

**Community Benefit Narrative
Johns Hopkins Bayview Medical Center
Fiscal Year 2010**

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

The licensed bed designation for 2010 is:

346 acute hospital

45 bassinets

172 comprehensive care

123 special hospital services (CIR, Chronic, etc)

686 total licensed beds

The acute hospital had 20,849 admissions, excluding newborns.

2. Describe the community your organization serves. The narrative should address the following topics: (The items below are based on IRS Schedule H, Part V.

Questions4)

• Describe the geographic community or communities the organization serves;

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, Essex, Middle River, Sparrows Point, East Baltimore, Fells Point, Rosedale, Waverly and Parkville. We also serve a broader area for our regional and statewide services.

• Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet. (e.g., population, average income, percentage of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates);

The demographics of the population served vary significantly by geographic area. (See attached.) A 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.

Approximately 4.9% of the hospital's patients are uninsured, 31.9% have Medicare, and 26.5% have Medical Assistance. Some areas of our community have a high concentration of elderly residents as well. In our primary service area (where 65% of our patients live), 15.3% of individual households are below the poverty line. Median household incomes range from \$22,000 to \$47,600.

3. Identification of Community Needs;

a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done (based on IRS Schedule H, Part V, Question 2).

We rely on a number of means to determine the health needs of our community:

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.

HEALTH DEPARTMENT STATISTICS: We review information available from Baltimore City and Baltimore County Health Departments regarding morbidity and mortality and health trends for those jurisdictions. Baltimore City Planning Department also develops community profiles which are reviewed and considered. Because JHBMC serves parts of both areas, it is difficult to determine the health needs of our particular service areas from this data, but is helpful in indicating general population status.

In the spring of 2009, the Baltimore City Health Department conducted a Community Health Survey. The goal of the survey was to assess the health needs of the city residents, identify gaps in access to health services, assess the use and perceptions of the city health services, and assess attitudes related to the current programmatic and policy issues. The Health Department plans to conduct the Community Health Survey every two years in order to monitor trends in these important health indicators.

The Baltimore City Health Department's 2009 Community Health Survey Report is based on a representative sample of 1,134 participating Baltimore City residents. The survey indicates that 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. Of the respondents, 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, and 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.

DIRECT COMMUNITY CONTACT: The Medical Center has several community advisory boards and our Community Health Action Project that provide us with information and feedback regarding community health needs. Additionally, Community Relations staff members routinely attend a great number of 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.

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.

The **Intracerebral Hemorrhage Center** was developed recognizing that African-Americans and Hispanic people and those with high blood pressure are more at risk for hypertensive hemorrhage, arteriovenous malformation and amyloid angiopathy. The Center's staff includes neurology, neurosurgery, interventional radiology and a physician specializing in rehabilitation. Intracerebral hemorrhage accounts for approximately 10% of strokes in the United States. The Medical Center is certified as a Primary Stroke Center by the Joint Commission and by the Maryland Institute for Emergency Medical Services Systems.

In December 2009, the Medical Center became one of the first hospitals in the United States to use an **intraoperative CT scanner (iCT) and neuronavigational software** to help doctors perform complex brain and spine surgeries. This new technology helps surgeons more effectively remove the full margin of a brain tumor, place catheters in the optimal location to drain brain fluid, and ensure that there is no accumulation of blood in the brain after surgery. It brings to the Baltimore community, a new level of safety and the best possible outcomes for these surgical procedures.

The Medical Center has also invested in a new **endovascular operating room** to address the high incidence of vascular disease which is the leading cause of stroke, death and limb amputation in the United States. For many people, vascular disease is particularly dangerous because it generally shows no symptoms and may go undetected until a life-changing or life-threatening event occurs. Prompt, effective treatment can make a significant difference in quality of life, or even make the difference between life and death. The new endovascular OR is designed exclusively for the treatment of vascular conditions, including carotid disease; thoracic, abdominal and visceral aneurysms; aortic

dissection; peripheral arterial disease; and venous disease. Surgeons also can treat blockages in the renal arteries and dialysis access failure.

Another multi-disciplinary program developed at the Medical Center to treat a common ailment is the **Allergy-Otolaryngology Sinusitis Clinic**. Almost 40 million Americans suffer from sinus conditions daily. This new program provides patients the ability to be seen by both an allergist and an otolaryngologist in the same day for diagnosis and development of a treatment plan.

A new **medical psychiatry program** developed within the Johns Hopkins Bayview Care Center provides inpatient care to older adults with complex medical needs, while also providing psychiatric consultation and care. As adults grow older, they are faced with additional challenges such as mental health conditions, memory loss and dementia. This inpatient program offers treatment to older patients, typically 55 and older, with both a primary medical condition and a secondary psychiatric diagnosis receiving both their medical and psychiatric treatment in one place.

Lung cancer is the second most common cancer and remains the leading cause of cancer related death for both men and women. 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 Medical Center has been actively planning to expand its lung cancer clinical services and research in the coming years working with Johns Hopkins experts in pulmonology, thoracic surgery, medical oncology and radiation oncology.

Substance abuse is a significant public health challenge in Baltimore City. It destroys lives and undermines families. The State of Maryland estimates there are 63,711 individuals in Baltimore City needing alcohol and drug abuse treatment. A unique program offered by the Medical Center is The Center for Addiction and Pregnancy (CAP) which combines drug treatment with comprehensive prenatal services while teaching women broader skills toward a healthier lifestyle. During FY10, CAP underwent a complete program evaluation to refine its model of care and confirm the community need for substance abuse and child birth services.

A November 2008 RAND Corporation health study provided an in-depth analysis of ambulatory care-sensitive (ACS) hospitalizations and emergency department visits among Baltimore City's residents and concluded that the lack of primary care leads to many unnecessary emergency room visits and hospitalizations. Among adults 40 and over, ACS hospitalization rates increased for many of the most common diagnoses, including asthma, hypertension, and diabetes. RAND estimated that Baltimore City might need 130,000 to 159,000 additional primary care visits, concentrated in areas where primary care capacity is particularly constrained such as East Baltimore. During FY10, the Medical Center evaluated the feasibility of **expanding its general internal medicine clinic** to better meet the needs of the underserved primary care population and concluded an expanded GIM practice could open in December 2010.

The new Jerome L. Greene **Sjogren's Syndrome Center** was established in FY10, offering help to patients with a little known chronic disease. Sjogren's syndrome is one of the most prevalent autoimmune disorders in which white blood cells attack a person's moisture-producing glands. An estimated four million Americans are living with Sjogren's. Most are women, with the disease striking them in their 40's and 50's. This Center will become a national referral source, with few centers offering this level of clinical experience and a multidisciplinary team of specialists. For many patients, the disease is misdiagnosed or overlooked.

b. In seeking information about community health needs, did you consult with the local health department? 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.

4. Please list the major needs identified through the process explained question #3.

As explained above, major community health issues identified include:

- a. Smoking
- b. Diabetes
- c. Overcoming barriers to care for the Hispanic population
- d. Hypertension
- e. Obesity
- f. Injury prevention and treatment

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

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.

This 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 to identify their needs and develop programs to address them.

6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?

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 Medical Center has been actively planning to expand its lung cancer clinical services and research in the coming years.

A major initiative was undertaken this 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.

Hispanic population: The hospital has a full time staff of Spanish interpreters to facilitate high quality treatment. Our Community Psychiatry Program has recently added the capacity to provide therapy in Spanish. Our Care-a-Van, a free mobile health unit, has bilingual staff who provide neighborhood-based care to many Latino residents. 92% of the patients cared for on the Care-A-Van are Latino and 44% speak Spanish. 21% report a weekly income of \$300 or less, with 11% reporting no weekly income.

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. 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.

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 offer their services to the community to assure that child safety seats are correctly installed. We also participate in other initiatives designed to heighten safety awareness and prevent injuries.

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

For example: for each major initiative where data is available, provide the following:

- a. Name of initiative:**
- b. Year of evaluation:**
- c. Nature of the evaluation: (i.e., what output or outcome measures were used);**
- d. Result of the evaluation (was the program changed, discontinued, etc.)’ or**
- e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?**

| Initiative | Year evaluated | Measure | Results | Future Evaluation options |
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| Food ReEducation for School Health | Annual | <ul style="list-style-type: none"> • Children’s knowledge pre/post testing • Teacher evaluations | Program continues | n/a |
| Kiwanis Burn Prevention Educ. | Annual | <ul style="list-style-type: none"> • Children’s pre/post test • Teacher evaluations | Program continues | Continue routine evaluations |
| Care-a Van | Annual 2010 | <ul style="list-style-type: none"> • Numbers of patients • Patient Satisfaction survey • Patient Needs Survey | Program continues | |
| Community Health Action Project | 2008-2009 | Self-assessment by participants; strategic planning | Shifted focus to diabetes and obesity | Repeat Community Needs Assessment at some future time |
| Community Development Support (Southeast CDC, Greektown CDC, Dundalk) | Annual | Review of annual reports (program and financials) of community development corporations receiving hospital funds | We have a staff member from the hospital serving on each organization’s Board, with on-going input into how these agencies | Continue current practice |

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| Renaissance Corp.) | | | meet community needs | |
| Healthy Community Partnership | Annual, and per event | <ul style="list-style-type: none"> • Number of participants • Evaluation feedback • Clergy feedback | Program continues to develop | Beginning to collect data and establish baselines. |
| Health Information Seminars (550-KNOW program) | Per event | <ul style="list-style-type: none"> • Attendance • Participant feedback | Continue to add sessions and topics | |

8. Provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

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


9. If you list Physician Subsidies in your data, please provide detail.

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 for on-call physicians and assists with support of uncompensated care provided by the physicians to community members in our programs. This support is key to our ability to transcend financial barriers to care for disadvantaged patients, including Hispanic patients, especially in the areas of Emergency, and Trauma. We support physician on-call costs for these services.

Attachment: JHBMC primary service area demographics

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.

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POLICY

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

Purpose

JHHS is committed to providing financial assistance to 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)

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| <p>Liquid Assets</p> | <p>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.</p> |
| <p>Immediate Family</p> | <p>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.</p> |
| <p>Medically Necessary Care</p> | <p>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.</p> |
| <p>Family Income</p> | <p>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.</p> |
| <p>Supporting Documentation</p> | <p>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.</p> |

PROCEDURES

1. An evaluation for Financial Assistance can begin in a number of ways:
 For example:
 - A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
 - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - A patient with a hospital account referred to a collection agency notifies the collection agency that he/she cannot afford to pay the bill and requests assistance.
 - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.


2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.

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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.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of

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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 may be determined on the basis of individual life circumstances. Unless otherwise eligible for


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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.

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REFERENCE¹

JHHS Finance Policies and Procedures Manual

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

Charity Care and Bad Debts, AICPA Health Care Audit Guide

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

RESPONSIBILITIES - JHH, JHBMC

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service 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.

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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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.

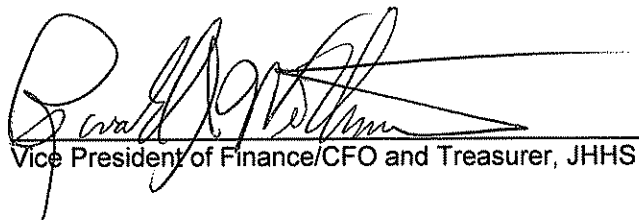
SPONSOR

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

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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

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the day when the application was satisfactorily completed and submitted.

11. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
12. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.
13. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exception

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


FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

| # of Persons in Family | Income Level* | Upper Limits of Income for Allowance Range | | | | |
|------------------------|---------------|--|-----------|-----------|------------|------------|
| | | | | | | |
| 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 mbr | \$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
- 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
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program

*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 | \$ 32,490 | \$ 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 \$11220 for each additional person at 300% of FPL, \$14960 at 400% at FPL; and \$18700 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 | _____ |
| Total | _____ |

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

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

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

 Applicant signature

 Date

 Relationship to Patient

Exhibit A

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 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



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.

| | |
|--|--|
| Johns Hopkins Bayview Medical Center Hospital Administrative Policies | |
| Mission/Values Policy | Policy No.: 100 Original Date: 09/93 Reviewed/Revised Date: 01/09 Page 1 Of 2 |

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.

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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:

Gregory F. Schaffer
President