	25% of the CBSA population is uninsured.	Claritas 2010
Percentage of Medicaid recipients within our CBSA	19.4% of the CBSA population are MA recipients.	Claritas 2010
Life Expectancy within our CBSA  Life Expectancy within our CBSA (continued)	The life expectancy in the Baltimore City parts of our Community Benefit Service area range from 68.6 – 77.6 years, depending on the community. In Baltimore County, the life expectancy is 77.8 years (75.1 years for men and 80.3 for women). This compares to 72.9 years for the city over all (66.7 for men, and 75.6 for women). Both of these are below the Maryland rate.	Md. DHMH State Health Improvement Plan
Mortality Rates within our CBSA	Mortality rates in Baltimore City are now available by neighborhood and disease. The CBSA includes Highlandtown, Orangeville/East Highlandtown, Canton, Patterson Park North and East, and Southeastern. These neighborhoods vary significantly in their mortality rates, generally with the highest mortality rates in Southeastern, and lowest in Canton. There are especially wide variances in the rates of mortality from heart disease (25.6 -35.7) and cancer (15.3-28.4)  For Baltimore County, data is not available at this level of detail, but of the 7625 deaths in 2010, 25.3% were from Heart disease and 23% from cancer. Baltimore citywide, 25.2% were from heart disease and 22.1% from cancer.	Baltimore City Health Department, Md. Vital Statistics.
Access to healthy food, quality of housing, and transportation within our CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	Studies have linked the food environment to consumption of healthy food and overall health outcomes. In 2011, access to the healthy food measure was based on the percent of residential Zip codes in a county with a healthy food outlet, defined as grocery stores or produce stands/farmers' markets. In Baltimore City 96% of the zip codes have access to healthy foods. In Baltimore County, 77% of the zip codes have such access. We believe that there is access to healthy food for all four zip codes in our Community Benefit Service area using these criteria.  Access to public transportation (bus) and	County Health Rankings



	paratransit services are reasonably good, although public bus routes often require transfers in order to reach a destination. Housing quality is variable, as many of our neighborhoods include older housing stock, but also new developments. There is senior housing and affordable housing available.	
JHBMC Emergency Department for CBSA patients FY 10	The top 3 reasons for admission through the E.D. were Heart Failure (6%), COPD (5%) and Other Pneumonia (4%). The top reasons for Outpatient ER visits were: Chest Pain (4.8%) Unspecified abdominal pain (3.5%); Viral Infection (2.0%)	BAIEncounters, BAYOClaims
Top Diagnoses at Discharge for CBSA patients at JHBMC	The top 5 diagnoses at discharge were: Heart Failure (4.8%), Neonates Normal (4.1%), Vaginal Delivery (4.0%), COPD, (3.8%) and Other Pneumonia (3.2%)	BAYIEncounters

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Describe in detail the process your hospital used for identifying the health needs in your community and the resources used.

We rely on a number of means to determine the health needs of our community, including secondary data sources, hospital admission and discharge information, direct conversations with our patients and the community, discussion with local health officials and other stakeholders and feedback from our providers. Hospital initiatives with regard to patient safety, service excellence and diversity and inclusion all have a focus on meeting patient and community needs.

**COMMUNITY HEALTH ASSESSMENTS:** We last conducted a formal community needs assessment in FY05. The assessment was a follow-up to a 1996 needs assessment that spearheaded JHBMC's Community Health Action Project (CHAP), the goal of which was to reduce the incidence of heart disease in the medical center's catchment area by ten percent over ten years. The assessment also filled a gap in information that was not being provided by the local city and county health departments. CHAP remains an active outgrowth of JHBMC's original needs assessment. In FY09, a needs assessment was completed for the southeast area of the county, sponsored by a group of service providers with the support of Baltimore County Office of Community Conservation and Franklin Square Hospital Center.

Also in 2009, Baltimore City Health Department conducted a Community Health Survey, with the following findings:

- 20% of all respondents reported being in "fair" or "poor" health. 28% reported being current smokers, with men 54% more likely to be current smokers than women.
- 34% reported being obese, with women 36% more likely than men to report being obese.
- 67% of respondents with diabetes reported being obese, along with 47% of those with hypertension, and 54% of those in fair/poor health.
- 81% of respondents with diabetes reported having hypertension, along with 50% of the obese
- Of 64% of those in fair/poor health, 17% reported being uninsured, while 23% of all respondents reported having had unmet health care needs in the previous 12 months.
- 14% of all respondents reported needing mental health care in the previous 12 months. Among the 14%, 23% reported having had unmet mental health care needs.

In 2010, the JH Urban Health Institute (UHI) began a collaborative effort called the Community Health Initiative (CHI) to engage individuals, community groups, and city government from East Baltimore and Johns Hopkins. The CHI is an intensive process of planning and critical thinking about how to improve the health and well-being of residents of all ages who live in East Baltimore through sustainable health collaborations and specific health interventions. The first phase of the CHI is a community health assessment of East Baltimore.



The health assessment will be conducted within five East Baltimore ZIP codes, including some served by Hopkins Bayview: 21202, 21205, 21213, 21224, and 21231. The UHI has committed resources to support the entire planning process. Five planning teams comprised of community residents, activists, service providers, and advocacy organizations, along with Johns Hopkins faculty, staff, and students have been established to help develop all aspects of the assessment. Johns Hopkins Bayview staff are participating in this process and will share the data derived from it.

We will conduct a formal Community Health Needs Assessment in FY 2013. The purpose of the community health needs assessment is to identify the most important health issues surrounding the hospital using scientifically valid health indicators and comparative information. The assessment also identifies priority health issues where better integration of public health and healthcare can improve access, quality, and cost effectiveness of services to residents surrounding the hospital. This report will reflect the hospital's efforts to share information that can lead to improved health status and quality of care available to our residents, while building upon and strengthening the community's existing infrastructure of services and providers.

**HEALTH DEPARTMENT STATISTICS:** Secondary data were collected from a variety of local, county, and state sources to present a community profile, access to health care, chronic diseases, social issues, and other health indicators.

We reviewed information available from Baltimore City and Baltimore County Health Departments regarding morbidity and mortality and health trends for those jurisdictions. Because JHBMC serves parts of both the city and county, it is difficult to determine the health needs of our particular service areas from some of this data, but it is helpful in indicating general population status. Baltimore City also developed community profiles which were reviewed and considered.

Analyses were conducted at the most local level possible for the hospital's primary and community benefit service area, given the availability of the data. For example:

- Maryland DHMH's State Health Improvement Process (<http://dhmh.maryland.gov/ship/disparitiesframe.html>)
- Healthy Baltimore 2015 (<http://www.baltimorehealth.org/healthybaltimore2015.html>)
- Baltimore City Health Disparities Report Card ([http://www.baltimorehealth.org/info/2010\\_05\\_25\\_HDR-FINAL.pdf](http://www.baltimorehealth.org/info/2010_05_25_HDR-FINAL.pdf))
- Baltimore City Neighborhood Health Profiles (<http://www.baltimorehealth.org/neighborhoodmap.html>)
- Baltimore City Health Department Community Health Survey ([http://www.baltimorehealth.org/info/2010\\_03\\_26\\_CHS\\_Summary\\_Results\\_Report.pdf](http://www.baltimorehealth.org/info/2010_03_26_CHS_Summary_Results_Report.pdf))
- Healthy People 2020 ([http://www.cdc.gov/nchs/healthy\\_people/hp2010.htm](http://www.cdc.gov/nchs/healthy_people/hp2010.htm))
- Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>)
- Baltimore City Health Department: The Health of Latinos in Baltimore City 2011
- Baltimore Metropolitan Council Community Profiles (<http://www.baltometro.org/about-the-region/community-profiles#baltimoreCounty>)

In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

**DIRECT COMMUNITY CONTACT:** The Medical Center has several community advisory boards and our Community Health Action Project that meet regularly to provide us with information and feedback regarding community health needs. These persons represent the broad interests of the community served by the hospital. Discussions with our Hospital Community Advisory Board (which meets regularly with our president and other key officials) address the community's needs and concerns, trends in health care, the community's health status, barriers to access to care, partnership opportunities and roles that the hospital can play to address community needs.

Additionally, Community Relations staff members routinely attend community association meetings, around our service area to help assess community needs and offer the hospital's resources. We also respond to requests to participate in health fairs, community events, provide screenings or speakers, etc.



**COMMUNITY RELATIONS AT A GLANCE FY 2011**

Community contacts: 62200, plus 15341 by FRESH staff.  
Blood pressure screenings: 2964  
Blood drive pints donated: 1348  
Special events: 104  
FRESH program: 1623 students in 17 schools  
HEARTS program: 14 troops and 150 girl scouts  
Girl Scout workshop: 96 scouts and 47 adults  
Food closet: 372 Adults + 225 Children = 597 served  
Safe Babies kits: 1050  
Kiwanis Burn Prevention Education Program: 31634 total contacts; 8417 students in 36 schools

At each of our health education seminars, participants are asked what additional topics would be of interest or relevant for them. This is an additional source of information for us.

**ANALYSIS OF HOSPITAL PROGRAMS:** A key factor in assessing the community's health needs is to look at demand for and utilization of clinical programs. Our review of markets, market-share, patient demographics, business trends and other clinical data inform our thinking with respect to defining community needs.

The Medical Center and JHU School of Medicine Clinical Departments utilize an annual planning and budgeting process to anticipate clinical program demand and resource allocations. Each Clinical Department across the Johns Hopkins Health System reviews its services and medical manpower requirements based on clinical interests, historic demand and anticipated changes caused by socioeconomic trends and technology advancements. The programs developed address the unique needs of the East Baltimore community and the resources available at the Medical Center.

In January 2011, the **Normal Pressure Hydrocephalus (NPH)** program was initiated as a subspecialty clinic within Neurosciences. NPH is a difficult condition to diagnose, but one that is often identified by common symptoms of difficulty walking, difficulty with memory and impairment of bladder control. The cause of adult NPH is usually unknown; however, a small minority of cases are attributed to past hemorrhage or infection in the brain, head trauma or cranial surgery. NPH is one of the few reversible causes of dementia. The majority of NPH population is 60 years or older. The NPH program utilizes a multi-disciplinary staff including geriatrician, neurology and neurosurgery.

Johns Hopkins Bayview was designated a **Cardiac Interventional Center** by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Teams from the emergency department, cardiac intensive care unit and catheterization laboratory created and implemented procedures to rapidly care for heart attack patients. Designating specialty centers to treat heart attack patients is a nationwide initiative supported by the American Heart Association, which suggests that many more people could potentially survive cardiac arrest if regional systems of cardiac resuscitation were established. Cardiovascular disease, including heart attack and stroke, remains the nation's leading killer of men and women, causing more than 36% of all deaths.

**Sudden Infant Death Syndrome (SIDS)** is the leading cause of death in infants under one year old. Because of SIDS or other health problems, eight infants out of every 1,000 born in Maryland each year do not live past their first birthday. The Maternal Child Health Specialty Council composed of registered nurses from obstetric, neonatology and pediatrics implemented a Safe Sleep initiative to educate new parents on the ABCs of babies sleeping safety. Parents are taught a new set of ABC's (babies should sleep alone, on their back and crib clear of toys, blankets, etc.).

A new **joint replacement surgery recovery program** was implemented to reduce hospital length of stay for hip replacement patients. The aging of the population has led to increased incidence of joint replacements and has become more common procedure in adults age 60 and under. For patients that are living an active lifestyle, exercise regularly and motivated to participate will lead to shorter lengths of stay and a return to daily activity sooner.



Patients will meet with a dedicated physical therapist before surgery to begin a conditioning program, explain what to expect after surgery and discuss their home environment. Patients should anticipate getting up, walking and beginning their exercise program on the day of surgery. There are approximately 200,000 total hip replacements performed in the United States per year.

A Certificate of Need application was filed for the expansion of the **Emergency Department** to improve urgent and emergency medical care to the JHBMC community. With 40 treatment spaces, the current emergency department capacity did not meet the increasing community demand. Central Maryland emergency department visits increased 1.6% annually from 2007 to 2011, while at JHBMC visits increased 2.2% annually. Currently at 60,000 visits, the treatment capacity was not adequate, hampered patient throughput and increased ambulance diversion time. The proposed 48 treatment room emergency department will have expanded psychiatric evaluation space and additional medical observation beds. With project approval by Maryland Health Care Commission, the expanded ED is planned to open by 2014.

The Emergency Department serves a disproportionate number of uninsured patients with health care needs that could be managed more efficiently and cost-effectively in a primary care setting. Many of these patients do not have a primary care physician. In collaboration with Health Leads, a national organization that utilizes student volunteers to address vulnerable patients' unmet resource needs, JHBMC launched a 30+ hour per week "Help Desk" staffed by student volunteers from the Johns Hopkins University Schools of Medicine, Nursing, and Public Health. Student volunteers interview patients that are **frequent ED users without a primary care physician** to ascertain their situation and needs, and educate patients about available community resources and supports. Efforts are targeted to reduce future visits to the ED, by directing patients to lower cost alternative facilities or programs in the community.

The **Headache Center** has expanded its ability to evaluate and manage all types of headaches with the recruitment of additional specialists. The Center can coordinate and navigate health care for patients using all the resources available including radiology, neurosurgery, physical therapy and pain management specialists. An estimated 12 percent of adults in the United States suffer from migraine headaches, and fewer than half of current migraine sufferers have been properly diagnosed. The most common misdiagnosis is sinus headache.

Approximately 2%-3% of adults will be diagnosed with carpal tunnel syndrome during their lifetime, with peak prevalence in women older than 55. With the increased demand for **hand specialists**, the Department of Plastic Surgery recruited an additional hand surgeon to better serve the needs of the community. Other common hand problems include injuries that result in fractures, ruptured ligaments and dislocations, osteoarthritis and tendinitis. Work-related musculoskeletal disorders of the wrist and hand have increased with the prevalence of computer users.

## OVERVIEW OF KEY FINDINGS

As explained above, major community health issues identified include:

- a. Heart Disease
- b. Lung disease
- c. Smoking
- d. Diabetes
- e. Overcoming barriers to care for the Hispanic population
- f. Hypertension
- g. Obesity
- h. Substance abuse
- i. Injury prevention and treatment

**Heart Disease:** Heart disease remains the number one cause of death in our area, and was directly responsible for over 2100 Emergency Department visits and 851 acute admissions in our CBSA alone. The lifestyle changes which can affect the incidence of heart disease are spelled out in the Baltimore City Health Department's Healthy Baltimore 2015 plan.

**Lung Disease:** The results of working in manufacturing, smoking, environmental pollution and engaging in other risky behaviors are an increased incidence in lung disease. COPD is the #2 reason for coming to the Emergency



Department, and the #4 reason for admission to the hospital. Lung cancer is the 2<sup>nd</sup> highest type of cancer. In Baltimore City, the mortality rate from lung cancer is more than 25% above the U.S. rate. We are expanding our oncology program to better address the community's need for a comprehensive range of services, to include radiation oncology.

**Smoking:** As noted, the incidence of lung cancer in the East Baltimore community has been higher than national rates given the high smoking rates, past concentration of manufacturing facilities and other environmental factors unique to this community. The good news is that in Baltimore County in 2010, only 14.8% of the population are smokers and 24.3% in the city. The Medical Center has been actively planning to expand its lung cancer clinical services and research in the coming years.

A major initiative was undertaken last year to reduce smoking on the hospital campus, and to encourage patients, visitors and staff to quit smoking. Our Community Health Action Program, a partnership with the community to promote health, has had a Smoke-Free Families effort in place for several years and provides a resource guide distributed at the hospital and in the community. They also participate in smoking cessation events.

**Diabetes:** A diabetes education program is offered at the Medical Center. We include diabetes information in community outreach activities, and offer a diabetes risk assessment tool through CHAP's outreach initiatives. Johns Hopkins Bayview's Emergency Department admitted 97 patients from our CBSA for diabetes-related problems in FY11. The Md. State Health Improvement Plan indicates that the rate of diabetes-related E.D. visits for Baltimore City was 823.7 per 100,000 population, and for Baltimore County the rate was 375.1. The CDC reports that In Baltimore City, 12.2 % of the population have been told by a doctor that they have diabetes, and in Baltimore County, 10.6% have received this information.

**Hispanic population:** The hospital has a full time staff of Spanish interpreters to facilitate high quality treatment. Our Community Psychiatry Program added the capacity to provide therapy in Spanish. Our Care-a-Van, a free mobile health unit, has bilingual staff that provides neighborhood-based care to many Latino residents. 71% of the patients cared for on the Care-A-Van are Latino, 96% have no insurance and 69.5% do not have a primary provider.

**Hypertension:** We continue to provide blood pressure screenings monthly in the community, and continue to operate our cardiac disease prevention program (Food Re-Education for School Health – FRESH) in the elementary schools and for the Girl Scout troops in our area.

**Obesity:** Johns Hopkins Bayview Medical Center offers a comprehensive weight loss program accredited by the Bariatric Surgery Center Network accreditation program of the American College of Surgeons. We offer health information sessions on site and in the community, as well as a labyrinth and 1.2 mile walking path on our campus which are available to the community. Our cardiac disease prevention programs for children stress the importance of healthy eating and activity, and our CHAP program has selected diabetes and obesity as its two primary areas of focus this year, incorporating health information on these topics in their activities. CDC data indicates that for 2010, 70.3% of the residents of Baltimore City were overweight or obese, and 68.2% in Baltimore County.

**Injury prevention:** As the state's Burn Center, we have a number of community benefit activities around burn care and burn prevention education. We educate other health care providers about burn wound care, and have a program to train Air Force staff caring for burn victims in the military. We have a retired firefighter on staff who teaches burn prevention education in area schools, and a Safe Babies program which provides new mothers with burn prevention items and information to reduce risk for their new babies.

Several members of our staff are certified Child Safety Seat technicians, who offered their services to the community to assure that child safety seats are correctly installed. They also teach about safety seats in the Child Birth education program. We also participate in other initiatives designed to heighten safety awareness and prevent injuries.

**Substance abuse:** Baltimore City is experiencing a substantial unmet need for drug treatment programs. Persons seeking treatment are often turned away for lack of treatment slots, funding or services. To meet this demand and to reduce the costly health, crime and social problems addiction causes there are a number of treatment programs offered at JHBMC making it a leading provider of inpatient and outpatient substance abuse and addiction services in



Maryland. Many programs are offered through a collaboration between the Departments of Medicine and Psychiatry, and targeting cocaine, marijuana and heroin abuse. In FY11, approximately 140,000 patient encounters were related to these programs which service a large uninsured population in response to community need. These programs are a very important resource for our community. An estimated 63,000 Baltimore city residents were in need of substance abuse treatment in 2009, while only 21,000 individuals were treated for substance abuse disorder.

2. In seeking information about community health needs, what organization or individuals outside the hospital were consulted?

As mentioned above, Johns Hopkins Bayview's community relations staff routinely attend community meetings in order to learn about community needs. A list of these organizations and outreach activities is provided in Appendix 6.

We have had communication with local health department officials around specific initiatives in the community (ex: smoking, child abuse). We relied on local and state Health Department statistical information as an additional source of information to assess needs.

Johns Hopkins Bayview and other hospitals in the Baltimore region and the Baltimore City Health Department have undertaken an effort to share health data/information that can lead to a better quality of life for all residents of Baltimore City. As such, the Baltimore City Health Department convened a Community Health Assessment Meeting in October 2011 that brought together leaders from all of the hospitals in Baltimore City. This meeting was an important step on the path of improving and coordinating communication between the city and hospitals, so that all stakeholders are more consistently engaged.

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

Last year, a new initiative, Healthy Community Partnership, was launched to develop partnerships with local congregations to improve health status and outcomes. We are working with 6 local churches as partners to identify their needs and develop programs to address them. They are currently identifying health areas of interest for their faith communities. We have already sponsored health fairs and events reaching about a thousand people in our community through this program.

3. When was the most recent needs identification process or community health needs assessment completed?

Our needs identification process is ongoing, as we are in constant dialogue with community leaders throughout our area. As part of its ongoing community health needs identification process, we have consulted with the Baltimore City Mayor's Office, Baltimore City Council, Baltimore City and Baltimore County Health Department, Baltimore City Public Schools, the Johns Hopkins University, as well as neighborhood, business and faith-based organizations, and other service providers in the community. The last community health needs assessment we conducted which would meet the definition set by the IRS was in FY 2005.

4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years? If yes, provide a link or attach the document.

In the past three fiscal years, we have not conducted a community health needs assessment that conforms to the definition of the HSCRC Community Benefit Narrative Reporting Instructions. However, we participated in one done by Southeast Provider Area Network in 2009 with support from Franklin Square Hospital Center, which covered part of the county portion of our service area.



### III. COMMUNITY BENEFIT ADMINISTRATION

1. Does your hospital have a CB strategic plan? We do not have a formal Community Benefit Strategic Plan. We do have a master plan for Community Relations and a budget for our community programs and activities each year.
2. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?
  - a. Senior Leadership
    - i. CEO – Richard G. Bennett, M.D.
    - ii. CFO – Carl Francioli
    - iii. Vice Presidents –Renee Blanding, M.D, Medical Affairs, Anita Langford, Care Management Services, Craig Brodian, Human Resources
    - iv. Director, Community & Government Relations- Gayle Johnson Adams, ACSW, LCSW
    - v. Special Assistants to the President – Dan Hale, Ph.D. and David Hash
    - vi. Director, Marketing and Planning – Dominic Seraphin
  - b. Clinical Leadership
    - i. Physicians - Colleen Christmas, M.D., Constantine Lyketsos, M.D.
    - ii. Nurses – Susan Wallace, R.N., Ella Durant, R.N.,
    - iii. Physician Assistants – Patricia Letke-Alexander, P.A.
    - iv. Social Workers – Thomas Marshall, M.S.W.
    - v. Other (please specify)- Director of Pastoral Care – Paula Teague, Director of Hopkins Elder Plus – Karen Armacost, R.N., Director of Medical Library – Linda Gorman, M.L.S., Director of Employment Services – Michele Sedney
  - c. Community Benefit Team  
Carl Francioli, CFO, Kimberly Moeller, Director Financial Analysis/Special Projects, Gayle Johnson Adams, Director, Community & Government Relations, Patricia Carroll, Community Relations Manager
3. Is there an internal audit (i.e., an internal review conducted at the hospital) of the community benefit report?
  - a. Spreadsheet (Y/N) Yes
  - b. Narrative (Y/N) Yes
4. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

The CBR spreadsheet and narrative are reviewed by the CEO and CFO at Hopkins Bayview and by the CEO and CFO of the Johns Hopkins Health System prior to submission. The Board of Trustees reviews the CBR spreadsheet and narrative after it is submitted.

### IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Needs identified and programs to address them: The processes used to identify community needs were described in detail above. Major community concerns included:
  - a. Heart Disease
  - b. Lung disease
  - c. Smoking
  - d. Diabetes
  - e. Overcoming barriers to care for the Hispanic population
  - f. Hypertension
  - g. Obesity
  - h. Substance abuse
  - i. Injury prevention and treatment

Johns Hopkins Bayview Medical Center is responding to these needs with a variety of programs, offering new or expanded clinical programming as well as community-based initiatives. The community initiatives are described in Table III.





IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Table III

Initiative 1. Food ReEducation for School Health

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Prevent Heart Disease, Lung Disease, Smoking, Obesity	FRESH Program	Offers elementary school-based programs for teachers, parents and students about heart health behaviors.	On-going, annual	Public and parochial schools within Baltimore City/Baltimore County	Children's knowledge pre/post testing and teacher evaluations	Served 1600 students in 17 schools, teacher evaluations were 95-100% positive. Recommendations incorporated in FY 12 programming.	Program continues

Initiative 2. Kiwanis Burn Prevention

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Burn Prevention	School-based burn prevention education	Provides age-appropriate, school-based lessons about burn prevention with a professional retired firefighter who visits schools and teaches these lessons.	On-going, annual	Public and parochial school system	Children's pre/post tests and teacher evaluations	Consistent high scores on evaluations; reached over 8400 students in 36 schools	Program continues

Initiative 3. Care-a-Van

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Language and transportation barriers to care	Mobile health unit goes into neighborhoods near the hospital	Provides health care within community primarily to women of child-bearing age and children	On-going, annual	Baltimore City Health Department	Number of patients, Patient satisfaction survey, Patients Needs Survey	Treating approx. 1700 patients/year.	Program continues

Initiative 4. Community Health Action Project

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Heart disease, obesity and diabetes	Community Health Action Project	Works to reduce heart disease by partnering with community members, local organizations and government agencies. Focus on obesity and diabetes and their roles in heart disease.	On-going, annual	Baltimore City Neighborhood Center, Dept. of Cardiology, Community Health Library, Julie Community Center, local Farmers Markets	Self-assessment by participants; strategic planning	Shifted focus to diabetes and obesity last year. Blood pressure screenings provided at 8 Farmers Market sessions	Program continues



Initiative 5. Community Development Support (Southeast CDC, Greektown CDC, Dundalk Renaissance Corp.)

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Economic development in community benefit services area	Support for local Community Development agencies	Partner with other organizations to develop economic opportunities, attract investment, improve housing stock	On-going, annual	Greektown CDC, Dundalk Renaissance Corporation, Southeast CDC, Bayview Business Association	Review of annual reports (program and financials) of community development corporations receiving hospital funds to review goal attainment progress.	We have a staff member from the hospital serving on each organization's Board, with on-going input into how these agencies meet community needs	Program is re-assessed each year and continues

Initiative 6. Healthy Community Partnership

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Opportunity to partner with faith-based organizations to provide health education and screenings to the community – potential to address all top concerns	Healthy Community Partnership Program	To improve the general health status of the community through faith-based organizations	On-going, annual and per event	We are currently partnering with 6 churches in our area to develop this program: Our Lady of Fatima Catholic Church, St. Rita's Catholic Church, Zion Baptist United Church of Christ, St. Nicholas Greek Orthodox Church, Union Baptist Church, St. Matthew's United Methodist Church	Per event and in general: Number of participants, evaluation feedback, clergy feedback	Program continues to develop. Several health fairs and speaker events have been held, partnered on a summer youth program.	Yes, with expansion likely

Initiative 7. Health Information Seminars (550-KNOW program)

Identified Need	Hospital Initiative	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Health education related to specific health conditions	Seminars offered by experts	Provides education information of various topics.	On-going, per event	Departments within JHBMC, physicians	Per event: Attendance, Participants feedback	Continue to add sessions and topics	Yes, with modifications according to interest levels

Initiative 8. The Access Partnership (TAP)

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
<p>Access to Health Services</p> <p>TAP grew out of Johns Hopkins Medicine's commitment to address the long-standing and well-documented health care needs of the uninsured population. The Baltimore City Health Department Health Disparities Report Card documents the effects of poverty and lack of access to healthcare for uninsured.</p>	The Access Partnership	<p>TAP provides low cost specialty-care access to uninsured patients who live in the neighborhoods around Bayview and free primary care at the internal medicine outpatient clinic for eligible patients.</p> <p>TAP of Johns Hopkins Medicine launched an intervention in February 2010 in the Johns Hopkins Bayview Medical Center's</p>	Multi-year	The Urban Health Institute, Health Leads, Johns Hopkins University students, Clinical Practice Association	An internal evaluation compared the no-show rate for patients enrolled in TAP compared to patients covered by Medicaid receiving care at the same clinic. Patient and physician satisfaction surveys were conducted. Efforts are ongoing for evaluating the utilization of all health care services by patients enrolled in TAP, and also investigating	<p>The no-show rate in the TAP population was 8%, compared to an average of 40% in the Medicaid population for appointments at the same primary care clinic.</p> <p>Patients were least likely to follow-through with referrals for psychiatry (87% did not follow through), ophthalmology (74%), and physical therapy (58%). Patients were much more likely to attend diagnostic tests (such as</p>	<p>Yes, TAP is a continuing commitment of JHBMC.</p>



Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
		<p>emergency department ("Bayview ED").</p> <p>The Bayview ED serves a disproportionate number of uninsured patients with health care needs that could be managed more efficiently and cost-effectively in a primary care setting.</p> <p>In collaboration with Health Leads, a national organization that utilizes student volunteers to address vulnerable patients' unmet resource needs, we operate a 30+ hour per week "Help Desk".</p> <p>The Bayview ED Program is staffed by student volunteers from the Johns Hopkins University Schools of</p>			<p>the characteristics of the patients who are offered enrollment in TAP but who fail to follow through.</p>	<p>radiology) and specialty exams.</p> <p>Patients and referring clinicians were highly satisfied with the program.</p> <p>Patient Satisfaction:  Findings of a 10 minute telephone survey of 56 patients (76% response rate) conducted between March and April 2010, showed:  • 88% of patients reported that they were able to obtain needed health care after TAP versus 33% before TAP  • 92% of patients were satisfied with health care after TAP versus 25% before TAP</p> <p>Clinician Satisfaction:  The response rate for referring clinician satisfaction surveys was 85%, with 11</p>	

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
		Medicine, Nursing, and Public Health.				<p>clinicians responding.</p> <p>One year after program implementation, 11 out of 13 clinicians from EBMC responded to a survey, which showed:</p> <ul style="list-style-type: none"> <li>• 82% strongly agree or agree that TAP has helped them to be thoughtful about appropriateness of referrals to specialists.</li> <li>• All clinicians strongly agree or agree that TAP has improved their ability to serve uninsured/underinsured patients.</li> </ul>	



Identified Need	Hospital Initiatives	Primary Objective	Single or Multi-Year Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Career Opportunities	<ol style="list-style-type: none"> <li>1) Patterson High School</li> <li>2) MERIT program</li> <li>3) Bayview Summer Scholars</li> <li>4) Cristo Rey High School</li> </ol>	Develop partnerships with Baltimore City schools in order to provide mentoring and interest in careers in health sciences.	First year of multiyear programs	<p>Patterson High School</p> <p>Americorps program</p> <p>NIH Biomedical Research Center</p> <p>Cristo Rey High School</p>	<p>First year for these programs.</p> <p>No formal evaluation criteria available</p>	<p>Nine students offered internships</p> <p>Nine students participated in job &amp; mentoring</p> <p>Over 100 students offered summer jobs and mentoring</p> <p>Four students participate and are graded for their work</p>	Yes, for all outreach programs

2. 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 CHNA’s—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. Nor can they affect basic demographics like age or gender distribution patterns. However, we have strong partnerships with others – business organizations, community development organizations, community associations, government agencies and others – to identify resources and respond to community needs.

In the past year, there was only one specific health need identified (through a survey at a supper program) which we were not able to address, and that was the need for dental care. Fortunately, CCBC Dundalk and the Baltimore County Department of Health were identified as local resources which could be tapped. The University of Maryland Dental School is also a resource.

## V. PHYSICIANS

1. Description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

We are not aware of any gaps in the availability of specialist providers to serve the uninsured, as they are routinely cared for by the hospital (primarily in substance abuse, psychiatry and obstetrical services). Inability to pay is sometimes a barrier for patients needing “elective” services, but we have a process to evaluate these needs and address them. There are some specialty services which JHBMC does not offer, such as cardiac surgery, transplant surgery, radiation oncology, bone marrow transplant, gyno-oncology and pediatric sub-specialty care which are routinely referred to Johns Hopkins Hospital.

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

2. Physician subsidies

We provide financial support to Baltimore Medical System for their primary care services in the community, and to Johns Hopkins Community Physician sites for their teaching services and for their care of disadvantaged patients. The hospital’s Joint Agreement also provides funds to purchase on-call services, to support teaching and to assist with support of uncompensated care provided by the physicians to community members in our programs. This support is key to our ability to transcend financial barriers to care for to support care of disadvantaged patients, including undocumented Latino patients, especially in the areas of Emergency, and Trauma. We support physician on-call costs for these services.

Table IV: Physician support

Burn Trauma On-Call coverage	\$111,690
Neurosurgery Trauma On-Call coverage	\$471,957
Orthopedics Trauma On-Call coverage	\$471,957
Surgery - Trauma On-Call coverage (nights, weekends & holidays only)	\$308,389
Emergency Room On-Call Pager coverage	\$375,079



## APPENDICES

1. CHARITY CARE POLICY DESCRIPTION
2. CHARITY CARE POLICIES
3. MISSION, VISION AND VALUES STATEMENT
4. PRIMARY SERVICE AREA DEMOGRAPHICS
5. COMMUNITY BENEFIT SERVICE AREA DEMOGRAPHICS
6. COMMUNITY OUTREACH - ORGANIZATIONS

**APPENDIX 1**

**CHARITY CARE POLICY DESCRIPTION**


**Charity Care Policy Description**

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



**APPENDIX 2**

**CHARITY CARE POLICIES**

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

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following ontitles: 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 persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or 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 also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.


Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt except those accounts on which a lawsuit has been filed and a judgment obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted.

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

**Definitions**

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



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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.
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.
Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
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.

### 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




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Specialists, Administrative staff, Customer Service, etc.


3. Designated staff will meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
  - a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, (as defined by Medicaid regulations). To help applicants complete the process, we will provide a statement of conditional approval that will let them know what paperwork is required for a final determination of eligibility.
  - b. Applications received will be sent to the JHHS Patient Financial Services Department's dedicated Financial Assistance application line for review; a written determination of probable eligibility will be issued to the patient.
  
4. To determine final eligibility, the following criteria must be met:
  - a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
  - b. Consider eligibility for other resources, such as endowment funds, outside foundation resources, etc.
  - c. The patient must be a United States of America citizen or permanent legal resident (must have resided in the U.S.A. for a minimum of one year).
  - d. All insurance benefits must have been exhausted.
  
5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
  - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
  - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
  - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
  - d. A Medical Assistance Notice of Determination (if applicable).
  - e. Proof of U.S. citizenship or lawful permanent residence status (green card).
  - f. Proof of disability income (if applicable).
  - g. Reasonable proof of other declared expenses.



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- h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
  
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a Hopkins hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based upon JHMI guidelines.
  - a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments to the Financial Assistance Evaluation Committee for final evaluation and decision.
  - b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Financial Assistance Evaluation Committee. This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Committee will have a final determination made no later than 30 days from the date the application was considered complete. The Financial Assistance Evaluation Committee will base its determination of financial need on JHHS guidelines.
  
7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
  
8. Services provided to patients registered as Voluntary Self Pay patients do not qualify for Financial Assistance.
  
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



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

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

13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Financial Assistance Evaluation Committee. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
14. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
15. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of-pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.
16. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.



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**REFERENCE<sup>1</sup>**

**JHHS Finance Policies and Procedures Manual**

Policy No. FIN017 - Signature Authority: Patient Financial Services

Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq

Maryland Code Health General 19-214, et seq

Federal Poverty Guidelines (Updated annually) in Federal Register

**RESPONSIBILITIES - JHH, JHBMG**

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service  
Collector Admissions Coordinator  
Any Finance representative designated to accept applications for Financial Assistance

Understand current criteria for Assistance qualifications.

Identify prospective candidates; initiate application process when required. 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.

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

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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 or ED Financial Assistance 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.

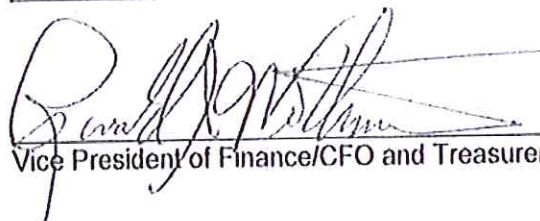
**SPONSOR**

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

**REVIEW CYCLE**


Two (2) years

**APPROVAL**

  
 Vice President of Finance/CFO and Treasurer, JHHS

9-15-10  
 Date




 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy &amp; Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034A</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>09-15-10</p>
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**APPENDIX A  
FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

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



 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034A
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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 2/16/11						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 21,780	\$ 23,958	\$ 26,136	\$ 28,314	\$ 30,492	\$ 32,670
2	\$ 29,420	\$ 32,362	\$ 35,304	\$ 38,246	\$ 41,188	\$ 44,130
3	\$ 37,060	\$ 40,766	\$ 44,472	\$ 48,178	\$ 51,884	\$ 55,590
4	\$ 44,700	\$ 49,170	\$ 53,640	\$ 58,110	\$ 62,580	\$ 67,050
5	\$ 52,340	\$ 57,574	\$ 62,808	\$ 68,042	\$ 73,276	\$ 78,510
6	\$ 59,980	\$ 65,978	\$ 71,976	\$ 77,974	\$ 83,972	\$ 89,970
7	\$ 67,620	\$ 74,382	\$ 81,144	\$ 87,906	\$ 94,668	\$ 101,430
8*	\$ 75,260	\$ 82,786	\$ 90,312	\$ 97,838	\$ 105,364	\$ 112,890
*amt for each mbr	\$7,640	\$8,404	\$9,168	\$9,932	\$10,696	\$11,460
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 \$50,000  
 # of Persons in Family 4  
 Applicable Poverty Income Level 44,700  
 Upper Limits of Income for Allowance Range \$53,640 (60% range)  
 (\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)



 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034A
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## Appendix A-1


### Presumptive Financial Assistance Eligibility

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

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

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



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**APPENDIX B  
 MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

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

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

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

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

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

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


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

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

General Conditions for Medical Financial Hardship Assistance Application:

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



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

#### Factors for Consideration

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


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

#### Exception

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

#### Evaluation Method and Process

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

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**MEDICAL HARDSHIP FINANCIAL GRID**

**Upper Limits of Family Income for Allowance Range**

# of Persons in Family	*300% of FPL	400% of FPL	500% of FPL
1	\$ 32,670	\$ 43,560	\$ 54,450
2	\$ 44,130	\$ 58,840	\$ 73,550
3	\$ 55,590	\$ 74,120	\$ 92,650
4	\$ 67,050	\$ 89,400	\$ 111,750
5	\$ 78,510	\$ 104,680	\$ 130,850
6	\$ 89,970	\$ 119,960	\$ 149,950
7	\$ 101,430	\$ 135,240	\$ 169,050
8*	\$ 112,890	\$ 150,520	\$ 188,150
Allowance to Give:	50%	35%	20%

\*For family units with more than 8 members, add \$11460 for each additional person at 300% of FPL, \$15280 at 400% at FPL; and \$19100 at 500% of FPL.





Exhibit A

**I. Family Income**

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

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

**II. Liquid Assets**

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

**III. Other Assets**

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
<b>Total</b>		_____

**IV. Monthly Expenses**

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

Do you have any other unpaid medical bills?      Yes      No

For what service? \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient



Exhibit A

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



Maryland State Uniform Financial Assistance Application

*Information About You*

Name \_\_\_\_\_  
First Middle Last

Social Security Number \_\_\_\_\_ 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:

_____	_____	_____
<small>Name</small>	<small>Age</small>	<small>Relationship</small>
_____	_____	_____
<small>Name</small>	<small>Age</small>	<small>Relationship</small>
_____	_____	_____
<small>Name</small>	<small>Age</small>	<small>Relationship</small>
_____	_____	_____
<small>Name</small>	<small>Age</small>	<small>Relationship</small>
_____	_____	_____
<small>Name</small>	<small>Age</small>	<small>Relationship</small>
_____	_____	_____
<small>Name</small>	<small>Age</small>	<small>Relationship</small>

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

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

Exhibit A

**I. Family Income**

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

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

**II. Liquid Assets**

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

**III. Other Assets**

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
<b>Total</b>		_____

**IV. Monthly Expenses**

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

Do you have any other unpaid medical bills?      Yes      No

For what service? \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient



Exhibit B

PATIENT FINANCIAL SERVICES  
PATIENT PROFILE QUESTIONNAIRE

HOSPITAL NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_  
(Include Zip Code)

MEDICAL RECORD #: \_\_\_\_\_

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

**Family Size:**

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

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

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

Exhibit B

**SERVICIOS FINANCIEROS AL PACIENTE**  
**QUESTIONARIO DEL PERFIL DEL PACIENTE**

NOMBRE DEL HOSPITAL: \_\_\_\_\_

NOMBRE DEL PACIENTE: \_\_\_\_\_

DOMICILIO: \_\_\_\_\_  
(Incluya Código Postal)

No. De Archivo Médico: \_\_\_\_\_

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

**Tamaño de Familia:**

Individual: \$2,500.00

Dos personas: \$3,000.00

Por cada miembro familiar adicional, agregar \$100.00

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

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



Exhibit C

**MEDICAL FINANCIAL HARDSHIP APPLICATION**

HOSPITAL NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_  
(Include Zip Code)

MEDICAL RECORD #: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

All documentation submitted becomes part of this application.

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

\_\_\_\_\_  
Applicant's signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
For Internal Use: Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Income: \_\_\_\_\_ 25% of income= \_\_\_\_\_

Medical Debt: \_\_\_\_\_ Percentage of Allowance: \_\_\_\_\_

Reduction: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Length of Payment Plan: \_\_\_\_\_ months

Exhibit C

**APLICACION PARA DIFICULTADES MEDICAS FINANCIALES**

NOMBRE DEL HOSPITAL: \_\_\_\_\_

NOMBRE DEL PACIENTE: \_\_\_\_\_

DOMICILIO: \_\_\_\_\_  
(Incluya Código Postal)

No. DE ARCHIVO MEDICO : \_\_\_\_\_

FECHA: \_\_\_\_\_

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

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

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

Toda documentacion sometida sera parte de esta aplicación.

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

\_\_\_\_\_  
Firma del Apicante

Fecha: \_\_\_\_\_

\_\_\_\_\_  
Relación al Paciente

\_\_\_\_\_  
Para Uso Interno:      Revisado Por:      Fecha: \_\_\_\_\_

Ingresos: \_\_\_\_\_ 25% de ingresos= \_\_\_\_\_

Deuda Médica: \_\_\_\_\_ Porcentaje de Subsidio: \_\_\_\_\_

Reducción: \_\_\_\_\_

Balance Debido: \_\_\_\_\_

Monto de Pagos Mensuales: \_\_\_\_\_      Duración del Plan De Pago: \_\_\_\_\_ meses



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



## Maryland State Uniform Financial Assistance Application

### *Information About You*

Name \_\_\_\_\_  
                    First                    Middle                    Last

Social Security Number \_\_\_\_\_  
US Citizen:    Yes    No

Marital Status:   Single   Married   Separated  
Permanent Resident:   Yes   No

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

City                      State                      Zip code

Country \_\_\_\_\_

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

Phone \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

City                      State                      Zip code

#### Household members:

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

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

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

### I. Family Income

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

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

### II. Liquid Assets

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

### III. Other Assets

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

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
<b>Total</b>		_____

### IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient



**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?  
If not a Maryland resident, in what state does patient reside? \_\_\_\_\_ Yes or No
9. 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

# MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_  
(Include Zip Code)

MEDICAL RECORD #: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

All documentation submitted becomes part of this application.

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

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

For Internal Use: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Income: \_\_\_\_\_ 25% of Income= \_\_\_\_\_


Medical Debt: \_\_\_\_\_ Percentage of Allowance: \_\_\_\_\_

Reduction: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_ Length of Payment Plan: \_\_\_\_\_ months



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

**PROCEDURE**

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

**PURPOSE**

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

**Eligibility Criteria:**

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

**PROCESS**

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

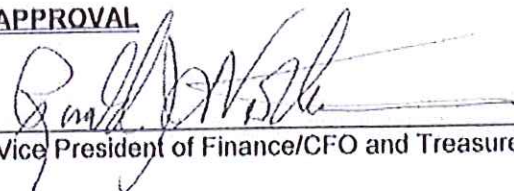
**SPONSOR**

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


**REVIEW CYCLE**

Three (3) years

**APPROVAL**

  
 Vice President of Finance/CFO and Treasurer, JHHS

6-16-11  
 Date

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	<b>FIN057</b>
	<i>Subject</i>	<i>Effective Date</i>	<b>06-16-11</b>
	<b>FINANCIAL ASSISTANCE – The Access          Partnership Program</b>	<i>Page</i>	<b>1 of 2</b>
		<i>Supersedes</i>	<b>08-15-10</b>

**PROCEDURE**

This procedure applies to the Johns Hopkins Health Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC).

**PURPOSE**

The Access Partnership (TAP) provides access to care to uninsured indigent patients that do not qualify for governmental programs or programs that cover the needed clinical services. Patients are referred to JHH and to JHBMC for primary and specialty services and for diagnostic testing and other services that are all pre-authorized and reviewed by TAP staff. Services provided by JHH and JHBMC are provided free of charge. The program is expanding to include primary care sites at JHH and at JHBMC. These sites will principally service patients discharged from the inpatient setting and patients that are referred from JHH and JHBMC Emergency Departments. JHH and JHBMC recognize the need to establish a procedure pertaining to this patient population to ensure primary care access as well as pre-screened specialty and diagnostic services.

**Financial Eligibility Criteria:**


1. Not eligible for any other insurance benefits or exhausted insurance benefits;
2. PAC coverage and in need of specialty care not covered by PAC;
3. Not eligible for any other sources of funding;
4. Demonstrates to Financial Representatives an inability to pay;
5. Resides in the TAP primary service area as defined by the 2004 Johns Hopkins Strategic Planning and Market Research definition. The zip codes for the TAP primary service area include: (21202, 21205, 21213, 21224, 21231, 21219, and 21222).
6. Patient must be referred to TAP by a JHCP site or from within JHH or JHBMC in order to be eligible for TAP.

**PROCESS**

TAP patients will be seen in the Primary Care Clinics at JHH and JHBMC. TAP patients are required to meet with a financial counselor to determine their financial eligibility utilizing the Maryland State Uniform Financial Assistance Application. Following a review of financial eligibility in accordance with the TAP requirements, a determination of need will be made.

If approved for the program, the patient will be registered as a TAP/EBMC patient and the appropriate financial allowance will be applied. Patients requiring other services will be clinically screened and appropriate referrals made for specialty or diagnostic services. These services will also be registered similarly to ensure that the patient is granted their appropriate financial assistance.



 <b>JOHNS HOPKINS</b> MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN057
	<i>Subject</i>	<i>Effective Date</i>	06-16-11
	<b>FINANCIAL ASSISTANCE – The Access          Partnership Program</b>	<i>Page</i>	2 of 2
		<i>Supersedes</i>	08-15-10

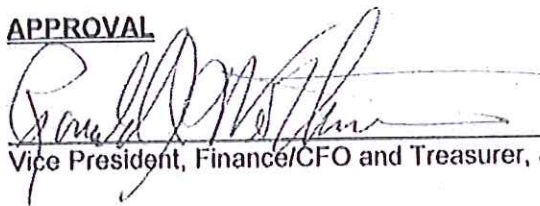
**SPONSOR**

Vice President, Finance/CFO and Treasurer (JHHS)

**REVIEW CYCLE**

Three (3) years

**APPROVAL**

  
 \_\_\_\_\_  
 Vice President, Finance/CFO and Treasurer, JHHS

6-16-11  
 Date

**APPENDIX 3**

**MISSION, VISION and VALUES**



### APPENDIX 3 MISSION, VISION AND VALUES

#### **Mission and Vision Statement**

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

<b>Johns Hopkins Bayview Medical Center Hospital Administrative Policies</b>	
<b>Mission/Values Policy</b>	<b>Policy No.: 100 Original Date: 09/93 Reviewed/Revised Date: 09/11 Page 1 Of 2</b>

**I. Johns Hopkins Bayview Medical Center**

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

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

**B. Vision: Making the Best Even Better**

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

**II. Johns Hopkins Medicine**

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

**B. Johns Hopkins Medicine Vision:**

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



**Johns Hopkins Bayview Medical Center  
Hospital Administrative Policies**

**Mission/Values Policy**

Policy No.: 100  
Original Date: 09/93  
Reviewed/Revised Date: 09/11  
Page 2 Of 2

**C. Core Values**

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

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



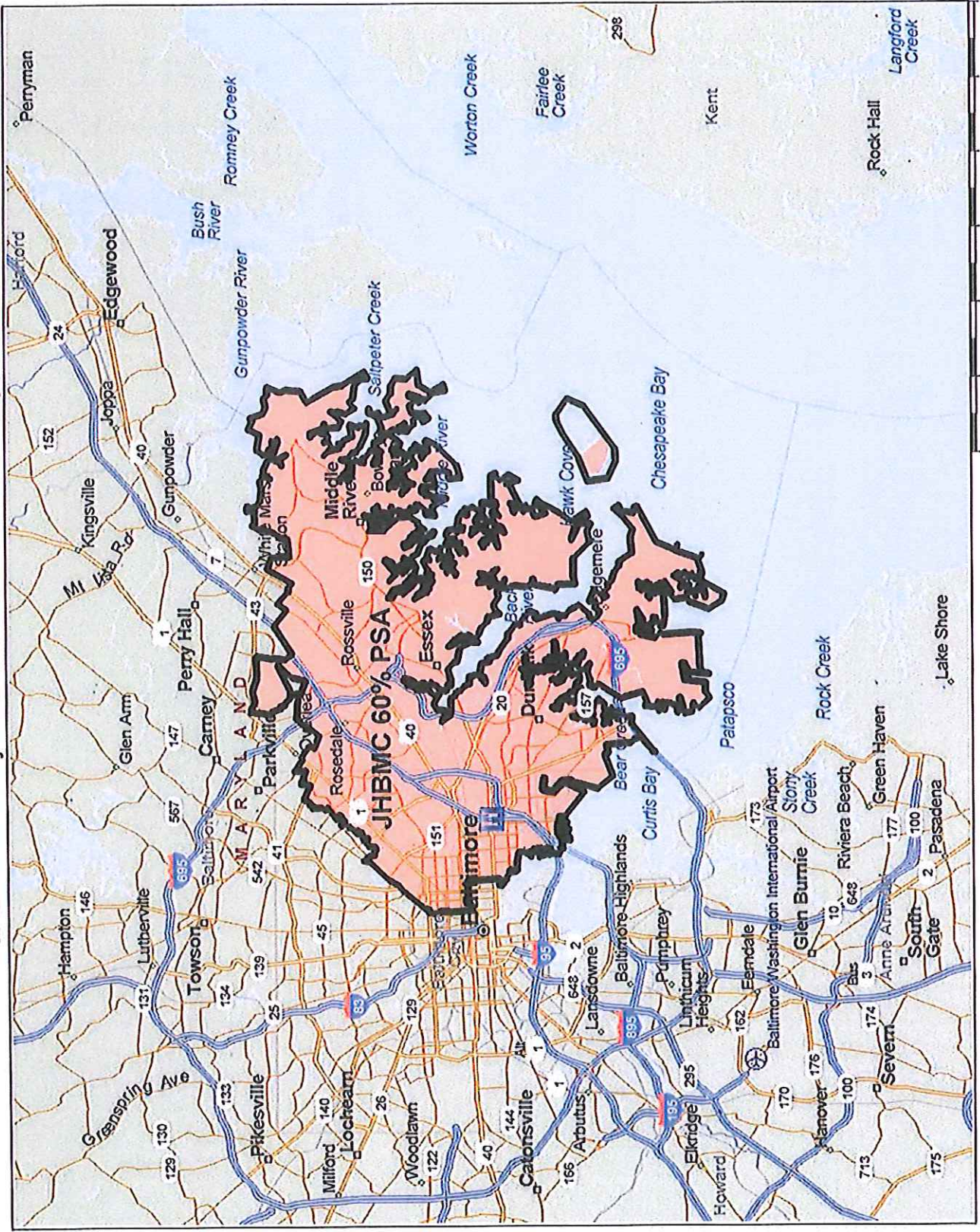
**Richard G. Bennett, M.D.  
President**

**APPENDIX 4**

**DEMOGRAPHICS -- PRIMARY SERVICE AREA**



# JHBMC Primary Service Area for Community Benefit



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**Johns Hopkins Bayview Medical Center  
Community Benefit 60% Primary Service Area  
FY 2010**

RANK	ZIP	GeoZIPCityName	TOTAL	PCTZIP	PCTHOSP	CUMALATIVE PCT
1	21222	Dundalk	4,733	40.34	21.19	21.19
2	21224	Baltimore	3,819	42.14	17.10	38.29
3	21206	Baltimore	1,036	10.73	4.64	42.93
4	21221	Essex	904	9.98	4.05	46.97
5	21205	Baltimore	715	16.09	3.20	50.17
6	21213	Baltimore	705	8.77	3.16	53.33
7	21220	Middle River	623	8.34	2.79	56.12
8	21219	Sparrows Point	582	34.36	2.61	58.73
9	21237	Rosedale	416	7.27	1.86	60.59



# 2010 Demographic Snapshot - JHBMC Primary Service Area

Area: JHBMC Community Benefit - 60% Zips to PSA

Level of Geography: ZIP Code

## DEMOGRAPHIC CHARACTERISTICS

	Selected Area		USA		2010	2015	% Change
	2010	% of Total	2010	% of Total			
2000 Total Population	325,022	20.0%	281,421,906	20.1%	153,226	152,206	-0.7%
2010 Total Population	322,652	4.3%	309,038,974	3.8%	169,426	167,186	-1.3%
2015 Total Population	319,392	9.3%	321,675,005	8.3%	67,286	62,905	-6.5%
% Change 2010 - 2015	-1.0%	13.1%	4.1%	12.9%	7.5%		
Average Household Income	\$56,653	11.4%	\$71,071	12.9%	6.4%		
Total Male Population		20.0%		20.1%			
Total Female Population		4.3%		3.8%			
Females, Child Bearing Age (15-44)		9.3%		8.3%			
% Unemployment		13.1%		12.9%			
% USA Unemployment		28.4%		26.8%			

## POPULATION DISTRIBUTION

Age Group	Age Distribution			USA 2010		
	2010	% of Total	2015	2010	% of Total	% of Total
0-14	64,485	20.0%	64,153	20.1%	20.1%	20.1%
15-17	13,848	4.3%	12,038	3.8%	4.2%	4.2%
18-24	29,933	9.3%	27,997	8.3%	9.7%	9.7%
25-34	42,173	13.1%	41,346	12.9%	13.3%	13.3%
35-54	91,637	28.4%	85,480	26.8%	28.1%	28.1%
55-64	36,900	11.4%	41,211	12.9%	11.5%	11.5%
65+	43,676	13.5%	47,167	14.8%	13.2%	13.2%
<b>Total</b>	<b>322,652</b>	<b>100.0%</b>	<b>319,392</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

## HOUSEHOLD INCOME DISTRIBUTION

2010 Household Income	Income Distribution			USA		
	HH Count	% of Total	% of Total	HH Count	% of Total	% of Total
<\$15K	18,109	5.6%	14.3%	18,109	5.6%	12.1%
\$15-25K	14,803	4.6%	11.7%	14,803	4.6%	10.2%
\$25-50K	35,494	11.0%	28.1%	35,494	11.0%	25.5%
\$50-75K	25,556	7.9%	20.2%	25,556	7.9%	19.5%
\$75-100K	15,815	4.9%	12.5%	15,815	4.9%	12.5%
Over \$100K	16,549	5.1%	13.1%	16,549	5.1%	20.1%
<b>Total</b>	<b>126,326</b>	<b>100.0%</b>	<b>100.0%</b>	<b>126,326</b>	<b>100.0%</b>	<b>100.0%</b>

## EDUCATION LEVEL

2010 Adult Education Level	Education Level Distribution			USA		
	Pop Age 25+	% of Total	% of Total	Pop Age 25+	% of Total	% of Total
Less than High School	15,563	4.8%	7.3%	15,563	4.8%	6.4%
Some High School	32,568	10.1%	15.2%	32,568	10.1%	8.9%
High School Degree	82,877	25.7%	36.7%	82,877	25.7%	29.0%
Some College/Assoc. Degree	55,023	17.1%	25.7%	55,023	17.1%	28.2%
Bachelor's Degree or Greater	28,355	8.8%	13.2%	28,355	8.8%	27.5%
<b>Total</b>	<b>214,386</b>	<b>100.0%</b>	<b>100.0%</b>	<b>214,386</b>	<b>100.0%</b>	<b>100.0%</b>

## RACE/ETHNICITY

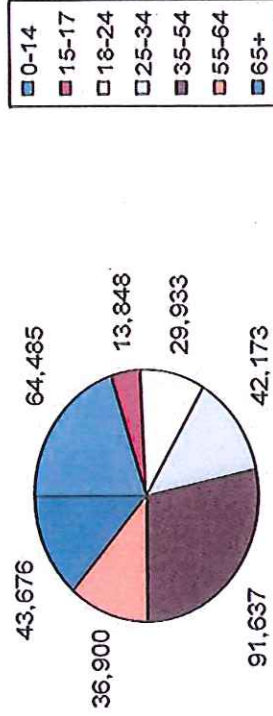
Race/Ethnicity	Race/Ethnicity Distribution			USA		
	2010 Pop	% of Total	% of Total	2010 Pop	% of Total	% of Total
White Non-Hispanic	183,226	56.8%	56.8%	183,226	56.8%	64.7%
Black Non-Hispanic	115,677	35.9%	35.9%	115,677	35.9%	12.1%
Hispanic	10,908	3.4%	3.4%	10,908	3.4%	15.8%
Asian & Pacific Is. Non-Hispanic	4,727	1.5%	1.5%	4,727	1.5%	4.5%
All Others	8,114	2.5%	2.5%	8,114	2.5%	2.9%
<b>Total</b>	<b>322,652</b>	<b>100.0%</b>	<b>100.0%</b>	<b>322,652</b>	<b>100.0%</b>	<b>100.0%</b>

# 2010 Demographic Snapshot Charts - JHBMC Primary Service Area

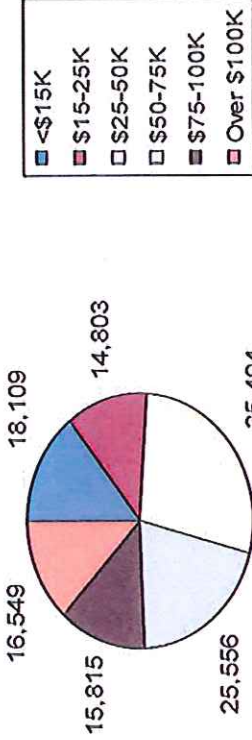
Area: JHBMC Community Benefit - 60% Zips to PSA

Level of Geography: ZIP Code

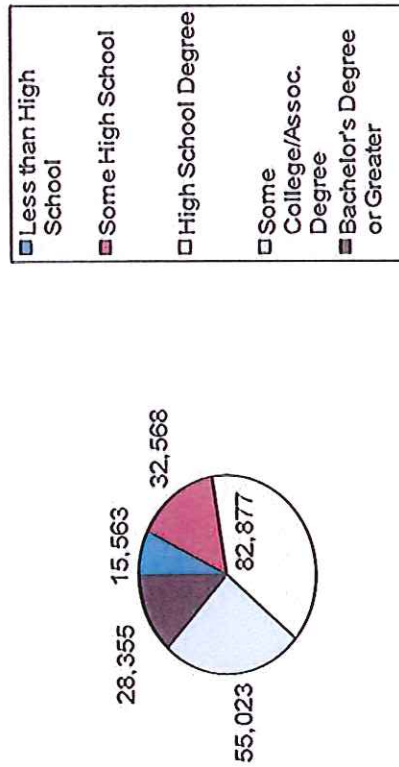
### Population Distribution by Age Group



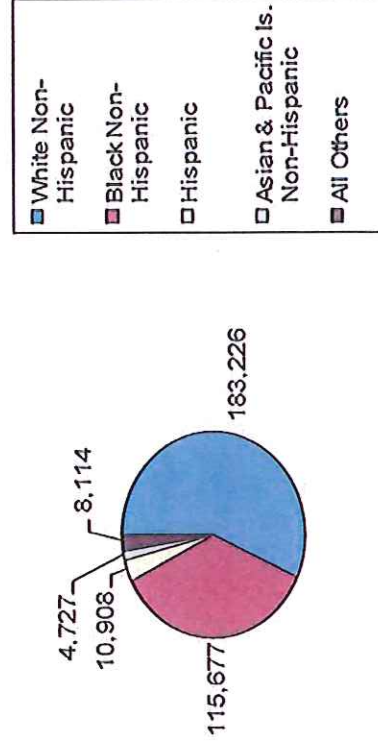
### Current Households by Income Group



### Population Age 25+ by Education Level



### Population Distribution by Race/Ethnicity





**2010 Insurance Coverage Estimates - JHBMC Primary Service Area**

Area: JHBMC Community Benefit - 60% Zips to PSA

Ranked by County(Asc), ZIP Code(Asc)

ZIP Code	ZIP City	2010 Population							
		Total 2010 Population	Medicaid	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
21205	Baltimore	17,803	6,875	1,463	374	0	0	0	9,091
21206	Baltimore	48,949	9,474	4,641	1,109	1,858	18,984	0	12,884
21213	Baltimore	36,756	11,502	3,446	853	497	5,090	0	15,369
21219	Sparrows Point	9,866	1,135	1,574	148	506	5,118	0	1,385
21220	Middle River	38,056	3,962	4,207	424	2,196	22,406	0	4,860
21221	Essex	42,534	6,911	5,223	523	1,920	19,581	0	8,376
21222	Dundalk	53,513	7,691	8,422	803	2,434	24,831	0	9,332
21224	Baltimore	47,136	12,661	6,052	1,422	894	9,143	0	16,965
21237	Rosedale	28,039	2,386	3,885	376	1,663	16,798	0	2,932
<b>Total</b>		<b>322,652</b>	<b>62,596</b>	<b>38,914</b>	<b>6,032</b>	<b>11,967</b>	<b>121,949</b>	<b>0</b>	<b>81,193</b>
<b>Percent of Total</b>		<b>100.0%</b>	<b>19.4%</b>	<b>12.1%</b>	<b>1.9%</b>	<b>3.7%</b>	<b>37.8%</b>	<b>0.0%</b>	<b>25.2%</b>

Insurance Coverage Estimates 1.0

ICE0001.SQP

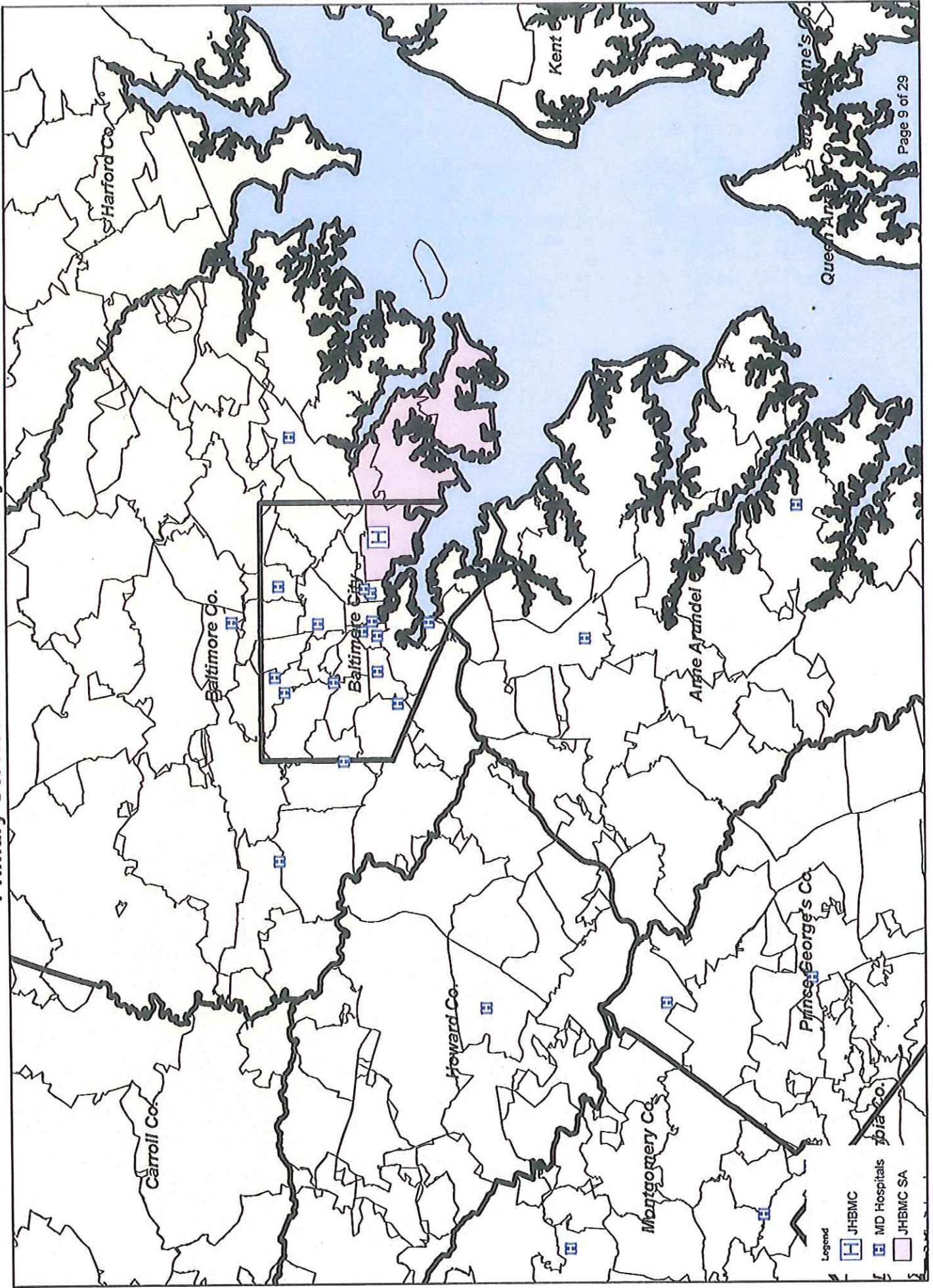
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**APPENDIX 5**

**DEMOGRAPHICS – COMMUNITY BENEFIT SERVICE AREA**



# Johns Hopkins Bayview Medical Center Primary Service Area for Community Benefit



Johns Hopkins Bayview Medical Center  
 Community Benefit Primary Service Area  
 FY 2010 Discharges  
 Source: HSCRC Inpatient File  
 Includes Newborns

Zip	City	JHBMC Discharges	JHBMC Market Share	All Hospitals Discharges FY2010	JHBMC Percent Zip
21222	Dundalk	4,733	40.3%	11,746	21.2%
21224	Baltimore	3,819	42.1%	9,075	17.1%
21219	Sparrows Point	582	34.3%	1,696	2.6%
21052	Sparrows Point	28	40.6%	69	0.1%
<b>TOTAL</b>		<b>9,162</b>	<b>40.6%</b>	<b>22,586</b>	<b>41.0%</b>



Demographics Expert 2.7  
 2010 Demographic Snapshot  
 Area: JHBMC SA Community Benefit  
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS		Selected Area	USA	2010	2015	% Change
2000 Total P Population		113,004	281,421,906	52,899	52,156	-1.4%
2010 Total P Population	Total Male Population	110,515	309,038,974	57,616	56,535	-1.9%
2015 Total P Population	Total Female Population	108,691	321,675,005	22,071	20,544	-6.9%
% Change 2010 - 2015	Females, Child Bearing Age (15-44)	-1.7%	4.1%			
Average Household Income		\$56,650	\$71,071			

POPULATION DISTRIBUTION		Age Distribution		Income Distribution		USA	
Age Group	2010	% of Total	2015	% of Total	HH Count	% of Total	% of Total
0-14	20,059	18.2%	19,897	18.3%	6,494	14.6%	12.1%
15-17	4,419	4.0%	3,807	3.5%	5,359	12.0%	10.2%
18-24	9,538	8.6%	8,821	8.1%	12,174	27.3%	25.5%
25-34	14,271	12.9%	13,795	12.7%	9,331	20.9%	19.5%
35-54	31,404	28.4%	29,389	27.0%	5,527	12.4%	12.5%
55-64	12,861	11.6%	14,202	13.1%	5,671	12.7%	20.1%
65+	17,963	16.3%	18,780	17.3%			
Total	110,515	100.0%	108,691	100.0%	44,556	100.0%	100.0%

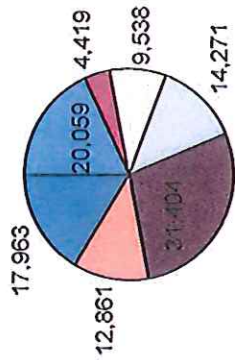
HOUSEHOLD INCOME DISTRIBUTION		RACE/ETHNICITY	
2010 Household Income	2010 Pop	2010 Pop	% of Total
<\$15K	83,955	83,955	76.0%
\$15-25K	16,642	16,642	15.1%
\$25-50K	5,165	5,165	4.7%
\$50-75K	1,454	1,454	1.3%
\$75-100K	3,299	3,299	3.0%
Over \$100K			
Total	110,515	110,515	100.0%

EDUCATION LEVEL		EDUCATION LEVEL DISTRIBUTION		RACE/ETHNICITY DISTRIBUTION		USA	
2010 Adult Education Level	Pop Age 25+	% of Total	% of Total	2010 Pop	% of Total	% of Total	% of Total
Less than High School	6,957	9.1%	6.4%	83,955	76.0%	64.7%	
Some High School	12,490	16.3%	8.9%	16,642	15.1%	12.1%	
High School Degree	29,339	38.4%	29.0%	5,165	4.7%	15.8%	
Some College/Assoc. Deg ree	18,126	23.7%	28.2%	1,454	1.3%	4.5%	
Bachelor's Degree or Greater	9,587	12.5%	27.5%	3,299	3.0%	2.9%	
Total	76,499	100.0%	100.0%	110,515	100.0%	100.0%	

2010 Demographic Snapshot Charts

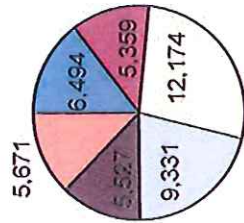
Population Distribution by Age Group

- 0-14
- 15-17
- 18-24
- 25-34
- 35-54
- 55-64
- 65+



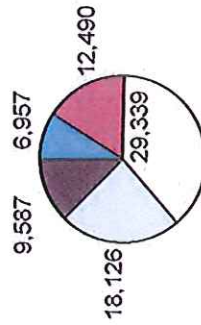
Current Households by Income Group

- <\$15K
- \$15-25K
- \$25-50K
- \$50-75K
- \$75-100K
- Over \$100K



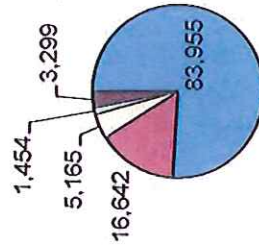
Population Age 25+ by Education Level

- Less than High School
- Some High School
- High School Degree
- Some College/Assoc. Degree
- Bachelor's Degree or Greater



Population Distribution by Race/Ethnicity

- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Asian & Pacific Is. Non-Hispanic
- All Others





2010 Insurance Coverage Estimates  
 Area: JHBMC SA Community Benefit  
 Ranked by County(Asc), ZIP Code(Asc)

ZIP Code	ZIP City	Total 2010		Medicaid		Medicare		Medicare Dual Eligible		Private - Direct		Private - ESI		Uninsured	
		Population	2010	Population	2010	Population	2010	Population	2010	Population	2010	Population	2010	Population	2010
21219 Sparrows Point		9,866	1,135	1,574	148	506	5,118	1,385							
21222 Dundalk		53,513	7,691	8,422	803	2,434	24,831	9,332							
21224 Baltimore		47,136	12,661	6,052	1,422	894	9,143	16,965							
<b>Total</b>		<b>110,515</b>	<b>21,487</b>	<b>16,048</b>	<b>2,373</b>	<b>3,834</b>	<b>39,092</b>	<b>27,681</b>							

Insurance Coverage Estimates 1.0

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**APPENDIX 6**

**COMMUNITY OUTREACH - ORGANIZATIONS**



**Johns Hopkins Bayview Medical Center Community Outreach FY11**

**BLOOD PRESSURE SCREENING SITES**

Berkshire Eastwood Rec Council's Golden Age Club  
Bowley Gardens Villas BP's BP's John Booth  
  
BPs. Fatima Leisure  
BPs. Victory Villa  
Colgate Golden Age Club (St Peter's) BPs  
Edgemere Sr. Center BPs  
Everall Gardens Sr. Housing - Cath Charities  
Haltom Senior Center BP's  
Jolly Club BPs  
Moravia Park Drive Apts  
Orchard Ridge Apts  
Our Lady of Fatima Senior Housing 1 & 2  
St. Lukes BPs  
Young at Hearts Club BPs

**SPECIAL PROJECTS**

410-550-KNOW Seminar series

Bayview Path-To-Health

Blood drive 6 x a year  
Care wear (receiving)  
Childbirth class  
Creative Kids Surplus  
Dundalk-Edgemere Assessment

Fire Museum  
Fire Museum  
Food closet

Food drive  
Greening Project

Helmets for Peds Clinic

Injury Safety 'helmets/child seats'  
Job Shadow  
National Youth Leadership Forum (2 groups)  
Patterson Park Health Path Project Linus (receiving blankets for us and drop site for Linus)  
Red Cross Hometown Heroes  
Red Line Station Advisory Committees  
Safe Babies Program  
Seat Belt Survey  
Surplus property donations to community groups  
United Way Day of Caring

**COMMUNITY OUTREACH - ORGANIZATIONS**

American Red Cross Blood Drive Recruiters Panel  
American Red Cross Life Board Meetings  
Back River Neck Peninsula Community Association  
Baltimore City Fire Prevention  
Baltimore Co. Fire Prevention  
Baltimore Co. Provider Council  
  
Baltimore County Chamber of Commerce  
Baltimore Medical System  
  
Baltimore Safe Kids Coalition  
Baltimore Traffic Safety  
Bayview Business Assn.  
Bayview Community Association  
Belair Edison C/A  
  
Berkshire C/A  
Bowleys Quarters C/A  
Cancer Committee  
Canton Community Association  
CCBC Essex Foundation Board  
Colgate Civic Assn.  
Community Health Action Program (CHAP) Steering Committee  
Community Health Action Project Steering Committee  
Community Research Advisory Board  
Creative Alliance  
Dundalk Chamber of Commerce Board  
Dundalk Child Abuse Project  
Dundalk Renaissance Corp.  
  
Eastern Technical Allied Health Program  
Eastfield/Stanbrook Civic Assn  
Eastwood Residents & Business Association of Balt. Co.  
Ellwood Park Improvement Assn.  
Essex Chamber of Commerce Exec Committee  
  
Essex Middle River White Marsh Chamber Board of Directors  
Essex Middle River White Marsh Civic Council  
  
Essex Senior Center Council Membership  
Essex Senior Center Executive Board  
  
Essex-Middle River Renaissance Corporation  
Family & Community Engagement Patterson High School  
  
Frankford C/A  
Frankford Community Assoc. Board of Directors  
Friends of Joseph Lee Fields  
Graceland Park Improvement Assn.  
Greater Baltimore Committee  
  
Greater Dundalk Alliance  
Greater Dundalk Comm. Council  
Greater Greentown Neighborhood Alliance  
Greater Parkville Community Council  
Greentown Business Association  
  
Greentown CDC  
  
Greentown CDC Adv. Brd  
Hampstead Hill C/A  
Harbel Community Organization  
  
Harborview Comm. Assoc.  
Healthy Active MD School Based Coalition  
  
Healthy Community Partnership churches (6)  
Highlandtown Community Association  
JH Geriatrics Advisory Board  
JHBMC Community Advisory Board  
Julie Community Center  
Juvenile Firesetters  
  
Kiwanis Club of East Baltimore  
Latino Providers Network  
  
Maryland Health Disparities Coalition  
  
Mayors Commission on Disabilities  
Mayor's Town Hall Meetings  
MD Safe Kids Coalition  
Meals on Wheels  
Mental Health Advisory Council  
MHAC Child Conference committee  
Middelsex Community Association  
Millers Island Edgemere Business Association  
Monument Street Landfill Task Force

**EVENTS**

American Cancer Society Spring Relay Fair  
  
Avenue at White Marsh Farmer's Market  
Back to School Night  
  
Bel 'Hair' - Edison Back to School Festival  
Breast Cancer Awareness  
Business Fair Rosedale Gardens  
  
Career Day Rosedale Center  
Colgate Comm. Assn. Community Fair  
  
Community Health and Employment Fair  
Community Psych Wellness Fair  
Cub Scout Summer Camp  
DHMH Healthy Active MD conference  
DRC Fall Family Festival  
  
Dundalk Community College Health Fair  
Dundalk Farmer's Market  
Eastfield/Stanbrook Easter Egg Hunt  
Eastpoint Farmers Market  
Faith & Grace Worship Center Health Fair  
Festival Essex  
Festival Waterfront  
  
Girl Scout Workshop: It's a Girl Thing!  
  
Gospel Tabernacle Church Fair  
Graceland Park Improvement Assn., Senior Night Out  
Great American Smoke Out  
Greater Medford Family Coalition Community Fair  
Hamilton Street Festival & Car Show  
  
Harbor View Mini Health Fair  
Health Fair 7th Day Advent  
Health Fair Battle Grove Elementary School  
  
Health Fair Neighborhood Service Center  
Health Fair Perry Hall Baptist Church  
  
Health Fair Wellnet  
  
Healthy Activities Week- Patterson Park  
  
Highlandtown Farmers Market  
Ladies Night Out Our Lady of Mt. Carmel Church  
  
Mittal Steel Safety & Health Day  
National Night Out  
  
New Generation Ministries Health Fair  
Open Bible Baptist Church  
  
Our Lady of Mt. Carmel Health Fair  
Parkville Towne Fair  
Patterson Park Charter School Back-to-School Event  
  
Perry Hall Towne Fair  
PPPCS back to school night  
Resource Fair ODH  
River of Life Christian Center Health Fair  
Senior Health & Fitness Fair sponsored by Baltimore City Recreation & Parks  
Sidney Kimmel Comprehensive Cancer Center @ JHBMC Cancer Fair  
Sr. Expo. Department of Aging  
St. Luke's Place Health & Wellness Fair  
St. Peter's Church Congregation Blood Pressure Screenings  
Turner Station Community Information Fair  
Turner's Station 'Children First' Rec Council Parade and Fair  
World Burn Congress  
Zion Baptist Church Back to School Fair

**PREVENTION PROGRAM SITES**

Charlesmont Elem.  
  
Chesapeake Terrace Elem.  
City Springs Elem.  
  
Essex Elem.  
Fallston Day  
Father Kolbe  
  
FRESH- Archbishop Borders School  
FRESH Essex Elementary School  
  
Fresh Graceland Park  
Fresh Highlandtown Elem  
Fresh John Ruhrah  
Fresh Norwood  
Fresh OLF  
  
FRESH Our Lady of Hope  
FRESH Our Lady of Mount Carmel  
Fresh Patterson Park Charter School  
Fresh Sacred Heart  
Fresh St. Clare  
Fresh St. Casimir  
FRESH: Mars Estates Elementary  
  
FRESH--Elmwood Elementary  
  
FRESH--Grange Elementary  
FRESH--Shady Spring Elementary  
General Wolfe Elem.  
Hampstead Hills Elem.  
HEARTS -- St. Michael Troop 275  
  
HEARTS- North Harford Playfield Troop  
HEARTS- Orem Methodist Church Troop 38  
HEARTS-- Piney Grove U.M.C.  
  
HEARTS-- Piney Grove U.M.C. Troop 937  
HEARTS-- Sandalwood Elementary Troop 437  
  
HEARTS-- St. Clare  
  
HEARTS- St. Clare Troop 840  
  
HEARTS- St. Clement  
HEARTS- St. Matthew Lutheran Church Troop 139  
HEARTS--Halstead Academy  
HEARTS--St. Clare  
  
HEARTS--St. Matthews Troop 1459  
HEARTS--St. Matthews Troop 3340  
  
HEARTS--St. Michael Troop 606  
HEARTS--St. Ursula Troop 1783  
HEARTS--St. Ursula Troop 2525/1998  
  
Immaculate Conception  
John Ruhrah Elem.  
Leith Walk Elem.  
Orem Elem.  
Our Lady of Fatima  
  
Our Lady of Hope  
  
Red House Run Elem  
Seat Checks - Baltimore County Locations  
Seat Checks Hillen Street  
  
Seat Checks on & off campus  
St. John's  
  
St. Joseph's Fullerton  
St. Luke's  
Summer Heart Health- Battle Monument  
Summer Heart Health- Fleming Center  
Summer Heart Health- Holabird Academy  
Summer Heart Health- John Ruhrah Elementary  
  
Summer Heart Health- Mora Crossman Rec  
Summer Heart Health- O'Donne!! Heights PAL Center  
Summer Heart Health-Mars Estates PAL Center  
  
Trinity  
Victory Villa Elem.

**BLOOD PRESSURE  
SCREENING SITES**

**COMMUNITY OUTREACH -  
ORGANIZATIONS**

**EVENTS**

**PREVENTION PROGRAM SITES**

N. Pt. Peninsula Comm. Council  
 O'Donnell Heights Steering Committee  
 Overlea Fullerton Professional Business  
 Assoc.  
 PALS (Por La Avenida Leaders)  
 Partnership for a Safer Maryland  
 Patients First  
 Patterson High School Principal Selection  
 Panel  
 Patterson Park Neighborhood Assn.  
 Patterson Place Community Association  
 Perry Hall Improvement Assn.  
 Perry Hall/White Marsh Bus. Assn.  
 Putaski Highway Business Association  
 Red Cross Blood Drive Lifeboard Panel  
 Red Cross Blood Drive Recruiter Panel  
 Red Line Station Area Advisory Committees  
 Retired & Senior Volunteer Program  
 Rosedale C/A  
 S.E.N.D. Board  
 S.E.N.D. Streetscape Sub-committee  
 SIT Holabird  
 SIT John Ruhrah  
 SIT Patterson  
 SIT Sandeewood Elementary  
 Smoke Free Baltimore County Coalition  
 Solters Point H/S Board of Directors  
 Southeast Area Network  
 Southeast Community Action Ctr. Adv. Brd.  
 Southeast Community Development Corp.  
 Southeast Improvement Assn  
 Southeast Police Community Relations Council  
 St. Helena C/A  
 Stakeholders Advisory Board for Community  
 Outreach & Education Core of the Johns  
 Hopkins Center in Urban Environmental Health  
 Substance Abuse Treatment Advisory Board  
 Union Baptist Church  
 Volunteer Advisory Board  
 World Burn Congress Board