

**The Johns Hopkins Hospital  
Fiscal Year 2012  
Community Benefits Report**



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

**THE JOHNS HOPKINS HOSPITAL  
FY 2012  
COMMUNITY BENEFITS REPORT**

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**I. DESCRIBING THE COMMUNITY SERVED BY THE HOSPITAL**

Hospital Introduction

The Johns Hopkins Hospital (JHH) is a not-for-profit hospital located in the City of Baltimore and is licensed to operate 1,051 acute care beds (including NICU and CIR). In fiscal year (FY) 2012, the Hospital had 46,727 inpatient admissions. JHH is a world-renowned academic medical center providing tertiary and quaternary care, which draws patients not only from metropolitan Baltimore and surrounding Maryland counties, but also from the four contiguous states, the District of Columbia, the United States and over 100 countries.

Primary Service Area (PSA)

The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Health Services Cost Review Commission (HSCRC).

Table I

		Data Source
Primary Service Area zip codes	20707 20715 20723 21001 21009 21014 21015 21030 21040 21042 21043 21044 21045 21060 21061 21075 21093 21113 21117 21122 21133 21136 21144 21146 21157 21201 21202 21204 21205 21206 21207 21208 21209 21210 21211 21212 21213 21214 21215 21216 21217 21218 21220 21221 21222 21223 21224 21225 21227 21228 21229 21230 21231 21234 21236 21237 21239 21244 21286 21401 21403 21701 21702 21740 21742 21771 21784 21801 21804	HSCRC
All other Maryland hospitals sharing primary service area	Upper Chesapeake Medical Center, Howard County General Hospital, Baltimore Washington Medical Center, Northwest Hospital Center, Carroll Hospital Center, Maryland General Hospital, University of Maryland Medical Center, Mercy Medical Center, Greater Baltimore Medical Center, Saint Joseph Medical Center, James Lawrence Kernan Hospital, Mount Washington Pediatric Hospital, Sinai Hospital, Union Memorial Hospital, Bon Secours Hospital, Johns Hopkins Bayview Medical Center, Harbor Hospital, Saint Agnes Hospital, Franklin Square Hospital Center, Good Samaritan Hospital, Anne Arundel Medical Center, Frederick Memorial Hospital, Washington County Hospital, Peninsula Regional Medical Center, Chesapeake Rehabilitation Hospital	JHM Market Analysis and Business Planning
Percentage of uninsured patients	16.9%	2012 Nielsen Co. 2012 Thomson Reuters

Percentage of patients who are Medicaid recipients	16.9%	2012 Nielsen Co. 2012 Thomson Reuters
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Community Benefits Service Area (CBSA)

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

The Hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the Hospital allocates resources through its community benefits plan. The Hospital uses geographic boundary and target population approaches to define its CBSA. The CBSA is defined by the geographic area contained within the following seven ZIP codes: 21213, 21205, 21224, 21218, 21202, 21231 and 21206. As JHH is an urban hospital, the JHH community focus has traditionally been on residents of neighborhoods and/or entities that operate in proximity to the Hospital. The seven ZIP codes included in the JHH CBSA best capture this proximal relationship. Within the CBSA, JHH has focused on certain target populations such as the elderly, at-risk children and adolescents, uninsured individuals and households, and underinsured and low-income individuals and households.

The CBSA covers approximately 27.9 square miles within the City of Baltimore or approximately thirty-four percent of the total 80.94 square miles of land area for the city. In terms of population, an estimated 233,587 people live within CBSA, accounting for nearly thirty-eight percent of the City's population (2011 Census estimate of Baltimore population, 619,493) Within the CBSA, the City Department of Health has subdivided the area into 23 neighborhoods or neighborhood groupings that are completely or partially included within the CBSA. These neighborhoods are Belair-Edison, Canton, Cedonia/Frankford, Claremont/Armistead, Clifton-Berea, Downtown/Seton Hill, Fells Point, Greater Charles Village/Barclay, Greater Govans, Greenmount East, Hamilton, Highlandtown, Jonestown/Oldtown, Lauraville, Madison/East End, Midtown, Midway-Coldstream, Northwood, Orangeville/East Highlandtown, Patterson Park North & East, Perkins/Middle East, Southeastern, and The Waverlies.

The Hospital is in the neighborhood called Perkins/Middle East, and the neighborhoods that are contiguous to Perkins/Middle East include Greenmount East, Clifton-Berea, Madison/East End, Patterson Park North & East, Fells Point, and Jonestown/Oldtown. Residents of most of these neighborhoods are primarily African American, with the exceptions of Fells Point, which is primarily white, and Patterson Park North & East, which represents a diversity of resident ethnicities (white 44%, black/African American 38.7%, and Hispanic/Latino 21.1%). With the exceptions of Fells Point and Patterson Park N&E, the median household income of most of these neighborhoods is significantly lower than the Baltimore City median household income. Median income in Fells Point and Patterson Park N&E skews higher, and there are higher percentages of white households having higher median incomes residing in these neighborhoods.

Since the end of the Second World War, the population of Baltimore City has been leaving the city to the surrounding suburban counties. This demographic trend accelerated in the 1960s and 1970s, greatly affecting the neighborhoods around the Hospital. As the population of Baltimore City dropped, there has been a considerable disinvestment in housing stock in these neighborhoods. Economic conditions that resulted in the closing or relocation of manufacturing and industrial jobs in Baltimore City led to

higher unemployment in the neighborhoods around the Hospital, and social trends during the 1970s and 1980s led to increases in substance abuse and violent crime as well.

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

Neighborhoods farther north of the Hospital include Belair-Edison, Cedonia/Frankford, Claremont/Armistead, Clifton-Berea, Greater Charles Village/Barclay, Greater Govans, Hamilton, Lauraville, Midtown, Midway-Coldstream, Northwood, and The Waverlies. Residents of these neighborhoods are racially more diverse than in the neighborhoods closest to the Hospital and median household incomes range from significantly above the median to close to the median household income for Baltimore City.

B. CBSA Demographics and Social Determinants

Table II provides significant demographic characteristics and social determinants that are relevant to the needs of the community.

Table II

		Data Source
Community Benefits Service Area (CBSA)	21213, 21205, 21224, 21218, 21202, 21231, 21206	JHM Market Analysis & Business Planning
CBSA demographics, by sex, race, and average age	<p>Total population: 233,587</p> <p>Sex Male: 112,879/48.3% Female: 120,708/51.7%</p> <p>Race White non-Hispanic: 70,595/30.2% Black non-Hispanic: 133,289/57.1% Hispanic: 17,294/7.4% Asian and Pacific Islander non-Hispanic: 6,994/3.0% All others: 5,415/2.3%</p> <p>Age 0-14: 41,222/17.6% 15-17: 9,527/4.1% 18-24: 26,236/11.2%</p>	<p>2012 Nielsen Co. 2012 Thomson Reuters</p>

	<p>25-34: 44,126/18.9%</p> <p>35-54: 62,978/27.0%</p> <p>55-64: 24,124/10.3%</p> <p>65+: 25,374/10.9%</p>	
Median household income within your CBSA	Average household income: \$50,512	2012 Nielsen Co. 2012 Thomson Reuters
Percentage of households (families and people) with incomes below the federal poverty guidelines within your CBSA (past 12 months)	<p>All families: 19.5</p> <p>Married couple family: 6.7%</p> <p>Female householder, no husband present, family: 32.7%</p> <p>Female householder with related children under 5 years only: 34.0%</p> <p>All people: 25.1%</p> <p>Under 18 years: 37.4%</p> <p>Related Children under 5 years: 37.8%</p> <p>(Baltimore City, 2011)</p>	U.S. Census Bureau, 2011 American Community Survey <a href="http://factfinder2.census.gov">http://factfinder2.census.gov</a>
Please estimate the percentage of uninsured people within your CBSA	37.1%	2012 Nielsen Co. 2012 Thomson Reuters
Percentage of Medicaid recipients within your CBSA	31.2%	2012 Nielsen Co. 2012 Thomson Reuters
Life expectancy and crude deaths within your CBSA	<p>73.5 years at birth (Baltimore City, 2011)</p> <p>78.8 years at birth (Baltimore County, 2011)</p> <p>79.2 years at birth (Maryland, 2011)</p> <p>6,099 deaths (Baltimore City, 2011)</p> <p>7,581 (Baltimore County, 2011)</p> <p>43,650 (Maryland, 2011)</p>	Maryland Vital Statistics Annual Report 2011 <a href="http://dhmh.maryland.gov/vsa">http://dhmh.maryland.gov/vsa</a>
Infant mortality rates within your CBSA	<p>All: 10.5 per 1,000 live births</p> <p>White: 3.1 per 1,000 live births</p> <p>Black: 14.5 per 1,000 live births</p> <p>(Baltimore City, 2011)</p>	Maryland Vital Statistics Annual Report 2011 <a href="http://dhmh.maryland.gov/vsa">http://dhmh.maryland.gov/vsa</a>

	All: 6.3 per 1,000 live births (Baltimore County, 2011)  All: 6.7 per 1,000 live births (Maryland, 2011)	
Access to healthy food	Baltimore City food deserts map	Johns Hopkins Bloomberg School of Public Health, Center for a Livable Future <a href="http://www.jhsph.edu/bin/k/o/BaltimoreCityFoodEnvironment.pdf">http://www.jhsph.edu/bin/k/o/BaltimoreCityFoodEnvironment.pdf</a>  Baltimore City Food Policy Task Force <a href="http://www.baltimorecity.gov/Portals/0/agencies/planning/public%20downloads/USDA%20Presentation%201.0_sm.pdf">http://www.baltimorecity.gov/Portals/0/agencies/planning/public%20downloads/USDA%20Presentation%201.0_sm.pdf</a>
Transportation	Local Bus, Metro Subway, Light Rail, Circulator Bus, MARC Train, Commuter Bus	Maryland Transit Administration <a href="http://mta.maryland.gov/local-and-statewide-transit-info">http://mta.maryland.gov/local-and-statewide-transit-info</a>  Charm City Circulator <a href="http://www.charmcitycirculator.com/">http://www.charmcitycirculator.com/</a>

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. A description of the process our hospital used for identifying the health needs in our community and the resources used.

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

### Methods

#### Primary Data Collection

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

Meetings with East Baltimore elected officials, Baltimore City elected officials and City departmental officials, community leaders, faith-based organization leaders, and community-based organizations with a specific agenda focused on community needs were used for gathering information and opinions from persons who represent the interests of groups with healthcare disparities and underserved members of the community. As part of an ongoing and continuous community health needs identification process, JHH senior leadership and JHH staff members in the Office of East Baltimore Community Affairs and Office of Community Health meet regularly and on an ad-hoc request basis with community stakeholders. A list of the key community stakeholders and community organizations can be found in Attachment 1.

Johns Hopkins senior leadership serves on the boards of the East Baltimore Development Inc. (EBDI) and the Historic East Baltimore Community Action Coalition (HEBCAC). Both initiatives included significant involvement from community members, nonprofit organizations, government representatives and the business community. Discussions at EBDI and HEBCAC meetings have covered a range of topics related to quality of life in East Baltimore, and ways in which Johns Hopkins might continue to work together with elected officials from East Baltimore on measures to advance education, workforce development, employment opportunities, public safety, and economic and neighborhood development in the areas around the Johns Hopkins East Baltimore medical campus. JHH Office of East Baltimore Community Affairs staff members serve on the board of the Urban Health Institute and are involved in planning and coordination of the Community Health Initiative and its first phase community health assessment.

Community stakeholders shared or were asked to share their perspective on a number of topics including:

- Biggest issues or concerns in the community
- Trends relative to demographics, the economy, the health care provider community, and community health status
- Problems people face in obtaining health care and/or social services and where they go when they need assistance in these areas
- Where people access preventive care
- Services lacking in the community
- Barriers and services related to chronic health conditions
- Partnership experiences and opportunities with the hospital
- Current roles of the hospital in addressing the needs of low-income people in the community and possible future roles
- Recommendations for improving access to care and the health of the community

#### Secondary Data Collection

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

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

- Maryland DHMH's State Health Improvement Process (<http://dhmh.maryland.gov/ship/disparitiesframe.html>)



- Maryland Office of Minority Health and Health Disparities (<http://dhmh.maryland.gov/mhhd/SitePages/Home.aspx>)
- Healthy Baltimore 2015 (<http://www.baltimorehealth.org/healthybaltimore2015.html>)
- Baltimore City Health Disparities Report Card ([http://www.baltimorehealth.org/info/2010\\_05\\_25\\_HDR-FINAL.pdf](http://www.baltimorehealth.org/info/2010_05_25_HDR-FINAL.pdf))
- Baltimore City Neighborhood Health Profiles (<http://www.baltimorehealth.org/neighborhoodmap.html>)
- Baltimore City Health Department Community Health Survey ([http://www.baltimorehealth.org/info/2010\\_03\\_26\\_CHS\\_Summary\\_Results\\_Report.pdf](http://www.baltimorehealth.org/info/2010_03_26_CHS_Summary_Results_Report.pdf))
- Kids Count Data Center - The Annie E. Casey Foundation (<http://datacenter.kidscount.org/data/bystate/>)
- StateLanding.aspx?state=MD)
- Healthy People 2020 ([http://www.cdc.gov/nchs/healthy\\_people/hp2010.htm](http://www.cdc.gov/nchs/healthy_people/hp2010.htm))
- Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/BRFSS>)

### **Community Health Needs Identified**

Major community health needs identified during FY 2012 included:

- Access to Healthcare
- Cardiovascular Disease
- High Unemployment
- Inadequate Housing and Economic Development
- Maternal and Child Health
- Mental Health/Substance Abuse
- Overweight/Obesity
- Public Safety

### **History of Community Health Needs Assessment at The Johns Hopkins Hospital**

The Johns Hopkins Hospital (JHH) with Holleran Consulting LLC conducted a formal community health needs assessment of East Baltimore in 1997. In late 1998, Dr. William Brody, then President of the Johns Hopkins University, initiated an intensive process of rethinking the relationship between Johns Hopkins and the broader community that culminated in Report of an Urban Health Initiative of the President's Council on Urban Health.

In 2000, the Johns Hopkins Urban Health Institute (UHI) was created to address the health care needs of the community. The UHI was established with significant input from the community, with collaborative groups meeting over several months to identify goals and needs. The mission of UHI is to serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, and especially East Baltimore to improve the community's health and well-being, and in so doing serve as a model of community-university collaboration regionally and nationally.

In 2005, a community needs assessment was conducted in some of the communities around JHH and provided additional information for both JHH and the Johns Hopkins Bayview Medical Center to identify community needs and develop targeted initiatives.

In 2010, the UHI began a collaborative effort called the Community Health Initiative (CHI) to engage individuals, community groups, and city government from East Baltimore and Johns Hopkins in an intensive process of planning and critical thinking about how to improve the health and well-being of residents of all ages who live in East Baltimore through sustainable health collaborations and specific health interventions. The first phase of the CHI is a community health assessment of East Baltimore. The health assessment will be conducted within five East Baltimore ZIP codes: 21202, 21205, 21213, 21224, and 21231. The UHI has committed resources to support the entire planning process. Five planning teams comprised of community residents, activists, service providers, and advocacy organizations, along with Johns Hopkins faculty, staff, and students have been established to help develop all aspects of the assessment. Survey teams dispersed across the five East Baltimore ZIP codes over the summer of 2012 to collect responses from residents, and preliminary analysis has begun on the data. The CHI anticipates that findings will be completed in early 2013.

In 2011, the JHH Community Health Needs Assessment/Implementation Strategy Task Force began the planning process for conducting a community health needs assessment in the seven East Baltimore ZIP codes that make up the Hospital's Community Benefit Service Area. In the summer of 2012, primary data gathering, consisting of interviews of key community stakeholders, focus groups, questionnaires, and phone surveys, and secondary data analysis were completed. Through the fall of 2012, the Task Force, in collaboration with a strategic healthcare consultant, the Carnahan Group, has completed a final draft version of the Community Health Needs Assessment. The current focus is on developing an implementation strategy for the prioritized community health needs.

### **Overview of Key Findings**

This overview summarizes some of the significant findings drawn from an analysis of the data.

### **Collaboration**

2. In seeking information about community health needs, below is a summary of organizations or individuals outside the hospital that were consulted, including representatives of diverse sub-populations within the CBSA.

As part of its ongoing community health needs identification process, JHH consults with the Baltimore City Mayor's Office, Baltimore City Council, Baltimore City Health Department, the Johns Hopkins Schools of Medicine, Nursing, and Public Health, as well as East Baltimore neighborhood organizations, faith-based organizations, and community-based organizations, many of which represent racial/ethnic minority groups in the community, see Attachment 1.

### **Needs Assessment**

3. Date of the most recent needs identification process or community health needs assessment completed:

JHH carries out an ongoing community health needs identification process which was last completed on 6/30/2012.

#### 4. Community Health Needs Assessment:

The Hospital is in the process of conducting a community health needs assessment that conforms to the Patient Protection and Affordable Care Act and will be completed by June 30, 2013.

### III. COMMUNITY BENEFITS ADMINISTRATION

1. Is Community Benefits planning part of your hospital's strategic plan? Yes.
2. What stakeholders in the hospital are involved in your hospital community benefits process/structure to implement and deliver community benefits activities? (Place a check to any individual/group involved in the structure of the CB process and provide additional information if necessary)
  - a. Senior Leadership
    - i.  Ronald R. Peterson, President
    - ii.  Ronald J. Werthman, CFO/Treasurer and VP, Finance
    - iii.  Stuart Erdman, Senior Director of Finance/Asst. Treasurer
    - iv.  John Colmers, VP, Health Care Transformation and Strategic Planning
  - b. Clinical Leadership
    - i.  Physicians
    - ii.  Nurses
    - iii.  Social Workers
  - c. Community Benefits Department/Team
    - i.  Individuals (please specify FTEs)  
JHH CBR Team – Deidra Bishop, Sharon Tiebert-Maddox, Zakia Hospedales, William Wang
    - ii.  Committee (please list members)

#### JHHS Community Benefit Reporting Work Group

- The Johns Hopkins Hospital
  - Deidra Bishop, Director, East Baltimore Community Affairs
  - Zakia Hospedales, Budget Analyst, Govt. & Community Affairs (GCA)
  - Sharon Tiebert-Maddox, Director, Strategic Operations, GCA
  - William Wang, Associate Director, Strategic Operations, GCA
- Johns Hopkins Bayview Medical Center
  - Gayle Johnson Adams, Director, Community Relations
  - Patricia A. Carroll, Community Relations Manager
  - Kimberly Moeller, Director, Financial Analysis
- Howard County General Hospital
  - Cindi Miller, Director, Community Health Education
  - Fran Moll, Manager, Regulatory Compliance
- Suburban Hospital
  - Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
  - Joan Hall, Director, Financial Planning, Budget, & Reimbursement

- Monique Sanfuentes, Director, Community Health and Wellness
- Sibley Memorial Hospital
  - Alison Arnott, Vice President, Support Services
  - Marti Bailey, Director, Sibley Senior Association and Community Health
  - Mike McCoy, Associate CFO, Finance Department
  - Christine Stuppy, Vice President, Business Development and Strategic Planning
- All Children’s Hospital
  - Jeff Craft, Administrative Director, Finance
  - Mary Mahoney, Director, Marketing
- Johns Hopkins Health System
  - Janet Buehler, Director of Tax
  - Desiree de la Torre, Assistant Director, Healthy Policy Planning
  - Bonnie Hatami, Senior Tax Accountant
  - Anne Langley, Director, Health Policy Planning
- iii.  Other (please describe)

JHM Community Benefits Advisory Council

- Gayle Adams, Director of Community Relations and Government Affairs, Johns Hopkins Bayview Medical Center
- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins Government and Community Affairs
- Jay Blackman, Executive Vice President/Chief Operating Officer, Howard County General Hospital
- John Colmers, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Chief Operating Officer, Suburban Hospital
- Dominic Seraphin, Director of Business Planning, Johns Hopkins Bayview Medical Center
- Arnold Stenberg, Executive Vice President and Chief Administrative Officer, All Children’s Hospital
- Christine Stuppy, Vice President for Business Development and Strategic Planning, Sibley Memorial Hospital

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

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

#### **IV. HOSPITAL COMMUNITY BENEFITS PROGRAM AND INITIATIVES**

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

In FY 2012, The Johns Hopkins Hospital community benefit program included numerous initiatives that support the Hospital's efforts to meet the needs of the community. These initiatives are decentralized and use a variety of methods to identify community needs. Over 320 programs and initiatives were carried out or supported by administrative, clinical, and operational departments at The Johns Hopkins Hospital. Community health programs and initiatives undertaken during FY 2012 include: Health Leads, The Access Partnership, You Gotta Have Heart collaboration, Martin Luther King, Jr. Early Head Start, Comprehensive Women's Center Substance Abuse program, Housing Support for Male Substance Abuse Patients, Homeless Outreach Services Team, Operation PULSE, JH Summer Jobs program, and East Baltimore Development Inc. In the tables below, these ten initiatives are described in greater detail.

Initiative 1. Health Leads

<p><b>Identified Need</b></p>	<p>Access to Healthcare</p> <p>Social determinants of health are critical factors in determining the broader picture of health disparity. The 2010 Baltimore City Health Disparities Report Card showed that there are significant disparities by socioeconomic status, race and ethnicity, gender, and education level within social determinants of health such as exposure to violence, food insecurity, energy insecurity, lack of pest-free housing, lead exposure, and access to safe and clean recreation spaces.</p>
<p><b>Hospital Initiative</b></p>	<p>Health Leads Family Resource Desk – JHH Harriet Lane Clinic</p>
<p><b>Primary Objective</b></p>	<p>Health Leads provides preventative referrals to government and community resources to enable families and individuals to avert crises and access critical help such as food, clothing, shelter, energy security, and job training. It serves as an important supplement to the medical care that doctors provide, since many of the underlying wellness issues of patients and families is related to basic needs that doctors may not have time or access to research.</p>
<p><b>Single or Multi-Year Initiative Time Period</b></p>	<p>Multi-year</p>
<p><b>Key Partners in Development and/or Implementation</b></p>	<p>Health Leads Baltimore, Johns Hopkins Bayview Medical Center, Johns Hopkins University</p>
<p><b>Evaluation Dates</b></p>	<p>Program is evaluated annually.</p>
<p><b>Outcome (Include process and impact measures)</b></p>	<p>Measurable goals like clients served, success rate of needs solved, time to case closure, client follow-up, and % of volunteers with Heath Leads experience are tracked by the program and measured against Heath Leads national data.</p> <p>Top resource needs that presented at the Heath Leads desk in FY12 were employment (25%), education (21%), housing (17%), income/benefits (15%), utilities (12%) and food (6%).</p> <p>Harriet Lane Health Leads served 492 clients in FY2012, and 5,148 volunteer hours were given by student volunteers. Johns Hopkins University students volunteer to man the Health Leads desk at the Harriet Lane Clinic, with an average of 31 volunteers per semester and 13 volunteers over the summer months.</p>

<b>Continuation of Initiative</b>	Yes, JHH is continuing to support its partnership with Health Leads Baltimore.
<b>Cost of Initiative for Current FY</b>	\$340,457

Initiative 2. The Access Partnership (TAP)

<p><b>Identified Need</b></p>	<p>Access to Healthcare</p> <p>The top goal as identified in Baltimore City Health Department’s Healthy Baltimore 2015 report is to increase the quality of health care for all citizens, specifically reducing emergency department utilization rates, decrease hospitalization rates for chronic conditions, and decrease the number of city residents with unmet medical needs. As part of a dialogue initiated in 2007 among East Baltimore faith leaders and Johns Hopkins leadership, efforts were made to improve access to health care for the large uninsured population in East Baltimore. From these conversations, TAP was created in order to bring primary care to uninsured and/or financially needy residents and to provide access to specialty care.</p>
<p><b>Hospital Initiative</b></p>	<p>The Access Partnership (TAP)</p>
<p><b>Primary Objective</b></p>	<p>TAP is a mission-driven program designed to improve access to effective, compassionate, evidence-based primary and specialty care for uninsured and underinsured patients residing in the community surrounding The Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC) with demonstrated financial need.</p>
<p><b>Single or Multi-Year Initiative Time Period</b></p>	<p>Multi-year</p>
<p><b>Key Partners in Development and/or Implementation</b></p>	<p>Johns Hopkins Medicine, The Johns Hopkins Health System and the Johns Hopkins Clinical Practice Association are critical partners in the implementation of TAP.</p>
<p><b>Evaluation Dates</b></p>	<p>Quarterly evaluation</p>
<p><b>Outcome (Include process and impact measures)</b></p>	<p>From its inception May 1, 2009 through September 30, 2012, the TAP program has provided medical services to 2,294 patients residing in eligible zip codes. In addition, the TAP program has processed 4,915 specialty referrals across five Johns Hopkins clinical locations and has provided 1,691 primary care visits to 665 patients. Physician and patient satisfaction surveys</p> <p>EBMC clinician and patient satisfaction surveys were administered a year after the program began. Eighty-two percent of clinicians strongly agreed or agreed that TAP had helped them to be more thoughtful about appropriateness of referrals to specialists. All clinicians strongly agreed or agreed that TAP had</p>



	<p>improved their ability to serve uninsured patients. A majority of patients reported that through TAP they were better able to obtain needed health care and were satisfied with the health care they received through the program.</p> <p>TAP has improved access to care for uninsured people living in the East Baltimore community. Both JHH and JHBMC already care for many of these patients every day through the emergency department and as hospital admissions. TAP takes a proactive approach to managing uninsured patients who live in the area surrounding the hospitals. Through this program, we provide access to primary and specialty care efficiently and effectively to uninsured patients. Primary care clinicians are able to provide comprehensive care to their patients, and as a result, many patients develop alliances with their doctors that will facilitate improved health literacy, improved health outcomes, and reduced health disparities.</p>
<b>Continuation of Initiative</b>	Yes, TAP is a continuing commitment of JHH.
<b>Cost of Initiative for Current FY</b>	\$95,012

Initiative 3. You Gotta Have Heart Collaboration

<p><b>Identified Need</b></p>	<p>Cardiovascular Disease</p> <p>In 2006, the American Heart Association (AHA) showed that there is a racial gap in home CPR intervention rates. Only 20% of African Americans who suffered cardiac arrest at home received CPR by bystanders or loved ones versus 33% for whites. The white survival rate of 30% surpassed the 17% survival rate for African American cardiac arrest victims. Training by the AHA is traditionally 4-6 hours long and are largely attended by professionals whose jobs require certification. The training is viewed as highly technical and intimidating and does not reach lay persons who are most likely to witness a cardiac arrest at home or other public locations, including houses of worship.</p> <p>This project is an outgrowth of a successful community-academic partnership that focused on bringing research dissemination to four local communities. A working group comprised of the health ministry leaders of the four partner churches conducted a community needs survey, receiving 841 responses which were ranked according to the greatest area of interest. Cardiovascular disease ranked in the top three at all locations. The group expanded the goals of the partnership to include developing a community action plan to address the CPR health disparity.</p>
<p><b>Hospital Initiative</b></p>	<p>You Gotta Have Heart Collaboration</p>
<p><b>Primary Objective</b></p>	<p>Through a partnership with the Johns Hopkins Hospital CPR Office, the faith communities will utilize a train-the-trainer model to teach core skills of CPR to 400 families utilizing the AHA’s personal learning program called CPR Anytime. This 22 minute “hands only” method is learned through a personal manikin and DVD instruction.</p>
<p><b>Single or Multi-Year Initiative Time Period</b></p>	<p>This is a single-year project, which may be extended dependent on funding.</p>
<p><b>Key Partners in Development and/or Implementation</b></p>	<p>Key partners in the development include the Johns Hopkins Health System’s Office of Community Health, the Johns Hopkins Hospital’s CPR Office, Memorial Baptist Church, Zion Baptist Church, New Shiloh Baptist Church of Turner Station, and St. Martin Church of Christ.</p>
<p><b>Evaluation Dates</b></p>	<p>Evaluation dates to be determined. The project will be evaluated by O. Lee McCabe, Ph.D. Evaluation of the program feasibility and effectiveness will be organized around the three concepts in the everyday expression “ready, willing, and able.” Participants will be measured on a comprehensive index of success in completing the CPR Anytime training.</p>
<p><b>Outcome (Include process and impact)</b></p>	<p>Outcome measures include assessment of the physical skill attainment through a</p>

<b>measures)</b>	“certification” process of core skills, and the self-empowerment and response probability developed through confidence, assessment of characteristics of willingness (or being predisposed in mind to respond), and an assessment of whether the individual is likely to be available for a prompt and effective response by perceiving that she or he has the human and material support needed.
<b>Continuation of Initiative</b>	This initiative will require additional funding to continue. Possibilities include the AHA or corporate sponsorship.
<b>Cost of Initiative for Current FY</b>	\$112,478

Initiative 4. Martin Luther King Jr. Early Head Start

<p><b>Identified Need</b></p>	<p>Maternal and Child Health</p> <p>MLK Jr. Early Head Start is a comprehensive program providing a combination of service options to 178 children and families and 6 pregnant women. The JHH Department of Pediatrics has served as the Delegate Agency for Baltimore City, the grantee, for 45 years. Baltimore continues to have a high rate of births to teenage mothers, late or no access to prenatal care, high rates of low birth weight babies, and health disparities among a largely African American female population. The number of children from 0-3 is growing. Using data from the Center for Disease Control and Prevention Wonder Database and the 2009 Kids Count Baltimore child poverty rate (30% of all families in Baltimore City have incomes below \$25,000), the need for child and family development programs for families with young children is clear. Currently Early Head Start is addressing only about 2% of the income eligible children in this category in Baltimore City.</p>
<p><b>Hospital Initiative</b></p>	<p>Martin Luther King Jr. Early Head Start</p>
<p><b>Primary Objective</b></p>	<p>MLK, Jr. Early Head Start provides center programs, collaborations, and service models that address: early prenatal, pre- and interconceptional care and support to pregnant women and women of childbearing age to prevent infant mortality and morbidity; provide high quality child care options to support working families and families in job training; to provide high quality child development programs for infant and toddlers; to address the special needs of disabled infants and toddlers; to address the needs of specialized populations including those who are homeless, impacted by substance abuse or have limited English proficiency; to encourage male involvement in the growth and development of their children; to ensure high quality health services to infants and toddlers; to link program participants with needed services through community collaboration with community agencies.</p>
<p><b>Single or Multi-Year Initiative Time Period</b></p>	<p>Multi-year</p>
<p><b>Key Partners in Development and/or Implementation</b></p>	<p>The program is operated by the JHH Department of Pediatrics under the guidance of a community board. It receives oversight and consultation from Baltimore City's Office of Head Start.</p>
<p><b>Evaluation Dates</b></p>	<p>The program is required to conduct a Community Needs Assessment every two years as well as a Strategic Planning process to ensure that the program utilizes both quantitative and qualitative data to identify key areas of need within the Baltimore City. Federal guidelines require that the program conduct an intensive</p>

	self-assessment yearly. The results of the self-assessment are reportable to the program's governing body and foster a cyclical and iterative approach to program planning and monitoring. The program receives monitoring from the Baltimore City Office of Head Start and periodic monitoring from the National Office of Head Start. Federal Monitoring Review and an annual A-133 Audit occurred in the 2010-2011 program year, and the program is awaiting results of the Federal Monitoring Review.
<b>Outcome (Include process and impact measures)</b>	To identify ongoing need for services for infants and toddlers in Baltimore City, each year the program reviews the demographic data for this target population. Information reviewed includes, the number of children under the age of 5, number of families living at or below the poverty guidelines, the number of children referred to Part C services for Early Intervention Services, and the number of families currently designated as homeless. In addition, the program reviews the community trends and risk factors related to the infant toddler population, identifies current service providers and gaps in service delivery, identify and project service needs based on data obtained from Baltimore City Health Department, Baltimore City Public Schools and other local government data (COPA). This process allows for comparison of the program's performance against multiple sets of indicators as outlined in the federal Early Head Start performance standards, the Baltimore City's Strategy to Improve Birth Outcomes, and the Department of Health and Human Services Advisory Committee on Services to Families with Infants and Toddlers Program Principles and Program Cornerstones.
<b>Continuation of Initiative</b>	Program is awaiting a federal mandate for re-application for Early Head Start grantees.
<b>Cost of Initiative for Current FY</b>	\$2,893,952

Initiative 5. Comprehensive Women's Center Substance Abuse Program

<b>Identified Need</b>	<p>Mental Health/Substance Abuse</p> <p>As identified in the City Health Department's Healthy Baltimore 2015 report, substance abuse represents a health challenge for Baltimore because it is related to so many other issues the city faces such as family/community disruption, crime, homelessness, and health care utilization. Interventions that are comprehensive and continuous provide the best chance for successful treatment. The Comprehensive Women's Center Substance Abuse program, formerly known as PAODD (Program for Alcoholism and Other Drug Dependencies), was designed</p>
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	to offer this high-level of integrated treatment program.
<b>Hospital Initiative</b>	Comprehensive Women’s Center Substance Abuse Program (Broadway Center)
<b>Primary Objective</b>	The Broadway Center provides treatment services for people with substance abuse disorders that address medical, psychiatric, social service and social network needs through a comprehensive, on-site, integrated program.
<b>Single or Multi-Year Initiative Time Period</b>	Multi-year
<b>Key Partners in Development and/or Implementation</b>	Baltimore Substance Abuse Systems
<b>Evaluation Dates</b>	January and July 2012
<b>Outcome (Include process and impact measures)</b>	Process: Patient satisfaction survey and toxicology screen results Process: Satisfaction survey administered bi-annually to all patients, and toxicology screens are conducted randomly on all patients. Outcome: Improved treatment adherence to care and overall health for participants.
<b>Continuation of Initiative</b>	Yes, this is a continuing initiative.
<b>Cost of Initiative for Current FY</b>	\$575,069

Initiative 6. Supportive Housing for Male Substance Abuse Patients

<b>Identified Need</b>	<p>Mental Health/Substance Abuse</p> <p>As identified in the City Health Department’s Healthy Baltimore 2015 report, substance abuse represents a health challenge for Baltimore because it is related to so many other issues the city faces such as family/community disruption, crime, homelessness, and health care utilization. Interventions that are comprehensive and continuous provide the best chance for successful treatment. The Supportive Housing program was designed to help meet the daily living needs of patients in treatment for substance abuse.</p>
<b>Hospital Initiative</b>	<p>Supportive Housing for Male Substance Abuse Patients</p>
<b>Primary Objective</b>	<p>The Department of Psychiatry pays for supportive housing (including transportation to and from housing, and meals) for male patients in treatment at the Johns Hopkins Broadway Center for Addiction. Long-term residential recovery housing provides stable living conditions for men struggling with drug and alcohol addiction.</p>
<b>Single or Multi-Year Initiative Time Period</b>	<p>Multi-year</p>
<b>Key Partners in Development and/or Implementation</b>	<p>Helping Up Mission</p>
<b>Evaluation Dates</b>	<p>Service dates held every day with daily review. Evaluations in the form of monthly meetings with program team. Annual review of all Day Hospital programs with Department Chairman. Annual contract to provide housing is reviewed yearly.</p>
<b>Outcome (Include process and impact measures)</b>	<p>Regular monitoring and management of housing census by Broadway Center staff and leadership.</p>
<b>Continuation of Initiative</b>	<p>Yes, this is a continuing initiative.</p>
<b>Cost of Initiative for Current FY</b>	<p>\$529,621</p>

Initiative 7. Homeless Outreach Services Team

<b>Identified Need</b>	<p>Mental Health/Substance Abuse</p> <p>As identified in the City Health Department’s Healthy Baltimore 2015 report, untreated mental illness can often lead to pervasive and cascading consequences ranging from homelessness to incarceration. The HOST program was designed to provide intensive outreach services to individuals who are homeless and have major mental illness as their primary diagnosis.</p>
<b>Hospital Initiative</b>	Homeless Outreach Services Team (HOST)
<b>Primary Objective</b>	The team provides services in cooperation with numerous community agencies and organizations. They provide education, crisis intervention, community support development, needs assessments, and personalized service plans, to individuals who have mental illness and are homeless or chronically homeless.
<b>Single or Multi-Year Initiative Time Period</b>	Multi-year
<b>Key Partners in Development and/or Implementation</b>	Mayor’s Homeless Initiative “The Journey Home”, Baltimore Mental Health Systems
<b>Evaluation Dates</b>	Annual evaluation
<b>Outcome (Include process and impact measures)</b>	Quarterly program reporting on measures such as number of clients housed and engaged in mental health treatment
<b>Continuation of Initiative</b>	Despite discontinuation of the HOST grant in FY13, the JHH Adult Case Management program will continue to serve homeless patients in the Baltimore community. These services are integrated within the broader Johns Hopkins Community Psychiatry programs to ensure the best quality and continuity of care.
<b>Cost of Initiative for Current FY</b>	\$387,069



Initiative 8. Operation PULSE

<p><b>Identified Need</b></p>	<p>Public Safety</p> <p>In the early 1990s, concerns of increased violence in and around the East Baltimore community pointed to the need for a collaborative effort, by groups in East Baltimore to reduce violent crime. The Johns Hopkins Hospital together with Clergy United for Renewal in East Baltimore (CURE) started Operation P.U.L.S.E. to provide a means of training, educating and informing citizens how to be aware, watch, help, assist and protect themselves and others in their neighborhood.</p>
<p><b>Hospital Initiative</b></p>	<p>Operation PULSE</p>
<p><b>Primary Objective</b></p>	<p>Community-based crime prevention program that provides training to community residents as well as resource material. Community residents are trained to patrol their neighborhoods. PULSE also provides security information and organizes social and educational activities within East Baltimore at local church functions and local schools.</p>
<p><b>Single or Multi-Year Initiative Time Period</b></p>	<p>Multi-year</p>
<p><b>Key Partners in Development and/or Implementation</b></p>	<p>Clergy United for Renewal in East Baltimore (CURE), The Johns Hopkins Neighborhood Fund, local/state/federal law enforcement agencies, local businesses</p>
<p><b>Evaluation Dates</b></p>	<p>Currently no evaluation. Funding is provided yearly.</p>
<p><b>Outcome (Include process and impact measures)</b></p>	<p>As a result of rolling out events, such as Back-to-School Events, National Night Out, anti-bullying and anti-gang programs, with local schools, churches and the community, Operation PULSE has introduced participants to others who share their concerns about safety (local businesses, law enforcement agencies, JHH corporate security) but may not have, in most cases, come together. Working together with these various groups, PULSE and JHH have had a positive impact in reducing crime, introducing crime prevention education and developing initiatives to create a safer environment for the neighborhoods around the Hospital. PULSE and JHH have learned to be creative and continue to adapt to whatever problems the communities may be facing at the present time. JHH is proud to pledge its continued commitment for the prevention of crime in East Baltimore communities.</p>

<b>Continuation of Initiative</b>	Yes, this is a continuing initiative.
<b>Cost of Initiative for Current FY</b>	\$122,900

Initiative 9. Johns Hopkins Summer Jobs Program

<p><b>Identified Need</b></p>	<p>High Unemployment</p> <p>The Baltimore City Youthworks program and successive mayoral administrations have actively encouraged employers in the city to provide young people of Baltimore with productive summer work. As one of the largest employers in the city, Johns Hopkins Institutions seeks to engage city youth in meaningful work throughout the summer months that can contribute to their development into productive citizens of the community.</p>
<p><b>Hospital Initiative</b></p>	<p>Johns Hopkins Summer Jobs Program</p>
<p><b>Primary Objective</b></p>	<p>To provide Baltimore City students the opportunity to complete a six-week long paid internship in one of the many departments throughout the Johns Hopkins Institutions. The program promotes exposure to careers and workplace culture, while providing an educational experience that promotes mentoring and fosters personal responsibility.</p> <p>Hired JHSJP students work 30 hours per week, 6 hours per day, Monday-Thursday, with educational sessions held every Friday. Educational session topics include, but are not limited to the following: Service Excellence, Teamwork, Post-secondary Education, Job Readiness, Financial Literacy, Professional Etiquette, etc. Students must complete the following steps to be considered for the internship:</p> <p>Application Process (January-February) Students submit an application, resume, parental consent forms, grades, recommendations, and immunizations records.</p> <p>Interview Session (March) Students are interviewed by staff members of Johns Hopkins Institution for the purpose of Interview experience.</p> <p>Occupational Health Screening (March-April) Students are screened and receive clearance form from OCC Health indicating ability to work.</p> <p>Orientation (April) Students attend a half-day orientation session, at which they become acquainted with The Johns Hopkins Institutions and their rights and responsibilities as an employee/volunteer. Content of this session and other program information will be available to Mentors on the JHSJP SharePoint website, to which you have/will receive an invitation:</p> <p>Start Date /Meet &amp;Greet (June) Students will receive their departmental placement, meet their supervisors, and begin their first day of work.</p> <p>End Date/ Closing Ceremony (July) A celebration of students completing the program.</p>

<b>Single or Multi-Year Initiative Time Period</b>	Multi-year
<b>Key Partners in Development and/or Implementation</b>	The Johns Hopkins Summer Jobs Program (JHSJP) is coordinated by The Johns Hopkins Hospital and Health System Office of Project REACH/Community Education Programs with the collaboration and support of Johns Hopkins University, and Johns Hopkins Bayview Medical Center. JHSJP began in 1994 under Deborah Knight-Kerr, former Director of Community & Education Project at JHHS and is in its 18th year under the guidance of the current Director of Project REACH/Community Education Programs, Yariela Kerr-Donovan. Due to increased Hopkins institutional support and departmental interest, the number of students in the program has increased steadily over the years, from 25 interns in 1994 to 254 interns in 2012.
<b>Evaluation Dates</b>	<p>Summer Jobs Student Intern Evaluation Tool — Mid (June-July) &amp; Post (July-August) - Department Mentor/Supervisors provide feedback on assigned student intern(s)</p> <p>JHSJP Intern Experience Feedback &amp; Evaluation (August-September) Student Interns provide feedback on overall program process and experience</p> <p>Summer Jobs Program Supervisor Survey (August-September) Department Mentor/Supervisor provide feedback on overall program process and experience</p>
<b>Outcome (Include process and impact measures)</b>	Through the evaluation and feedback process, the JHSJP has implemented changes to the program to increase teaching/coaching on workplace behavior, preparing for work, and financial literacy and increased college peer mentorship.
<b>Continuation of Initiative</b>	Yes, this is a continuing initiative. Future plans are to expand college peer mentorship for the JHSJP interns and to collaborate with existing JHU STEM programs to improve Baltimore City students participation in summer STEM programs.
<b>Cost of Initiative for Current FY</b>	\$686,556

Initiative 10. East Baltimore Development Inc.

<b>Identified Need</b>	Inadequate Housing & Economic Development
<b>Hospital Initiative</b>	East Baltimore Development Inc. (EBDI)
<b>Primary Objective</b>	EBDI is a long term community redevelopment initiative to renew neighborhoods north of The Johns Hopkins Hospital campus.
<b>Single or Multi-Year Initiative Time Period</b>	Multi-year
<b>Key Partners in Development and/or Implementation</b>	East Baltimore residents and additional community stakeholders, including City of Baltimore, State of Maryland, Federal government, Annie E. Casey Foundation, Forest City Enterprises, Maryland Institute College of Art
<b>Evaluation Dates</b>	Quarterly and annual reports from EBDI to partners and elected officials; quarterly EBDI Board meetings; monthly updates via community meetings, Baltimore City Council hearings and meetings convened at the request of local elected officials to inform/advise them on status and progress. Quarterly updates on workforce pipeline and economic inclusion.
<b>Outcome (Include process and impact measures)</b>	The project started in 2001 and is an ongoing collaborative process that includes identifying and assessing community needs. As of June 2012, 220 multifamily residential units have been completed, as well as the Rangos Building for life science research and a graduate student housing building. Construction is underway on a garage, the Maryland Public Health Laboratory, and the Henderson-Hopkins School. More than 2,500 people placed in jobs by EBDI or its workforce partners, more than 30% filled by residents of East Baltimore.
<b>Continuation of Initiative</b>	Yes, EBDI is a continuing commitment of the JHH.
<b>Cost of Initiative for Current FY</b>	\$1,250,870

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

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNAs—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns.

**V. PHYSICIANS**

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

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

2. Physician subsidies

The Johns Hopkins Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the hospital. In FY 2012, JHH paid a total of \$7.7 million in subsidies to physicians for the following patient services for on-call coverage in the emergency department:

Hospitalist (Med/Surg, Peds, Oncol, L&D)	\$4,075,575
Intensivist – Anesthesia	\$ 463,011
On call – Trauma	\$ 673,925
On call – Anesthesia	\$2,008,435
On call – MRI	\$ 480,983

## APPENDIX 1

### FINANCIAL ASSISTANCE POLICY DESCRIPTION

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


JHH will publish the availability of Financial Assistance on a yearly basis in local newspapers and will post notices of availability at patient registration sites, Admissions/Business Office, the Billing Office and at the emergency department within JHH. 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.

JHH (financial counselor/patient financial services representative, Social Services Department personnel and/or medical assistance/Medicaid eligibility technician) will provide patients with assistance in determining eligibility for and making application to a variety of special entitlement programs that provide financial assistance both toward payment of medical bills and general expenses. The Finance Department, in conjunction with the Social Services Department, will interview patients to determine potential eligibility for Maryland Medical Assistance as well as other special programs, including but not limited to: Kidney Disease program, out-of-state Medicaid, special Health Services Cost Review Commission (HSCRC)-sponsored cancer screening and treatment programs, and Maryland Children's Health Services.

**APPENDIX 2**

**FINANCIAL ASSISTANCE POLICY  
SPECIAL ENTITLEMENT ADVOCACY POLICY**



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

Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.


### PROCEDURES

1. An evaluation for Financial Assistance can begin in a number of ways:

For example:


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

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


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Specialists, Administrative staff, Customer Service, etc.

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

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- h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a Hopkins hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based upon JHMI guidelines.
- a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments to the Financial Assistance Evaluation Committee for final evaluation and decision.
- b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Financial Assistance Evaluation Committee. This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Committee will have a final determination made no later than 30 days from the date the application was considered complete. The Financial Assistance Evaluation Committee will base its determination of financial need on JHHS guidelines.
7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
8. Services provided to patients registered as Voluntary Self Pay patients do not qualify for Financial Assistance.
9. A department operating programs under a grant or other outside governing authority (i.e., Psychiatry) may continue to use a government-sponsored application process and associated income scale.
10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient make a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
11. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility


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may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative request an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.

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

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

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

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

**JHHS Finance Policies and Procedures Manual**

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

Charity Care and Bad Debts, AICPA Health Care Audit Guide

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

**RESPONSIBILITIES - JHH, 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.

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

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Identify retroactive candidates; initiate final application process.

Management Personnel  
 (Supervisor/Manager/Director)

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

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

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

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

Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

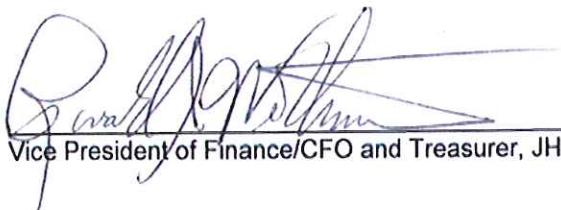
**SPONSOR**

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


**REVIEW CYCLE**

Two (2) years

**APPROVAL**

  
 Vice President of Finance/CFO and Treasurer, JHHS


9-15-10  
 Date

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**APPENDIX A  
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

1. Each person requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.
2. A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
4. The patient must be a United States of America citizen or permanent legal resident (must have resided in the U.S.A. for a minimum of one year)
5. Proof of income must be provided with the final application. Acceptable proofs include:
  - (a) Prior-year tax return;
  - (b) Current pay stubs;
  - (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
  - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
6. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets \*in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
7. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify.
8. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.
9. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is "elective" or "necessary," the patient's admitting physician shall be consulted. Questions as to necessity may be directed to the physician advisor appointed by the hospital.
10. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted.



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

Exception

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


**FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID**

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES Effective 2/16/11						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 21,780	\$ 23,958	\$ 26,136	\$ 28,314	\$ 30,492	\$ 32,670
2	\$ 29,420	\$ 32,362	\$ 35,304	\$ 38,246	\$ 41,188	\$ 44,130
3	\$ 37,060	\$ 40,766	\$ 44,472	\$ 48,178	\$ 51,884	\$ 55,590
4	\$ 44,700	\$ 49,170	\$ 53,640	\$ 58,110	\$ 62,580	\$ 67,050
5	\$ 52,340	\$ 57,574	\$ 62,808	\$ 68,042	\$ 73,276	\$ 78,510
6	\$ 59,980	\$ 65,978	\$ 71,976	\$ 77,974	\$ 83,972	\$ 89,970
7	\$ 67,620	\$ 74,382	\$ 81,144	\$ 87,906	\$ 94,668	\$ 101,430
8*	\$ 75,260	\$ 82,786	\$ 90,312	\$ 97,838	\$ 105,364	\$ 112,890
*amt for each mbr	\$7,640	\$8,404	\$9,168	\$9,932	\$10,696	\$11,460
Allowance to Give:	100%	80%	60%	40%	30%	20%

\*200% of Poverty Guidelines

\*\* For family units with more than eight (8) members.

EXAMPLE: Annual Family Income \$50,000  
 # of Persons in Family 4  
 Applicable Poverty Income Level 44,700  
 Upper Limits of Income for Allowance Range \$53,640 (60% range)  
 (\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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### Appendix A-1

#### Presumptive Financial Assistance Eligibility

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

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

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

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**APPENDIX B  
MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

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

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

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

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

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


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

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

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

General Conditions for Medical Financial Hardship Assistance Application:

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

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

#### Factors for Consideration

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


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

#### Exception

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

#### Evaluation Method and Process

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

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**MEDICAL HARDSHIP FINANCIAL GRID**

Upper Limits of Family Income for Allowance Range

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

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

Exhibit A

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



Maryland State Uniform Financial Assistance Application

*Information About You*

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

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

Marital Status:   Single   Married   Separated  
Permanent Resident:   Yes   No

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

Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country \_\_\_\_\_

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

Phone \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

Table with 2 columns: Income Source (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) and Monthly Amount.

II. Liquid Assets

Table with 2 columns: Asset Type (Checking account, Savings account, Stocks, bonds, CD, or money market, Other accounts) and Current Balance.

III. Other Assets

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

Table with 4 columns: Item Type (Home, Automobile, Additional vehicle, Additional vehicle, Other property), Loan Balance, Make, Year, and Approximate value.

IV. Monthly Expenses

Table with 2 columns: Expense Category (Rent or Mortgage, Utilities, Car payment(s), Credit card(s), Car insurance, Health insurance, Other medical expenses, Other expenses) and Amount.

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

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

Applicant signature Date
Relationship to Patient

Exhibit A

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



Maryland State Uniform Financial Assistance Application

Information About You

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

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

Marital Status:   Single   Married   Separated  
Permanent Resident:   Yes   No

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

Phone \_\_\_\_\_  
\_\_\_\_\_  
Country \_\_\_\_\_

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

Phone \_\_\_\_\_

Household members:

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

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

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



**Exhibit A**

***I. Family Income***

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

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

***II. Liquid Assets***

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

***III. Other Assets***

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

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

***IV. Monthly Expenses***

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

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

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

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

\_\_\_\_\_  
 Date

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



JOHNS HOPKINS  
MEDICINE

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

**Uso De la Ayuda Financiera Del Uniforme Del Estado De Maryland**

Información sobre usted:

Nombre \_\_\_\_\_ Fecha \_\_\_\_\_  
Primer Medio Ultimo  
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	_____
<b>Total</b>	<b>\$ _____</b>

**II. Activos Líquidos**

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

**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 _____ Ano _____	Valor Aproximado _____
Automóvil Haga _____ Ano _____	Valor Aproximado _____
Automóvil Haga _____ Ano _____	Valor Aproximado _____
La Otra Propiedad _____	Valor Aproximado _____
<b>Total</b>	<b>\$ _____</b>

**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	_____
<b>Total</b>	<b>\$ _____</b>

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- \_\_\_\_\_

Exhibit B

**PATIENT FINANCIAL SERVICES**  
**PATIENT PROFILE QUESTIONNAIRE**

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

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

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

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

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

**Family Size:**

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

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

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

Exhibit B

**SERVICIOS FINANCIEROS AL PACIENTE**  
**CUESTIONARIO DEL PERFIL DEL PACIENTE**

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

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

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

No. De Archivo Médico: \_\_\_\_\_

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

**Tamaño de Familia:**

Individual: \$2,500.00

Dos personas: \$3,000.00

Por cada miembro familiar adicional, agregar \$100.00

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

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

Exhibit C

**MEDICAL FINANCIAL HARDSHIP APPLICATION**

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

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

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

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

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

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

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

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

All documentation submitted becomes part of this application.

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

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

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

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

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

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

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

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

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

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

Exhibit C

**APLICACION PARA DIFICULTADES MEDICAS FINANCIALES**

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

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

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

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

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

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

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

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

Toda documentacion sometida sera parte de esta aplicación.

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

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

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

\_\_\_\_\_  
Relación al Paciente

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


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

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

Reducción: \_\_\_\_\_

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

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

 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>	<p><i>Policy Number</i> FIN054</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 12-01-11</p>
	<p>SPECIAL ENTITLEMENT ADVOCACY PROGRAM</p>	<p><i>Page</i> 1 of 5</p>
		<p><i>Supersedes</i> 10-26-09</p>

**POLICY**

This policy applies to The Johns Hopkins Health System Corporation (JHHS) and the following affiliated entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center, Inc. (JHBMC), Johns Hopkins Community Physicians (JHCP), Howard County General Hospital (HCGH), Suburban Hospital (SH), All Children’s Hospital, Inc. (ACH), Kids Home Care, Inc. (KHC), Pediatric Physician Services, Inc. (PPS), West Coast Neonatology, Inc. (WCN).

**Purpose**

To establish guidelines and procedures for assisting patients with issues regarding eligibility and applications for special entitlement programs, as a means of meeting their financial obligations to JHHS or its affiliates.

Each JHHS affiliate will provide patients with assistance in determining eligibility for and making application to a variety of special entitlement programs that provide financial assistance both toward payment of medical bills and general expenses. The Finance Department, Admissions, Patient Accounts or Social Work in conjunction with the Social Services Department, will interview patients to determine potential eligibility for Medical Assistance as well as other special programs that are available for adults or children at the Federal or State level.

Since consideration for the JHHS Financial Assistance Program requires that where appropriate, an application be submitted to and rejected by the Medical Assistance Program before JHHS charity funds can be used, each hospital-based affiliate will provide funding for onsite Income Maintenance Technicians or outsourced contracted staff to process and approve Medical Assistance applications submitted by patients. To facilitate this process, a signed limited power of attorney may be obtained from each patient/guarantor who is applying for either Maryland Medical Assistance or an out-of-state Medicaid program. Hospital-based staff or outsourced contracted staff will also assist any patients who continue to require additional help in complying with the documentation requirements of the State’s program once these patients have concluded their treatment at the JHHS facility.


**REFERENCES**

- JHHS Finance Policies and Procedures Manual**  
 Policy No. FIN034 - JHHS Financial Assistance Program  
 Policy No. FIN044 - Inpatient Admission & Financial Responsibility

**RESPONSIBILITIES**

- |  |   |
|--|---|
| <p>Financial Counselor/Patient<br/>Financial Services Representative<br/>(or affiliate equivalent)</p> | <p>Screen patient to determine eligibility for entitlement programs.</p> <p>Contact Social Services Department for assistance in obtaining necessary information from patient and/or family as appropriate.</p> <p>Determine the best program to meet patient's needs and assist patient in completing necessary applications</p> <p>a. Obtain application for in-state Medical Assistance and schedule appointment with on-site Eligibility Technician or off-site caseworker, as appropriate.</p> |
|--|---|



 <p><b>JOHNS HOPKINS</b> M E D I C I N E JOHNS HOPKINS HEALTH SYSTEM</p>	<b>The Johns Hopkins Health System Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN054
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- b. Require eligible out-of-state patients to apply with the applicable state's Medicaid program. (Assistance may be provided)
- c. Assist or direct patient in applying for other suitable entitlement programs.

Social Services Department  
Personnel (or affiliate equivalent)

Provide required documentation to applicable programs regarding medical bills.

Document relevant financial information in patient's records.

On-site Medical Assistance/  
Medicaid Eligibility Technician (or  
affiliate equivalent)

Assist Patient Financial Services personnel in obtaining necessary patient financial information as required.

Receive and evaluate application for Medical Assistance and notify patient and provider of outcome; complete all required documentation of approved cases.

**SPONSOR**

Senior Director, Patient Finance (JHH, JHHS, JHBMC)  
Senior Director of Finance (JHCP)  
Director of Revenue Cycle (HCGH)  
Corporate Director, Patient Financial Services (SH)  
Director, Patient Accounts (ACH)

**REVIEW CYCLE**

Three (3) years


**APPROVAL**

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


12-1-11  
Date

**PROCEDURES (JHH, JHBMC, JHCP, HCGH, SH)**

- 1. Financial Counselor/Patient Financial Services (or affiliate equivalent)
  - a. Screen patient for need for various entitlement programs. Contact Department of Social Services for assistance in obtaining necessary information from patient and/or family as appropriate.
  - b. Determine which program best addresses the patient's situation. Currently available programs include but are not limited to:


 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p><b>The Johns Hopkins Health System Policy &amp; Procedure</b></p>	<p><i>Policy Number</i></p>	<p>FIN054</p>
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- 1) Maryland Medical Assistance
  - 2) Kidney Disease Program
  - 3) HSCRC Cancer Screening and Treatment Program
  - 4) Maryland Children's Health Service
- c. Assist patient as necessary in the completion of application to Maryland Medical Assistance Program. Require patient who may be eligible for out-of-state Medicaid programs to apply to the applicable state for benefits.
  - d. For Maryland residents applying for Maryland Medical Assistance, set up an interview for the patient with onsite Eligibility Technician or off-site caseworker to review completed application.
  - e. Provide required documentation (e.g., treatment plans, staging forms, medical records, discharge summaries, etc.), to applicable programs.
  - f. Refer patient as necessary to appropriate department for applications to other special programs and follow up with program concerning status of application. Act as liaison between patient and program to ensure completion of application process.
  - g. Document relevant financial information in patient's records.
  - h. Consider utilizing outside collection agent for any patient who is uncooperative or non-compliant with the application process.
2. Social Services Department Personnel (or affiliate equivalent)
    - a. As required, provide assistance to Patient Financial Services Department personnel in obtaining required information from patient and/or family and determining suitable entitlement programs.
  3. Onsite Medicaid Eligibility Technician/Financial Counselor (or affiliate equivalent)
    - a. Conduct face-to-face interviews with Maryland residents applying for Medical Assistance.
    - b. Evaluate application to determine if Federal guidelines for granting assistance are met.
    - c. Notify the patient and the provider regarding the outcome of the eligibility process.
    - d. State worker only: Enter the Medicaid recipient number and eligibility dates for approved applications into the State's computer records.

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN054
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**PROCEDURES (ACH, KHC, PPS, WCN)**

1. Financial Counselor/Patient Financial Services
  - a. Screen patient for need for financial assistance program needs. Contact Social Work Services for assistance in obtaining necessary information from guarantor, patient and or family, as appropriate.
  - b. Determine which program best addresses the patient's situation. Currently available programs include, but are not limited to:
    - 1) Florida Medical Assistance
    - 2) Florida Healthy Kids
    - 3) Children's Medical Services
    - 4) SSI
  - c. Assist guarantor/patient as necessary in the completion of application to Florida Medicaid. Ensure that all needed documentation is readily available or provide assistance to ensure we are able to obtain all necessary documents, such as birth certificates, proof of income.
  - d. For Florida residents applying for Florida Medicaid, submit completed application electronically to Department of Children & Family Services (DCF).
  - e. Refer patient/guarantor to vendor for completion of eligibility process.
  - f. Document relevant financial information in patient's financial record.
  - g. Consider utilizing outside collections for any guarantor/patient who is uncooperative or non compliant with the application process.
2. Social Work Services Personnel
  - a. As required, provide assistance to Admissions and Patient Accounts personnel in obtaining required information from guarantor/patient or family members. As needed, assist in helping to arrange meeting with guarantor/patient or family members and Patient Accounts staff or outside Vendor staff.
3. Outside Vendor
  - a. Conduct face to face interviews with Florida residents

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applying for Florida Medicaid.

- b. Determine which program best addresses the patient's situation. Currently available programs include, but are not limited to:
  - 1) Florida Medical Assistance
  - 2) Florida Healthy Kids
  - 3) Children's Medical Services
  - 4) SSI
- c. Evaluate applications to determine if Federal and state guidelines for granting assistance are met.
- d. Assist guarantor/patient as necessary in the completion of application to Florida Medicaid. Ensure that all needed documentation is readily available or provide assistance to ensure we are able to obtain all necessary documents, such as birth certificates, proof of income.
- e. For Florida residents applying for Florida Medicaid, submit completed application electronically to Department of Children & Family Services (DCF).
- f. Provide any additional required documentation (e.g. treatment plans, staging forms, medical records, physician attestations, discharge summary) to applicable program.
- g. Refer guarantor/patient as necessary to appropriate department for applications to other special programs and follow up with program concerning status of application. Act as liaison between guarantor/patient and program to ensure completion of application process.
- h. After 30 days, contact DCF to determine the status of any pending application. Ensure Florida Medicaid Management Information System (FMMIS) and eligibility has been updated and Medicaid number assigned.
- i. Notify the guarantor/patient and the provider regarding the outcome of the eligibility process.
- j. Document relevant financial information in patient's financial record.

**APPENDIX 3**

**PATIENT INFORMATION SHEET**

## PATIENT BILLING & FINANCIAL ASSISTANCE INFORMATION

### YOUR RIGHTS AND RESPONSIBILITIES:

The Johns Hopkins Hospital makes every effort to see that your account is properly billed. You are responsible for making sure the insurance information provided to The Johns Hopkins Hospital is correct. However, we cannot guarantee payment from your insurance company. All unpaid charges on the statement will be your responsibility.

The Johns Hopkins Hospital provides a reasonable amount of its services free, or at a reduced charge to eligible persons who cannot afford to pay for medical care. Financial Assistance eligibility is based upon documented family circumstances and family size. Additionally, to qualify for this assistance, all other sources of payment must be exhausted, including Medical Assistance. In certain circumstances, Medical Financial Hardship Assistance may also be available. Financial Assistance Eligibility applications can be obtained by contacting Customer Service between 8:30 AM to 4:30 PM, Monday through Friday, at the numbers listed below.

If you have any questions concerning this bill and charges for services rendered by The Johns Hopkins Hospital, please call our Customer Service office between 8:30am to 4:30pm, Monday thru Friday at 443-997-0100 or toll-free at 1-800-757-1700.

#### Mail only payments to:

The Johns Hopkins Hospital  
P.O. Box 537118  
Atlanta, GA 30353-7118

#### Mail correspondence/insurance information directly to Customer Service:

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

**For information concerning Maryland Medical Assistance Program contact your local Department of Social Services at 1-800-332-6347, TTY: 1-800-925-4434 or visit: [www.dhr.state.md.us](http://www.dhr.state.md.us).**

*If any checks are returned due to NSF (Non-Sufficient Funds) or stop payment, the patient will be charged the maximum fee permitted under Maryland law.*

### HOSPITAL STATEMENTS DO NOT INCLUDE PHYSICIAN FEES OR CHARGES:

This statement represents only those charges for services billed through The Johns Hopkins Hospital. Services rendered by your doctors are billed separately. Questions concerning physician fees must be directed to the appropriate office. Please contact Johns Hopkins University Clinical Practice Association with questions concerning your physician's fees at (410) 933-1200, or toll-free at 1-800-657-0066.

If you need to contact The Johns Hopkins Hospital on matters not related to this statement, please call our general information number at (410) 955-5000.

Johns Hopkins is introducing another way to contact our Customer Service Department. You may now email us directly at: [customerservice@jhmi.edu](mailto:customerservice@jhmi.edu) Questions regarding your account should include your account number, patient name, date of service, statement date, insurance information, and a description of the charges billed.

### CHANGE OF NAME, ADDRESS, OR HEALTH INSURANCE INFORMATION (Please Print)

Name Change:		New Street Address		
City:	State:	Zip Code	New Phone Number (____) _____	
Insured's Name:	Social Security:	Patient's DOB:	Relationship to Insured (circle one)	
		/ /	Self   Spouse   Child   Other	
Insurance Company Name and Address:			Policy Number:	Group Number:
Effective Date:	Insurance Company Phone Number: (____) _____			
Signed	Date	I authorize the release of medical information necessary to process this claim. I assign and authorize direct payment to this hospital of any insurance or other benefits otherwise payable to me or the patient.		



# Declaración de los derechos y responsabilidades del paciente

Como paciente del Hospital Johns Hopkins, queremos alentarlo a que discuta abiertamente asuntos referentes a su cuidado con el equipo médico, que tome parte activa en su tratamiento, y que promueva su propia seguridad al estar bien informado e involucrado en su cuidado. Queremos que usted se conciba como un socio en su propio cuidado, y que conozca sus derechos así como también sus responsabilidades durante su estadía en el hospital. Le invitamos a usted y a su familia a que nos acompañen como miembros activos del equipo de cuidado.

## Sus Derechos

- **TIENE DERECHO** a recibir un cuidado considerado, respetuoso y compasivo sin importar su edad, género, raza, nacionalidad, religión, orientación sexual o limitaciones físicas.
- **TIENE DERECHO** a ser atendido en un ambiente seguro, exento de cualquier forma de abuso, abandono o maltrato.
- **TIENE DERECHO** a que le llamen por su nombre y a permanecer en un ambiente que mantenga la dignidad y que contribuya a una imagen propia positiva.
- **TIENE DERECHO** a que le digan los nombres de los médicos, enfermeros y otros miembros del equipo médico involucrados en su cuidado.
- **TIENE DERECHO** a que se le notifique lo más pronto posible a un miembro de su familia o a un representante de su elección y a su propio médico acerca de su hospitalización.
- **TIENE DERECHO** a que alguien permanezca con usted para brindarle apoyo emocional durante su estadía en el hospital, a menos que la presencia de su visitante comprometa sus derechos o los derechos, la seguridad o la salud de los demás. Tiene el derecho de negarse a recibir visitas en cualquier momento.
- **TIENE DERECHO** a que el médico le hable acerca de su diagnóstico y posible pronóstico, de los beneficios y de los riesgos del tratamiento, y del desenlace esperado del tratamiento, incluyendo los desenlaces no previstos. Tiene derecho a dar un consentimiento informado por escrito antes de que empiece cualquier procedimiento o tratamiento que no sea de emergencia.
- **TIENE DERECHO** a que le examinen su dolor y a estar involucrada en las decisiones acerca de cómo manejarlo.
- **TIENE DERECHO** a estar exento de sujetadores que le impidan el movimiento y de aislamiento innecesario desde un punto de vista médico.
- **TIENE DERECHO** a que se le considere su total privacidad y confidencialidad en las conversaciones acerca de su cuidado, de los exámenes y del tratamiento. Puede solicitar un acompañante durante cualquier examen.
- **TIENE DERECHO** a acceder a los servicios de protección y defensoría en casos de abuso o de abandono. El hospital le brindará una lista de recursos de defensoría y protección.
- **USTED, LOS MIEMBROS DE SU FAMILIA Y LOS AMIGOS QUE TENGAN SU AUTORIZACIÓN, TIENEN DERECHO** a participar en decisiones acerca de su cuidado, tratamiento y servicios, incluido el derecho a rehusarse al tratamiento hasta el punto permitido por la ley. Si usted se va del hospital en contra del consejo de su médico, el hospital y los médicos no son responsables por ninguna consecuencia médica que pueda ocurrir.
- **TIENE DERECHO** a acceder o a rehusarse a participar en cualquier estudio de investigación médica. En cualquier momento usted puede dejar de participar en el estudio sin que esto tenga un impacto en el acceso o la calidad del cuidado.
- **TIENE DERECHO** al tipo de comunicación que usted pueda comprender. El hospital brindará lenguaje de signos o servicios de interpretación para idiomas extranjeros sin costo adicional. La información ofrecida será apropiada para su edad, nivel de comprensión e idioma. Si tiene alguna limitación visual, auditiva, de lenguaje, y/u otro impedimento, recibirá ayudas adicionales para asegurar de que sus necesidades estén satisfechas.
- **TIENE DERECHO** a decidir sus últimas voluntades, y asignar a alguien, para que, si usted no puede, tome las decisiones acerca de su salud. Si no tiene una instrucción previa de sus últimas voluntades, le podemos ofrecer información y ayuda para completar una.
- **TIENE DERECHO** a hacer parte de su plan de dado de alta. Puede esperar que le informen a tiempo acerca de la necesidad de planear su dado de alta o transferencia a otra instalación o a otro nivel de cuidado. Antes de que le den de alta usted puede esperar que le den información acerca del cuidado de seguimiento que necesita.
- **TIENE DERECHO** a recibir información detallada acerca de los cobros hechos por su hospital y por el médico.
- **PUEDEN ESPERAR** que todas las comunicaciones y registros médicos sean confidenciales a menos que la divulgación esté permitida por la ley. Tiene derecho a ver y a obtener una copia de sus registros médicos y, si es necesario, a que le expliquen la información contenida en ellos. Puede añadir información a sus registros contactando a su coordinadora. Una vez usted lo solicite, usted tiene derecho a recibir una lista de las personas a quienes se les reveló su información personal de salud.

## Sus responsabilidades

- **SE ESPERA** que brinde información completa y precisa, incluyendo su nombre completo, dirección, número de teléfono de la casa, fecha de nacimiento, número de seguro social (si aplica), aseguradora médica y empleador cuando se requiera.
- Si usted ha escrito sus últimas voluntades, **DEBE** darle al hospital o a su doctor una copia de las mismas.
- **SE ESPERA** que dé información correcta y completa acerca de su salud y su historia médica, incluyendo su condición actual, las enfermedades pasadas, hospitalizaciones, medicamentos, vitaminas, productos naturales y cualquier otro asunto concerniente a su salud, incluyendo los riesgos de seguridad percibidos.
- **SE ESPERA** que haga preguntas cuando no entiende la información o las instrucciones que se le dan. Si usted cree que no puede llevar a cabo su plan de tratamiento, usted tiene la responsabilidad de decirle a su médico. Usted es responsable por los resultados si no sigue el plan de servicio, cuidado y tratamiento.
- **SE ESPERA** que participe activamente en el manejo de su dolor y que mantenga a los médicos y a las enfermeras informados de la efectividad de dicho tratamiento.
- **SE LE PIDE** que deje sus objetos de valor en casa y que solamente traiga lo necesario para su estadía en el hospital.
- **SE ESPERA** que usted trate al personal del hospital, otros pacientes y visitantes con cortesía y respeto; que acate todas las reglas y regulaciones de seguridad y que sea consciente de los niveles de ruido, privacidad y número de visitantes.
- **SE ESPERA** que brinde información correcta y completa acerca del cubrimiento de su plan de seguro médico y que pague las facturas a tiempo.
- **USTED TIENE LA RESPONSABILIDAD** de asistir a sus citas médicas puntualmente, y de llamar a su proveedor de salud si no puede asistir.

Maryland Department of Health & Hygiene  
Office of Health Care Quality  
Hospital Complaint Unit  
Spring Grove Hospital Center  
55 Wade Avenue  
Bland Bryant Building  
Catonsville, Maryland 21228  
410-402-8016 o a la línea gratis 1-877-402-8218

The Joint Commission  
Office of Quality Monitoring  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
1-800-994-6610 o  
complaint@jointcommission.org

# Patient Bill of Rights and Responsibilities

We want to encourage you, as a patient at The Johns Hopkins Hospital, to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care. Because we want you to think of yourself as a partner in your care, we want you to know your rights as well as your responsibilities during your stay at our hospital. We invite you and your family to join us as active members of your care team.

## Your Rights

- **YOU HAVE THE RIGHT** to receive considerate, respectful and compassionate care in a safe setting regardless of your age, gender, race, national origin, religion, sexual orientation, gender identity or disabilities.
- **YOU HAVE THE RIGHT** to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- **YOU HAVE THE RIGHT** to be called by your proper name and to be in an environment that maintains dignity and adds to a positive self-image.
- **YOU HAVE THE RIGHT** to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- **YOU HAVE THE RIGHT** to have a family member or person of your choice and your own doctor notified promptly of your admission to the hospital.
- **YOU HAVE THE RIGHT** to have someone remain with you for emotional support during your hospital stay, unless your visitor's presence compromises your or others' rights, safety or health. You have the right to deny visitation at any time.
- **YOU HAVE THE RIGHT** to be told by your doctor about your diagnosis and possible prognosis, the benefits and risks of treatment, and the expected outcome of treatment, including unexpected outcomes. You have the right to give written informed consent before any non-emergency procedure begins.
- **YOU HAVE THE RIGHT** to have your pain assessed and to be involved in decisions about treating your pain.
- **YOU HAVE THE RIGHT** to be free from restraints and seclusion in any form that is not medically required.
- **YOU CAN EXPECT** full consideration of your privacy and confidentiality in care discussions, exams, and treatments. You may ask for an escort during any type of exam.
- **YOU HAVE THE RIGHT** to access protective and advocacy services in cases of abuse or neglect. The hospital will provide a list of these resources.
- **YOU, YOUR FAMILY, AND FRIENDS WITH YOUR PERMISSION, HAVE THE RIGHT** to participate in decisions about your care, your treatment, and services provided, including the right to refuse treatment to the extent permitted by law. If you leave the hospital against the advice of your doctor, the hospital and doctors will not be responsible for any medical consequences that may occur.
- **YOU HAVE THE RIGHT** to agree or refuse to take part in medical research studies. You may withdraw from a study at any time without impacting your access to standard care.
- **YOU HAVE THE RIGHT** to communication that you can understand. The hospital will provide sign language and foreign language interpreters as needed at no cost. Information given will be appropriate to your age, understanding, and language. If you have vision, speech, hearing, and/or other impairments, you will receive additional aids to ensure your care needs are met.
- **YOU HAVE THE RIGHT** to make an advance directive and appoint someone to make health care decisions for you if you are unable. If you do not have an advance directive, we can provide you with information and help you complete one.
- **YOU HAVE THE RIGHT** to be involved in your discharge plan. You can expect to be told in a timely manner of your discharge, transfer to another facility, or transfer to another level of care. Before your discharge, you can expect to receive information about follow-up care that you may need.



**JOHNS HOPKINS**  
MEDICINE

THE JOHNS HOPKINS HOSPITAL



- **YOU HAVE THE RIGHT** to receive detailed information about your hospital and physician charges.
- **YOU CAN EXPECT** that all communication and records about your care are confidential, unless disclosure is permitted by law. You have the right to see or get a copy of your medical records. You may add information to your medical record by contacting the Medical Records Department. You have the right to request a list of people to whom your personal health information was disclosed.
- **YOU HAVE THE RIGHT** to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis, or treatment. You have the right to withdraw consent up until a reasonable time before the item is used.
- **IF YOU OR A FAMILY MEMBER NEEDS TO DISCUSS** an ethical issue related to your care, a member of the Ethics Service is available by pager at all times. To reach a member, dial 410-283-6104. After three beeps, enter your phone number and then the pound sign (#). An Ethics Service member will return your call.
- **YOU HAVE THE RIGHT** to spiritual services. Chaplains are available to help you directly or to contact your own clergy. You can reach a chaplain at 410-955-5842 between 8am and 5pm weekdays. At other times, please ask your nurse to contact the chaplain on call.
- **YOU HAVE THE RIGHT** to voice your concerns about the care you receive. If you have a problem or complaint, you may talk with your doctor, nurse manager, or a department manager. You may also contact the Patient Relations Department at 410-955-2273 or email [patientrelations@jhmi.edu](mailto:patientrelations@jhmi.edu).

If your concern is not resolved to your liking, you may also contact:

**Maryland Department of Health & Hygiene**  
 Office of Health Care Quality  
 Hospital Complaint Unit  
 Spring Grove Hospital Center  
 Bland Bryant Building  
 Catonsville, Maryland 21228  
 410-402-8000

**The Joint Commission**  
 Office of Quality Monitoring  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181  
 1-800-994-6610  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)

## Your Responsibilities


- **YOU ARE EXPECTED** to provide complete and accurate information, including your full name, address, home telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
- **YOU SHOULD PROVIDE** the hospital or your doctor with a copy of your advance directive if you have one.
- **YOU ARE EXPECTED** to provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins, herbal products, and any other matters that pertain to your health, including perceived safety risks.
- **YOU ARE EXPECTED** to ask questions when you do not understand information or instructions. If you believe you cannot follow through with your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care, treatment, and service plan.
- **YOU ARE EXPECTED** to actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
- **YOU ARE ASKED** to please leave valuables at home and bring only necessary items for your hospital stay.
- **YOU ARE EXPECTED** to treat all hospital staff, other patients, and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be mindful of noise levels, privacy, and number of visitors.
- **YOU ARE EXPECTED** to provide complete and accurate information about your health insurance coverage and to pay your bills in a timely manner.
- **YOU HAVE THE RESPONSIBILITY** to keep appointments, be on time, and call your health care provider if you cannot keep your appointments.

**APPENDIX 4**

**MISSION**

**VISION**

**VALUE STATEMENT**

	The Johns Hopkins Health System Corporation/The Johns Hopkins Hospital <b>Corporate and Administrative Policy Manual Administration</b>	<i>Policy Number</i>	ADM002	
		<i>Effective Date</i>	11/01/2012	
		<i>Approval Date</i>	10/29/2012	
	<i>Subject</i>	<b>Mission, Vision, and Values</b>	<i>Page</i>	1 of 2
			<i>Supersedes</i>	11/01/2009

**Keywords:**

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IV. <a href="#">APPROVAL</a>	2

**I. POLICY**

The purpose of this policy is to describe the mission, vision, and values for the Johns Hopkins Hospital and Johns Hopkins Medicine.

**The Johns Hopkins Hospital (JHH)***JHH Mission Statement*

The mission of The Johns Hopkins Hospital is to improve the health of the community and the world by setting the standard of excellence in patient care. Diverse and inclusive, The Johns Hopkins Hospital in collaboration with the faculty of The Johns Hopkins University supports medical education and research and provides innovative patient-centered care to prevent, diagnose and treat human illness.

*JHH Vision*

The vision of The Johns Hopkins Hospital is to be the world's preeminent health care institution.


*JHH Values*

- Excellence & Discovery
- Leadership & Integrity
- Diversity & Inclusion
- Respect & Collegiality

**Johns Hopkins Medicine (JHM)***JHM Mission Statement*

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.

*JHM Vision*

	The Johns Hopkins Health System Corporation/The Johns Hopkins Hospital <b>Corporate and Administrative Policy Manual          Administration</b>	<i>Policy Number</i>	ADM002	
		<i>Effective Date</i>	11/01/2012	
		<i>Approval Date</i>	10/29/2012	
	<i>Subject</i>	<b>Mission, Vision, and Values</b>	<i>Page</i>	2 of 2
			<i>Supersedes</i>	11/01/2009

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.

*JHM Values*

- Excellence & Discovery
- Leadership & Integrity
- Diversity & Inclusion
- Respect & Collegiality

**II. REVIEW CYCLE**

Three (3) years

**III. SPONSOR**

President

**IV. APPROVAL**

PRESIDENT APPROVAL

\_\_\_\_\_

\_\_\_\_\_  
Date

## Attachment 1

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

### Key Community Stakeholders

Warren Branch, Baltimore City Council Member  
Robert Curran, Baltimore City Council Member  
James Kraft Baltimore City Council Member  
Brandon Scott, Baltimore City Council Member  
Carl Stokes, Baltimore City Council Member  
Nathaniel McFadden, State Senator  
Cheryl Glenn, State Delegate  
Hattie Harrison, State Delegate  
Shirley Nathan-Pulliam, State Delegate  
Elijah Cummings, U.S. Congressman

Oxiris Barbot, M.D., Baltimore City Health Commissioner  
Peter Beilenson, M.D., Former Baltimore City Health Commissioner  
Joshua Sharfstein, M.D., State Dept of Health and Mental Hygiene

Annette Anderson, Ph.D., Head, Henderson-Hopkins Community School  
Tina Cheng, M.D., Director, JHU SOM, DC-Baltimore Research Center on Child Health Disparities  
Lenny Feldman, M.D., Program Director, JH Urban Health Residency Program  
Daniel Ford, M.D., Vice Dean, JHU SOM, Clinical Investigation  
Stephen Kravet, M.D., President, JH Community Physicians  
Phil Leaf, Ph.D., JHSPH Center for Prevention and Early Intervention  
Kathleen Page, M.D., JHU SOM/Latino Providers Network  
Eric Strain, M.D., Director, JH Center for Substance Abuse Treatment and Research  
Myron Weisfeldt, M.D., Chair JHU SOM Department of Medicine

Sister Bobby English, Julie Community Center  
Robert Gehman, Helping Up Mission  
Kevin Lindamood, Healthcare for the Homeless  
Gena O'Keefe, Annie E. Casey Foundation/Family League of Baltimore  
Yngvild Olsen, M.D., Baltimore Substance Abuse Systems  
Tom Wilcox, Baltimore Community Foundation

### Leadership and Representatives from Community Organizations

Ark Church  
Baltimore HealthCare Access  
Baltimore Medical System, Inc.  
Better Waverly Community Organization.  
C.A.R.E. Community Association  
Catholic Charities of Baltimore

Cedonia Community Association  
Centro de la Comunidad  
East Baltimore Development Inc.  
Esperanza Center  
Future Care Canton Harbor  
Greektown Community Development  
Historic East Baltimore Community Action Coalition Inc.  
Isaiah Wellness Center  
Koinonia Baptist Church  
Maryland Meals on Wheels  
McElderry Park Community  
Monument Main Street  
NIEHS, Community Outreach  
New Greenmount West Community Association  
Operation PULSE  
Paul Laurence Dunbar High School  
Peoples Community Health Centers, Inc.  
St. Philip's Evangelical Lutheran Church  
Zion Baptist Church