

**The Johns Hopkins Hospital  
Community Benefit Report**  
Fiscal Year 2011



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

**INTRODUCTION AND OBJECTIVES**

During the fiscal year (FY) 2011, The Johns Hopkins Hospital (JHH or Hospital) was licensed to operate 1,053 acute care beds (including NICU and CIR), and JHH had 46,573 inpatient admissions.

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

Primary Service Area (PSA)

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

Table I

Primary Service Area ZIP codes	21213 21205 21224 21218 21202 21231 21206 21215 21217 21222 21234 21229 21216 21212 21223 21207 21239 21221 21117 21208 21044 21225 21122 21214 21045 21244 21043 21061 21230 21093 21237 21201 21220 21042 21228 21133 21287 21209 21236 21401 21211 21784 21740 21136 21040 21014 21144 21146 21210 21227 21157 21030 21113 21075 21204 21771 21742 21801 21403 21060 21701 20723 21015 21286 21804 21702 21009
All other Maryland hospitals sharing primary service area	Upper Chesapeake Medical Center, Howard County General Hospital, Baltimore Washington Medical Center, Northwest Hospital Center, Carroll Hospital Center, Maryland General Hospital, University of Maryland Medical Center, Mercy Medical Center, Greater Baltimore Medical Center, Saint Joseph Medical Center, James Lawrence Kernan Hospital, Mount Washington Pediatric Hospital, Sinai Hospital, Union Memorial Hospital, Bon Secours Hospital, Johns Hopkins Bayview Medical Center, Harbor Hospital, Saint Agnes Hospital, Franklin Square Hospital Center, Good Samaritan Hospital, Anne Arundel Medical Center, Frederick Memorial Hospital, Washington County Hospital, Peninsula Regional Medical Center, Chesapeake Rehabilitation Hospital
Percentage of uninsured patients	17.8%
Percentage of patients who are Medicaid recipients	14.3%

Community Benefit Service Area (CBSA)

**A. Description of the Community Benefit Service Area**

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

and adolescents, uninsured individuals and households, and underinsured and low-income individuals and households.

B. CBSA Demographics and Social Determinants

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

Table II

		Data Source
Community Benefit Service Area (CBSA) (by ZIP code or county)	21213, 21205, 21224, 21218, 21202, 21231, 21206	Johns Hopkins Medicine (JHM) Market Analysis & Business Planning
CBSA demographics, by sex, race, and average age	<p>Total population: 243,919</p> <p>Sex Male: 118,840/48.72% Female: 125,079/51.28%</p> <p>Race White non-Hispanic: 80,424/33.0% Black non-Hispanic: 141,846/58.2% Hispanic: 9,940/4.1% Asian and Pacific Islander non-Hispanic: 5,970/2.4% All others: 5,739/2.4%</p> <p>Age 0-14: 46,051/18.9% 15-17: 9,892/4.1% 18-24: 30,008/12.3% 25-34: 37,194/15.2% 35-54: 67,967/27.9% 55-64: 25,861/10.6% 65+: 26,946/11.0%</p>	2010 Claritas Inc. 2011 Thomson Reuters
Median household income within your CBSA	Average household income: \$52,591	2010 Claritas Inc. 2011 Thomson Reuters
Percentage of households (families and people) with incomes below the federal poverty guidelines within your CBSA (past 12 months)	<p>All families: 20% Married couple family: 7.3% Female householder, no husband present, family: 32.6% Female householder with related children under 5 years only: 44.4%</p> <p>All people: 25.6% Under 18 years: 37.3% Related Children under 5 years: 43.4% (Baltimore City, 2010)</p>	U.S. Census Bureau, 2010 American Community Survey <a href="http://factfinder.census.gov">http://factfinder.census.gov</a>
Please estimate the percentage of uninsured people within your	38.7%	2010 Claritas Inc.



CBSA		2011 Thomson Reuters
Percentage of Medicaid recipients within your CBSA	28.8%	2010 Claritas Inc. 2011 Thomson Reuters
Life expectancy and crude deaths within your CBSA	72.9 years at birth (Baltimore City, 2009)  77.8 years at birth (Baltimore County, 2009)  78.6 years at birth (Maryland, 2009)  6,138 deaths (Baltimore City, 2010)  7,625 (Baltimore County, 2010)  43,256 (Maryland, 2010)	Maryland Vital Statistics Annual Report 2009 <a href="http://dhmh.maryland.gov/apps/SHIP/">http://dhmh.maryland.gov/apps/SHIP/</a>
Infant mortality rates within your CBSA	All: 11.0 per 1,000 live births White: 3.6 per 1,000 live births Black: 14.7 per 1,000 live births (Baltimore City, 2010)  All: 6.7 per 1,000 live births (Baltimore County, 2010)  All: 6.7 per 1,000 live births (Maryland, 2010)	Maryland Vital Statistics, Infant Mortality in Maryland, 2010 (published August 2011)  Maryland Vital Statistics Preliminary Report <a href="http://vsa.maryland.gov/doc/prelim10.pdf">http://vsa.maryland.gov/doc/prelim10.pdf</a>
Access to healthy food	Baltimore City food deserts map	Johns Hopkins Bloomberg School of Public Health, Center for a Livable Future <a href="http://www.jhsph.edu/bin/k/o/BaltimoreCityFoodEnvironment.pdf">http://www.jhsph.edu/bin/k/o/BaltimoreCityFoodEnvironment.pdf</a>  Baltimore City Food Policy Task Force <a href="http://www.baltimorecity.gov/Portals/0/agencies/planning/public%20downloads/USDA%20Presentation%201.0_sm.pdf">http://www.baltimorecity.gov/Portals/0/agencies/planning/public%20downloads/USDA%20Presentation%201.0_sm.pdf</a>
Transportation	Local Bus, Metro Subway, Light Rail, Circulator Bus, MARC Train, Commuter Bus	Maryland Transit Administration <a href="http://mta.maryland.gov/local-and-statewide-transit-info">http://mta.maryland.gov/local-and-statewide-transit-info</a>



Housing affordability	<p>% of Renters in Baltimore City Paying 30% or more of Household Income in Rent (2009): 54.6%</p> <p>Baltimore MSA Data Qualifying Income Needed to Purchase Home of \$220,000: \$65,143</p> <p>2 BR Fair Market Rent (FMR) for 2011: \$1,263</p> <p>Income Needed to Afford 2BR FMR: \$50,520</p>	<p>U.S. Census Bureau, 2010 American Community Survey <a href="http://factfinder.census.gov">http://factfinder.census.gov</a></p> <p>U.S. Census Bureau, 2007 American Housing Survey for Baltimore Metropolitan Area <a href="http://www.census.gov/housing/ahs/files/baltimore07.pdf">http://www.census.gov/housing/ahs/files/baltimore07.pdf</a></p> <p>National Housing Conference – Center for Housing Policy <a href="http://www.nhc.org/chp/p2p_2008_q4/index.php">http://www.nhc.org/chp/p2p_2008_q4/index.php</a></p> <p><a href="http://www.nhc.org/media/files/Rental_Rankings_2011.pdf">http://www.nhc.org/media/files/Rental_Rankings_2011.pdf</a></p> <p>The Abell Foundation <a href="http://www.abell.org/pubsitems/ec_low_rental_905.pdf">http://www.abell.org/pubsitems/ec_low_rental_905.pdf</a></p>
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## II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Describe in detail the process your hospital used for identifying the health needs in your community and the resources used.

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

### Methods

#### Primary Data Collection

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

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

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

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

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

#### Secondary Data Collection

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

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

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

#### **Community Health Needs Identified**

Major community health needs identified during FY 2011 included:

- Mental Health & Disorders
- Substance Abuse
- Cardiovascular Disease
- Stroke



- Obesity
- Health Education & Awareness
- Access to Health Services
- Public Safety
- Inadequate Housing & Economic Development
- High Unemployment

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

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

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

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

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

In 2011, the JHHS Community Benefit Report Work Group began the planning process for implementation of a community health needs assessment in the seven East Baltimore ZIP codes that make up the Community Benefit Service Area. The current focus is on the timeline and methodology of the community health needs assessment, and the Working Group will begin to develop an implementation strategy in the coming year.

### **Overview of Key Findings**

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

As part of its ongoing community health needs identification process, JHH consults with the Baltimore City Mayor's Office, Baltimore City Council, the Johns Hopkins University, as well as East Baltimore neighborhood organizations, faith-based organizations, and community-based organizations, see Attachment 1.

3. When was the most recent needs identification process or community health needs assessment completed?

JHH carries out an ongoing community health needs identification process. The last community health needs assessment, which contained communities served by the JHH CBSA, was conducted in 2005.



4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years? If yes, provide a link or attach the document.

In the past three fiscal years, JHH has not conducted a community health needs assessment that conforms to the definition of the HSCRC Community Benefit Narrative Reporting Instructions.

### III. COMMUNITY BENEFIT ADMINISTRATION

1. Does your hospital have a CB strategic plan? Yes
2. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?

a. Senior Leadership

- i.  Ronald R. Peterson, President
- ii.  Ronald J. Werthman, VP of Finance, Treasurer, CFO
- iii.  Stuart Erdman, Senior Director of Finance/Asst. Treasurer
- iv.  John Colmers, VP of Health Care Transformation and Strategic Planning

b. Clinical Leadership

- i.  Physicians
- ii.  Nurses
- iii.  Social Workers

c. Community Benefit Department/Team

i.  Individuals

JHH CBR Team – Deidra Bishop (0.02 FTE), Henri' Thompson (0.05 FTE), Sharon Tiebert-Maddox (0.075 FTE), Zakia Hospedales (0.50 FTE), William Wang (0.05 FTE)

ii.  Committee

JHHS Community Benefit Report Work Group

The Johns Hopkins Hospital

- Deidra Bishop, Director, East Baltimore Community Affairs
- Zakia Hospedales, Budget Analyst, Government and Community Affairs (GCA)
- Sharon Tiebert-Maddox, Director of Strategic Operations, GCA
- Henri' Thompson, Associate Director, East Baltimore Community Affairs
- William Wang, Associate Director, Strategic Operations, GCA

Johns Hopkins Bayview Medical Center

- Gayle Johnson Adams, Director, Community Relations
- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis

Howard County General Hospital

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Regulatory Compliance

Suburban Hospital

- Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
- Joan Hall, Director, Financial Planning, Budget, & Reimbursement
- Monique Sanfuentes, Director, Community Health and Wellness

Sibley Memorial Hospital

- Alison Arnott, Vice President, Support Services
- Marti Bailey, Director, Sibley Senior Association and Community Health
- Mike McCoy, Associate CFO, Finance Department
- Christine Stuppy, Vice President, Business Development and Strategic Planning

Johns Hopkins Medicine

- Anne Langley, Director, Health Policy Planning
- Desiree de la Torre, Assistant Director, Health Policy Planning

3. Is there an internal audit (i.e., an internal review conducted at the hospital) of the community benefit report?
  - a. Spreadsheet (Y/N) Yes
  - b. Narrative (Y/N) Yes
  
4. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?
  - a. Spreadsheet (Y/N) Yes
  - b. Narrative (Y/N) Yes



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

##### **1. Brief introduction of community benefit program and initiatives.**

In FY 2011, The Johns Hopkins Hospital community benefit program included numerous initiatives that support the Hospital's efforts to meet the needs of the community. These initiatives are decentralized and use a variety of methods to identify community needs. Over 190 programs and initiatives were carried out by clinical and operational departments at The Johns Hopkins Hospital, and 54 programs and initiatives were carried out by operational departments/units in the Johns Hopkins Health System. Community health programs and initiatives undertaken during FY 2011 include: geriatric psychiatry day hospital transportation, supportive housing for the eating disorders day hospital, supportive housing for male substance abuse patients, the JH Summer Jobs program, East Baltimore Development Inc., Historic East Baltimore Community Action Coalition, Northeast Market stroke screening program, transportation on-call program, The Access Partnership, and Community Chats. In the tables below, these ten initiatives are described in greater detail.

Initiative 1. Geriatric Psychiatric Day Hospital Patient Transportation

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Mental Health & Mental Disorders	Geriatric Psychiatry Day Hospital Program - Patient Transportation	Free transportation provided to Geriatric Psychiatry Day Hospital patients to enable them to come into the Day Hospital for treatment and return home. Geriatric Psychiatry patients in the community often have very limited means for transportation.	Multi-year	n/a	Service dates held July 1, 2010 - June 30, 2011 (daily, excluding weekends). Evaluation with program team on a monthly basis. Annual review with Department Chairman.	1,068 people encountered.	Yes, Day Hospital programs are designed to provide a step-down level of care for patients and are a continuing commitment of the Department.

Initiative 2. Eating Disorders Day Hospital Supportive Housing

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Mental Health & Mental Disorders	Eating Disorders Day Hospital Supportive Housing	Housing provided for patients being treated in the Eating Disorders Day Hospital.	Multi-year	n/a	Service dates held daily from July 1, 2010 – June 30, 2011. Evaluation with program team on a monthly basis. Annual review with Department Chairman.	830 people encountered	Yes, Day Hospital programs are designed to provide a step-down level of care for patients and are a continuing commitment of the Department.



Initiative 3. Supportive Housing for Male Substance Abuse Patients

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Substance Abuse	Supportive Housing for Male Substance Abuse Patients	The Department of Psychiatry pays for supportive housing (including transportation to and from housing, and meals) for male patients in treatment at the Johns Hopkins Broadway Center Addictions.	Multi-year	Helping Up Mission and Johns Hopkins Broadway Center for Addictions	Service dates held every day. Evaluations in the form of monthly meetings with program team. Annual review of all Day Hospital programs with Department Chairman.	13,187 people encountered.	Yes, Day Hospital programs are designed to provide a step-down level of care for patients and are a continuing commitment of the Department.

Initiative 4. Johns Hopkins Summer Jobs Program

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Economic Development & Inadequate Housing	Johns Hopkins Summer Jobs Program	Paid summer internship for Baltimore City youth	Multi-year	Baltimore City Public Schools and Mayor's Office of Economic Development	2011 evaluation is in progress. Measuring number of students served, completion rates, and employer and student evaluations.	1,740 people encountered.	Yes

Initiative 5. East Baltimore Development Inc. (EBDI)

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Economic Development & Inadequate Housing	East Baltimore Development Inc. (EBDI)	EBDI is a long term community redevelopment initiative to renew neighborhoods north of The Johns Hopkins Hospital campus.	Multi-year	East Baltimore residents and additional community stakeholders.	Quarterly and annual reports from EBDI to partners and elected officials; quarterly EBDI Board meetings; monthly updates via community meetings, Baltimore City Council hearings and meetings convened at the request of local elected officials to inform/advise them on status and progress.	The project started in 2001 and is an ongoing collaborative process that includes identifying and assessing community needs.	Yes, EBDI is a continuing commitment of the JHH.



Initiative 6. Historic East Baltimore Community Action Coalition (HEBCAC)

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Economic Development & Inadequate Housing	Historic East Baltimore Community Action Coalition (HEBCAC)	HEBCAC is a nonprofit community-based organization developed in 1994 to address the needs of the East Baltimore community by a coalition that includes representatives from The Johns Hopkins Hospital, Johns Hopkins University, local community, business, nonprofit organizations and governmental agencies.	Multi-year	Local community, business, nonprofit organizations and governmental agencies.	No formal evaluation dates identified.	The nonprofit community development organization was started in 2001 and is an ongoing collaborative process with Johns Hopkins University, city and state officials and area residents all engaged.	Yes, HEBCAC is a continuing commitment of the JHH.

Initiative 7. Northeast Market Stroke Screening Program

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
<p>Stroke</p> <p>The needs of the community were identified by reviewing the most recent literature on the impact of stroke in Maryland and the United States. Stroke is the third leading cause of death in Maryland and the United States. African Americans have much higher rates of stroke incidence and mortality; and this is more evident in younger age groups. With this information we looked for a venue where we could reach African Americans for stroke risk screening and education on stroke prevention. After talking with Chris Gibbons, M.D., from the</p>	<p>Northeast Market Stroke Screening Program</p>	<p>Monthly stroke screenings and education conducted during lunch hours at the Northeast Market. The screenings consist of blood pressure monitoring and stroke risk factors that are reviewed with participants.</p>	<p>Multi-year</p>	<p>Baltimore Public Markets Corporation.</p>	<p>An ongoing Prospective Observational Study was implemented to identify health problems, risk factors and to facilitate behavior change. Pre-, post- and 3 month knowledge tests/questionnaires were used to evaluate each participant's knowledge of stroke, and stroke risk factors.</p>	<p>200 people encountered – largely adults and African Americans. We have kept records of the results of the activity. We presented an abstract describing the population reached at the International Stroke Conference in 2010. We found that the frequency of stroke risk factors in the population at the market was more than double that of the general population in Maryland and that this was in a population that was mostly less than 60 years of age. We began a study in January 2011 evaluating the impact of the screening/education by assessing the knowledge of participants on stroke, and also comparing</p>	<p>Yes, the Northeast Market Stroke Screening Program is an ongoing effort.</p>

<p>Urban Health Institute, we concluded that the Northeast Market would be an ideal place to establish a screening/education program for stroke prevention.</p>						<p>the knowledge and the presence of risk factors after three months of the first visit.</p>	
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Initiative 8. Transportation On-Call Shuttle

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
<p>Public Safety</p> <p>JHH is dedicated to establishing and maintaining a safe and orderly environment in which to work, learn, visit and receive care.</p>	<p>Transportation On-Call Shuttle</p>	<p>Transports patients, families, and visitors to and from JHH and offsite housing, i.e. Ronald McDonald House Hope Lodge, local hotels, and other places of residence.</p>	<p>Multi-year</p>	<p>n/a</p>	<p>No formal evaluation dates identified.</p> <p>Internal department reviews have been used to determine expansion of coverage to 24 hours/7 days a week due highly variable patient treatment schedules.</p>	<p>18,188 people encountered.</p> <p>Ridership has increased over the past few years. Based on tracking ridership, an extra dedicated shuttle and driver were added to help support and accommodate any overlapping needs or requests.</p>	<p>Yes, public safety is an ongoing commitment of JHH. Ridership levels are monitored to determine effectiveness of program.</p>



Initiative 9. The Access Partnership (TAP)

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
<p>Access to Health Services</p> <p>TAP grew out of Johns Hopkins Medicine's recognition of the long-standing and well-documented health care needs of the uninsured population. The Baltimore City Health Department Health Disparities Report Card documents the effects of poverty and lack of access to healthcare for uninsured. Launched in 2009 as a pilot program to provide low-cost specialty care to EBMC patients residing in two East Baltimore ZIP codes, TAP has since expanded to provide low-cost specialty care to patients residing in seven ZIP codes surrounding The Johns Hopkins Hospital and Bayview Medical Center and free primary care at the outpatient</p>	<p>The Access Partnership (TAP)</p>	<p>TAP aims to improve access to effective, compassionate, evidence-based health care for uninsured and underinsured patients in our community with demonstrated financial need.</p>	<p>Multi-year</p>	<p>The Urban Health Institute participated in the planning of TAP and has supported the first phase of the TAP evaluation.</p> <p>Johns Hopkins Health System</p> <p>Clinical Practice Association</p>	<p>An internal evaluation compared the no-show rate for patients enrolled in TAP compared to patients covered by Medicaid receiving care at the same clinic. Patient and physician satisfaction surveys were conducted. Efforts are ongoing for evaluating the utilization of all health care services by patients enrolled in TAP, and also investigating the characteristics of the patients who are offered enrollment in TAP but who fail to follow through.</p> <p>TAP staff compile monthly operational reports to monitor several indicators, including the residential composition of TAP patients; the specialty composition of referrals; and the</p>	<p>From May 2009 through November 2011, TAP has served 1,117 unique patients accounting for 2,827 referrals (2.53 referrals per patient overall). The no-show rate in the TAP population was 8%, compared to an average of 40% in the Medicaid population for appointments at East Baltimore Medical Center.</p> <p>Patients were least likely to follow-through with referrals for psychiatry (87% did not follow through), ophthalmology (74%), and physical therapy (58%).</p> <p>Patients were much more likely to attend diagnostic tests (such as radiology) and specialty exams.</p> <p>Patients and referring clinicians were highly satisfied with the program.</p> <p>Patient Satisfaction: Findings of a 10 minute telephone survey of 56 patients (76% response rate) conducted between March and April 2010</p>	<p>Yes, TAP is a continuing commitment of the JHH.</p>

<p>internal medicine clinics at both hospitals for eligible patients.</p>				<p>proportion of referrals that either result or do not result in a patient attending an appointment. These reports are used by program and clinic staff for ongoing decision-making for program improvement.</p> <p>Starting in FY2012, quarterly financial reports will be compiled to assess the ongoing financial impact of the program on the Johns Hopkins Health System and to quantify the amount of assistance provided specifically through TAP.</p> <p>Additionally, researchers associated with the Johns Hopkins University School of Medicine and the Urban Health Institute have undertaken a series of more specific analyses, such as factors affecting patient follow-through. Several of these studies are under review with peer-reviewed journals.</p>	<p>showed:</p> <ul style="list-style-type: none"> <li>• 88% of patients reported that they were able to obtain needed health care after TAP versus 33% before TAP</li> <li>• 92% of patients were satisfied with health care after TAP versus 25% before TAP</li> </ul> <p>Clinician Satisfaction: The response rate for referring clinician satisfaction surveys was 85%, with 11 clinicians responding. One year after program implementation, 11 out of 13 clinicians from EBMC responded to a survey, which showed:</p> <ul style="list-style-type: none"> <li>• 82% strongly agree or agree that TAP has helped them to be more thoughtful about appropriateness of referrals to specialists.</li> <li>• All clinicians strongly agree or agree that TAP has improved their ability to serve uninsured/underinsured patients.</li> </ul>	
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Initiative 10. Community Chats

Identified Need	Hospital Initiative	Primary Objective	Initiative Time Period	Key Partners in Development and/or Implementation	Evaluation Dates	Outcome	Continuation of Initiative
Health Education & Awareness	Community Chats	JHM faculty and staff present over 350 children's and adult health care topics at community sites. Talks are published in a bi-yearly resource guide for the community.	Multi-year	Expert speakers from the faculty and staff of the Johns Hopkins Medical Institutions and community organizations come together to ensure that the program is developed and implemented to meet the needs of the community.	Speakers by request	865 people encountered. The Community Chats brochure can be found across the JH East Baltimore medical campus and informs the public on how to make a request. Talks are published in a bi-yearly resource guide for the community.	Yes – Community Chats is a vital outreach service offered by the Office of Community Health.



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

Reducing tobacco usage was identified as a community health need that is not addressed by the Hospital. Currently, there is an inpatient smoking cessation program but no community program. This is an area for possible future collaboration with the Johns Hopkins Bayview Medical Center, which runs two community smoking cessation programs, and with the Johns Hopkins Bloomberg School of Public Health's Institute for Global Tobacco Control, which established the Hospital's inpatient smoking cessation program.

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in community health needs assessments—are not usually in a position to affect all of the changes required to address a health issue.

For example, the high homicide rate in Baltimore City is a community health need identified in the Baltimore City Health Disparities Report Card 2010. However, reducing the homicide rate is a multifactorial problem that is part of a broader societal issue and cannot be affected by the Hospital through its community benefit program, despite the efforts made by the Hospital to improve public safety, reduce criminal recidivism, and support conflict resolution initiatives.



### 3. PHYSICIANS

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

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

2. Physician subsidies

The Johns Hopkins Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the hospital. In FY 2011, JHH paid a total of \$7,485,000 in subsidies to physicians for on-call trauma services in the emergency department.

## APPENDIX 1

### CHARITY CARE POLICY DESCRIPTION

- 1a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy.

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


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

**APPENDIX 2**

**CHARITY CARE POLICY**

Financial Assistance Policy  
Special Entitlement Advocacy Policy



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**POLICY**

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

**Purpose**

JHHS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

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

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

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt except those accounts on which a lawsuit has been filed and a judgment obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted.


JHHS hospitals have experienced an increase in Emergency Room visits from residents of the East Baltimore Community who are not eligible for or do not have any insurance coverage and have demonstrated significant difficulty in paying for healthcare services. Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who are poor and disenfranchised, JHHS' hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further the JHHS hospitals' commitment to their mission to provide healthcare to those residing in the neighborhoods surrounding their respective hospitals, the JHHS hospitals reserve the right to grant financial assistance without formal application being made by patients residing in the respective hospital's primary service area as defined by the Johns Hopkins Strategic Planning and Marketing Research definition. The zip codes for the JHH primary service area include: (21202, 21205, 21213, 21224, 21231). The zip codes for the JHBMC primary service area include: (21205, 21219, 21222, 21224). The patients eligible for this financial assistance must not be eligible for any other insurance benefits or have exhausted their insurance benefits, and do not have active Medical Assistance coverage.

**Definitions**

**Medical Debt**

Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the Hopkins hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance



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coverage, or insurance billing )

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

### PROCEDURES


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

For example:

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

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




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Specialists, Administrative staff, Customer Service, etc.


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



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



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

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

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

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



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

**JHHS Finance Policies and Procedures Manual**

Policy No. FIN017 - Signature Authority: Patient Financial Services

Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq

Maryland Code Health General 19-214, et seq

Federal Poverty Guidelines (Updated annually) in Federal Register

**RESPONSIBILITIES - JHH, JHBMC**

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service  
 Collector Admissions Coordinator  
 Any Finance representative designated to accept applications for Financial Assistance

Understand current criteria for Assistance qualifications.

Identify prospective candidates; initiate application process when required. As necessary assist patient in completing application or program specific form.

On the day preliminary application is received, fax to Patient Financial Services Department's dedicated fax line for determination of probable eligibility.

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

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


Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

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



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Identify retroactive candidates; initiate final application process.

Management Personnel  
(Supervisor/Manager/Director)

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

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

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

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

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

**SPONSOR**

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


**REVIEW CYCLE**

Two (2) years

**APPROVAL**

  
 Vice President of Finance/CFO and Treasurer, JHHS


9-15-10  
 Date

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**APPENDIX A  
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

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



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

Exception

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


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

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

\*200% of Poverty Guidelines

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

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

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## Appendix A-1


### Presumptive Financial Assistance Eligibility

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

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

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



 <b>JOHNS HOPKINS</b> MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034A
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**APPENDIX B  
 MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

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

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

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

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

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

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


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

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

General Conditions for Medical Financial Hardship Assistance Application:

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



 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i>	FIN034A
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6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.
7. The affiliate has the right to request patient to file updated supporting documentation.
8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

#### Factors for Consideration

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


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

#### Exception

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

#### Evaluation Method and Process

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

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

**Upper Limits of Family Income for Allowance Range**

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

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





**Exhibit A**

***I. Family Income***

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

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

***II. Liquid Assets***

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

***III. Other Assets***

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

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

***IV. Monthly Expenses***

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

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

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

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

\_\_\_\_\_  
Date

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







Exhibit B

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

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

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

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

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

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

**Family Size:**

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

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

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

Exhibit B

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

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

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

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

No. De Archivo Médico: \_\_\_\_\_

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

**Tamaño de Familia:**

Individual: \$2,500.00

Dos personas: \$3,000.00

Por cada miembro familiar adicional, agregar \$100.00

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

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

Exhibit C

**MEDICAL FINANCIAL HARDSHIP APPLICATION**

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

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

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

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

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

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

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

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

All documentation submitted becomes part of this application.

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

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

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

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

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

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

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

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

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

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



Exhibit C

**APLICACION PARA DIFICULTADES MEDICAS FINANCIALES**

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

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

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

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

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

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

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

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

Toda documentacion sometida sera parte de esta aplicación.

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

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

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

\_\_\_\_\_  
Relación al Paciente

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

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


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

Reducción: \_\_\_\_\_

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

Monto de Pagos Mensuales: \_\_\_\_\_

Duración del Plan De Pago: \_\_\_\_\_ meses

 <b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTH SYSTEM	<b>The Johns Hopkins Health System          Policy &amp; Procedure</b>	<i>Policy Number</i> FIN054
	<i>Subject</i>	<i>Effective Date</i> 10-26-09
	SPECIAL ENTITLEMENT ADVOCACY PROGRAM	<i>Page</i> 1 of 3
		<i>Supersedes</i> 05-11-09

**POLICY**

This policy applies to The Johns Hopkins Health System Corporation (JHHS) and the following affiliated entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center, Inc. (JHBMC), Johns Hopkins Community Physicians (JHCP), Howard County General Hospital (HCGH) and Suburban Hospital (SH).

**Purpose**

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

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

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

**REFERENCES**

**JHHS Finance Policies and Procedures Manual**

Policy No. FIN034 - JHHS Financial Assistance Program

Policy No. FIN044 - Inpatient Admission & Financial Responsibility

**RESPONSIBILITIES**

Financial Counselor/Patient  
 Financial Services Representative  
 (or affiliate equivalent)


Screen patient to determine eligibility for entitlement programs.

Contact Social Services Department for assistance in obtaining necessary information from patient and/or family as appropriate.

Determine the best program to meet patient's needs and assist patient in completing necessary applications

- a. For Maryland residents, obtain application for Maryland Medical Assistance and schedule appointment with on-site Eligibility Technician or off-site caseworker, as appropriate.



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

Social Services Department  
 Personnel (or affiliate equivalent)

Provide required documentation to applicable programs regarding medical bills.

Document relevant financial information in patient's records.

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

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

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

**SPONSOR**

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

**REVIEW CYCLE**

Three (3) years

**APPROVAL**


  
 Vice President of Finance/CFO and Treasurer, JHHS

12-4-09  
 Date

**PROCEDURES**

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



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

**APPENDIX 3**

**MISSION**

**VISION**

**VALUE STATEMENT**

	The Johns Hopkins Health System Corporation/The Johns Hopkins Hospital <b>Corporate and Administrative Policy Manual</b> <b>Administration</b>	<i>Policy Number</i>	ADM002
		<i>Effective Date</i>	11/01/2009
		<i>Approval Date</i>	10/13/2009
	<i>Subject</i>	<b>Mission, Vision, and Values</b>	<i>Page</i>
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**Keywords:**

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**I. POLICY**

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

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

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

*JHH Vision*

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


*JHH Values*

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

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

The mission of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care. Diverse and inclusive, Johns Hopkins



	The Johns Hopkins Health System Corporation/The Johns Hopkins Hospital <b>Corporate and Administrative Policy Manual</b> <b>Administration</b>	<i>Policy Number</i>	ADM002
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<i>Subject</i> <b>Mission, Vision, and Values</b>		<i>Approval Date</i>	10/13/2009
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Medicine educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness.

#### *JHM Vision*

Johns Hopkins Medicine provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides medical leadership to the world.

#### *JHM Values*

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

## **II. REVIEW CYCLE**

Three (3) years

## **III. SPONSOR**

President

## **IV. APPROVAL**

PRESIDENT APPROVAL

---



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Date

## ATTACHMENT 1

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

### Key Community Stakeholders

Baltimore City Mayor Stephanie Rawlings-Blake  
Baltimore City Council President Bernard "Jack" Young  
Baltimore City Council Member Carl Stokes  
Baltimore City Council Member Warren Branch  
State Senator Nathaniel McFadden  
State Delegate Cheryl Glenn  
State Delegate Hattie Harrison  
U.S. Senator Barbara Mikulski  
U.S. Senator Ben Cardin  
U.S. Congressman Elijah Cummings  
U.S. Congressman John Sarbanes  
U.S. Congressman C.A. Dutch Ruppersberger

Michael Klag, M.D., M.P.H., Dean, Johns Hopkins Bloomberg School of Public Health  
Martha Hill, Ph.D., R.N., Dean, Johns Hopkins School of Nursing  
Robert Blum, M.D., Ph.D., M.P.H., Director, Johns Hopkins Urban Health Institute

Chris Shea, President and CEO, East Baltimore Development Inc.  
Scott Levitan, Forest City Enterprises  
Edward Sabatino, Executive Director, HEBCAC  
Robert Gehman, Executive Director, Helping Up Mission  
Toni Gianforte, Grants Manager, Maryland Meals on Wheels  
Maria Oliver, Main Street Manager, Monument Main Street  
Janice Hamilton Outtz, Senior Associate, The Annie E. Casey Foundation  
Sam Redd, Director, Operation PULSE  
Mindi Levin, Director, SOURCE Community Council and Governing Board  
Kristina Kyles, Principal, Paul Laurence Dunbar High School and Dunbar-Hopkins Health Partnership  
Charles Simmons, Ph.D., President, Sojourner-Douglass College  
Jamal Mubdie-Bey, Director of Community Outreach, Sojourner-Douglass College