Q1.
Introduction:

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 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. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. 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. ## Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: The Johns Hopkins Hospital	◉	○	
Your hospital's ID is: 210009	◉	○	
Your hospital is part of the hospital system called Johns Hopkins Health System.	◉	○	

Q4. 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.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

In 2015, the Johns Hopkins Hospital (JHH) and Johns Hopkins Bayview Medical Center (JHBMC) 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, JHH and JHBMC 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 34% 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 38% of the City's population and the population in County ZIP codes accounts for 8% of the County's population (2016 Census estimate of Baltimore City population, 620,961, and Baltimore County population, 831,026). Within the CBSA, there are three Baltimore County neighborhoods - Dundalk, Sparrows Point, and Edgemere. Baltimore City is truly a city of neighborhoods with over 270 officially recognized neighborhoods. The Baltimore City Department of Health has subdivided the city area into 23 neighborhoods or neighborhood groupings that are completely or partially included within the CBSA. These neighborhoods are Belair-Edison, Canton, Cedonia/Frankford, Claremont/Armistead, Clifton-Berea, Downtown/Seton Hill, Fells Point, Greater Charles Village/Barclay, Greater Govans, Greenmount East (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. 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. In southeast Baltimore, 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. Neighborhoods farther north of the Johns Hopkins Hospital include Belair-Edison, Cedonia/Frankford, Claremont/Armistead, CliftonBerea, Greater Charles Village/Barclay, Greater Govans, Hamilton, Lauraville, Midtown, Midway-Coldstream, Northwood, and The Waverlies. Residents of these neighborhoods are racially more diverse than in the neighborhoods closest to JHH and median household incomes range from significantly above the median to close to the median household income for Baltimore City. 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 JHH 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. 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.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

JHH CBSA Final.pdf
1.3MB
application/pdf

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. 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

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

☐ 21201	☐ 21212	☐ 21225	☐ 21237
☑ 21202	☑ 21213	☐ 21226	☐ 21239
☐ 21203	☐ 21214	☐ 21227	☐ 21251
☑ 21205	☐ 21215	☐ 21228	☐ 21263
☑ 21206	☐ 21216	☐ 21229	☐ 21270
☐ 21207	☐ 21217	☐ 21230	☐ 21278
☐ 21208	☑ 21218	☑ 21231	☐ 21281
☐ 21209	☐ 21222	☐ 21233	☐ 21287
☐ 21210	☐ 21223	☐ 21234	☐ 21290
☐ 21211	☑ 21224	☐ 21236	

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

☐ 21013	☐ 21092	☐ 21156	☐ 21225
☐ 21020	☐ 21093	☐ 21161	☐ 21227
☐ 21022	☐ 21094	☐ 21162	☐ 21228
☐ 21023	☐ 21102	☐ 21163	☐ 21229
☐ 21027	☐ 21104	☐ 21204	☐ 21234
☐ 21030	☐ 21105	☐ 21206	☐ 21235
☐ 21031	☐ 21111	☐ 21207	☐ 21236
☐ 21043	☐ 21117	☐ 21208	☐ 21237
☐ 21051	☐ 21120	☐ 21209	☐ 21239
☐ 21052	☐ 21128	☐ 21210	☐ 21241
☐ 21053	☐ 21131	☐ 21212	☐ 21244
☐ 21057	☐ 21133	☐ 21215	☐ 21250
☐ 21065	☐ 21136	☑ 21219	☐ 21252
☐ 21071	☐ 21139	☐ 21220	☐ 21282
☐ 21074	☐ 21152	☐ 21221	☐ 21284
☐ 21082	☐ 21153	☑ 21222	☐ 21285
☐ 21085	☐ 21155	☐ 21224	☐ 21286
☐ 21087			

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. 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.

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21202, 21205, 21213, 21219, 21222,
21224, 21231 are the ZIP codes in our
GBR agreement
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☐ Based on patterns of utilization. Please describe.

☑ Other. Please describe.

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21218 and 21206 have also been
included in the hospital CBSA in the
past based on utilization and
community health needs
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Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/about/mission.html

Q37. Is your hospital an academic medical center?

◉ Yes
◯ No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

Q42. 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.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/15/2018

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/about/in_the_community/_docs/2018-community-health-needs-assessment.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q46. Please describe the other formats in which you made your CHNA available.

In addition to electronic posting and publication, a print edition was produced and distributed. It remains available upon request to the general public.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities									Other - If you selected "Other (explain)," please type your expla... below:
	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)	
CB/ Community Health/Population Health Director (facility 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 expla... below:
CB/ Community Health/ Population Health Director (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:
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)	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
Community Benefit staff (facility 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:
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Physician(s)	☐	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Nurse(s)	☐	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Social Workers	☐	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Hospital Advisory Board	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q49. Section II - CHNA Part 2 - External Participants

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									
	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:

Organization	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: University of Maryland Medical Center, 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 and Baltimore County	☐	☑	☑	☐	☑	☐	☐	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore City LHIC	☐	☑	☑	☑	☑	☑	☑	☐	☐	
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	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	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:
Area Agency on Aging -- Please list the agencies here: Zeta Healthy Aging Partnership	☐	☐	☐	☐	☑	☑	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Baltimore City Council, Baltimore City Public Schools, Southeast Community Development Corp	☐	☐	☐	☐	☑	☑	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: Highlandtown Elem/Middle, John Ruhrah Elem, Patterson HS	☐	☐	☐	☐	☑	☑	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Johns Hopkins University	☐	☐	☐	☐	☑	☑	☑	☑	☐	
School of Public Health -- Please list the schools here: Johns Hopkins Bloomberg School of Public Health	☐	☐	☐	☐	☑	☑	☑	☑	☐	
School - Medical School -- Please list the schools here: Johns Hopkins School of Medicine	☐	☐	☐	☐	☑	☑	☑	☑	☐	
School - Nursing School -- Please list the schools here: Johns Hopkins School of Nursing	☐	☐	☐	☐	☑	☑	☑	☑	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	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:
Behavioral Health Organizations -- Please list the organizations here: SAMHSA, NAMI	☐	☐	☐	☐	☐	☐	☑	☑	☐	
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	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Other -- If any other people or organizations were involved, please list them here: Baltimore Medical System Inc., Chase Brexton Health Care,	☐	☐	☐	☐	☑	☑	☐	☐	☐	

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/15/2018

Q54. Please provide a link to your hospital's CHNA implementation strategy.

https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/about/in_the_community/community_health_needs_assessment.html

Q55. 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.

Q56. 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
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☑ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☑ Chronic Kidney Disease
- ☐ Community Unity
- ☑ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs

- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☑ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☑ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal & Infant Health
- ☑ Nutrition and Weight Status
- ☐ Older Adults

- ☑ Oral Health
- ☐ Physical Activity
- ☐ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☐ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☑ Housing & Homelessness
- ☐ Transportation
- ☑ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☑ Other (specify) | Chronic Disease, Crime & Neighborhood Safety, Education, Food Environmen

Q57. 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 be a top need in 2018. The uninsured need was expanded to include underinsured individuals, who have high deductibles or low maximum benefit thresholds.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Please note that some of our CHNA community identified needs encompass more than one of the health needs available for selection in the list above. For example, "Chronic disease" not only includes health conditions such as cancer, heart disease and diabetes but also health education and literacy to manage and/or prevent chronic health issues.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Internal Participants

Q61. 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.

	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)	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☐	☑	☑	☑	☑	☐	
Community Benefit 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:
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Physician(s)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Nurse(s)	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Social Workers	☐	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Community Benefit Task Force	☐	☐	☐	☐	☑	☐	☐	☐	☑	☐	
Hospital Advisory Board	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Section III - CB Administration Part 1 - External Participants

Q63. 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									Other - If you selected "Other (explain)," please type your explanation below:
	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 Hospitals -- Please list the hospitals here: JHBMC	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☐	☐	☑	☑	☐	☐	☐	☐	☐	

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:
Local Health Improvement Coalition -- Please list the LHICs here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
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:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	✔	✔	✔	☐	☐	✔	✔	☐	
School - K-12 -- Please list the schools here: City Springs Elementary, Tench Tilghman Elem, Henderson Hopkins Elem/Middle	☐	☐	☐	☐	☐	☐	✔	☐	☐	

	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 - Colleges and/or Universities -- Please list the schools here: Johns Hopkins University	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School of Public Health -- Please list the schools here: Johns Hopkins Bloomberg School of Public Health	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Medical School -- Please list the schools here: Johns Hopkins School of Medicine	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Nursing School -- Please list the schools here: Johns Hopkins 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: Helping Up Mission, Wilson House, Sisters Together and Reaching, Men and Families Center	☐	☐	☐	☐	☐	☐	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Baltimore CONNECT (30 organization coalition)	☐	☑	☑	☐	☐	☐	☑	☐	☐	
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:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. 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

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

Q67. Please describe the community benefit narrative audit 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 the residents in their closest communities. 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.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ◉ Yes
- ○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- ◉ Yes
- ○ No

Q73. 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 commitment of Johns Hopkins' leadership to improving the lives of its nearest neighbors is illustrated by the incorporation of community engagement initiatives at the highest level in the Johns Hopkins Medicine Strategic Plan. JHM consists of the 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. The Johns Hopkins Medicine Innovation 2023 Strategic Plan has made a strategic goal of "Support the Well-Being of Our People and Our Communities" The subgoal will be to "Grow our local community engagement efforts to address identified needs to improve health." Our five year strategy will be to "Prioritize community engagement efforts and focus resources on local health needs." Our outcome will be from improved community health statistics.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

https://www.hopkinsmedicine.org/strategic-plan/

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Baltimore Population Health Workforce Collaborative

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Dementias, Including Alzheimer's Disease, Diabetes, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Nutrition and Weight Status, Oral Health, Housing & Homelessness, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Chronic Disease, Crime & Neighborhood Safety, Education, Food Environmen

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ 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
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity

☑ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☑ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☑ Unemployment & Poverty
☑ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q82. When did this initiative begin?

> 01/09/2017

Q83. Does this initiative have an anticipated end date?

○ No, the initiative has no 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.

> [text box]

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

> [text box]

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

> HSCRC extended the program to June 30, 2022. A determination will be made before whether the hospital can continue the program.

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

> [text box]

○ Other. Please explain.

> [text box]

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

> 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.

Q85. Enter the estimated number of people this initiative targets.

35,275

Q86. How many people did this initiative reach during the fiscal year?

43

Q87. 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.

Q88. 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.

Q89. 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.

Q90. 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.

Q91. 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 [   ]

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> 11 individuals were trained and hired as CHW, CNA, and PRS positions. 33 individuals were retained and full time employed as CHW, PRS, CNA and CNA/GNA positions.

Q93. 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 assist with care management activities and health education/literacy 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.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> FY20 cost was $2,972,300

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

> Broadway Center for Addiction and Supportive Housing

Q98. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes
◯ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Dementias, Including Alzheimer's Disease, Diabetes, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Nutrition and Weight Status, Oral Health, Housing & Homelessness, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Chronic Disease, Crime & Neighborhood Safety, Education, Food Environmen

Using the checkboxes below, select the needs that appear in the list above that were addressed by this 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
☐ Access to Health Services: Outpatient Services
☐ Adolescent Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions
☑ Behavioral Health, including Mental Health and/or Substance Abuse
☐ Cancer

☐ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal and Infant Health
☐ Nutrition and Weight Status
☐ Older Adults
☐ Oral Health

☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☑ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q100. When did this initiative begin?

> 01/01/2000

Q101. Does this initiative have an anticipated end date?

○ No, the initiative does not 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.

[text box]

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

[text box]

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

[text box]

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

[text box]

⦿ Other. Please explain.

> No end date. Hospital will support
> this program as long as need exists.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

> As identified in the City Health Department's Healthy Baltimore 2015 report, substance abuse represents a health challenge for Baltimore because it is related to so many other issues the city faces such as family/community disruption, crime, homelessness, and health care utilization. Additionally, Baltimore 2015 data shows racial/ethnic disparity in the rate of unmet mental health care needs exists in Baltimore City with an incidence rate of 33.4% in blacks and 8.5% in whites (per 100,000 population).

Q103. Enter the estimated number of people this initiative targets.

45,133

Q104. How many people did this initiative reach during the fiscal year?

282

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- [x] 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
- [x] Social determinants of health intervention
- [ ] Community engagement intervention
- [ ] Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ( ) Yes. Please describe who was involved in this initiative.

  Alcohol and Drug Abuse Administration,
  Behavioral Health Systems Baltimore,
  Baltimore City Substance Abuse
  Directorate, Helping Up Mission,
  Wilson
  House

- ( ) No.

Q107. Please describe the primary objective of the initiative.

The Johns Hopkins Hospital Broadway Center offers comprehensive treatment services for persons experiencing acute or chronic substance use problems. The program has a holistic approach to care delivery, addressing medical, psychiatric, social service and social network needs through comprehensive, on-site, integrated program services. The major categories of services provided are screening/assessment, intensive outpatient (IOP), and standard outpatient (SOP). Service enhancements are abundant, highly utilized, and include ambulatory detoxification, psychiatric assessment and treatment, basic medical assessment and treatment, case management, and opioid maintenance. Treatment services focus on establishing alcohol and drug abstinence and stabilizing health and living situations. Patients are educated about the nature and consequences of addiction. A cognitive/behavioral treatment curriculum teaches patients the necessary skills to stop substance use. Specific services include: individual therapy, group education and therapy, urinalysis testing for drug monitoring, Breathalyzer testing for alcohol monitoring, and peer recovery support. The Broadway Center for Addiction focuses on establishing alcohol and drug abstinence and stabilizing health and living situations. Patients are educated about the nature and consequences of addiction. IOP service delivery operates in close collaboration with the JHH halfway housing for women (Wilson House) and with near-by men's recovery housing in East Baltimore (Helping Up Mission). Meals are provided on-site at the treatment program. NA meetings are hosted daily after treatment hours to support recovery.

Q108. Please describe how the initiative is delivered.

Patients receive treatment 2.5-3 hours/day for 4-5 days/week, with a minimum of 9 hours of clinical services scheduled each week. Patients at this treatment level also begin to work on longer-term goal setting, including such areas as job training, GED completion, and family reunification – goals continued after eventual stabilization and transfer to a standard outpatient level of care. Individual treatment sessions are scheduled at least once weekly, and treatment plans are reviewed every four weeks. Transfer to a less restrictive level of care typically occurs only after approximately 4 weeks of drug-free status and good treatment adherence. The number of weeks until achievement of this goal varies from patient to patient, but is typically 4 to 12 weeks. Wilson House prepares women for re-entry into independent living situations. Housing staff began to work with residents to secure preventative medical appointments, obtain employment or other meaningful activities. Helping Up Mission (HUM) is contracted to provide up to 48 male recovery beds for male patients enrolled in the Broadway Center. All patients are required to maintain excellent attendance and progression in treatment goals at the HUM and the Broadway Center. Transportation is provided between the HUM and the Broadway Center multiple times per day. The maximum length of stay is 6 months. When not engaged in services at the Broadway Center, patients have access to a wide array of HUM services and programming, such as GED courses, computer literacy classes, faith services, peer support groups, art therapy, physical fitness equipment, and a patient library.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [ ] Count of participants/encounters
- [x] Other process/implementation measures (e.g. number of items distributed) Tox screenings, treatment compliance scores
- [x] Surveys of participants Patient satisfaction surveys
- [x]

| Biophysical health indicators | 100% of patients receive a history and physical upon entering the program. Care is also coordinated with the patient's primary care provider. If a patient does not have a PCP they are provided with assistance to help link them to one. All patients receive a tobacco use assessment upon admission. Identified smokers are assisted with smoking cessation programs. |

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Successful recovery from substance use and eventual transition into independent living. Across multiple areas, a patient satisfaction survey is used as a measurement of overall well-being. Based on the FY20 survey, 91% of patients surveyed agreed or strongly agreed to being better able to manage their symptoms and everyday life issues. The Broadway program housing partnership with Helping up Mission served 251 people in FY20. Of that number 43% completed the program and transitioned to independent living or remain active in treatment currently and 53% left against medical advice.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Broadway Center and the supportive housing programs for men and women directly address the need for substance use treatment in Baltimore City as well as the accompanying homelessness that often results from substance use.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

FY20 cost was $767,009

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Behavioral Health Intervention Team (BHIT)

Q116. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes

◯ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Dementias, Including Alzheimer's Disease, Diabetes, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Nutrition and Weight Status, Oral Health, Housing & Homelessness, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Chronic Disease, Crime & Neighborhood Safety, Education, Food Environmen

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance

☐ Access to Health Services: Practicing PCPs

☐ Access to Health Services: Regular PCP Visits

☐ Heart Disease and Stroke

☐ HIV

☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q118. When did this initiative begin?

> 2018

Q119. Does this initiative have an anticipated end date?

- ⦿ No, the initiative does not 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.

  [text box]

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

  [text box]

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

  [text box]

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

  [text box]

- ◯ Other. Please explain.

  [text box]

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Patients who may have an untreated behavioral health comorbidity that might be impacting their medical care.

Q121. Enter the estimated number of people this initiative targets.

15,656

Q122. How many people did this initiative reach during the fiscal year?

3,609

Q123. 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.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Behavioral Health Systems Baltimore; Creative Alternatives

○ No.

Q125. Please describe the primary objective of the initiative.

Connect community members to needed behavioral health services who are admitted to the hospital for other reasons.

Q126. Please describe how the initiative is delivered.

Multidisciplinary teams of physicians, nurse practitioners, psychiatric social workers, and substance use professionals conduct proactive screens on medicine inpatient units to identify patients with substance use and/or psychiatric issues who could benefit from prompt intervention from behavioral health experts for comprehensive treatment plans during hospitalization with post-discharge follow-up and connection with appropriate community resources. Connection to care includes bedside psychotherapy, consultation on psychotropic medical management, behavioral health discharge planning, linkage to community based treatment centers and/or medication assistance therapy for substance use disorder if needed.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters | Measures include clients served through # of encounters and number of resource connections

☑ Other process/implementation measures (e.g. number of items distributed) | Length of stay reduction, time to consult and connection to services

☑ Surveys of participants | Assessment done by practitioners on satisfaction of service delivery and connection to resources

☐ Biophysical health indicators

☐ Assessment of environmental change [　　　　　　]

☐ Impact on policy change [　　　　　　]

☑ Effects on healthcare utilization or cost | Impact of service on Length of stay reduction. Tableau dashboard tracks patient service volumes, services provided and 30-day readmission rates.

☐ Assessment of workforce development [　　　　　　]

☐ Other [　　　　　　]

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> Patients seen by the proactive team had shorter length of stay than those seen by contemporaneous reactive consult team or the prior year by the reactive team on the intervention units. Time to consult was also shorter for patients seen through the BHIT/PHIPPS model than the reactive model on other units. Nursing and physician satisfaction with provided psychiatric help increased significantly.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

> Behavioral Health (Substance Use and/or Mental Health) is the number one direct health priority identified by the community in the most recent JHH Community Health Need Assessment. BHIT services provide patients of need to resources that can address health issues outside of the primary reason they came to the hospital.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> FY20 cost $1,333,220

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

Hopkins Community Connection FY20 summaryfor CBR Narrative (004).docx
199.3KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

◉ Yes
○ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Chronic Kidney Disease, Dementias, Including Alzheimer's Disease, Diabetes, Health Literacy, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Nutrition and Weight Status, Oral Health, Housing & Homelessness, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Chronic Disease, Crime & Neighborhood Safety, Education, Food Environmen

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	●	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	●	○
Healthy Communities - includes measures such as domestic violence and suicide rate	●	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	●	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	●	○

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. ## Section V - Physician Gaps & Subsidies

Q141. 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
- ☑ Other. Please specify. [Outpatient specialty care]

Q142. 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 I trauma center for Maryland, The Johns Hopkins Hospital 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)	On call/standby anesthesia
Other (provide detail of any subsidy not listed above)	On call/standby radiology
Other (provide detail of any subsidy not listed above)	On call/standby GYN/OB

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

policy_35770-2020.pdf
165.5KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

jhh-patient-billing-and-financial-assistance-information-sheet-english.pdf
220.9KB
application/pdf

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level										200
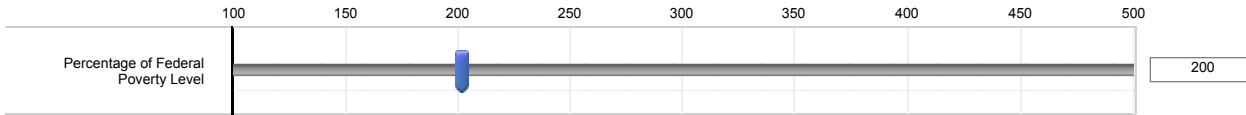
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL								200
Highest FPL								500
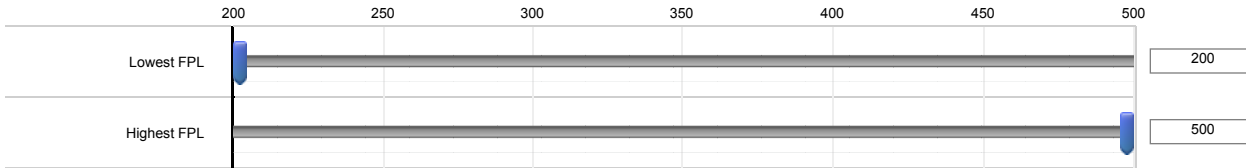
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								401
Highest FPL								500

Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	0	10	20	30	40	50	60	70	80	90	100

Debt as Percentage of Income ▮ 25
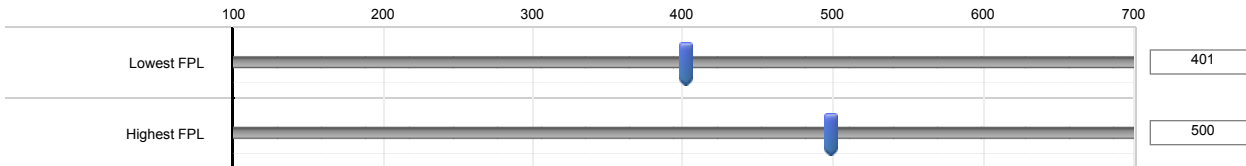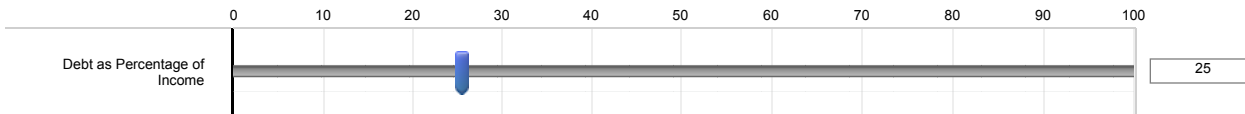
Q152. Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

◉ Yes, the FAP has changed. Please describe:

> Johns Hopkins Medicine (JHM) updated the financial assistance policy to be consistent across all entities in the health system and adopted the new policy as of February 2020. The changes are as follows: • One Financial Assistance Policy and Application across JHM • Notice to patients preservice on Financial Assistance availability to align with regulatory requirements • Remove citizenship requirement – Add verification for patients with travel visas – Limit medical tourism charity & validate JHHS is right place of care • Align Presumptive Charity discounts across JHM – Expected charity care reclassification from bad debt – Qualification criteria change for lookback refunds to patients receiving Financial Assistance

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.302993774414, -76.606201171875)

Source: GeoIP Estimation

Thank you, confirming receipt. We'll reach out if we have any questions.

From: Sharon Tiebert-Maddox <tiebert@jhu.edu>
Sent: Thursday, May 27, 2021 8:08 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Cc: Sharon Tiebert-Maddox <tiebert@jhu.edu>; William Wang <wwang3@jhu.edu>; Sherry Fluke <sfluke1@jhu.edu>
Subject: RE: HCB Narrative Report Clarification - JHH

Thanks for the reminder. Answers inserted below in red.

Let us know if you need anything else.

Many thanks!

Sharon

Sharon Tiebert-Maddox, MM, MBA
Director, Strategic Initiatives
JHH Community Benefit/Health Improvement
Government and Community Affairs
Johns Hopkins University and Medicine
443-845-9626 (cell)

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, May 21, 2021 8:50 AM
To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Sharon Tiebert-Maddox <tiebert@jhu.edu>
Subject: Clarification Required - The Johns Hopkins Hospital

External Email - Use Caution

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for The Johns Hopkins Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- In question 91, on page 19 of the attached, please provide an explanation of the "assessment of environmental change" used by the hospital to judge the effectiveness of the BPHWC initiative.

This is a typo. The box for "assessment of environmental change" should not have been ticked.

- In question 101 on page 21, please confirm that you intended to select "No, the initiative does not have an anticipated end date."

Correct. I would alter the note to say "is expected to continue as long as the need exists".

- In question 142 on page 27, please provide an explanation of "why the services would not otherwise be available to meet patient demand" for "Non-Resident House Staff and

Hospitalists," "On call/standby anesthesia," "On call/standby radiology," and "On call/standby GYN/OB."

Subsidy is required to maintain sufficient care standards and due to high Medicaid and uninsured population.

Please provide your clarifying answers as a response to this message. Thank you.

Community Benefit Report
Johns Hopkins Hospital
Community Benefit Service Area

Prepared by:

JHM Planning and Market Analysis
October 21, 2020

Table of Contents

JOHNS HOPKINS
M E D I C I N E

Johns Hopkins Hospital
Community Benefit Service Area
FY 2019 Q2-Q4, FY 2020 Q1
Source: HSCRC, IBM Watson Health
Includes Newborns

Zip Code	Zip City	JHH Discharges	JHH Market Share	All Hospital Discharges	JHH Discharges from Zip Code as a % of all JHH Discharges**
21202	Baltimore	928	31.7%	2,931	2.1%
21205	Baltimore	1,196	41.1%	2,908	2.7%
21206	Baltimore	1,121	16.1%	6,973	2.5%
21213	Baltimore	1,932	34.4%	5,612	4.3%
21218	Baltimore	1,169	18.0%	6,480	2.6%
21219	Sparrows Point	138	10.0%	1,386	0.3%
21222	Dundalk	866	9.3%	9,305	1.9%
21224	Baltimore	1,535	21.9%	6,995	3.4%
21231	Baltimore	866	46.3%	1,870	1.9%
Total		**9,751**	**21.9%**	**44,460**	**21.7%**

*Includes Maryland, DC, Pennsylvania, and Northern VA Hospitals (Source: HSCRC and IBM Watson Health)
**JHH had 44,835 discharges between FY 2019 Q2 and FY 20 Q1

The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center
Community Benefit Service Area

Mt. Wash Ped
Sinai
134
Good Sam
Fran Sqr
588
7
700
45
542
41
139
25
140
147
Belair
21206
95
Pulaski
587
26
22
83
Union Mem
21218
40
702
North
21213
1
129
21202
MD Gen
21205
JHH
895
151
150
Franklin Mulberry
Orleans
Bon Sec
UMMS
Mercy
21231
JHBMC
21224
Baltimore County
144 Wilkens
2
St Agnes
395
Baltimore City
21222
695
648 Harbor
Hanover
Baltimore County
695
173
718
295
Anne Arundel County
171
21219
20
170
Ritchie
710
97
10

4

2020 Insurance Coverage Estimates by Zipe Code and Payor Type
Area: JHH-JHBMC CBSA

Insurance Coverage Estimates								
Zip Code	Zip City	Commercial	Medicaid	Medicare	Other Insured	Uninsured	Veterans	Total Households
21202	Baltimore	6,212	1,252	1,424	114	486	247	**9,735**
21205	Baltimore	3,267	998	896	81	422	150	**5,814**
21206	Baltimore	11,536	2,834	3,712	330	1,285	610	**20,307**
21213	Baltimore	6,485	2,065	2,081	144	811	307	**11,893**
21218	Baltimore	11,936	2,733	3,731	299	1,114	550	**20,363**
21219	Sparrows Point	2,263	208	1,201	119	166	166	**4,123**
21222	Dundalk	13,549	2,324	5,186	476	1,430	986	**23,951**
21224	Baltimore	13,964	2,202	4,009	347	1,079	726	**22,327**
21231	Baltimore	5,630	855	1,413	118	327	234	**8,577**
Total Households		**74,842**	**15,471**	**23,653**	**2,028**	**7,120**	**3,976**	**127,090**

Source: Sg2 Insurance Coverage Estimates

DEMOGRAPHIC CHARACTERISTICS

			2020	2025	Population Change	% Change
2020 Total Population	295,169	Male Population	144,030	143,802	-228	-0.20%
2025 Total Population	293,765	Female Population	151,139	149,963	-1,176	-0.80%
Population Change	-1,404					
% Change 2020 - 2025	-0.50%					

Age Distribution

	Distribution	
Age Group	2020 Population	% of Total
0-4	17,812	6.0%
5-9	17,427	5.9%
10-14	16,397	5.6%
15-17	9,409	3.2%
18-19	8,051	2.7%
20	3,882	1.3%
21	3,745	1.3%
22-24	10,585	3.6%
25-29	27,509	9.3%
30-34	27,293	9.2%
35-39	22,078	7.5%
40-44	18,931	6.4%
45-49	17,006	5.8%
50-54	17,982	6.1%
55-59	18,689	6.3%
60-61	7,527	2.6%
62-64	10,249	3.5%
65-66	6,306	2.1%
67-69	8,583	2.9%
70-74	10,254	3.5%
75-79	6,806	2.3%
80-84	4,170	1.4%
85-Up	4,478	1.5%
Total	295,169	100.0%

Household Income Distribution

	Distribution	
Income	2020 Households	% of Total
< $10,000	10,979	9.5%
$10,000 - $14,999	5,828	5.0%
$15,000 - $19,999	5,458	4.7%
$20,000 - $24,999	4,948	4.3%
$25,000 - $29,999	5,000	4.3%
$30,000 - $34,999	5,482	4.7%
$35,000 - $39,999	5,519	4.8%
$40,000 - $44,999	4,832	4.2%
$45,000 - $49,999	4,673	4.0%
$50,000 - $59,999	8,874	7.7%
$60,000 - $74,999	10,576	9.1%
$75,000 - $99,999	12,738	11.0%
$100,000 - $124,999	9,724	8.4%
$125,000 - $149,999	6,827	5.9%
$150,000 - $199,999	7,081	6.1%
$200,000+	7,232	6.2%
Total	115,771	100.0%

Race/Ethnicity Distribution

	Distribution	
Race	2020 Population	% of Total
American Indian / Alaska Native	1745	0.6%
Asian	9,437	3.2%
Black / African American	135,911	46.0%
Multiple Races	9,177	3.1%
Native Hawaiian Isl / Pacific Isl	166	0.1%
Other	11,719	4.0%
White	127,014	43.0%
Total	295,169	100.0%

	Distribution	
Ethnicity	2020 Population	% of Total
Hispanic (Any Race)	26,007	8.8%
Non-Hispanic (Any Race)	269,162	91.2%
Total	295,169	100.0%

Education Level Distribution

	Distribution	
Education Level	2020 Pop Age 25+	% of Total
No Schooling Completed	3,667	1.8%
Nursery - 4th Grade	1119	0.5%
5th - 6th Grade	2231	1.1%
7th - 8th Grade	4,544	2.2%
9th Grade	4194	2.0%
10th Grade	6,984	3.4%
11th Grade	6,946	3.3%
12th Grade - No Diploma	5,317	2.6%
High School Graduate	66,787	32.1%
Some College <1 Year	12,251	5.9%
Some College >1 Year No Degree	27,821	13.4%
Associates Degree	9,987	4.8%
Professional Degree	5,032	2.4%
Bachelors Degree	30,052	14.5%
Masters Degree	17,073	8.2%
Doctorate Degree	3,847	1.9%
Total	207,852	100.0%

Source: Sg2 Market Demographics Tool

Population Distribution by Age Group
Area: JHH-JHBMC CBSA

Legend:
- Age Group: 00-04
- Age Group: 05-09
- Age Group: 10-14
- Age Group: 15-17
- Age Group: 18-19
- Age Group: 20
- Age Group: 21
- Age Group: 22-24
- Age Group: 25-29
- Age Group: 30-34
- Age Group: 35-39
- Age Group: 40-44
- Age Group: 45-49
- Age Group: 50-54
- Age Group: 55-59
- Age Group: 60-61
- Age Group: 62-64
- Age Group: 65-66
- Age Group: 67-69
- Age Group: 70-74
- Age Group: 75-79
- Age Group: 80-84
- Age Group: 85-UP

Pie chart values: 6.0%, 5.9%, 5.6%, 3.2%, 2.7%, 1.3%, 1.3%, 3.6%, 9.3%, 9.2%, 7.5%, 6.4%, 5.8%, 6.1%, 6.3%, 2.6%, 3.5%, 2.1%, 2.9%, 3.5%, 2.3%, 1.4%, 1.5%

Source: Sg2 Market Demographics Tool

Current Households by Income Group
Area: JHH-JHBMC CBSA

Legend:
- < $10,000
- $10,000 - $14,999
- $15,000 - $19,999
- $20,000 - $24,999
- $25,000 - $29,999
- $30,000 - $34,999
- $35,000 - $39,999
- $40,000 - $44,999
- $45,000 - $49,999
- $50,000 - $59,999
- $60,000 - $74,999
- $75,000 - $99,999
- $100,000 - $124,999
- $125,000 - $149,999
- $150,000 - $199,999
- $200,000+

Pie slice values: 9.5%, 5.0%, 4.7%, 4.3%, 4.3%, 4.7%, 6.8%, 4.2%, 4.0%, 7.7%, 9.1%, 11.0%, 8.4%, 5.9%, 6.1%, 6.2%

Source: Sg2 Market Demographics Tool

8
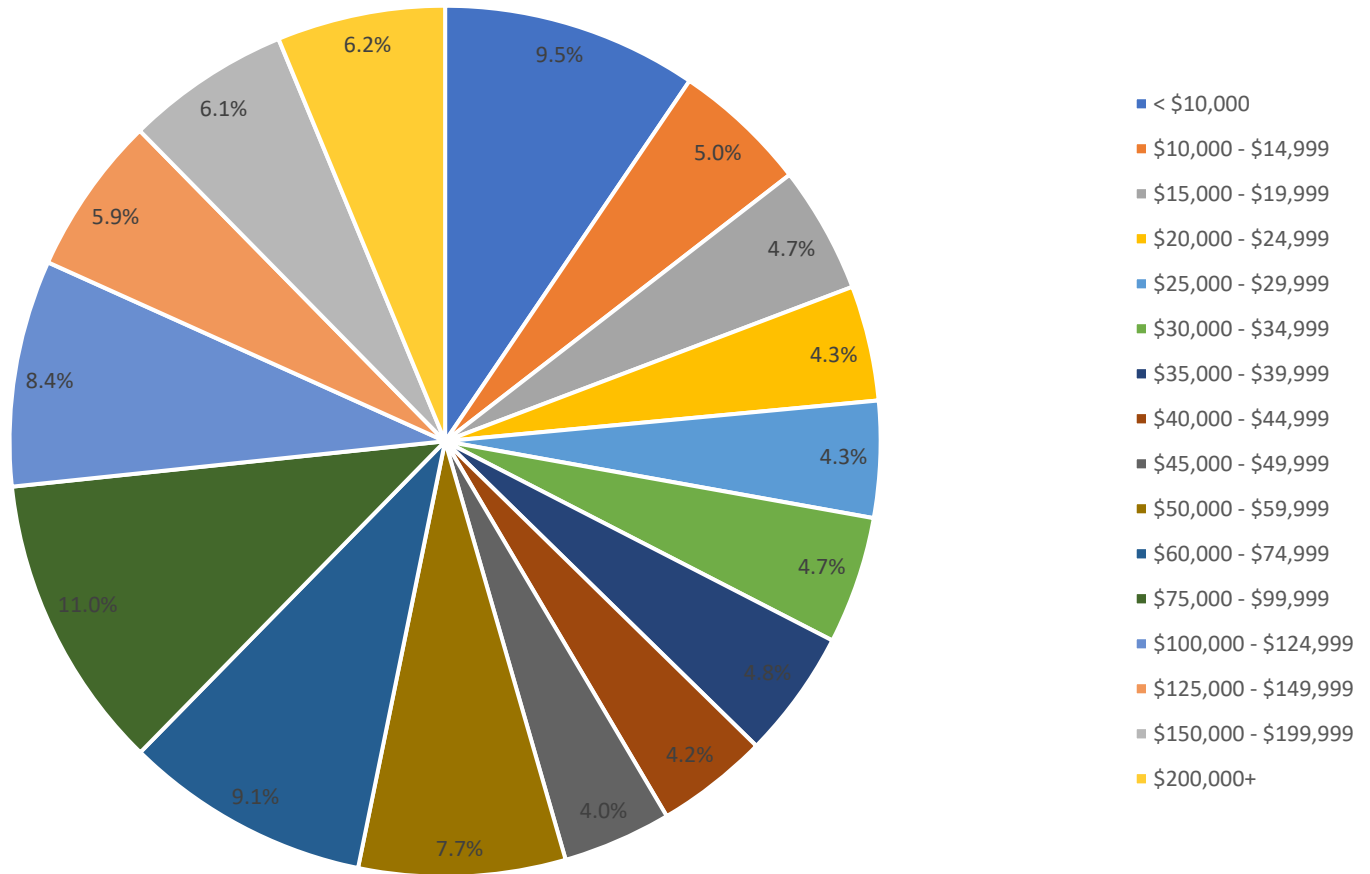
Population Age 25+ by Education Level
Area: JHH-JHBMC CBSA

Legend:
- No Schooling Completed
- Nursery - 4th Grade
- 5th - 6th Grade
- 7th - 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade - No Diploma
- High School Graduate
- Some College <1 Year
- Some College >1 Year No Degree
- Associates Degree
- Professional Degree
- Bachelors Degree
- Masters Degree
- Doctorate Degree

Pie chart values: 0.5%, 1.8%, 1.1%, 2.2%, 2.0%, 3.4%, 3.3%, 2.6%, 32.1%, 5.9%, 13.4%, 4.8%, 2.4%, 14.5%, 8.2%, 1.9%
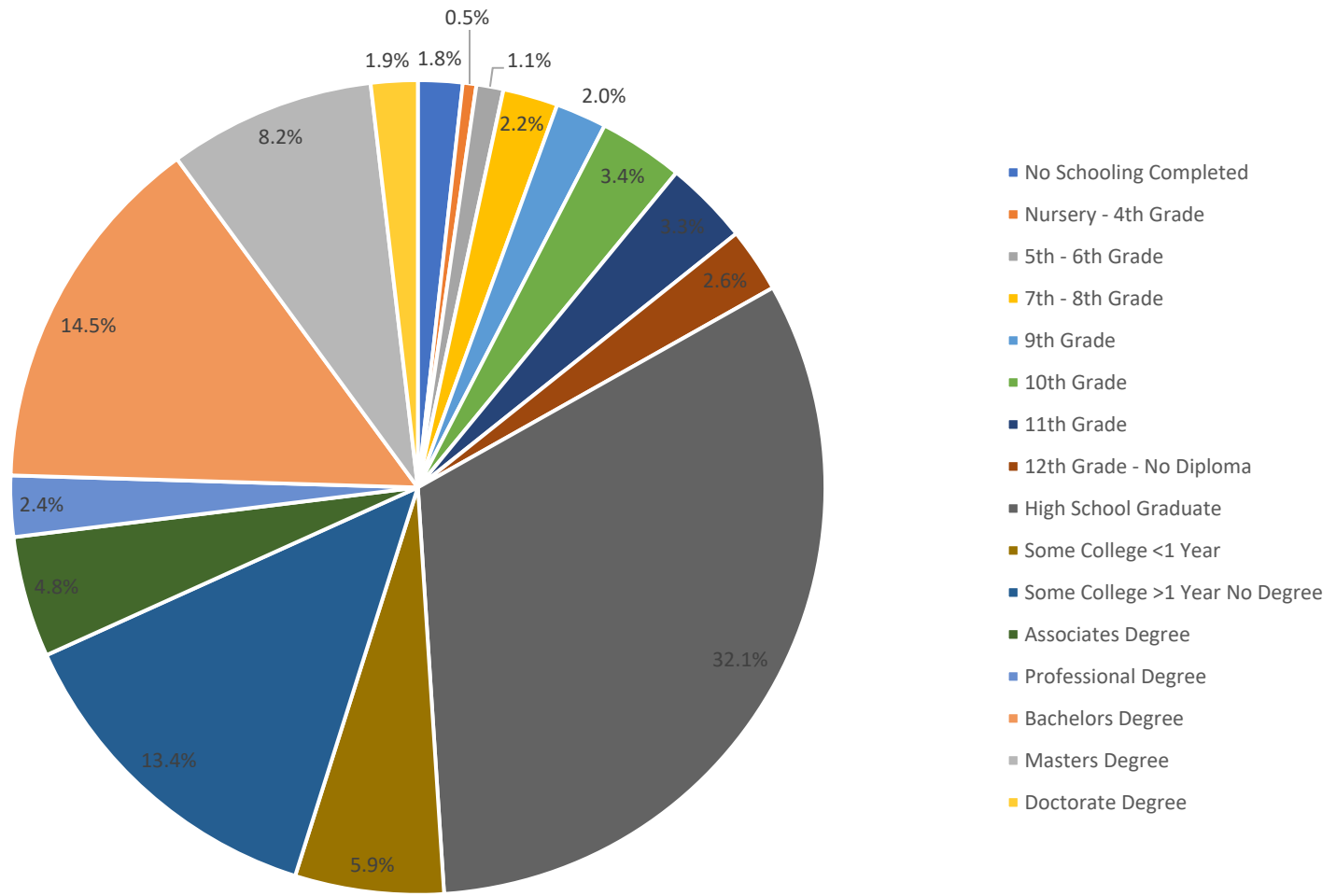
Source: Sg2 Market Demographics Tool

Population Distribution by Race and Ethnicity
Area: JHH-JHBMC CBSA
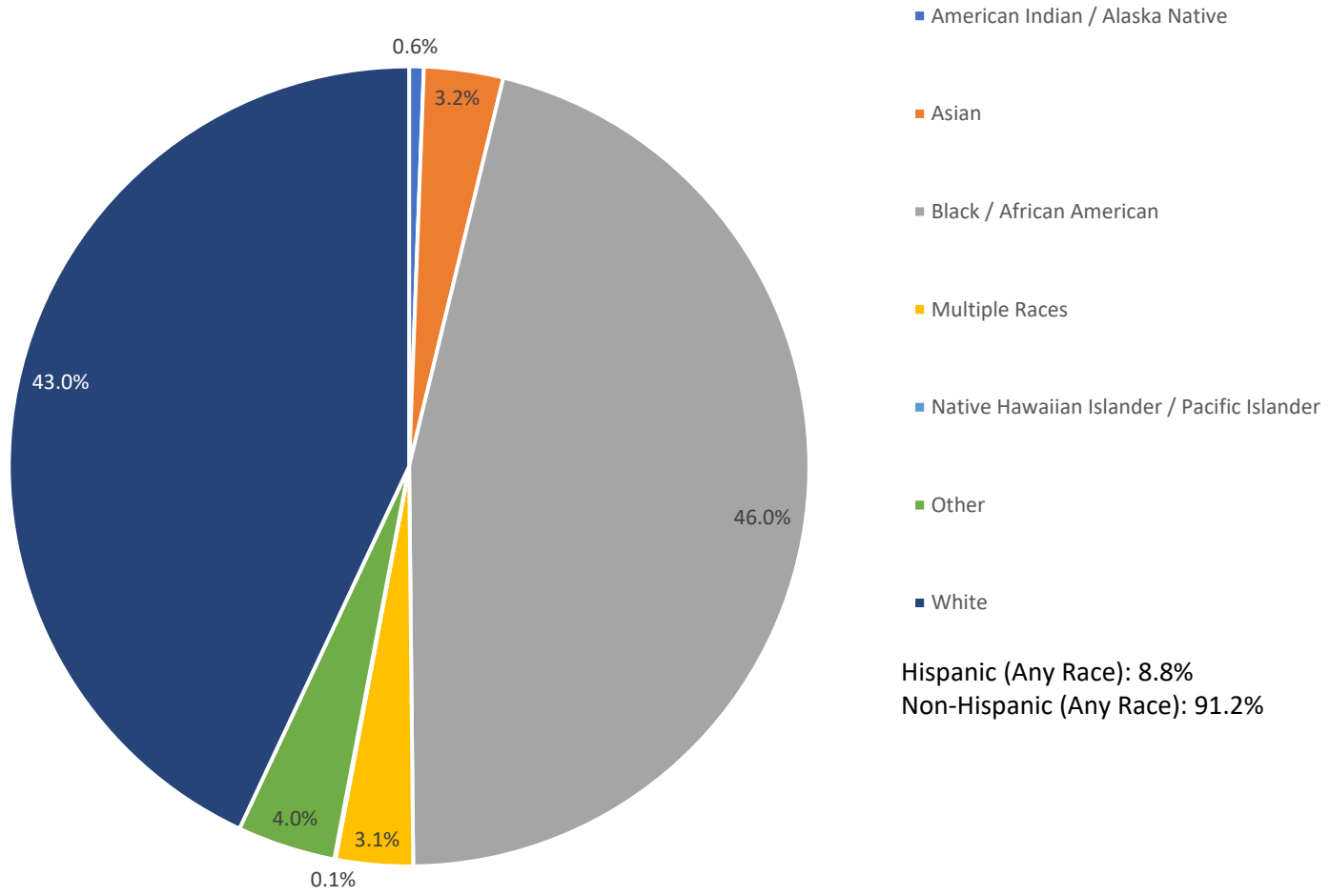
Legend:
- American Indian / Alaska Native
- Asian
- Black / African American
- Multiple Races
- Native Hawaiian Islander / Pacific Islander
- Other
- White

Pie chart values:
- 0.6%
- 3.2%
- 43.0%
- 4.0%
- 0.1%
- 3.1%
- 46.0%

Hispanic (Any Race): 8.8%
Non-Hispanic (Any Race): 91.2%

Source: Sg2 Market Demographics Tool

The Hopkins Community Connection (HCC) is an important example of the power of partnerships and collaboration. Located inside the Harriet Lane Clinic (HLC) at the Johns Hopkins hospital (and two locations at Johns Hopkins Bayview Medical Center), HCC screens and connects patients to social determinants of health (SDoH) resources. Their work building strong relationships with public agencies, private foundations, community organizations and local residents, illustrates the power to improve the lives of many even with very limited resources. The strength of Hopkins Community Connection's relationships placed them in a position at the start of the COVID-19 pandemic to be one of the first responders with SDoH relief. For example, they leveraged their Maryland Food Bank partnership to open doors and provide food to hundreds of families during April and May 2020 before the Baltimore City programs were organized and launched. The funding directly from the hospital is small compared to the scope of work and the operating funds HCC successfully raises, but that is another reason why their work is so important and should be highlighted. Through strategic leadership, they are able to grow their outreach and partnerships by leveraging resources to achieve meaningful outcomes which illustrates the opportunities for hospitals to engage multiple partners.

FY20 CBR Profile:

Primary objective:
Hopkins Care Connection (HCC) 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 are related to basic needs that doctors may not have time or access to research.

Population targeted:
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 among 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

Number of people targeted: 63,036

Number reached 2,689

Category: Social determinants

Hospital Support: $18,000

Other groups: JHBMC and Johns Hopkins University, Maryland Food Bank, Maryland Dept of Health, Maryland Department of Human Resources

Evaluation:
There are a number of metrics tracked as a routine part of the HCC work. Some of the things reviewed most frequently include:

- Screening outcomes
  - What are the trends in screening rates across the programs (are there increases in certain domains, etc..)
- Number of and outcome of each referral
  - There are eight specific closure reasons for each type of referral so they can quantify how many people have successfully accessed the resource (ie received SNAP benefits, accessed a food pantry, obtained a job, etc…)
- Number of and type of contact with patients (text/email/phone/in-person)
- Average days cases are open

Measured Outcomes:
- The top five presenting needs for each clinic were as follows:
- Food (1,790 requests)
- Health (1,752 requests)
- Commodities (1,448)
- Financial (661)
- Child-Related (378)

Connection to Resources Results:
- 40% Successful connection
- 12% Successfully access resource
- 18% Equipped to access resource
- 2% Did not access resource
- 28% Disconnected from resource

Observed Outcomes: Listed in Summary (below)

The Five top presenting needs: Food, Health, Commodities, Financial, Child-Related

# of Needs Opened (FY20)
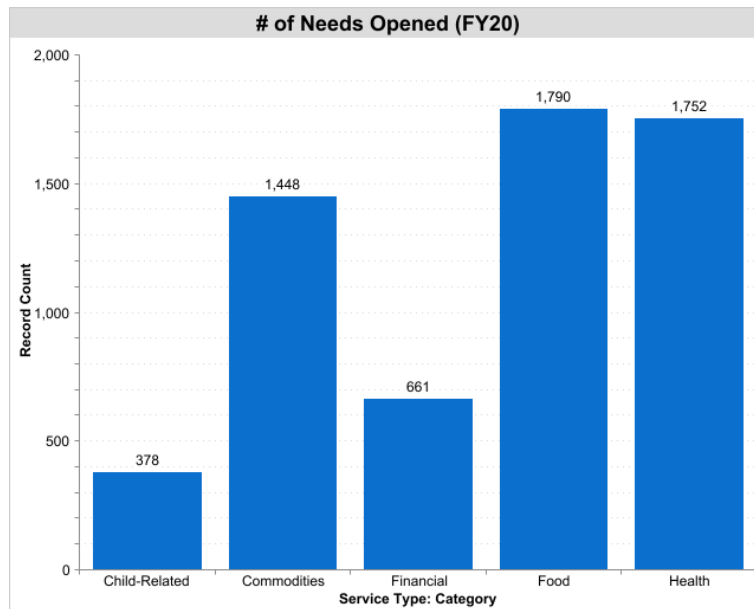
- **FY20 summary**
    - The HCC programs adapted quickly to remote work with getting our advocates cleared for remote work, setting up technological systems and phone lines to prevent disruption to care. During the height of the pandemic the desks were receiving ~75 phone calls per day from patients urgently needing to access food resources, medical appointments, or other resources.
    - The food pantry at the HLC opened at the start of the shut-down and we were able to quickly expand services to our two other clinics as well, at JHBMC.
        - To date, more than 350 unique families have received groceries
        - Due to our successful partnership with the Maryland Food Bank, the Office of Diversity and Inclusion was able to utilize our purchasing account to order and distribute over 50,000 lbs of food to staff across both hospitals. HCC also served in an advisory role to Johns Hopkins Community Partner sites about opening, distributing, and tracking pantry food.
    - HCC created and updated a state-wide resource list posted on the Children's Center website for public navigation of rapidly changing resources. The HCC advocate team continues to regularly update this resource.
    - HCC has become an official partner with the state's Department of Human Resource system (myDHR) to allow us to directly apply for our patients' public benefits (SNAP, TCA, energy assistance) into a single portal. Allowing for expedited application processes and direct avenues for follow up with the state if there are any delays with processing applications.
    - Staff and student leaders are now certified in the state's Critical Medical Need Program to process utility shut-off applications for our most medically fragile patients and family members.
    - HCC successfully hired 5 Federal Work Study students for the summer to work 20 hours per week- one of the few virtual opportunities for Homewood students at that time.
    - The Comprehensive Care Practice completed a successful pilot project of sending social need screening questions to patients in advance of their upcoming appointments. The project is continuing and has allowed the clinic to connect new patients to the HCC advocates as part of the introduction to clinic services.

Observed Outcomes:

- During the last quarter in FY20, in response urgent needs due to the COVID-19 pandemic, food and financial insecurity increased dramatically across all three HCC sites. In partnership with the Maryland Food Bank, the HCC program was able to successfully open pantries at each clinic to provide emergency food to patients. The program was also able to enter into an official relationship with Maryland DHR as a Community Based Organization allowing advocates to have access to state portals for the processing of benefit applications more efficiently. In general, this change has reduced application time from more than 40 days to less than 20 days.
- Providing on-site commodities (namely diapers) to patients during clinic visits was found to be associated with higher success rates with other case management outcomes (obtaining insurance, identification, childcare, etc).
- Transportation was a continued barrier for many patients to access primary care and subspecialty appointments or to address social needs throughout the FY. With reduced options for accessing free or affordable transportation options, HCC obtained some small grants to assist with the need. Given the ongoing circumstances with the pandemic, we anticipate transportation issues to be a barrier for patients and are seeking more sustainable solutions.
- The patients HCC served from mixed status families were particularly impacted by COVID-19, with impacts to income and health and limited access to safety net programs. The volume of patients served by HCC at the Children's Medical Practice more than doubled and has sustained at high volume levels.
- Overall, HCC was able to engage with more city and county partners during the last quarter of the FY; opening more opportunities with collaboration with the city health department, statewide officials through the DHS system, and other CBOs to allow for more collaborative processes to address social needs effectively.

- **Grants & Projects**
  - Innovation grant
    - Awarded grant in partnership with pediatric sub-specialty care: "Addressing Social Determinants of Health and Behavioral Health Needs in the Pediatric Subspecialty Care Setting" to assist with screening and navigation to resources
  - Health & Human Services
    - Awarded three-year grant in partnership with the Baltimore Cash Campaign, City of Baltimore, and
  - Baltimore COVID-19 relief grant
    - HCC has partnered with RoundTrip to directly schedule rides for patient's essential care (to medical appointments, or food pantries)
  - Thomas Wilson Grant
    - The HCC advocates based at the HLC have been trained in safe sleep recommendations and are serving to operate the Safety Center and provide supportive safe-sleep conversations to families as part of their 2-month WCC visits as well as providing linkage to cribs when safe sleep spaces are not available in the home.
  - Gynecology & Oncology department
    - HCC continues to have a dedicated advocate working with the GYN/ONC department in support of their patients receiving radiation treatment. The program has been so successful the position has been established permanently to provide sustained social needs support of patients
  - Center for Addiction and Pregnancy pediatric clinic
    - HCC is now expanded to receive referrals from the CAP pediatric clinic and exploring possible universal screening procedures as well

- **Undergraduate experience: Senior survey from Spring semester**
  - We asked them "How likely is it that you would recommend Hopkins Community Connection to a friend?" (10 being highest)
    - 29 gave a 10-rating
    - 3 gave a 9-rating
  - We asked "My work with HCC has directly impacted the way I think about healthcare, my graduate study choices, or guided my career choice."
    - 27 Strongly Agree
    - 5 Agree

  - Why did you give this rating?
    - HCC allows for students to gain valuable insight into how patients are taken care of. I learned how different populations of patients need their entire lifestyles to be taken into account in order for them to receive adequate care, an important lesson for anyone looking to have a career in healthcare. HCC also provides an extremely supportive community of students and supervisors always ready to collaborate, teach, and learn from each other, while also being great people to be around. HCC teaches us hard work and responsibility by putting us in roles that may be a bit daunting at first, but with the proper support from everyone at HCC, you eventually figure out the best way to care for clients, a rewarding aspect of the position.

    - HCC has single handedly been the most impactful and life changing experience I have been a part of at Hopkins. It's not just about a great volunteering opportunity - it's about the relationships you form with the team and the clients. Thank you for this!

- HCC has changed my life. I know that sounds dramatic but it provided me with so many priceless experiences and friendships. I met my two best friends through HCC, I found a latinx community where I saw myself represented in smart, talented and inspiring people (both from Hopkins and from Baltimore community), which is not that easy to come by at a top-ten school like Johns Hopkins. I was able to understand and fight for social and health care equity in a way I never did before, which ultimately has helped me grow and turn into a different, more empathetic and passionate woman. I would say that most people come to Hopkins with a pretty privileged background. I was an immigrant myself to the US and although my early years were rough, my parents worked hard to get me to where I am now, and being able to help other immigrant families is something that has changed my goal in life, and it is an indescribable feeling. Because of HCC, my passion to pursue medicine and dedicate myself to work for marginalized communities has grown ten-fold. The people, the community, and the experiences HCC has given me are incomparable to anything else I have done at Hopkins, and I cannot thank the program enough for taking me in and teaching me everything they could.

- Volunteering at HCC/healthleads and working with our incredibly strong clients has shown me the importance of prioritizing social determinants of health in patient care and continuously reminds me of the decisive difference that advocating for our patients' right to health can make, especially in marginalized and disadvantaged communities. This experience has been absolutely critical in molding me into the person I am today, reaffirmed my passion for a career in medicine, and has been the best decision I've made at Hopkins.

- HCC opened up my world and perspective more than I realized it could be. It was an amazing opportunity and one that will shape my experiences and interactions with others for the rest of my life.

Unique Clients per FY

Despite significant reductions with in-person visits across all clinics the overall unique patients served in this year remained

October 9, 2020

3
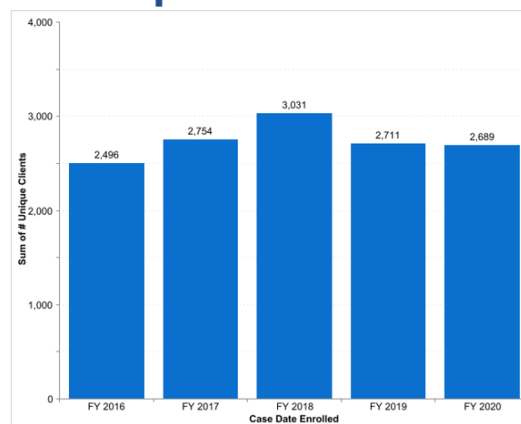
Connections & Workforce
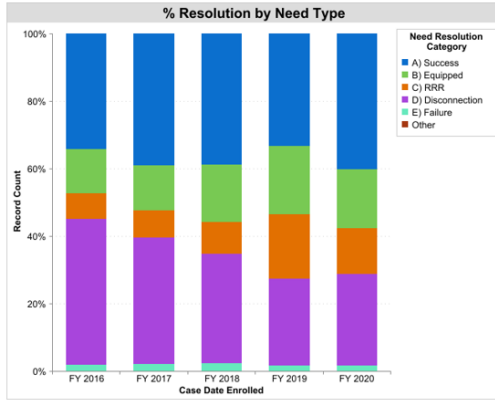
- 67 students
  - CCP
    - 1 Patient Navigator
    - 15 students
  - CMP
    - Open PC position
    - 1 CHW
    - 23 students
  - HLC
    - 1 Program Coordinator
    - 1 CHW
    - 32 students

4

In addition to linkages to pantries, HCC assisted families in obtaining over $90,000 in SNAP benefits since March.

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This document applies to the following Participating Organizations:

Howard County General Hospital   Johns Hopkins Bayview Medical Center   Johns Hopkins Community Physicians   Johns Hopkins School of Medicine

Johns Hopkins Surgery Centers Series   Sibley Memorial Hospital   Suburban Hospital   The Johns Hopkins Hospital

Keywords: assistance, bill, debt, financial, medical

I. PURPOSE

Johns Hopkins Medicine 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.

II. POLICY

This policy contains the criteria to be used in determining a patient's eligibility for Financial Assistance and outlines the process and guidelines that shall be used to determine eligibility for Financial Assistance and the completion of the Financial Assistance application process. This policy governs the provision of Financial Assistance for patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

Sibley Memorial Hospital is located in the District of Columbia. Appendix A to this policy sets forth additional provisions concerning Uncompensated Care required by regulations and laws of the District of Columbia applicable to Sibley Memorial Hospital. Appendix A only applies to Sibley Memorial Hospital. If there is a contradiction between Appendix A and this policy concerning financial assistance and Uncompensated Care at Sibley Memorial Hospital, then provisions of Appendix A shall apply.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial assistance) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital

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- Limits the amounts that the hospital will charge for Emergency or other Medically Necessary Care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for commercially insured or Medicare patients

FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE

Posted on each hospital website is a full list of physicians that provide Emergency and Medically Necessary Care as defined in this policy at JHH, JHBMC, HCGH, SH and SMH. The list indicates if a doctor or Physician Practice 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. Physicians that are employed by The Johns Hopkins School of Medicine and Johns Hopkins Community Physicians follow the processes as outlined in this policy.

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.

Actions the Johns Hopkins 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 any Johns Hopkins hospital.

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. 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.

III. PROCEDURES

A. Services Eligible Under this Policy
   1. Financial Assistance is only applicable to Medically Necessary Care as defined in this policy. Financial Assistance is not applicable to convenience items, private room accommodations or non-essential cosmetic surgery. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.

B. Eligibility for Financial Assistance
   1. Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or citizenship status, sexual orientation or religious affiliation. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:
      a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need
      b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring)
      c. Include reasonable efforts by JHM to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs

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    d.   Take into account the patient's available assets and all other financial resources available to the patient, and include a review of the patient's outstanding accounts for prior services rendered and the patient's payment history

C.   <u>Method by Which Patients May Apply for Financial Assistance</u>

    1.   It is preferred but not required that a request for Financial Assistance and a determination of financial need occur prior to rendering of Medically Necessary Care. A copy of the application is available online at https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/. A hard copy will be mailed upon request by calling toll free 1-855-662-3017 or 443-997-3370. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.

D.   <u>Determination of Eligibility for Financial Assistance</u>

The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance, Medical Assistance, or both:

    1.   Step One: Determination of Probable Eligibility

        a.   Within two business days following the initial request for Financial Assistance, application for Medical Assistance, or both, the hospitals will: (1) make a determination of probable eligibility, and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about family size, insurance and income. The determination of probable eligibility will be made based solely on this information. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility.

    2.   Step Two: Final Determination of Eligibility

        a.   Following a determination of probable eligibility, the hospitals will make a final determination of eligibility for Financial Assistance based on income, family size and available resources. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.

        b.   Except as provided otherwise in this policy, the patient is required to complete the following: (a) the Maryland Uniform Financial Assistance Application, (b) JHHS Patient Profile Questionnaire. Patient shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support.

        c.   The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources:

            i.   Income from wages

            ii.   Retirement/Pension Benefits

            iii.   Income or benefits from self-employment

            iv.   Alimony

            v.   Child support

             vi.   Military family allotments

            vii.   Public assistance

            viii.   Pension

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     ix.   Social security

     x.   Strike benefits

     xi.   Unemployment compensation

     xii.   Workers compensation

     xiii.   Veteran's benefits

     xiv.   Other sources, such as income and dividends, interest or rental property income.

d. An applicant who may qualify for insurance coverage through a Qualified Health Plan or may qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.

e. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.

     i.   Patients will be eligible for Financial Assistance if their maximum family (husband and wife, same sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of $10,000 which would be available to satisfy their JHM bills.

     ii.   The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.

     iii.   If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be made as follows:

         • Household income up to 200% of FPL 100% Adjustment

         • Household income between 201% & 250% of FPL 75% Adjustment

         • Household income between 251% & 300% of FPL 50% Adjustment

         • Household income between 301% & 400% of FPL 35% Adjustment

f. Patients who have already qualified for Financial Assistance at one of the providers under this policy are not required to re-apply and are deemed eligible.

g. The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial Assistance along with a brief explanation. The patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance.

h. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.

i. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.

j. Once a patient is approved if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan. 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. 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 to determine eligibility for specific services.

l. 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

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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.

m. 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.

n. 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 Revenue Cycle Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to Revenue Cycle Management for review and determination and shall place the account on hold for 45 days pending further instructions.

o. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.

p. The Vice President of Revenue Cycle Management or designee may make exceptions according to individual circumstances.

E. Presumptive Financial Assistance Eligibility

1. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances. Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):

   a. Households with children in the free or reduced lunch program
   b. Supplemental Nutritional Assistance Program (SNAP)
   c. Low-income-household energy assistance program
   d. Women, Infants and Children (WIC)
   e. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26

2. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:

   a. A patient with Active Medical Assistance Pharmacy coverage;
   b. QMB coverage/SLMB coverage
   c. Maryland Public Health System Emergency Petition patients
   d. A patient that is deceased with no estate on file
   e. A patient that is deemed homeless
   f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department
   g. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
   h. Health Department moms- for non-emergent outpatient visits not covered by Medical Assistance
   i. Active enrollees of the Chase Brexton Health Center
   j. Active enrollees of the Healthy Howard Program
   k. A patient with a referral to SH from a locally based program (Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Montgomery Cares, Primary Care Coalition, Project Access, and Proyecto Salud) which has partnered with SH to provide access to inpatient and outpatient care for low income uninsured patients.

3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts—it does not extend to future services.

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4. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
   a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
   b. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be make as follows:
      i. Household income up to 200% of FPL 100% Adjustment
      ii. Household income between 201% & 250% of FPL 75% Adjustment
      iii. Household income between 251% & 300% of FPL 50% Adjustment
      iv. Household income between 301% & 400% of FPL 35% Adjustment

F. Medical Financial Hardship Assistance
   1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. JHM will provide reduced cost Medically Necessary Care to patients with family income above 400% of FPL but below 500% of the Federal Poverty Level.
   2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a family over a 12-month period that exceeds 25% of family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a Johns Hopkins hospital as well as those provided by Johns Hopkins providers, 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. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
   3. Factors considered in granting Medical Financial Hardship Assistance:
      a. Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the Hopkins treating facility where the application was made
      b. Liquid Assets (leaving a residual of $10,000)
      c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
      d. Supporting Documentation.
   4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the Johns Hopkins hospitals under this policy for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures. However, the patient or the patient's Immediate Family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.
   5. If patient is approved for a percentage allowance due to Medical Financial Hardship it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines JHHS shall make a payment plan available to the patient.
   6. Any payment plan 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.
   7. For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHM shall apply the reduction in charges that is most favorable to the patient.

G. Notice of Financial Assistance Policy, Patient Education, Communication and Outreach

1. Individual notice regarding the hospital's financial assistance policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital. JHM shall address with the patient or the patient's family any financial concerns that they may have.

2. The Johns Hopkins hospitals shall disseminate information regarding its Financial Assistance policy on an annual basis by publishing notice regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.

3. The Notice to Patients of the Availability of Financial Assistance shall be posted at patient registration sites, admissions/business offices, billing offices, and in the emergency department at each facility. Notice will be posted on each hospital website, will be mentioned during oral communications, and will be sent to patients on patient bills. A copy of the Financial Assistance policy will be posted on each facility's website and will be provided to anyone upon request.

4. Individual notice regarding the availability of financial assistance under this policy will also be provided to obstetric patients seeking services at the hospitals under this policy, at the time of community outreach efforts, prenatal services, preadmission or admission.

5. A Patient Billing and Financial Assistance Information Sheet will be provided to patients before the patient receives scheduled medical services in a hospital, before discharge, with the hospital bill, and will be available to all patients upon request.

6. A Plain Language Summary of this policy is posted on the JHM website as well as will be available to all patients.

H. Late Discovery of Eligibility

1. If the hospitals discover that patient was eligible for free care on a specific date of service (using the eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts received from the patient/guarantor exceeding twenty-five dollars ($25).

2. 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 thirty (30) days from the date of initial request for information.

3. 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.

IV. DEFINITIONS

For the Purpose of this policy, the terms below are defined as follows:

Medical Debt	Medical Debt is defined as out-of-pocket expenses for medical costs resulting from Medically Necessary Care billed by a Johns Hopkins hospital or Johns Hopkins provider covered by this policy. Out-of-pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills or physician 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.

	Johns Hopkins Medicine Finance	*Policy Number*	PFS035
FINANCE	**Financial Assistance Policies Manual**	*Effective Date*	02/01/2020
	General	*Approval Date*	N/A
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MEDICINE	**Financial Assistance**	*Supersedes Date*	10/02/2018

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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.

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, co-payments, 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.

V. REFERENCE
    JHHS Finance Policies and Procedures Manual

			Version 6.0

FINANCE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS035
		Effective Date	02/01/2020
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- Policy No. PFS120 - Signature Authority: Patient Financial Services
- Policy No. PFS034 - Installment Payments
- Policy No. PFS046 - Self-pay Collections

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 the Federal Register

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

VII. REVIEW CYCLE
Two (2) years

VIII. APPROVAL

Electronic Signature(s)	Date
Kevin Sowers President of Johns Hopkins Health System; Executive Vice President, Johns Hopkins Medicine	01/12/2020

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