

COMMUNITY BENEFIT NARRATIVE
Howard County General Hospital
Fiscal Year 2010

1. **Key Statistics.** In FY 2010 Howard County General Hospital (HCGH or Hospital) was licensed to operate 227 beds. Because of ongoing construction, the hospital actually operated an average of 207 inpatient beds throughout the fiscal year. During the same period the Hospital had 15,533 inpatient admissions and 3,455 births. The hospital served 75,602 patients in its emergency department, and provided 60,371 other outpatient visits

2. **The Community** served by HCGH includes all of Howard County, Maryland, and selected surrounding areas. The community includes 27 contiguous zip codes where nearly 80% of the Hospital’s patients reside. These zip codes include

20701 Annapolis Junction	20777 Highland	21046 Columbia
20724 Laurel	20794 Jessup	21075 Elkridge
20755 Fort Meade	21029 Clarksville	21150 Columbia
21163 Woodstock	21036 Dayton	21723 Cooksville
21104 Marriotsville	21041 Ellicott City	21737 Glenelg
21784 Sykesville	21042 Ellicott City	21738 Glenwood
20723 Laurel	21043 Ellicott City	21765 Lisbon
20759 Fulton	21044 Columbia	21794 West Friendship
20763 Savage	21045 Columbia	21797 Woodbine

Howard County has been one of Maryland's fastest-growing regions, increasing its population by 34% over the past decade. Its population is projected to grow to 327,635 by 2035, according to the Howard County Department of Planning and Zoning. Currently, the County's citizens are the wealthiest in Maryland and among the most affluent in the nation. According to the 2007 American Community Survey, Howard County's Median Household Income of \$101,672 ranked third in the country.¹ A summary of key demographics of the HCGH Service Area (HCGH SA) defined above follows.

Table 1 shows that the HCGH SA is growing at a rate faster than the country as a whole, and that its average household income is 70% greater than the national average.

¹ Howard County Economic Development Authority

TABLE 1. DEMOGRAPHIC CHARACTERISTICS

	HCGH Service Area	USA
2000 Total Population	316,486	281,421,906
2009 Total Population	355,662	306,624,699
2014 Total Population	376,465	322,320,436
% Change 2009 – 2014	5.8%	5.1%
Average Household Income	\$118,100	\$69,376

Table 2 below reinforces the economic strength of the community, largely driven by a strong government employment sector. Also noteworthy is the projected decline, albeit slight, in the population of women of childbearing age. Despite this demographic shift HCGH witnessed a significant (12%) growth in births in FY 10.

TABLE 2. HCGH SERVICE AREA POPULATION

	2009	2014	% Change
Total Male Population	177,585	187,618	5.6%
Total Female Population	178,077	188,847	6.0%
Females, Child Bearing Age (15-44)	72,877	71,786	-1.5%
% Unemployment	2.7%		
% USA Unemployment	5.6%		

Table 3 illustrates the shift in demographics projected through 2014 in the HCGH SA. The largest growth will be in the 65+ and 55-65 age cohorts respectively, while the younger age cohorts are flat or in decline. This transformation will call for a reprioritization of community benefit resources towards an emerging senior population.

TABLE 3. POPULATION DISTRIBUTION

Age Group	Age Distribution				
	2009	% of Total	2014	% of Total	USA 2009 % of Total
0-14	72,272	20.3%	71,316	18.9%	20.1%
15-17	17,632	5.0%	18,007	4.8%	4.3%
18-24	31,871	9.0%	36,155	9.6%	9.8%
25-34	43,088	12.1%	44,949	11.9%	13.3%
35-54	115,341	32.4%	110,536	29.4%	28.4%
55-64	41,410	11.6%	50,383	13.4%	11.3%
65+	34,048	9.6%	45,119	12.0%	12.9%
Total	355,662	100.0%	376,465	100.0%	100.0%

Table 4 shows the disproportionate share of high income households in Howard County. Despite its affluence, the community also includes pockets of poverty, particularly in the eastern and southeastern edges of the county.

TABLE 4. HOUSEHOLD INCOME DISTRIBUTION

2009 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<\$15K	4,402	3.5%	12.4%
\$15-25K	3,901	3.1%	10.4%
\$25-50K	16,475	13.1%	26.0%
\$50-75K	20,462	16.3%	19.6%
\$75-100K	20,641	16.4%	12.3%
Over \$100K	59,877	47.6%	19.3%
Total	125,758	100.0%	100.0%

The well regarded public education system has recently attracted a sizable number of foreign born, particularly of Asian descent, as seen in Table 5 below. This education system also attracts a disproportionate share of well educated residents with nearly twice the rate of college graduates as the national average (Table 6.).

TABLE 5. RACE/ETHNICITY

Race/Ethnicity	Race/Ethnicity Distribution		
	2009 Pop	% of Total	USA % of Total
White Non-Hispanic	226,088	63.6%	65.0%
Black Non-Hispanic	66,099	18.6%	12.2%
Hispanic	17,308	4.9%	15.5%
Asian & Pacific Is. Non-Hispanic	36,104	10.2%	4.5%
All Others	10,063	2.8%	2.8%
Total	355,662	100.0%	100.0%

TABLE 6. EDUCATION LEVEL

2009 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
Less than High School	6,257	2.7%	7.5%
Some High School	13,024	5.6%	11.9%
High School Degree	43,566	18.6%	28.3%
Some College/Assoc. Degree	58,320	24.9%	27.7%
Bachelor's Degree or Greater	112,720	48.2%	24.7%
Total	233,887	100.0%	100.0%

Despite many of these very positive indicators there remains a segment of the HCGH service area population that is less affluent, less educated and lacking access to health services. This population has been the target of many of the hospital's community benefit initiatives.

The most significant projected changes in the composition of HCGH SA residents that indicate evolution of community health needs are:

- Aging of the population: Between 2009 and 2019 the segment of service area population over age 65 is projected to increase by over 60%, reaching an

estimated 55,370. The 65+ segment will grow from 9.6% to 13.7% of the total service area population.

- Increase in foreign born population: Howard County has witnessed significant influx of foreign born, specifically of Asian, Latino and African descent. Each segment of foreign born brings to the county a unique set of health care needs as well as communication and acculturation challenges.

3. Identification of Community Needs

- a. HCGH uses a variety of methods for determining health needs within its community. These methods include:
 - i. *Comprehensive Community Health Needs Assessment*: In 2001 the Hospital participated in and supported a comprehensive community health needs assessment sponsored by the Howard County Health Department (HCHD). The assessment included a review of secondary data (e.g. demographics, state health department data, local health department data, hospital discharge data, and data from the Behavioral Risk Factor Surveillance System) as well as administration of a detailed health survey. The assessment resulted in a collaborative focus on several health improvement priorities in the county, including smoking cessation, diabetes treatment, healthy nutrition and physical activity, and reduction of injuries. HCGH is planning for its own comprehensive follow-up needs assessment within the next 24 months.
 - ii. *Analysis of utilization patterns for health care services both within the hospital and within the broader community*. Hospital leadership regularly analyzes demand for hospital programs and other community programs. Long waiting times for first appointments in the hospital's anti-coagulation clinic combined with requests for such counseling by community physicians led to the expansion of this service in 2010.
 - iii. *Analysis of data and reports compiled by county and state government agencies and private organizations examining health care services within the Howard County community*. Examples of information reviewed include:
 1. Howard County Human Services Master Plan
 2. Howard County Emergency Incident Command Plan
 3. HealthCounts – a compilation of community health indicators compiled by the Horizon Foundation². This data source compares health indicators for Howard County to regional and national benchmarks.
 4. *Poverty and Need in America's Wealthiest State*, published by the United Way of Central Maryland, 2010

² A private foundation created and funded by HCGH in 1998 with a mission to improve the health and wellness of Howard County

iv. *Consultation with community leaders and stakeholders concerning unmet health needs within the Hospital's marketplace.* The list of organizations/individuals consulted by hospital leaders in FY 2010 includes:

1. Howard County Health Officer and other Howard County Health Department staff
2. Howard County Office on Aging
3. Howard County Office of Citizen Services
4. Howard County Fire and Rescue Services
5. Howard County Police Department
6. Howard County Mental Health Authority
7. Horizon Foundation
8. Chase Brexton Health Services (Federally Qualified Community Health Center)
9. National Alliance for Mentally Ill, Howard County Chapter
10. Korean American Citizen's Association of Howard County
11. Howard County Citizen's Association
12. Gilchrist Hospice
13. Numerous private practice physicians across many specialties serving Howard County
14. HCGH Community Relations Council (a diverse collection of county residents representing the community who meet quarterly to provide feedback to hospital leaders about community health needs)
15. Association of Community Services
16. United Way of Central Maryland
17. Maryland Department of Mental Hygiene
18. Asian American Health Center of Howard County
19. Alianza de la Comunidad

v. *Ongoing direct contact with community health and human service organizations.* HCGH executives and department directors serve on the governing boards of a significant number and percentage of the health and human service organizations serving Howard County. Such connections provide a real time exposure to the community health issues (needs) facing these organizations.

b. HCGH is in regular discussions with the Howard County Health Department (HCHD) concerning health needs. HCGH and HCHD have collaborated to implement strategies to reduce the rolls of citizens without health insurance through the Healthy Howard program, a demonstration program to provide health access to those without insurance. HCGH has contributed charity care to this program. In addition HCGH worked closely with HCHD when the county closed its prenatal clinic in October 2009, providing continuity of care to patients already in the care pipeline

4. **Major community health needs identified** during FY 2010 planning consultations included:
 - a. A comprehensive plan to address the acute care health needs of the burgeoning senior population in Howard County. HCGH had the Johns Hopkins University School of Public Health Division of Geriatric Medicine assist in the formulation of such a plan for the Hospital. Plans are presently being finalized for establishment of an Acute Care for the Elderly (ACE) unit which will be operational by FY 2012
 - b. More accessible and timely interpreter services at HCGH for patients with Limited English proficiency (LEP). During FY 2010, HCGH incurred more than \$200,000 of expenses to purchase and provide translation services.
 - c. Access to basic health screening and information, particularly for low income and uninsured populations. During FY 2010, HCGH served more than 30,000 individuals through its community education and outreach programs delivered in the HCGH Wellness Center and throughout the community
 - d. Access to prenatal care for uninsured populations. HCGH provided through Drs. Esposito Mayer Hogan and Associates, a local ob/Gyn physician group owned by the Johns Hopkins Health System, continuity of care for more than 100 uninsured patients, for more than six months after the county sponsored prenatal clinic closed in the fall of 2009.

5. **Decision Making Process.** Community health needs information is compiled from many sources and submitted for consideration to the HCGH Executive Management Team (EMT). The EMT selects program initiatives from identified needs within the context of the Hospital's strategic priorities, available resources (financial, human, facilities, etc.) and opportunities to collaborate to leverage hospital resources with other community resources to address such needs. Such programming decisions are incorporated into annual financial and operating plans ultimately approved by the HCGH Board of Trustees.

6. Several **community benefit initiatives** address needs identified in #4 above, including:
 - a. Healthy Howard (HH): HCGH is a major partner in the "health access plan" conceived and launched by Howard County government in 2009. HCGH has contributed in kind hospital services for all uninsured residents signing up for the HH Access Plan. During FY 2010 HCGH provided \$676,000 of care to Healthy Howard participants.
 - b. Mall Wellness Fairs: HCGH has sponsored themed community health fairs (e.g. heart health, children's health, fitness, cancer detection and prevention) at the Mall in Columbia for the past three years. Each event, generally four hours long on a Saturday, brings together the hospital's

healthcare providers, community physicians, and representatives from local health and human service organizations to provide screenings, conduct health education and disseminate information about community health resources. Several hundred participants have taken advantage of the health offerings at each event.

- c. **Ethnic Health Fairs:** In response to the unique health needs of emerging foreign born populations, HCGH has sponsored or co-sponsored several “ethnic targeted” health fairs each year for the past 5 years. In FY 2010 health fairs, were held to address needs of the fast growing Latino and Asian populations, as well as the indigent population in the southeast corner of the county.

7. **Evaluation** of community benefit efforts must be improved in order to better target increasingly scarce resources. Efforts to evaluate the effectiveness of the community benefit program initiatives are presently focused around participation and user satisfaction as measures of success. A few examples follow:

- a. **Ethnic Health Fairs:** Registered participants are provided a “passport” to carry with them from screening to screening, where the passport is signed off by the person administering the screening. Completed passports are submitted for a drawing. The passport tool encourages participation, and provides basic demographics about participants. Noteworthy of these events is that nearly each event has had several participants identified with significant underlying health issues (extreme hypertension, breast lumps ultimately identified as breast cancer, etc) who were then referred on for treatment. In nearly every case participants were matched with providers able to deliver charity care (including HCGH), or patients were matched with supporting programs.
- b. **Mall Health Fairs:** These events have used a similar strategy as employed at the Ethnic Health Fairs to learn about participants and needs. Each mall fair that yields at least 200 registered participants has been considered successful. However, the hospital has been challenged to garner significant information (education, income levels) about those participating in health fairs.
- c. **Healthy Howard:** Enrollments number less than 400. However, more than one thousand individuals previously without health insurance have been determined eligible for other forms of government subsidized insurance, including Medical Assistance.

Participation and satisfaction do not provide a complete measure of effectiveness. In the future efforts will be made to measure effectiveness of the actual screening tools, measuring how much disease has been identified and numbers of individuals directed into treatment. Below is a summary evaluation of selected community benefit initiatives in FY 2010.

Initiative	Year Evaluated	Measures	Results	Future Evaluation Options
Ethnic Health Fairs	FY 2010	# Fairs # Participants # Screenings	3 2860 2 referrals to hospital emergency dept for outlier values Program continues	Identify outlier screening values
Community Blood Pressure Screening	FY 2010	# Locations # Individuals Screened	8 4579 Program expanded to additional location in SE Howard County	Identify elevated measures and direct referrals
Community Cardiovascular Project	FY 2010	# Faith Communities with "Parish Nurse" Nurse Evaluations	20 Favorable evaluations Program continues	
Healthy Howard	FY 2010	# Individuals served at HCGH	21 Inpatients 1294 Outpatients Program enrollment continues to grow	
Mall Health Fairs	FY 210	# Individuals served	660 took advantage of all screenings	Post screening evaluation to measure newly identified conditions

8. **Gaps in the availability of specialist providers to serve the uninsured cared for by Howard County General Hospital.** HCGH has subsidized physicians in several specialties to incentivize them to accept on-call coverage responsibilities in the Hospital's Emergency Department (ED). One of the issues (but certainly not the only issue) compelling physicians to refuse ED call without financial subsidy, is the burden of uninsured patients. Specialties currently subsidized by HCGH to accept ED call coverage include general surgery, otolaryngology, orthopedic surgery, urology, cardiology, oral and maxillofacial surgery, neurology, obstetrics/gynecology, psychiatry and anesthesiology.

Many physicians in nearly every specialty practicing in Howard County either limit the number of uninsured patients in their panels or refuse to accept non-paying patients altogether. The hospital's precise knowledge of this practice in the outpatient (community based private physician) setting is limited to information that physicians voluntarily report on their registration screens of

the Hospital’s physician referral service. Few physicians complete this segment of the referral service profile. Anecdotally, the hospital’s physician referral service occasionally receives calls from individuals who report that they have been unable to find a physician willing to accept an uninsured patient without the ability to pay. Total hospital visits by self pay patients increased 11.2% in FY 2010 over the prior year, while total visits only increased 4.1%.

9. **Physician Subsidy:** Howard County General Hospital provides subsidy to physicians for a range of services that they would otherwise not furnish to the hospital. In FY 2010 HCGH paid a total of \$9,027,098 in subsidy to physicians for the following services, much of which was for call coverage in the emergency department (ED).

Psychiatry (ED and inpatient coverage)	Obstetrics/Gynecology (ED and inpatient coverage)
General Surgery (ED)	Orthopedic Surgery (ED)
Anesthesiology	Primary Cardiac Angioplasty (ED)
Intensive Care Medicine	House Staff Coverage
Otolaryngology (ED)	Stroke Center/Neurology (ED)
Oral Surgery (ED)	Urology (ED)

The physician services provided through these subsidies are critical to the accomplishment of the HCGH mission to serve the health care needs of our entire community.

Charity Care Policy Description


HCGH provides necessary emergency medical care to all people regardless of their ability to pay. Financial assistance is available for those patients who cannot pay the total cost of hospitalization due to the lack of insurance coverage and/or inability to pay. If you do not have insurance, our financial counselors will schedule an interview with you to determine payment arrangements and/or assist you in completing a Medical Assistance application. Non-resident aliens are also eligible for financial assistance. For additional information, call a financial counselor at 410-740-7675. (Source: HCGH Patient Welcome Book)

HCGH informs its patients about the Charity Care policy through a number of tactics, including:

- Signs in English and Spanish are posted in patient waiting and registration areas that summarize the charity care policy (see Appendix 2.1.)
- A copy of the charity care policy or a summary thereof with financial assistance contact information, is provided to every patient upon admission.
- A summary of the charity care policy, with contact information for financial counselors, is provided to every patient without insurance who presents to the Emergency Department.
- All patients indicating a need for charity care are referred to a financial counselor who reviews with them the availability of various government benefits and programs, and assists them with application to such programs.

Appendix 2.1. Copy of Charity Care Policy

Appendix 2.2. Example of Patient Communication in Both English and Spanish.

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POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

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.

Definitions

Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. 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.

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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 physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
 3. Designated staff may 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, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
 - b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
 - c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's dedicated Financial Assistance


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application to mail patient a written determination of eligibility.

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. 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 disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
 - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
 - 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 JHHS 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 on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle and/or CFO for review and final eligibility based upon JHMI guidelines.

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- 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 Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) 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 Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will base their 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 do not qualify for Financial Assistance.
 9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) 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 makes 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% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. 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 requests 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.

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12. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). 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 Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). 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.
13. If a patient account has been assigned to a collection agency, and patient or guarantor requests 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.
14. 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 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.

REFERENCE¹


JHHS Finance Policies and Procedures Manual

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

Charity Care and Bad Debts, AICPA Health Care Audit Guide

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

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

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RESPONSIBILITIES - HCGH, SH

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, send to Patient Financial Services Department's for determination of probable eligibility.

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

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

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Management Personnel
(Supervisor/Manager/Director)


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

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

Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.

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

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

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CP Director and Management Staff established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

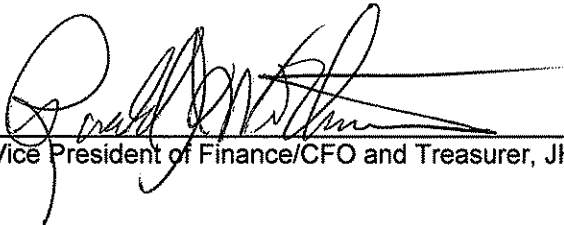
SPONSOR

CFO (HCGH, SH)
Director of Revenue Cycle (HCGH)
Director, PFS (SH)

REVIEW CYCLE


Two (2) years

APPROVAL




Vice President of Finance/CFO and Treasurer, JHHS

9-15-10
Date

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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. 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.
 - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
7. 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.
8. 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

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consulted. Questions as to necessity may be directed to the physician advisor appointed by the hospital.

9. 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. The Financial Counselor will issue the final eligibility determination.
10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) 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.
12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.


FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
		\$ 23,826	\$ 25,992	\$ 28,158	\$ 30,324	\$ 32,490
1	\$ 21,660	\$ 23,826	\$ 25,992	\$ 28,158	\$ 30,324	\$ 32,490
2	\$ 29,140	\$ 32,054	\$ 34,968	\$ 37,882	\$ 40,796	\$ 43,710
3	\$ 36,620	\$ 40,282	\$ 43,944	\$ 47,606	\$ 51,268	\$ 54,930
4	\$ 44,100	\$ 48,510	\$ 52,920	\$ 57,330	\$ 61,740	\$ 66,150
5	\$ 51,580	\$ 56,738	\$ 61,896	\$ 67,054	\$ 72,212	\$ 77,370
6	\$ 59,060	\$ 64,966	\$ 70,872	\$ 76,778	\$ 82,684	\$ 88,590
7	\$ 66,540	\$ 73,194	\$ 79,848	\$ 86,502	\$ 93,156	\$ 99,810
8*	\$ 74,020	\$ 81,422	\$ 88,824	\$ 96,226	\$ 103,628	\$ 111,030
**amt for each member	\$7,480	\$8,228	\$8,976	\$9,724	\$10,472	\$11,220
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 \$52,920
 Upper Limits of Income for Allowance Range \$52,920 (60% range)
 (\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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Appendix A-1

Presumptive Financial Assistance Eligibility

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

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- 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
- Patient is deceased with no known estate
- Health Department moms – For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

*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 are met.

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

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

Factors for Consideration

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


- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS 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

Exceptions

The Vice President, Finance/CFO or designee 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	\$ 32,490	\$ 43,320	\$ 54,150
2	\$ 43,710	\$ 58,280	\$ 72,850
3	\$ 54,930	\$ 73,240	\$ 91,550
4	\$ 66,150	\$ 88,200	\$ 110,250
5	\$ 77,370	\$ 103,160	\$ 128,950
6	\$ 88,590	\$ 118,120	\$ 147,650
7	\$ 99,810	\$ 133,080	\$ 166,350
8*	\$ 111,030	\$ 148,040	\$ 185,050
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$11,220 for each additional person at 300% of FPL, \$14,960 at 400% at FPL; and \$18,700 at 500% of FPL.

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APPENDIX C (HCGH only)
FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS

Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.


Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's in-house medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.

Insurance listed as:	Charity Care	Patient to pay:
FAR.PENDIN	Pending Verification	
FARB20	20% of charges	80% of charges
FARN40	40% of charges	60% of charges
FARN50	50% of charges	50% of charges
FARN70	70% of charges	30% of charges
FARN80	80% of charges	20% of charges
FAR100	100% of charges	0% of charges


PROCEDURE

- When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc.) to be pulled forward.
- The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
- The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.
- The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper

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level of charity care and collecting the patient balance (if any).

5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.
6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

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APPENDIX D (HCGH only)
FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS

Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via MCNET (a web based system administered by JHHC).

For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.

Exhibit A

Howard County General Hospital
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

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

Home Address _____ Phone _____

City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

City State Zip code

Household members:

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

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

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

Exhibit A

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No
 For what service? _____
 If you have arranged a payment plan, what is the monthly payment? _____

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

 Applicant signature

 Date

 Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

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

Family Size:

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

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

- 8. Is patient a resident of the State of Maryland? Yes or No
If not a Maryland resident, in what state does patient reside? _____
- 9. Is patient homeless? Yes or No
- 10. Does patient participate in WIC? Yes or No
- 11. Does patient receive Food Stamps? Yes or No
- 12. Does patient currently have:
 - Medical Assistance Pharmacy Only Yes or No
 - QMB coverage/ SLMB coverage Yes or No
 - PAC coverage Yes or No
- 13. Is patient employed? Yes or No
If no, date became unemployed. _____
Eligible for COBRA health insurance coverage? Yes or No

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

5755 Cedar Lane
Columbia, Maryland 21044
410-740-7890
410-740-7990 (TDD)
www.hcgh.org



To Our Patients and/or Family Members of our Patients:

It is estimated that more than 20,000 Howard County residents do not have health insurance and many more are under-insured. These circumstances can create a financial burden on individuals and families who need hospital services. Howard County General Hospital is aware of the financial difficulties caused by the cost of needed hospital services when health insurance is not adequate. To help members of our community who need hospital services and who do not have adequate health insurance, Howard County General Hospital offers financial assistance.

Financial assistance is available to eligible individuals who can demonstrate a need for such assistance. That need is demonstrated by following the attached instructions and completing the attached application. Copies of documents must be provided to support the information in your application. The supporting documents required are outlined on the attached instructions.

The amount of financial assistance awarded depends on your level of income. You could qualify for as much as 100% financial assistance. If you qualify for this level of financial assistance you will not have to make any payments for the hospital services you receive. The lowest level of financial assistance is 20% and if you qualify for this level you would be responsible for 80% of hospital charges. Please note that the hospital's financial assistance applies only to charges for hospital services. Physician charges are not covered by the hospital's financial assistance program.

Once the application is fully completed and submitted to our Financial Counselor, we will make a preliminary determination of your probable eligibility within two (2) business days. Final determination may take longer and you will receive a final determination letter from the hospital that describes the level of financial assistance for which you qualify.

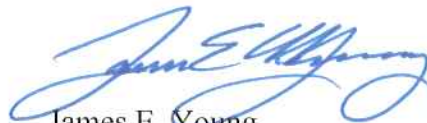
As described on the attached instructions, if you need assistance with the application or if you have questions, please contact Howard County General Hospital's Financial Counselor, Julie Harmon, at 410-740-7675.

Howard County General Hospital is committed to providing you the best medical care possible and providing financial assistance to those individuals in our community who find it difficult to pay for those services.

Sincerely,



Victor A. Broccolino
President and CEO



James E. Young
Senior Vice President and CFO



The Howard County General Hospital Financial Assistance Program Instructions

The Howard County General Hospital Financial Assistance Program provides free and reduced cost care to low income patients who lack health care coverage for medically necessary services. To ensure that our Financial Assistance Program can serve as many patients as possible, we require that patients have exhausted all health insurance benefits. Insurance benefits may include Medicare, Medicaid, MCHIP, Worker's Compensation, etc. You will need to provide us with a copy of your medical assistance application final determination letter before a final determination can be made on the Maryland State Uniform Financial Assistance Application.

Please complete the attached application in its entirety and return it with the following supporting documentation:

1. Copy of last year's federal tax returns. (If married and filed separately, please provide copies of both returns)
2. Copy of the determination/award letter from either Medical Assistance or Social Security.
3. Proof of monthly living expenses as recorded on your application.
4. Copies of other medical expenses.
5. Copies of your last three pay stubs.
6. Copy of Photo ID and all medical insurance cards.

Eligibility for our Financial Assistance Program is based upon income and family size, utilizing 150% -270% of the most recent federal poverty income guidelines. This program provides free or reduced cost care for qualified applicants.

Return Maryland State Uniform Financial Assistance Application and supporting documentation to:

Howard County General Hospital
Attn: Julie Harmon
5755 Cedar Lane
Columbia, MD 21044

We understand that the financial assistance process can be challenging, so if you have any questions or need assistance with completing the application, please contact the Howard County General Hospital Financial Counselor at 410-740-7675.

Maryland State Uniform Financial Assistance Application is Attached



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: _____

City State Zip Code

Phone: _____

Country

Employer Name _____

Phone: _____

Work Address: _____

City State Zip Code

Household members:

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

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

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

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

Home	Loan Balance _____	Approximate Value _____
Automobile	Make _____ Year _____	Approximate Value _____
Additional vehicle	Make _____ Year _____	Approximate Value _____
Additional vehicle	Make _____ Year _____	Approximate Value _____
Other Property		Approximate Value _____
Total		_____

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

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

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

Applicant Signature

Date

Relationship to Patient

5755 Cedar Lane
Columbia, Maryland 21044
410-740-7890
410-740-7990 (TDD)
www.hcgh.org



A nuestros pacientes y/o a los familiares de nuestros pacientes:

Se estima que más de 20,000 residentes del condado de Howard no cuentan con seguro de salud y que una cantidad mayor cuenta con un seguro insuficiente. Estas circunstancias pueden generar una carga financiera para las personas y familias que necesitan servicios hospitalarios. Howard County General Hospital conoce las dificultades financieras causadas por el costo de los servicios hospitalarios necesarios en los casos en que el seguro de salud no es suficiente. Para ayudar a los miembros de nuestra comunidad que necesitan servicios hospitalarios y que no cuentan con seguro de salud suficiente, Howard County General Hospital ofrece asistencia financiera.

La asistencia financiera se encuentra disponible para personas elegibles que puedan demostrar que la necesitan. Esta necesidad se demuestra siguiendo las instrucciones y completando la solicitud que se adjuntan. Se deben proporcionar copias de los documentos para respaldar la información consignada en su solicitud. Los documentos de respaldo que deben presentarse se enumeran en las instrucciones adjuntas.

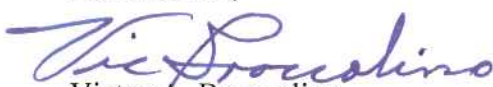
La cantidad de asistencia financiera otorgada depende de su nivel de ingreso. Usted puede reunir los requisitos para recibir una asistencia financiera de hasta el 100%. Si usted reúne los requisitos para este nivel de asistencia financiera no deberá efectuar ningún pago por los servicios hospitalarios que reciba. El nivel de asistencia financiera más bajo es del 20% y, si usted reúne los requisitos para este nivel, sería responsable del 80% de los cargos hospitalarios. Tenga en cuenta que la asistencia financiera del hospital se aplica únicamente a los cargos por servicios hospitalarios. Los cargos de médicos no se encuentran cubiertos por el programa de asistencia financiera del hospital.

Una vez que la solicitud se ha completado totalmente y se ha entregado a nuestra Asesora Financiera, tomaremos una determinación preliminar acerca de su posible elegibilidad en el término de dos (2) días hábiles. La determinación definitiva demorará más tiempo y recibirá una carta de determinación definitiva del hospital en la que se describirá el nivel de asistencia financiera para la que usted reúne los requisitos.

Como se describe en las instrucciones adjuntas, si necesita asistencia para completar la solicitud o si tiene preguntas, comuníquese con Julie Harmon, Asesora Financiera de Howard County General Hospital, llamando al 410-740-7675.

Howard County General Hospital ha asumido el compromiso de brindarle la mejor atención médica posible y de ofrecer asistencia financiera a aquellas personas de nuestra comunidad que tienen dificultades para pagar estos servicios.

Atentamente,


Victor A. Broccolino
Presidente y Director Ejecutivo


James E. Young
Vicepresidente Senior y Director Financiero



The Howard County General Hospital Instrucciones del Programa de Asistencia Financiera

El programa de asistencia financiera del hospital Howard County General le brinda atención a un costo reducido o gratuito a solicitantes calificados.

Por favor, complete la aplicación adjunta en su totalidad y devuélvala con la siguiente documentación requerida:

1. Copia de los formularios de impuestos federales del año pasado. (Si esta casado y registraron sus impuestos por separado, por favor incluya copia de ambos formularios)
2. Copia de la carta de determinación del servicio de Asistencia Medica o del Seguro Social.
3. Comprobante de sus gastos mensuales desplegados en su aplicación.
4. Copia de otros gastos médicos.
5. Copia de sus últimos tres comprobantes de pago.
6. Copia de un carnet de identificación con foto y copia de todas sus tarjetas de seguro.

Calificación para nuestro programa de Asistencia Financiera se basa en su ingreso y el tamaño de su familia utilizando el 150% -270% de la más reciente guía federal de ingreso y propiedad.

Envíe su Maryland State Uniform Financial Assistance Application y documentos a:

Howard County General Hospital
Attn: Julie Harmon
5755 Cedar Lane
Columbia, MD 21044

Comprendemos que el proceso de aplicación al programa de asistencia financiera es difícil por lo cual, si UD tiene alguna pregunta o requiere asistencia completando la aplicación, por favor llame a consejero financiero del hospital (Julie Harmon) Howard County General al 410-740-7675.



Uso De la Ayuda Financiera Del Uniforme Del Estado De Maryland

Información sobre usted:

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

Dirección Casera _____ Numero de Telefono- _____

 Ciudad Estado Codigo Postal Pais

Nombre Del Patrón _____ Numero de Telefono- _____

Dirección Del Trabajo _____

 Ciudad Estado Codigo Postal

Miembros De la Casa:

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

Hace usted solicitar ayuda médica? Si No

Si, cual era la fecha usted se aplico? _____

Si si, cual era la determinacion? _____

Usted recibe cualquier tipo de ayuda del estado o del condado? Si No

I. Ingresos De La Familia

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

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

II. Activos Líquidos

	<u>Equilibrio Actual</u>
Cuenta de Chequeo	_____
Cuenta de Ahorros	_____
Acción, Enlaces, CD, o mercado de valores	_____
Otras Cuentas	_____
Total	\$ _____

III. Otros Activos

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

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

IV. Gastos Mensuales

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

Usted tiene cualquier otra cuenta médica sin pagar? Si No

Para qué servicio? _____

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

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

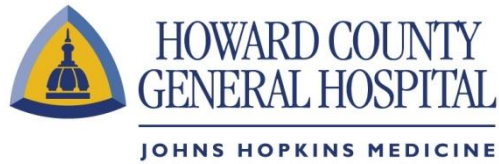
Firma Del Aspirante

Fecha

Relación al Paciente

Por Favor contacto - _____

Numero de Telefono- _____

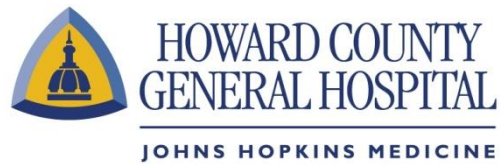


Mission, Vision, and Values Description

The hospital mission, consistent with that of its parent organization the Johns Hopkins Health System, is to provide high quality healthcare to everyone in the community that we serve, in a manner that ensures patient safety, and is respectful of the diverse elements of our community.

Our vision, again, consistent with the excellence that Johns Hopkins Medicine (JHM) represents, is to be the premier community hospital in Maryland.

Our values are rooted in providing unsurpassed service to everyone we encounter – patients, their families and caregivers, and our co-workers. These values – Communication, Anticipation of and Response to others needs, Respect, and Engagement with others – reduced to the acronym CARE, are our credo for interactions with our patients and visitors as well as our co-workers.



Mission, Vision and Values Statement

Our Mission

Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety.

Our Vision

To be the premier Community Hospital in Maryland.

Our Values

Communicate

Anticipate and Respond

Respect

Engage