Johns Hopkins Bayview Medical Center

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Johns Hopkins Bayview Medical Center.	⦿	○	
Your hospital's ID is: 210029	⦿	○	
Your hospital is part of the hospital system called Johns Hopkins Medicine.	○	⦿	Johns Hopkins Health System
Your hospital was licensed for 342 beds during FY 2018.	⦿	○	
Your hospital's primary service area includes the following zip codes: 21202, 21205, 21213, 21219, 21222, 21224, 21231.	⦿	○	
Your hospital shares some or all of its primary service area with the following hospitals: Bon Secours Baltimore Health System, Johns Hopkins Hospital,Franklin Square Medical Center, MedStar Union Memorial Hospital, Mercy Medical Center, UM St. Joseph Medical Center, University of Maryland Medical Center.	○	⦿	Does not include Bon Secours, UM St. Joes

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find   these community health statistics useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

In 2015, the Johns Hopkins Bayview Medical Center (JHBMC) and The Johns Hopkins Hospital (JHH) merged their respective Community Benefit Service Areas (CBSA) in order to better integrate community health and community outreach across the East and Southeast Baltimore City and County region. The geographic area contained within the nine ZIP codes includes 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, and 21231. This area reflects the population with the largest usage of the emergency departments and the majority of recipients of community contributions and programming. Within the CBSA, JHBMC and JHH have focused on certain target populations such as the elderly, at-risk children and adolescents, uninsured individuals and households, and underinsured and low-income individuals and households. The CBSA covers approximately 27.9 square miles within the City of Baltimore or approximately thirty-four percent of the total 80.94 square miles of land area for the city and 25.6 square miles in Baltimore County. In terms of population, an estimated 305,895 people live within CBSA, of which the population in City ZIP codes accounts for thirty-eight percent of the City's population and the population in County ZIP codes accounts for eight percent of the County's population (2016 Census estimate of Baltimore City population, 620,961, and Baltimore County population, 831,026). Baltimore is a city of neighborhoods with over 270 identified communities. For purposes of health data analysis, the Baltimore City Department of Health has organized these areas into 55 neighborhoods or neighborhood groupings of which 23 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 (which includes neighborhoods such as Oliver, Broadway East, Johnston Square, and Gay Street), Hamilton, Highlandtown, Jonestown/Oldtown, Lauraville, Madison/East End, Midtown, Midway-Coldstream, Northwood, Orangeville/East Highlandtown, Patterson Park North & East, Perkins/Middle East, Southeastern, and The Waverlies. Johns Hopkins Bayview Medical Center is located in east Baltimore City. The CBSA population demographics have historically trended as white middle-income, working-class communities; however, in the past few decades, Southeast Baltimore has become much more diverse with a growing Latino population clustered around Patterson Park and Highlandtown. In Baltimore County, Dundalk, Sparrows Point, and Edgemere have been predominantly white with increasing populations of Hispanic and African American residents. Many of these new residents come to JHBMC for their health care needs. Challenges for Hispanic families include poor access to primary care, need for prenatal care for women, unintentional injury related deaths, and high rates of alcohol use among Latino men. To address these disparities Johns Hopkins Bayview has increased clinical services and developed new initiatives including more language interpretations for patient services, the Care-a-Van mobile health unit, the Children's Medical Practice and Centro Sol which provides outreach, education, mental health support and improved access to services. The Johns Hopkins Hospital is in the neighborhood called Perkins/Middle East, and the neighborhoods that are contiguous to Perkins/Middle East include Greenmount East (including Oliver, Broadway East, Johnston Square, and Gay Street), Clifton-Berea, Madison/East End, Patterson Park North & East, Fells Point, Canton, and Jonestown/Oldtown. Residents of most of these neighborhoods are primarily African American, with the exceptions of Fells Point, which is primarily white, and Patterson Park North & East, which represents a diversity of resident ethnicities. With the exceptions of Fells Point, Canton, 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, Canton, and Patterson Park N&E skews higher, and there are higher percentages of white households having higher median incomes residing in these neighborhoods. Neighborhoods farther north of the Johns Hopkins 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 mixed more diverse than in the neighborhoods closest to JHH and median household incomes range from significantly above the median to close to the median household income for Baltimore City. Between the two hospitals, in southeast Baltimore City, the CBSA population demographics have historically trended as white middle-income, working-class communities, Highlandtown, Southeastern, Orangeville/E. Highlandtown; however, in the past few decades, Southeast Baltimore has become much more diverse with a growing Latino population clustered around Patterson Park, Highlandtown, Orangeville/E. Highlandtown. Median incomes in these neighborhoods range from significantly below the City median in Southeastern to well above the median in Highlandtown. In Baltimore County, largely served by JHBMC, Dundalk, Sparrows Point and Edgemere have been predominantly white with increasing populations of Hispanic and African American residents. 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 Johns Hopkins Hospital and JHBMC. As the population of Baltimore City dropped, there has been a considerable disinvestment in housing stock in these neighborhoods. Economic conditions that resulted in the closing or relocation of manufacturing and industrial jobs in Baltimore City and Baltimore County led to higher unemployment in the neighborhoods around the Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, and social trends during the 1970s and 1980s led to increases in substance abuse and violent crime as well. The closure of Bethlehem Steel in Sparrow's Point had a particularly devastating impact on the residents of the Dundalk Peninsula, a large group of whom rely upon JHBMC for services. Greater health disparities are found in these neighborhoods closest to the Hospitals compared to Maryland state averages and surrounding county averages. The June 2012 Charts of Selected Black vs. White Chronic Disease SHIP Metrics for Baltimore City prepared by the Maryland Office of Minority Health and Health Disparities highlights some of these health disparities including higher emergency department visit rates for asthma, diabetes, and hypertension in blacks compared to whites, higher heart disease and cancer mortality in blacks than whites, higher rates of adult smoking, and lower percentages of adults at a healthy weight

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q6. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☑ Baltimore City	☐ Frederick County	☐ Somerset County
☑ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County
☐ Cecil County	☐ Montgomery County	☐ Worcester County

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

☐ 21201	☐ 21212	☑ 21222	☑ 21231
☑ 21202	☑ 21213	☐ 21223	☐ 21233
☑ 21205	☐ 21214	☑ 21224	☐ 21234
☑ 21206	☐ 21215	☐ 21225	☐ 21236
☐ 21207	☐ 21216	☐ 21226	☐ 21237
☐ 21208	☐ 21217	☐ 21227	☐ 21239
☐ 21209	☑ 21218	☐ 21229	☐ 21240
☐ 21210	☑ 21219	☐ 21230	☐ 21287
☐ 21211			

Q10. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

☐ 21013	☐ 21093	☐ 21153	☐ 21221
☐ 21030	☐ 21111	☐ 21155	☑ 21222
☐ 21031	☐ 21117	☐ 21156	☐ 21227
☐ 21051	☐ 21120	☐ 21162	☐ 21228
☐ 21053	☐ 21128	☐ 21204	☐ 21234
☐ 21057	☐ 21131	☐ 21207	☐ 21236
☐ 21071	☐ 21133	☐ 21208	☐ 21237
☐ 21082	☐ 21136	☑ 21219	☐ 21244
☐ 212087	☐ 21152	☐ 21220	☐ 21286

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

☐ Based on ZIP codes in your Financial Assistance Policy. Please describe.

☑ Based on ZIP codes in your global budget revenue agreement. Please describe.

> 21202, 21205, 21213, 21219, 21222, 21224, 21231 are the ZIP codes in our GBR agreement

☐ Based on patterns of utilization. Please describe.

☑ Other. Please describe.

> 21218 and 21206 have also been included in the hospital CBSA in the past based on utilization and community health needs

Q32. Provide a link to your hospital's mission statement.

https://www.hopkinsmedicine.org/johns_hopkins_bayview/about_hospital/mission_vision_values.html

Q33. Is your hospital an academic medical center?

◉ Yes
○ No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Q35. (Optional) Please upload any supplemental information that you would like to provide.

CBSA Demographics.pdf
290.4KB
application/pdf

Q36.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

◉ Yes
○ No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/20/2013

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/18/2018

Q40. Please provide a link to your hospital's most recently completed CHNA.

https://www.hopkinsmedicine.org/johns_hopkins_bayview/community_services/health_needs_initiatives/community_health_needs_assessment.html

Q41. Did you make your CHNA available in other formats, languages, or media?

○ Yes
◉ No

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Clinical Leadership (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Population Health Staff (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☑	☑	☐	☑	☐	
Nurse(s)	☐	☐	☐	☐	☐	☑	☑	☐	☑	☐	
Social Workers	☐	☐	☐	☐	☐	☑	☑	☐	☑	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Hospital Advisory Board	☐	☐	☑	☐	☑	☐	☐	☑	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Johns Hopkins Hospital, UMMC, UM Midtown, LifeBridge Sinai Hospital, St. Agnes Hospital, Mercy Medical Center, Medstar Harbor, Medstar Good Sam, Medstar Union Memorial	☐	☐	☑	☑	☑	☑	☑	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department, Baltimore County Health Department	☐	☐	☑	☑	☑	☑	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore City LHIC, Baltimore County LHIC	☐	☐	☑	☑	☐	☑	☐	☐	☐	
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore City Division of Aging, Baltimore County Dept of Aging	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore City Council, Baltimore City Public Schools, Southeast CDC	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: John Ruhrah Elementary/Middle, Patterson HS, Dunbar HS, Highlandtown Elem/Middle	☐	☐	☐	☐	☐	☑	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Johns Hopkins University, Morgan State University, Baltimore County CC	☐	☐	☐	☐	☐	☑	☑	☐	☐	
School of Public Health -- Please list the schools here: JH Bloomberg SPH	☐	☐	☐	☐	☐	☑	☐	☐	☐	
School - Medical School -- Please list the schools here: Johns Hopkins SOM	☐	☐	☐	☐	☐	☑	☐	☐	☐	
School - Nursing School -- Please list the schools here: Johns Hopkins School of Nursing	☐	☐	☐	☐	☐	☑	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Center for Urban Families, Central Baltimore Partnership, CHANA Baltimore, Civic Works, Comprehensive Housing Assistance, Dee's Place, Esperanza Center, Green Healthy Homes Initiative, Health Leads, Helping Up Mission, HEBCAC, Jewish Community Services, League for People with Disabilties, Marian House, Mary Harvin Senior Center, Maryland New Directions, Men and Families Center, Operation PULSE, Our Daily Bread, SAFE, The Door Inc, Waxter Senior Center, Youth Opportunities Baltimore	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Genesis HealthCare	☑	☐	☐	☐	☐	☐	☑	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Banner Neighborhoods, Bayview Community Association, Berea East Side Community Association, Colgate Community Association, Eastfield Stanbrook Civic Association, Essex Middle River Civic Council, Harbor View Civic Association, Highlandtown Community Association, North Point Village Civic Association	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: American Heart Association, American Diabetes Association	☐	☐	☐	☐	☑	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Baltimore Medical System Inc., Chase Brexton Health Care	☑	☐	☐	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
○ No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

05/18/2018

Q47. Please provide a link to your hospital's CHNA implementation strategy.

https://www.hopkinsmedicine.org/johns_hopkins_bayview/community_services/health_needs_initiatives/community_health_needs_assessment.html

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

☑ Access to Health Services: Health Insurance
☐ Access to Health Services: Practicing PCPs
☐ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions
☐ Blood Disorders and Blood Safety
☐ Cancer
☐ Chronic Kidney Disease
☐ Community Unity
☐ Dementias, Including Alzheimer's Disease
☐ Diabetes
☐ Disability and Health
☐ Educational and Community-Based Programs
☐ Emergency Preparedness
☐ Environmental Health

☐ Family Planning
☐ Food Safety
☐ Genomics
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health-Related Quality of Life & Well-Being
☐ Hearing and Other Sensory or Communication Disorders
☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal & Infant Health
☑ Mental Health and Mental Disorders
☐ Nutrition and Weight Status

☐ Older Adults
☑ Oral Health
☐ Physical Activity
☐ Preparedness
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☑ Social Determinants of Health
☑ Substance Abuse
☐ Telehealth
☐ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care

Other (specify)
☑ Chronic Disease, Employment, Neighborhood Safety, Housing/Homelessness, Education, Food Environment

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Needs and priorities were nearly identical to those identified in 2016. Neighborhood Safety rose to become a top priority in 2018. The uninsured need was expanded to include underinsured individuals, who have high deductibles or low maximum benefit thresholds.

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Physician(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Social Workers	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q54. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: JHH	☐	☐	☐	☐	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Dept, Baltimore County Health Dept	☐	☐	☑	☑	☐	☐	☐	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore City and Baltimore County LHICs	☐	☐	☑	☑	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Baltimore City Division of Aging, Baltimore County Dept of Aging	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☑	☑	☐	☐	☑	☑	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: John Ruhrah Elem/Middle, Patterson HS, Dunbar HS, Highlandtown Elem/Middle	☐	☑	☑	☑	☐	☐	☑	☑	☐	
School - Colleges and/or Universities -- Please list the schools here: Morgan State University, Baltimore County CC	☐	☑	☑	☑	☐	☐	☑	☑	☐	
School of Public Health -- Please list the schools here: JH Bloomberg SPH	☐	☑	☑	☑	☑	☐	☑	☑	☐	
School - Medical School -- Please list the schools here: JH SOM	☐	☑	☑	☑	☑	☐	☑	☑	☐	
School - Nursing School -- Please list the schools here: JH School of Nursing	☐	☑	☑	☑	☑	☐	☑	☑	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Behavioral Health System Baltimore, Baltimore Medical System Inc.	☐	☑	☑	☑	☑	☐	☑	☑	☐	
Social Service Organizations -- Please list the organizations here: Baltimore County Dept of Social Services, Dundalk and Essex; Baltimore Family Crisis Center	☐	☑	☑	☑	☑	☐	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here: Riverview, Heritage, Brookdale, ManorCare, Future Care Canton, Harbor and Homewood; Brinton Woods Post Acute Care	☐	☐	☐	☐	☐	☐	☑	☑	☐	

Community/Neighborhood Organizations -- Please list the organizations here:	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Essex Middle River Civic Council, Harbel, Canton Community Association, Patterson Park Neighborhood Association, Greater Dundalk Alliance, Bayview Community Association, Highlandtown Community Association, Greater Greektown Community Association, Hampstead Hill Association, Greater Greektown Neighborhood Alliance	☐	☑	☑	☑	☐	☐	☑	☑	☐	

Consumer/Public Advocacy Organizations -- Please list the organizations here:	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Other -- If any other people or organizations were involved, please list them here:	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

☑ Yes, by the hospital's staff
☑ Yes, by the hospital system's staff
☐ Yes, by a third-party auditor
☐ No

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

◉ Yes
○ No

Q57. Please describe the community benefit narrative review process.

Senior leadership directs, oversees and approves all community benefit work including the allocation of funds that support community outreach directed at underserved and high-need populations in the CBSA. This high level review and evaluation sets the priorities of the hospital's outreach work and ensures the effective, efficient usage of funds to achieve the largest impact in improving the lives of those who live in the communities we serve. This group conducts the final review and approval of the final report's financial accuracy to the hospitals' financial statements, alignment with the strategic plan, and compliance with regulatory requirements. Individual clinical leaders along with administrators make decisions on community benefit programs that each department supports/funds through their budget. Clinical leaders will also identify and create strategies to tackle community health needs that arise in the CBSA and oversee department programs for content accuracy, adherence to department protocols and best practices. Population health leadership is involved in the process of planning the 2018 JHH Community Health Needs Assessment and Implementation Strategy by providing input, feedback and advice on the identified health needs and health priorities. The JHH Community Benefit Team interacts with all groups in the hospital performing community benefit activities. They educate, advocate and collaborate with internal audiences to increase understanding, appreciation and participation of the Community Benefit report process and community outreach activities. Team members collect and verify all CB data, compile report, provide initial audit and verification of CBR financials and write CBR narrative. Throughout the year, the CB team attends local and regional community health conferences and meetings, represents the Hospital to external audiences, and works with community and JHH clinical leaders to identify promising projects or programs that address CBSA community health needs. The JHHS Community Health Improvement Strategy Council (JCHISC) convenes monthly to bring Community Health/Community Benefit groups together with Tax, Financial Assistance, and Health Policy staff from across the Health System to coordinate process, practice, and policy. JCHISC members discuss issues and problems they face in community benefit reporting, regulatory compliance to state and federal community benefit requirements, and technical aspects of administering and reporting community benefit systems. When needed, a designated representative from the group contacts the governing agency for clarification or decision regarding the issues in question to ensure that all hospitals reports are consistent in the interpretation of regulations.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

◉ Yes
○ No

Q59. Please explain:

This question was not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

◉ Yes
○ No

Q61. Please explain:

This question was not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

◉ Yes
○ No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Community Benefit planning is an integral part of the Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center's strategic plan through an annual Strategic Objectives planning process that involves evaluating the Hospital's progress at meeting two community health goals and defines metrics for determining progress. The ability to meet the goals for these objectives is part of the performance measurement for each hospital and is tied to the annual executive compensation review. The commitment of Johns Hopkins' leadership to improving the lives of its nearest neighbors is illustrated by the incorporation of Community Benefit metrics at the highest level in the Johns Hopkins Medicine Strategic Plan. JHM consists of JHU School of Medicine and the Johns Hopkins Health System, which includes education and research in its tri-partite mission (Education, Research and Healthcare). Even at this cross entity level (JHU and JHHS) Community Benefit activities and planning go beyond hospital requirements and expectations and are a core objective for all departments, schools and affiliates. Reference: JHM Strategic Plan 2014-2018 Performance Goal #1: "Ensure that all financial operations, performance indicators and results support the strategic priorities, as well as the individual entity requirements" Strategy: Create a mechanism to capture the value of community benefit and ensure that it supports strategic goals, and achieve compliance with community benefit standards Tactic: Continue to use the community benefit advisory council to align reporting and investment decisions across member organizations.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. Based on the implementation strategy developed through the CHNA process, please describe   *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Baltimore Population Health Workforce Collaborative

Q70. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q71. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☑ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☑ Chronic Kidney Disease	☑ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☑ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☑ Social Determinants of Health
☐ Family Planning	☑ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention

☐ Health Communication and Health Information Technology   ☐ Vision

☐ Health-Related Quality of Life and Well-Being   ☐ Wound Care

☐ Hearing and Other Sensory or Communication Disorders   ☑ Other. Please specify.
Employment

Q72. When did this initiative begin?

01/09/2017

Q73. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. [_____]

○ The initiative will end when a community or population health measure reaches a target value. Please describe.

[   ]

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

[   ]

◉ The initiative will end when external grant money to support the initiative runs out. Please explain.

This program was extended by the HSCRC to June 30, 2022.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

[   ]

○ Other. Please explain. [_____]

Q74. Enter the number of people in the population that this initiative targets.

Unemployed in Baltimore City 35,275 and Individuals who did not work (including disability, students, etc) 63,747

Q75. Describe the characteristics of the target population.

Targeted neighborhoods are those in hospital Community Benefit Service Areas (CBSA) that have higher poverty and unemployment rates than Baltimore City overall. BPHWC will focus on the following 24 zip codes representing CBSA's of the 9 partner hospitals: 21201, 21202, 21205, 21206, 21207, 21211, 21213, 21214, 21215, 21216, 21217, 21218, 21221, 21222, 21223, 21224, 21225, 21226, 21227, 21229, 21231 and 21239. The highest poverty communities to be specifically targeted include: a) the west side communities of Penn-North, Harlem Park, Sandtown-Winchester, Greater Rosemont, Upton/Druid Heights, Southern Park Heights, Pimlico/Arlington; b) the east side communities of Clifton-Berea, Madison East End, Oldtown-Middle East and Belair-Edison; c) the southern communities of Cherry Hill, Brooklyn, Curtis Bay; d) the northeast communities of Waverly, Greenmount East, Govans and Northwood; and e) the southeast Baltimore County communities of Essex, Dundalk, and Rosedale.

Q76. How many people did this initiative reach during the fiscal year?

27

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention

☑ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☑ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

[   ]

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

> Internal: Johns Hopkins Bayview Medical Center External:
> HSCRC, LifeBridge Sinai, Medstar Franklin Square Medical Center, Medstar Good
> Samaritan, Medstar Harbor Hospital, Medstar Union Memorial Hospital, UMMC, UM Midtown, Baltimore Alliance for Careers in Healthcare, Baltimore
> Area Health Education Center, Bon Secours Community Works, BUILD Turnaround Tuesday, Center for Urban Families, Community College of
> Baltimore County, Mission Peer Recovery Training, Penn North.

○ No.

Q79. Please describe the primary objective of the initiative.

> BPHWC is designed to provide the training needed to fill new health care jobs, while also improving the health of high poverty communities BPHWC will target high poverty communities throughout Baltimore City to recruit, train, and hire residents for 198 newly established entry level core jobs over three years. Individual hospitals will establish 35 other new positions related to BPHWC, to include social workers, care coordinators, for a total of 233 new jobs.

Q80. Please describe how the initiative is delivered.

> A consortium of four major health systems that includes nine hospitals trains and hires individuals from high poverty communities in the Baltimore Metropolitan area to be community healthcare workers (CHWs), peer outreach specialists (PRSs), and certified nursing /geriatric nursing assistants (CNAs/GNAs). The hospitals partner with the Baltimore Alliance for Careers in Healthcare (BACH), which coordinates the recruitment and training of individuals from the community. BACH works with several community organizations to select, screen, and provide essential skills training to the potential recipients of the PWSDA program. They also recruit hospital employees from "high poverty communities" to train and promote them to positions with a "career ladder." The hospital collaborative works with BACH to screen, select, and train individuals in essential skills over three years. For the CHA and PRS positions, individuals will complete 160 and 50 hours, respectively, of occupational skills training before being recruited. For the CNA position, training and certification takes place at the Baltimore County Community College.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | #s trained, successfully credentialed, and hired/retained |

☐ Other process/implementation measures (e.g. number of items distributed) | |

☐ Surveys of participants | |

☐ Biophysical health indicators | |

☐ Assessment of environmental change | |

☐ Impact on policy change | |

☐ Effects on healthcare utilization or cost | |

☑ Assessment of workforce development | BACH tracks workforce training effectiveness |

☐ Other | |

Q82. Please describe the outcome(s) of the initiative.

> 11 individuals were hired as CHW or PRS positions. 4 individuals were retained and full time employed as CHW and PRS positions.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

> CHWs provide an opportunity to combat health disparities by promoting and supporting healthy behaviors; they can assist with care management activities to directly prevent or manage chronic disease. With the focus of health care shifting from the hospital setting to the community, CHWs can improve healthcare outcomes in the US (1) including 30-day readmission (2) as well as preventing and managing chronic diseases. CHWs help promote healthy behaviors and are connectors with the health care system to increase access to care to reduce health disparities and identify/navigate patients with unmet social needs to appropriate health care. CHWs are most effective when they serve the communities from which they come and thus provide continuity between healthcare systems and the community (3). PRSs have experienced substance use disorder (SUD) or mental illness and recovery and can help persons with behavioral health issues by serving as a link between the clinical setting and the community to enhance access to and participation in treatment services to prevent relapse. PRS services are an important wrap-around to clinical services. CNA/GNAs expand the current homes support reach in the community. They will also serve hospital discharged patients who need personal care at home, but cannot afford it to avoid readmission. The goal of BPHWC is to concomitantly improve the socio-economic status of disadvantaged communities and promote population health in the Baltimore region. We will do this by improving the continuity and healthcare of the communities where CHWs and PRSs work, thus providing income through jobs that impact the health and well-being of the workers.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $1,173,068

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Health Leads

Q88. Does this initiative address a need identified in your CHNA?

◉ Yes
○ No

Q89. Select the CHNA need(s) that apply.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Adolescent Health	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Maternal and Infant Health
☐ Blood Disorders and Blood Safety	☐ Mental Health and Mental Disorders
☐ Cancer	☐ Nutrition and Weight Status
☐ Chronic Kidney Disease	☐ Older Adults
☐ Community Unity	☐ Oral Health
☐ Dementias, Including Alzheimer's Disease	☐ Physical Activity
☐ Diabetes	☐ Preparedness
☐ Disability and Health	☐ Respiratory Diseases
☐ Educational and Community-Based Programs	☐ Sexually Transmitted Diseases
☐ Emergency Preparedness	☐ Sleep Health
☐ Environmental Health	☑ Social Determinants of Health
☐ Family Planning	☐ Substance Abuse
☐ Food Safety	☐ Telehealth
☐ Genomics	☐ Tobacco Use
☐ Global Health	☐ Violence Prevention
☐ Health Communication and Health Information Technology	☐ Vision
☐ Health-Related Quality of Life and Well-Being	☐ Wound Care
☐ Hearing and Other Sensory or Communication Disorders	☐ Other. Please specify.

Q90. When did this initiative begin?

01/01/2006

Q91. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. [   ]

○ The initiative will end when a community or population health measure reaches a target value. Please describe.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain.   No end date.
                           Hospital will support
                           this program as long
                           as the need exists.

Q92. Enter the number of people in the population that this initiative targets.

63,036

Q93. Describe the characteristics of the target population.

Persons with below median household incomes, undocumented residents, homeless individuals and families. Percentages of residents who reported having unmet medical needs in 2009 in the Baltimore City Health Disparities Report Card (2010 edition) reflected a greater number of African Americans (19.8%) than whites (8.3%) reporting unmet needs in the past year. In the 2013 edition of the Report Card, the disparity had declined with African Americans reporting 16.51% had unmet healthcare needs while whites at 14.89% had higher unmet healthcare needs. Strikingly, disparity remained quite high those with less than a high school education (40.36%) and with incomes below $15,000 per year (20.48%). Social determinants of health are critical factors in determining the broader picture of health disparity. The 2010 Baltimore City Health Disparities Report Card showed that there are significant disparities by socioeconomic status, race and ethnicity, gender, and education level within social determinants of health such as exposure to violence, food insecurity, energy insecurity, lack of pest-free housing, lead exposure, and access to safe and clean recreation spaces.

Q94. How many people did this initiative reach during the fiscal year?

2,813

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention
☐ Chronic condition-based intervention: prevention intervention
☐ Acute condition-based intervention: treatment intervention
☐ Acute condition-based intervention: prevention intervention
☐ Condition-agnostic treatment intervention
☑ Social determinants of health intervention
☐ Community engagement intervention
☐ Other. Please specify.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

○ Yes. Please describe who was involved in this initiative.

Health Leads Baltimore, JHH, Johns Hopkins University

○ No.

Q97. Please describe the primary objective of the initiative.

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.

Q98. Please describe how the initiative is delivered.

Health Leads has program staff and student volunteers at Harriet Lane Clinic, Bayview Children's Medical Practice, and Bayview Comprehensive Care Practice working with each clinic's care teams. They screen patients for social needs and work to connect patients to resources. The navigation requires regular follow-up with patients, maintaining an up-to-date resource directory, connecting with the clinic care teams, and relationships with community organizations.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters   Monthly measures
                                     include clients
                                     served, total lives
                                     reached, number of
                                     resource
                                     connections.
☑

Other process/implementation measures (e.g. number of items distributed)

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.

☑ Surveys of participants

After a case is closed, we send text surveys to patients that have agreed to be reached by text. The surveys rate the services they received from Health Leads and ask for additional feedback.

☐ Biophysical health indicators [   ]

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☐ Other [   ]

Q100. Please describe the outcome(s) of the initiative.

Health Leads does not keep baseline health related data about its clients. As Johns Hopkins efforts to better integrate with Epic continues, it may be possible to conduct analyses to determine if connecting patients with essential needs affects their probability of achieving a certain outcome. Health Leads has conducted such a study at an out-of-state partner hospital and initial findings indicate a positive correlation between Health Leads intervention and meaningful medical benefits.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

Health Leads directs patients of need to resources that can address social determinants of health. See attached.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$108,058

Q103. (Optional) Supplemental information for this initiative.

HealthLeadsFY18.docx
12.8KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q104. Initiative 3

Q105. Name of initiative.

Care-a-Van

Q106. Does this initiative address a need identified in your CHNA?

⦿ Yes
◯ No

Q107. Select the CHNA need(s) that apply.

☑ Access to Health Services: Health Insurance   ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs   ☐ HIV

☐ Access to Health Services: Regular PCP Visits   ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times   ☐ Injury Prevention

☐ Adolescent Health   ☐ Lesbian, Gay, Bisexual, and Transgender Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions ☐ Maternal and Infant Health

☐ Blood Disorders and Blood Safety   ☐ Mental Health and Mental Disorders

☐ Cancer   ☐ Nutrition and Weight Status

☐ Chronic Kidney Disease
☐ Community Unity
☐ Dementias, Including Alzheimer's Disease
☐ Diabetes
☐ Disability and Health
☐ Educational and Community-Based Programs
☐ Emergency Preparedness
☐ Environmental Health
☐ Family Planning
☐ Food Safety
☐ Genomics
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health-Related Quality of Life and Well-Being
☐ Hearing and Other Sensory or Communication Disorders

☐ Older Adults
☐ Oral Health
☐ Physical Activity
☐ Preparedness
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☐ Social Determinants of Health
☐ Substance Abuse
☐ Telehealth
☐ Tobacco Use
☐ Violence Prevention
☐ Vision
☐ Wound Care
☐ Other. Please specify.

Q108. When did this initiative begin?

06/01/1999

Q109. Does this initiative have an anticipated end date?

○ The initiative will end on a specific end date. Please specify the date. _____

○ The initiative will end when a community or population health measure reaches a target value. Please describe.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

● Other. Please explain. | No end date. Hospital will support this program as long as the need exists. |

Q110. Enter the number of people in the population that this initiative targets.

151,309

Q111. Describe the characteristics of the target population.

151,309 people in the total population of the following four ZIP codes: 21231, 21224, 21222, 21213 with a focus on the 73,278 underrepresented minorities and/or uninsured residents in this area.

Q112. How many people did this initiative reach during the fiscal year?

1,018

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

☐ Chronic condition-based intervention: treatment intervention

☐ Chronic condition-based intervention: prevention intervention

☐ Acute condition-based intervention: treatment intervention

☐ Acute condition-based intervention: prevention intervention

☑ Condition-agnostic treatment intervention

☑ Social determinants of health intervention

☑ Community engagement intervention

☐ Other. Please specify.

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Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

```
Children's Medical Practice's Latino Family Advisory Board
Crianza Y Salud {Parenting and Health}
```

○ No.

Q115. Please describe the primary objective of the initiative.

```
The program focuses on children and women of childbearing age and gives access particularly to people who may have transportation and financial limitations. The Care-A- Van, with bilingual
providers, is frequently used by Latino patients for primary care or as an entry point to access hospital services.
```

Q116. Please describe how the initiative is delivered.

```
A mobile van that brings ambulatory care services and health screenings to the community.
```

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☐ Count of participants/encounters [＿＿＿＿＿＿]

☐ Other process/implementation measures (e.g. number of items distributed) [＿＿＿＿＿＿]

☑ Surveys of participants [Patient satisfaction survey, patient needs survey]

☐ Biophysical health indicators [＿＿＿＿＿＿]

☐ Assessment of environmental change [＿＿＿＿＿＿]

☐ Impact on policy change [＿＿＿＿＿＿]

☐ Effects on healthcare utilization or cost [＿＿＿＿＿＿]

☐ Assessment of workforce development [＿＿＿＿＿＿]

☐ Other [＿＿＿＿＿＿]

Q118. Please describe the outcome(s) of the initiative.

```
The Care-A-Van provides access to free primary medical care to uninsured children and pregnant woman. Provides linkage to affordable prenatal care. 1,018 people reached by Care-A-Van •
Over 678 patients tested for HIV/Syphilis • 75% Latino patients • 935 new OB patients referred for prenatal care, WIC and Medicaid and provided with access to prenatal vitamins
```

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

```
Children provided with needed vaccines, physicals and lead screening to enroll in school Increased rates of prenatal care for uninsured women
```

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

```
$241,511
```

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

◉ Yes

◯ No

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

SHIP goal	Details
Reduce infant mortality	
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	Fresh and Hearts healthy eating programs
Increase the % of adults who are physically active	Hospital conducted community health education events on healthy eating and healthy lifestyle, as well as coordinating adult walking groups and pediatric exercise programs.
Increase the % of adults who are at a healthy weight	Hospital conducted community health education events on healthy eating and healthy lifestyle, as well as coordinating adult walking groups and pediatric exercise programs.
Reduce the % of children who are considered obese (high school only)	Fresh and Hearts healthy eating programs
Reduce the % of adults who are current smokers	
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	Hospital conducted stroke awareness, blood pressure screenings, and community CPR training activities.
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	
Reduce heart disease mortality (per 100,000)	Hospital conducted stroke awareness, blood pressure screenings, and community CPR training activities.
Reduce cancer mortality (per 100,000)	
Reduce diabetes-related emergency department visit rate (per 100,000)	Hospital conducted community health education events on healthy eating and healthy lifestyle, as well as coordinating adult walking groups and pediatric exercise programs.
Reduce hypertension-related emergency department visit rate (per 100,000)	Hospital conducted stroke awareness, blood pressure screenings, and community CPR training activities.
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	Hospital supports a community psychiatry case management program for homeless individuals, a substance abuse and rehabilitation treatment center, a halfway house for women in recovery, and housing support for homeless men in recovery.
Reduce addictions-related emergency department visit rate (per 100,000)	Hospital supports a community psychiatry case management program for homeless individuals, a substance abuse and rehabilitation treatment center, a halfway house for women in recovery, and housing support for homeless men in recovery.

Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	
Reduce asthma-related emergency department visit rate (per 10,000)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- [ ] No gaps
- [ ] Primary care
- [ ] Mental health
- [ ] Substance abuse/detoxification
- [ ] Internal medicine
- [ ] Dermatology
- [ ] Dental
- [ ] Neurosurgery/neurology
- [ ] General surgery
- [ ] Orthopedic specialties
- [ ] Obstetrics
- [ ] Otolaryngology
- [x] Other. Please specify. Outpatient specialty care

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	As a state-designated Level II trauma center for Maryland, JHBMC provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital.
Non-Resident House Staff and Hospitalists	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician.
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other (provide detail of any subsidy not listed above)	Oncology
Other (provide detail of any subsidy not listed above)	ICU
Other (provide detail of any subsidy not listed above)	Neonatology; Pediatrics; Interventional Radiology

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

policy_35770.pdf
162.2KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

```
Less than or equal to 200% of FPL
```

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

```
Greater than 200% of FPL to 500% of FPL
```

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

```
201-500% of FPL Medical debt incurred over a 12-month period that exceeds 25 percent of household income
```

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

```
Effective January 1, 2015, JHHS expanded its definition of Medical Debt to include co-payments, co-insurance and deductibles of patients who purchased insurance through a Qualified Health
Plan. In JHHS FAP a Qualified Health Plan is defined as: Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides
essential health benefits, follows established limits on costsharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will
have a certification by each Marketplace in which it is sold. At The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center (JHBMC), the policy expanded eligibility for Financial
Assistance. Previously, eligibility was limited to patients who were citizens of the United States of America or a permanent legal resident (must have resided in the USA for a minimum of one year)
Effective January 1, 2015, this was expanded to include patients who reside within the geographic area described in the hospital's Community Health Needs Assessment. The ZIP codes for JHH
and JHBMC are: 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231, and 21052. Notice of financial assistance availability was posted on each hospital's website and mentioned
during oral communications. Policy was changed to state this is being done. This change is in response to IRS regulation changes. Previously patients had to apply for Medical Assistance as a
prerequisite for financial assistance. JHHS added that the patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical
Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. For Medical Hardship: Medical Debt
is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above
do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Policy was changed to add an Appendix and language advising that
the Appendix lists physicians that provide emergency and medically necessary care at the hospitals and whether the doctor is covered under the hospital's Financial Assistance policy. The
Appendix will be updated quarterly and is posted on the hospital website. The policy and the website instruct patients to direct any questions they may have concerning whether a specific doctor
has a financial assistance policy separate and apart from the hospital's policy. This change is in response to IRS regulation changes.
```

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

```
Financial Assistance Policy is available in English, Spanish, French and Chinese.
```

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: (39.326507568359, -76.604797363281)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

Demographic Analyses for Community Benefit Report
Community Benefit Service Area
FY 2018 Q1-Q3

Johns Hopkins Bayview Medical Center

Johns Hopkins Bayview Medical Center
Community Benefit Service Area
FY 2018 Q1-Q3
Source: HSCRC, IBM Watson Health

Includes Newborns

Zip Code	Zip City	JHBMC Discharges	JHBMC Market Share	All Hospital Discharges*	JHBMC% of Zip**
21202	Baltimore	124	5.7%	2,165	0.8%
21205	Baltimore	484	20.6%	2,348	3.1%
21206	Baltimore	818	15.2%	5,364	5.2%
21213	Baltimore	539	12.4%	4,348	3.4%
21218	Baltimore	193	3.7%	5,240	1.2%
21219	Sparrows Point	443	38.8%	1,143	2.8%
21222	Dundalk	3,310	44.5%	7,439	21.1%
21224	Baltimore	2,393	44.4%	5,394	15.2%
21231	Baltimore	220	14.2%	1,545	1.4%
Total		8,524	24.4%	34,986	54.4%

* Includes Maryland, DC, and Northern VA Hospitals (Source: HSCRC and IBM Watson Health)

**Note: JHBMC had 15,692 discharges in FY 2018 Q1-Q3

The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center
Community Benefit Service Area
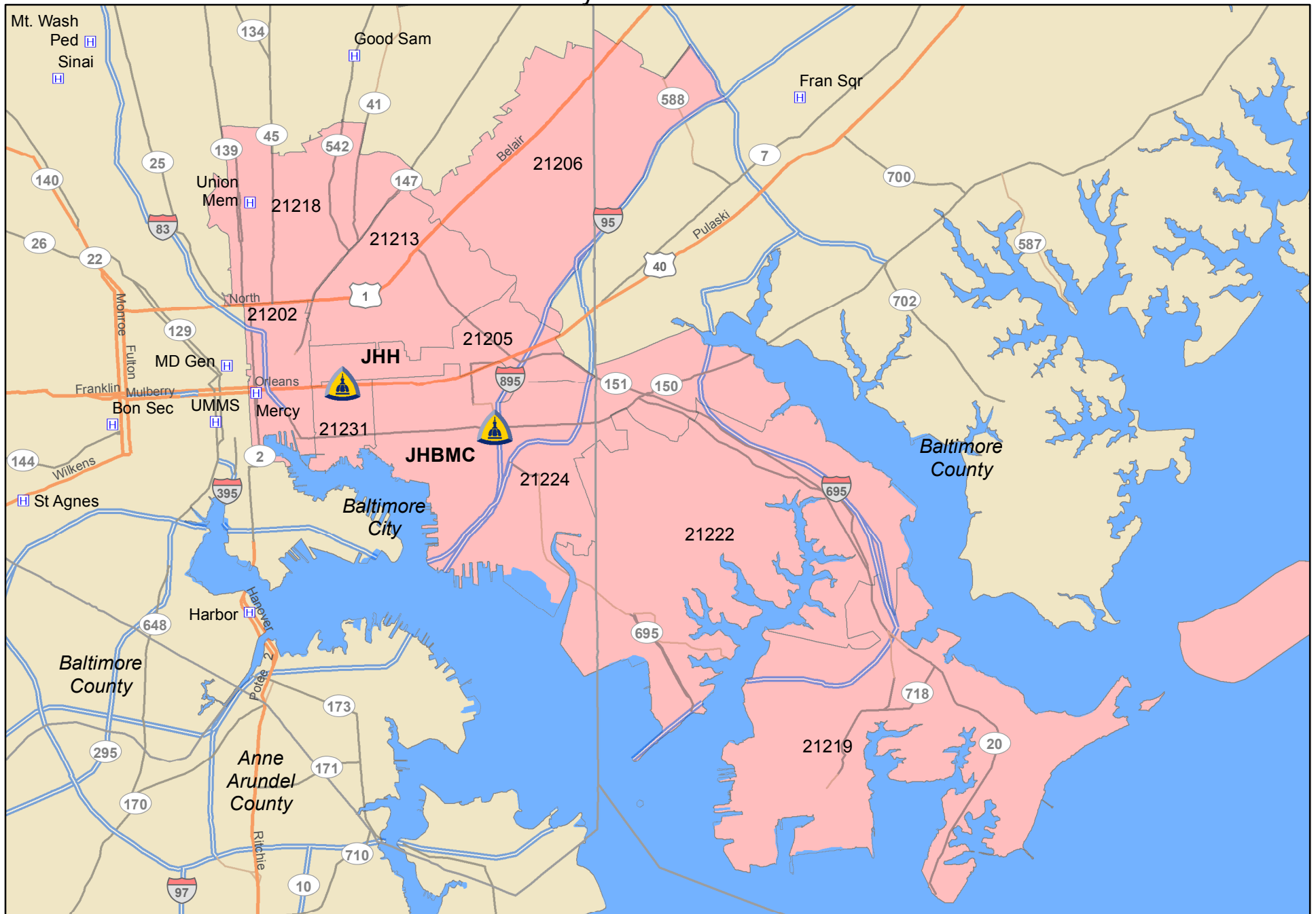
2018 Insurance Coverage Estimates by ZIP Code Reform
Area: JHBMC FY2018 CB SA
Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2018 Reform Population								
		Total	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
21202	Baltimore	24,419	6,677	3,197	1,734	639	644	6,943	1,453	3,132
21205	Baltimore	15,634	5,949	3,053	1,528	548	63	769	950	2,774
21206	Baltimore	49,621	7,579	3,671	5,228	1,852	2,195	23,445	1,827	3,825
21213	Baltimore	31,210	9,385	4,766	3,307	1,174	547	5,903	1,667	4,461
21218	Baltimore	47,933	11,881	5,993	5,367	1,887	1,284	13,577	2,342	5,601
21219	Sparrows Point	9,647	1,287	412	1,582	186	479	4,973	227	501
21222	Dundalk	56,614	9,730	3,218	7,356	898	2,592	27,554	1,684	3,583
21224	Baltimore	50,108	7,856	3,894	4,737	1,696	2,219	23,950	1,944	3,812
21231	Baltimore	16,275	2,882	1,422	1,342	492	692	7,389	674	1,382
Total		301,461	63,225	29,625	32,179	9,371	10,716	114,503	12,768	29,073

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA		2018	2023	% Change
2010 Total Population	301,443	308,745,538	**Total Male Population**	147,302	148,680	0.9%
2018 Total Population	301,461	326,533,070	**Total Female Population**	154,159	154,586	0.3%
2023 Total Population	303,266	337,947,861	**Females, Child Bearing Age (15-44)**	67,355	65,122	-3.3%
% Change 2018 - 2023	0.6%	3.5%				
Average Household Income	$71,476	$86,278				

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	**2018**	**% of Total**	**2023**	**% of Total**	**USA 2018 % of Total**
0-14	53,714	17.8%	54,568	18.0%	18.7%
15-17	9,669	3.2%	10,365	3.4%	3.9%
18-24	28,126	9.3%	26,304	8.7%	9.7%
25-34	56,348	18.7%	49,931	16.5%	13.4%
35-54	77,659	25.8%	80,474	26.5%	25.5%
55-64	37,242	12.4%	36,119	11.9%	12.9%
65+	38,703	12.8%	45,505	15.0%	15.9%
Total	**301,461**	**100.0%**	**303,266**	**100.0%**	**100.0%**

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2018 Household Income	**HH Count**	**% of Total**	**USA % of Total**
<$15K	18,531	15.7%	10.9%
$15-25K	12,420	10.5%	9.5%
$25-50K	27,203	23.0%	22.1%
$50-75K	20,220	17.1%	17.1%
$75-100K	13,247	11.2%	12.3%
Over $100K	26,627	22.5%	28.2%
Total	**118,248**	**100.0%**	**100.0%**

EDUCATION LEVEL

	Education Level Distribution		
2018 Adult Education Level	**Pop Age 25+**	**% of Total**	**USA % of Total**
Less than High School	11,168	5.3%	5.6%
Some High School	24,343	11.6%	7.4%
High School Degree	70,884	33.8%	27.6%
Some College/Assoc. Degree	50,251	23.9%	29.1%
Bachelor's Degree or Greater	53,306	25.4%	30.3%
Total	**209,952**	**100.0%**	**100.0%**

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	**2018 Pop**	**% of Total**	**USA % of Total**
White Non-Hispanic	122,852	40.8%	60.4%
Black Non-Hispanic	136,705	45.3%	12.4%
Hispanic	23,741	7.9%	18.2%
Asian & Pacific Is. Non-Hispanic	9,609	3.2%	5.8%
All Others	8,554	2.8%	3.2%
Total	**301,461**	**100.0%**	**100.0%**

2018 Demographic Snapshot Charts
Area: JHBMC FY2018 CB SA
Level of Geography: ZIP Code

Population Distribution by Age Group

- 0-14: 18%
- 15-17: 3%
- 18-24: 9%
- 25-34: 19%
- 35-54: 26%
- 55-64: 12%
- 65+: 13%
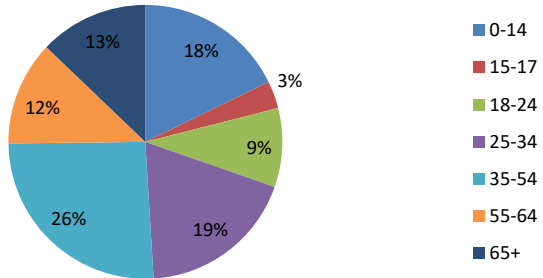
Current Households by Income Group

- <$15K: 16%
- $15-25K: 10%
- $25-50K: 23%
- $50-75K: 17%
- $75-100K: 11%
- Over $100K: 23%
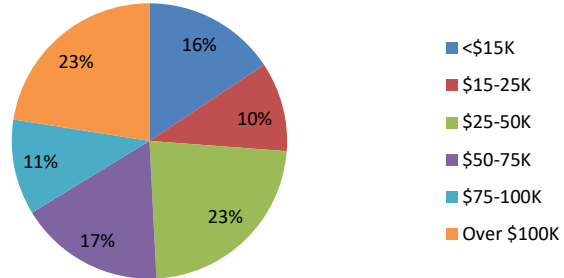
Population Age 25+ by Education Level

- Less than High School: 5%
- Some High School: 12%
- High School Degree: 34%
- Some College/Assoc. Degree: 24%
- Bachelor's Degree or Greater: 25%
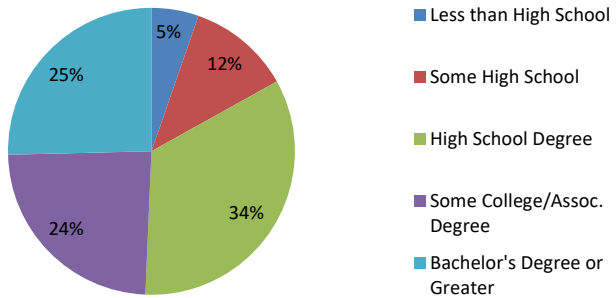
Population Distribution by Race/Ethnicity

- White Non-Hispanic: 41%
- Black Non-Hispanic: 45%
- Hispanic: 8%
- Asian & Pacific Is. Non-Hispanic: 3%
- All Others: 3%

CBSA Demographics

		Data Source
Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside.	21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231 ZIP codes where the most vulnerable populations reside include 21202, 21205, 21213, and parts of 21206, 21218, 21219, 21222, 21224 and 21231	JHM Market Analysis & Business Planning
Median household income within the CBSA	CBSA average household income: $64,946 Median household income: $42,241 (Baltimore City) Median household income: $67,095 (Baltimore County)	2017 Truven and U.S. Census Bureau, 2015 American Community Survey
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore City – 2015 All families: 19.0% Married couple family: 6.6% Female householder, no husband present, family: 32.1% Female householder with related children under 5 years only: 37.2% All people: 23.7% Under 18 years: 34.2% Related Children under 5 years: 34.3% Baltimore County – 2015 All families: 6.3% Married couple family: 3.1% Female householder, no husband present, family: 16.0% Female householder with related children under 5 years only: 24.5% All people: 9.4% Under 18 years: 12.1% Related Children under 5 years: 13.0%	U.S. Census Bureau, 2015 American Community Survey http://factfinder2.census.gov

For the counties within the CBSA, what is the percentage of uninsured for each county?	10.3% Baltimore City 8.1% Baltimore County	2015 American Community Survey
Percentage of Medicaid recipients by County within the CBSA	43.9% Baltimore City 29.7% Baltimore County Data is for public coverage, not specifically Medicaid	2015 American Community Survey
Life expectancy by County within the CBSA	73.9 years at birth (Baltimore City, 2013-2015) 79.1 years at birth (Baltimore County, 2013-2015) 79.7 years at birth (Maryland, 2013-2015) Baltimore City by Race White: 76.9 years at birth Black: 72.0 years at birth Baltimore County by Race White: 79.1 years at birth Black: 78.0 years at birth	Maryland Vital Statistics Annual Report 2015 http://dhmh.maryland.gov/vsa
Mortality rates by County within the CBSA (including race and ethnicity where data are available).	Crude death rates per 100,000 in 2015 Baltimore City All: 1037.7 White: 1034.1 Black: 1145.2 AAPI: 271.5 Hispanic: 146.9 Baltimore County All: 978.7 White: 1281.5 Black: 663.7 AAPI: 222.8 Hispanic: 164.1 Age-adjusted death rates for leading causes of death per 100,000 population in 2015 Baltimore City Heart disease: 241.1 Cancer: 194.2 Cerebrovascular: 50.5 Accidents: 35.8 Homicide: 35.5	Maryland Vital Statistics Annual Report 2015 and County Health Rankings 2016

	Baltimore County Heart disease: 176.6 Cancer: 168.4 Cerebrovascular: 42.0 Chronic lower respiratory: 31.7 Accidents: 31.3 Premature Deaths (YPLL; years of potential life lost before age 75 per 100,000 population) Maryland: 6,400 YPLL Rate Baltimore City: 12,300 YPLL Rate (ranked 24th of 24 counties) Baltimore County: 6,500 YPLL Rate	
Infant mortality rates within your CBSA	Baltimore City - 2015 All: 8.4 per 1,000 live births White: 4.4 per 1,000 live births Black: 9.7 per 1,000 live births Baltimore County - 2015 All: 6.1 per 1,000 live births White: 4.1 per 1,000 live births Black: 9.9 per 1,000 live births Maryland - 2015 All: 6.7 per 1,000 live births	Maryland Vital Statistics Infant Mortality in Maryland, 2015 http://dhmh.maryland.gov/vsa
Access to healthy food	25% of Baltimore City residents live in a food deserts (approximately 155,311 people) 30% of all school age children in Baltimore City live in a food desert Percentages of Baltimore City population living in food deserts by race/ethnicity: 34% African Americans 11-18% Hispanic/AAPI/other 8% White ZIP codes 21202, 21205, 21213, and parts of 21231 are most affected by the food deserts in Baltimore City Maryland	http://mdfoodsystemmap.org/2015-baltimore-city-food-access-map/ 2017 County Health Rankings

	Food insecurity: 13% Limited access to healthy foods: 3% Baltimore City Food insecurity: 24% Limited access to healthy foods: 1% Baltimore County Food insecurity: 13% Limited access to healthy foods: 3%	
Access to transportation	Percentage of households with No Vehicle Available 30.3% Baltimore City 8.1% Baltimore County Elderly Population (65+) Percentage by County 12% Baltimore City 16% Baltimore County Disabled Population Potentially Requiring Transportation Assistance Percentage by County 12% Baltimore City 10% Baltimore County	The Transit Question: Baltimore Regional Transit Needs Assessment Baltimore Metropolitan Council, 2015
Education Level/Language other than English spoken at home	CBSA Education Level (Pop. Age 25+) Less than H.S.: 12,727/6.0% Some H.S.: 26,337/12.4% H.S. Degree: 73,223/34.6% Some College: 48,879/ 23.1% Bachelor's Degree or Greater: 50,730/23.9% Language other than English spoken: 8.9% (Baltimore City, 2015) Language other than English spoken: 13.6% (Baltimore County, 2015)	2017 Truven; U.S. Census Bureau, Quickfacts, 2015
CBSA demographics, by sex, race, ethnicity, and average age	Total population: 305,895 Sex Male: 149,414/48.8% Female: 156,487/51.2%	2017 Truven

	Race White non-Hispanic: 124,940/40.8% Black non-Hispanic: 139,245/45.5% Hispanic: 23,622/7.7% Asian and Pacific Islander non-Hispanic: 9,547/3.1% All others: 8,541/2.8% Age 0-14: 54,752/17.9% 15-17: 9,871/3.2% 18-24: 29,376/9.6% 25-34: 56,782/18.6% 35-54: 79,172/25.9% 55-64: 37,518/12.3% 65+: 38,424/12.6% Household Income <$15K: 20,980/17.5% $15-25K: 13,030/10.9% $25-50K: 29,026/24.2% $50-75K: 20,438/17.0% $75-100K: 13,473/11.2% >$100K: 23,023/19.2%	
Healthy Behaviors	Maryland Adult smoking: 15% Adult obesity: 29% Physical inactivity: 22% Excessive drinking: 16% Baltimore City Adult smoking: 24% Adult obesity: 34% Physical inactivity: 27% Excessive drinking: 17% Baltimore County Adult smoking: 13% Adult obesity: 29% Physical inactivity: 23% Excessive drinking: 15%	2017 County Health Rankings

For FY18, the top five presenting needs for each clinic were as follows:

Bayview Children's Medical Practice	Bayview Comprehensive Care Practice	Harriet Lane Clinic
Food (33%)	Health (24%)	Commodities (25%)
Health (21%)	Food (18%)	Housing (15%)
Financial (13%)	Housing (14%)	Health (13%)
Commodities (11%)	Utilities (10%)	Employment (12%)
Adult Education (7%)	Employment (9%)	Child-related (10%)

Clients Served	Bayview Children's Medical Practice	Bayview Comprehensive Care Practice	Harriet Lane Clinic
Unique Clients	1199	389	1227
Successful Connections	1190	212	1388
Patients successfully accessed a resource	67.7%	35.4%	62.8%
Patients equipped to access a resource	12.2%	30.7%	10.4%
Patients who did not access a resource	2.5%	3.9%	1.2%
Patients disconnected from resources	17.6%	30.1%	25.7%

	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS035
FINANCE **JOHNS HOPKINS** MEDICINE		*Effective Date*	10/02/2018
		Approval Date	10/02/2018
	Subject **Financial Assistance for JHH, JHBMC and JHBCC**	*Page*	1 of 7
		Supersedes Date	02/01/2017

Version 4.0

This document applies to the following Participating Organizations:

Johns Hopkins Bayview Medical Center   The Johns Hopkins Hospital

Keywords: assistance, debt, financial, medical

I. 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).

II. PURPOSE

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

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

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

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

FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CASE NOTICE:
Attached as Exhibit D is a list of physicians that provide emergency and medically necessary care as defined in this policy at JHH, JHBMC and JHBCC. The list indicates if the doctor is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so what the physician's financial assistance policy provides.

III. 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 coverage, or insurance billing)
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of $150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.
Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Emergency Medical Condition	A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
	
	1. Serious jeopardy to the health of a patient;
	2. Serious impairment of any bodily functions;
	3. Serious dysfunction of any bodily organ or part.
	4. With respect to a pregnant woman:
	   a. That there is inadequate time to effect safe transfer to another hospital prior to delivery.
	   b. That a transfer may pose a threat to the health and safety of the patient or fetus.
	   c. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.

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Emergency Services and Care	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to treat an Emergency Medical Condition. Medically necessary care for the purposes of this policy does not include Elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergency Medical Condition.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.
Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.

IV. PROCEDURES

A. An evaluation for Financial Assistance can begin in a number of ways:
1. For example:
   a. 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.
   b. 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.
   c. 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.
   d. A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
B. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
C. Designated staff will meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
1. 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.

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2. Applications received will be sent to the JHHS Revenue Cycle Management Department's dedicated Financial Assistance application line for review; a written determination of probable eligibility will be issued to the patient.

D. To determine final eligibility, the following criteria must be met:

1. The patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.

2. Consider eligibility for other resources, such as endowment funds, outside foundation resources, etc.

3. 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).

4. All insurance benefits must have been exhausted.

E. 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:

1. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).

2. 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).

3. 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.

4. A Medical Assistance Notice of Determination (if applicable).

5. Proof of U.S. citizenship or lawful permanent residence status (green card) if applicable.

6. Proof of disability income (if applicable).

7. Reasonable proof of other declared expenses.

8. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...

F. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements for medical costs billed by a Hopkins hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Revenue Cycle Management Department for final determination of eligibility based upon JHMI guidelines.

1. 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.

2. 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.

G. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

H. Services provided to patients registered as Voluntary Self Pay patients do not qualify for Financial Assistance.

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I.   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.

J.   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.

K.   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 either a partial or a 100% write-off of the account balance, dependent income and FPL amounts. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative request an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.

L.   Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.

M.   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.

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

O.   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 RCM and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to RCM for review and determination and shall place the account on hold for 45 days pending further instruction from RCM.

P.   Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding $25. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

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Q. 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.

R. JHHS Hospitals may extend Financial Assistance to residents with demonstrated financial need, regardless of citizenship, in the neighborhoods surrounding their respective hospitals, as determined by the hospital's Community Health Needs Assessment. The zip codes for The Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC) are: 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, 21231 and 21052. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. Financial Counselors will refer these patients to The Access Partnership program at Hopkins (see PFS127 for specific procedures).

S. Actions JHHS hospitals may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy please contact Customer Service at 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of any JHHS Hospital.

V. REFERENCE

JHHS Finance Policies and Procedures Manual

- Policy No. PFS120 - Signature Authority: Patient Financial Services
- Policy No. PFS034 - 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

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.

VI. RESPONSIBILITIES – JHH, JHBMC

A. Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator
Any Finance representative designated to accept applications for Financial Assistance
1. Understand current criteria for Assistance qualifications.
2. Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.
3. On the day preliminary application is received, fax to Patient Financial Services Department's dedicated fax line for determination of probable eligibility.
4. 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.
5. If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.
6. Review and ensure completion of final application.
7. Deliver completed final application to appropriate management.

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8.   Document all transactions in all applicable patient accounts comments.

9.   Identify retroactive candidates; initiate final application process.

B.   Management Personnel (Supervisor/Manager/Director)

   1.   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.

   2.   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.]

   3.   Notices will not be sent to Presumptive Eligibility recipients.

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

   CP Director and Management Staff

   1.   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.PFS120 - Signature Authority: Patient Financial Services.

VII. SPONSOR

- VP Revenue Cycle Management (JHHS)
- Director, PFS Operations (JHHS)

VIII. REVIEW CYCLE

Two (2) years

IX. APPROVAL

Electronic Signature(s)	Date
Mike Larson SVP Finance/Chief Financial Officer, JHHS; VP Finance/ Chief Financial Officer, JHHC; Exec. JHHS FIN	10/02/2018

PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET
Johns Hopkins Medicine
The Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard County General Hospital
Suburban Hospital

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

Summary of Eligibility Requirements and Assistance Offered

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 hospital offers financial assistance to certain individuals under a Financial Assistance Policy. If you are unable to pay for medical care, you may qualify for Free or Reduced-Cost Medically Necessary Care if you:

- Are a U.S. citizen or permanent resident living in the U.S. for a minimum of one year (not required for Suburban Hospital or Howard County General Hospital)
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

No individual who is eligible for financial assistance under the Financial Assistance Policy will be charged more for emergency or other medically necessary care than the amounts generally billed (AGB).

Summary of how to Apply for Assistance under the Financial Assistance Policy

To obtain free copies of the hospital's Financial Assistance Policy and Application, and for instructions on how to apply, please visit our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance or visit a Financial Counselor in the Admission Office of the hospital. To obtain a free copy of the Financial Assistance Policy and Application by mail, call 443-997-3370 (local) or 1-855-662-3017 (toll free) to request a copy or submit a written request to Johns Hopkins Health System, Customer Service – Financial Assistance, 3910 Keswick Road, S-5300, Baltimore, MD 21211.

Please call Customer Service at 443-997-3370 (local) or 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of the hospital with questions concerning:

- The Financial Assistance Policy and Application
- Your hospital bill
- Your rights and obligations with regard to your hospital bill

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

Language translations for the Financial Assistance Policy and all related documentation can be found on our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance

Maryland Medical Assistance

You may also qualify for Maryland Medical Assistance. For information about Maryland Medical Assistance contact your local department of Social Services at 1-800-332-6347 (TTY 1-800-925-4434) or visit: www.dhr.state.md.us

Billing Rights and Obligations

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

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

Physician charges are not included in hospital bills and are billed separately.
Johns Hopkins is simplifying our billing statement. For services after July 23, 2018, you will receive one bill for your care at Johns Hopkins Health System (excluding Behavioral Health). However, you may still receive multiple bills for services received prior to July 23, 2018, until those balances are paid from hospital-based physicians like anesthesiologists, pathologists, as well as from private community physicians.

May 2018