

Howard County General Hospital

Community Benefit Narrative

COMMUNITY BENEFIT NARRATIVE
Howard County General Hospital
Fiscal Year 2009

1. **Key Statistics.** In FY 2009, Howard County General Hospital (HCGH or Hospital) was licensed to operate 209 beds. During the same period, the Hospital had 14,341 inpatient admissions and 3,084 births.

2. **The Community** served by HCGH includes all of Howard County, Maryland, and selected surrounding areas. The community includes 27 contiguous zip codes where nearly 80% of the Hospital's patients reside. These zip codes include

20701 Annapolis Junction	20777 Highland	21046 Columbia
20724 Laurel	20794 Jessup	21075 Elkridge
20755 Fort Meade	21029 Clarksville	21150 Columbia
21163 Woodstock	21036 Dayton	21723 Cooksville
21104 Marriotsville	21041 Ellicott City	21737 Glenelg
21784 Sykesville	21042 Ellicott City	21738 Glenwood
20723 Laurel	21043 Ellicott City	21765 Lisbon
20759 Fulton	21044 Columbia	21794 West Friendship
20763 Savage	21045 Columbia	21797 Woodbine

Howard County has been one of Maryland's fastest-growing regions, increasing its population by 34% over the past decade. Its population is projected to grow to 327,635 by 2035, according to the Howard County Department of Planning and Zoning. Currently, the County's citizens are the wealthiest in Maryland and among the most affluent in the nation. According to the 2007 American Community Survey, Howard County's Median Household Income of \$101,672 ranked third in the country.¹ A summary of key demographics of the HCGH Service Area (HCGH SA) defined above follows.

Table 1 shows that the HCGH SA is growing at a rate faster than the country as a whole, and that its average household income is 70% greater than the national average.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS

	HCGH Service Area	USA
2000 Total Population	316,486	281,421,906
2009 Total Population	355,662	306,624,699
2014 Total Population	376,465	322,320,436
% Change 2009 – 2014	5.8%	5.1%
Average Household Income	\$118,100	\$69,376

¹ Howard County Economic Development Authority

Table 2 below reinforces the economic strength of the community, largely driven by a strong government employment sector. Also noteworthy is the projected decline, albeit slight, in the population of women of childbearing age. This is the first time in the hospital's history that it will witness a decline in this population segment, signaling a need to redeploy certain resources.

	2009	2014	% Change
Total Male Population	177,585	187,618	5.6%
Total Female Population	178,077	188,847	6.0%
Females, Child Bearing Age (15-44)	72,877	71,786	-1.5%
% Unemployment	2.7%		
% USA Unemployment	5.6%		

Table 3 illustrates the shift in demographics projected over the next five years in the HCGH SA. The largest growth will be in the 65+ and 55-65 age cohorts respectively, while the younger age cohorts are flat or in decline. This transformation will call for a reprioritization of community benefit resources towards an emerging senior population.

Age Group	Age Distribution				USA 2009
	2009	% of Total	2014	% of Total	% of Total
0-14	72,272	20.3%	71,316	18.9%	20.1%
15-17	17,632	5.0%	18,007	4.8%	4.3%
18-24	31,871	9.0%	36,155	9.6%	9.8%
25-34	43,088	12.1%	44,949	11.9%	13.3%
35-54	115,341	32.4%	110,536	29.4%	28.4%
55-64	41,410	11.6%	50,383	13.4%	11.3%
65+	34,048	9.6%	45,119	12.0%	12.9%
Total	355,662	100.0%	376,465	100.0%	100.0%

Table 4 shows the disproportionate share of high-income households in Howard County. Despite its affluence, the community also includes pockets of poverty, particularly in the eastern and southeastern edges of the county.

2009 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<\$15K	4,402	3.5%	12.4%
\$15-25K	3,901	3.1%	10.4%
\$25-50K	16,475	13.1%	26.0%
\$50-75K	20,462	16.3%	19.6%
\$75-100K	20,641	16.4%	12.3%
Over \$100K	59,877	47.6%	19.3%
Total	125,758	100.0%	100.0%

The well-regarded public education system has attracted a sizable number of foreign born, particularly of Asian descent, as seen in Table 5 below. This education system also attracts a disproportionate share of well-educated residents with nearly twice the rate of college graduates as the national average.

TABLE 5. RACE/ETHNICITY

Race/Ethnicity	Race/Ethnicity Distribution		
	2009 Pop	% of Total	USA % of Total
White Non-Hispanic	226,088	63.6%	65.0%
Black Non-Hispanic	66,099	18.6%	12.2%
Hispanic	17,308	4.9%	15.5%
Asian & Pacific Is. Non-Hispanic	36,104	10.2%	4.5%
All Others	10,063	2.8%	2.8%
Total	355,662	100.0%	100.0%

TABLE 6. EDUCATION LEVEL

2009 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
Less than High School	6,257	2.7%	7.5%
Some High School	13,024	5.6%	11.9%
High School Degree	43,566	18.6%	28.3%
Some College/Assoc. Degree	58,320	24.9%	27.7%
Bachelor's Degree or Greater	112,720	48.2%	24.7%
Total	233,887	100.0%	100.0%

Despite many of these very positive indicators, there remains a segment of the HCGH service area population that is less affluent, less educated and in need of health services. This population has been the target of many of the hospital's community benefit initiatives.

The most significant projected changes in the composition of HCGH SA residents that indicate evolution of community health needs are:

- **Aging of the population:** Between 2009 and 2019, the segment of service area population over age 65 is projected to increase by over 60%, reaching an estimated 55,370. The 65+ segment will grow from 9.6% to 13.7% of the total service area population.
- **Increase in foreign-born population:** Howard County has witnessed significant influx of foreign born, specifically of Asian, Latino and African descent. Each segment of foreign-born brings to the county a unique set of health care needs as well as communication and acculturation challenges.

3. Identification of Community Needs

- a. HCGH uses a variety of methods for determining health needs within its community. These methods include:

- i. Analysis of utilization patterns for health care services both within the hospital and within the broader community;
- ii. Analysis of data and reports compiled by county and state government agencies examining health care services within the Howard County community. Examples of information reviewed include:
 1. Howard County Human Services Master Plan
 2. Howard County Emergency Incident Command Plan.
- iii. Consultation with community leaders and various stakeholders concerning unmet health needs within the Hospital's marketplace. The list of organizations/individuals consulted by hospital leaders in FY 2009 concerning various community health needs includes:
 1. Howard County Health Officer and other Howard County Health Department staff
 2. Howard County Council
 3. Howard County Office on Aging
 4. Howard County Office of Citizen Services
 5. Howard County Fire and Rescue Services
 6. Howard County Police Department
 7. Howard County Mental Health Authority
 8. Howard County Economic Development Authority
 9. Horizon Foundation
 10. Chase Brexton Health Services (Federally Qualified Community Health Center)
 11. National Alliance for Mentally Ill, Howard County Chapter
 12. Korean American Citizen's Association of Howard County
 13. Howard County Citizen's Association
 14. Gilchrist Hospice
 15. Numerous private practice physicians across many specialties serving Howard County
 16. HCGH Community Relations Council (a diverse collection of county residents representing the community who meet quarterly to provide feedback to hospital leaders about community needs)
 17. League of Women Voters, Howard County Chapter
 18. Association of Community Services
 19. United Way of Central Maryland
 20. Maryland Department of Mental Hygiene
 21. Howard County Chamber of Commerce
- iv. Comprehensive Community Health Needs Assessment: in 2001, the Hospital participated in and supported a comprehensive community health needs assessment sponsored by the Howard County Health Department (HCHD). The assessment included a review of secondary data (e.g. demographics, state health department data, local health department data, hospital discharge

- data, and data from the Behavioral Risk Factor Surveillance System) as well as administration of a detailed health survey.
- b. HCGH has been in regular discussion with the Howard County Health Department (HCHD) concerning health needs. In fact, HCGH and HCHD have closely collaborated to implement strategies to reduce the rolls of citizens without health insurance through the Healthy Howard program. Additionally, the two entities have worked closely to plan emergency response to the H1N1 influenza pandemic and to address public concern with MRSA infection threats, among other shared community health issues.
4. **Major community health needs identified during FY 2009 planning consultations included:**
 - a. A comprehensive plan to address the acute care health needs of the burgeoning senior population in Howard County. HCGH has subsequently engaged the Division of Geriatric Medicine at the Johns Hopkins University School of Public Health to assist in the formulation of such a plan for the Hospital.
 - b. More accessible and timely interpreter services at HCGH for patients with Limited English proficiency (LEP). During FY 2009, HCGH incurred more than \$200,000 of expenses to purchase and provide translation services.
 - c. Access to basic health screening and information, particularly for low income and uninsured populations. During FY 2009, HCGH made substantial investment in community wellness screening and education programming.
 - d. Access to prenatal care for uninsured populations.
 5. **Decision Making Process.** Input concerning community health needs is compiled and submitted for consideration to the HCGH Executive Management Team (EMT). The EMT evaluates identified needs within the context of the Hospital's strategic priorities, available resources (financial, human, facilities, etc.) and collaboration opportunities to leverage hospital initiatives with other community resources. Decisions concerning outlay of significant funds rest with the Executive Management Team. Community benefit activities are reviewed by the Board of Trustees.
 6. Several **community benefit initiatives** address needs identified in #4 above, including:
 - a. Healthy Howard (HH): HCGH is a major partner in the "health access plan" conceived and launched by the current county executive and his administration. HCGH has contributed in kind hospital services for all uninsured residents signing up for the HH Access Plan. During FY 2009

and for the first six months the program was in place, HCGH provided nearly \$100,000 free care to Healthy Howard members. For the first five months of FY 2010, free care to Healthy Howard members has increased to more than \$220,000.

- b. **Mall Wellness Fairs:** HCGH has sponsored themed community health fairs (e.g. heart health, children's health, fitness, cancer) at the Mall in Columbia for the past two years. Each event, generally 4 hours long on a Saturday, brings together hospital healthcare providers, community physicians, and representatives from local health and human service agencies to provide screenings, conduct health education and disseminate information about community health resources. Several hundred participants have registered and taken advantage of the health offerings at each event.
- c. **Ethnic Health Fairs:** In response to the unique health needs of emerging foreign-born populations, HCGH has sponsored or co-sponsored several "ethnic targeted" health fairs each year for the past 4 years. Specific health fairs, usually held in community locations outside of the hospital considered "safe" by foreign borns, have been specifically targeted to address needs of Latino, Korean, Muslim and Asian populations, as well as the indigent population in the southeast corner of the county.

7. **Evaluation** of community benefit efforts must be improved in order to better target increasingly scarce resources. Efforts to evaluate the effectiveness of the community benefit program initiatives are presently inconclusive. A few examples follow:

- a. **Healthy Howard:** Enrollments number less than 400. However, more than one thousand individuals previously without health insurance have been determined eligible for other forms of government-subsidized insurance, including Medical Assistance.
- b. **Mall Health Fairs:** Registered participants are provided a "passport" to carry with them from screening to screening, where the passport is signed off by the person administering the screening. Completed passports are submitted for a drawing. The passport tool encourages participation, and provides basic demographics about participants. Each mall fair that yields at least 200 registered participants has been considered successful. However, the hospital has been challenged to garner significant information (education, income levels) about those participating in health fairs.
- c. **Ethnic Health Fairs:** These events have used a similar strategy as employed at the Mall Health Fairs to learn about participants and needs. Noteworthy of these events is that nearly each event has had several participants identified with significant underlying health issues (extreme hypertension, breast lumps ultimately identified as breast cancer, etc) who were then referred on for treatment. In nearly every case participants were matched with providers able to deliver charity care (including HCGH), or patients were matched with supporting programs.

8. **Gaps in the availability of specialist providers to serve the uninsured cared for by Howard County General Hospital.** HCGH has subsidized physicians in several specialties to incentivize them to accept on-call coverage responsibilities in the Hospital's Emergency Department (ED). One of the issues (but certainly not the only issue) compelling physicians to refuse ED call without financial subsidy, is the burden of uninsured patients. Specialties currently subsidized by HCGH to accept ED call coverage include general surgery, otolaryngology, orthopedic surgery, urology, cardiology, oral and maxillofacial surgery, neurology, obstetrics/gynecology, and anesthesiology.

Physicians in nearly every specialty practicing in Howard County either limit the number of uninsured patients or do not accept non-paying patients. The hospital's precise knowledge of this practice in the outpatient setting is limited to information that physicians voluntarily report on their registration screens of the Hospital's physician referral service. Nonetheless, patients will occasionally call the hospital's physician referral service or visit the ED and report that they have been unable to find a physician willing to accept an uninsured patient without the ability to pay.

9. **Physician Subsidy Detail:** Howard County General Hospital provides subsidy to physicians for a range of services that they would otherwise not furnish to the hospital. In FY 2009 HCGH paid a total of \$6,491,013 in subsidy to physicians for the following services, much of which was for call coverage in the emergency department (ED).

Psychiatry (ED and inpatient coverage)	Obstetrics/Gynecology (ED and inpatient coverage)
General Surgery (ED)	Orthopedic Surgery (ED)
Anesthesiology	Primary Cardiac Angioplasty (ED)
Intensive Care Medicine	House Staff Coverage
Otolaryngology (ED)	Stroke Center/Neurology (ED)
Oral Surgery (ED)	Urology (ED)

Appendix 1

Charity Care Policy Description

Appendix 1. Charity Care Policy Description

HCGH provides necessary emergency medical care to all people regardless of their ability to pay. Financial assistance is available for those patients who cannot pay the total cost of hospitalization due to the lack of insurance coverage and/or inability to pay. If you do not have insurance, our financial counselors will schedule an interview with you to determine payment arrangements and/or assist you in completing a Medical Assistance application. Non-resident aliens are also eligible for financial assistance. For additional information, call a financial counselor at 410-740-7675. (Source: HCGH Patient Welcome Book)

HCGH informs its patients about the Charity Care policy through a number of tactics, including:

- Signs in English and Spanish are posted in patient waiting and registration areas that summarize the charity care policy (see Appendix 2.1.)
- A copy of the charity care policy or a summary thereof with financial assistance contact information, is provided to every patient upon admission.
- A summary of the charity care policy, with contact information for financial counselors, is provided to every patient without insurance who presents to the Emergency Department.
- All patients indicating a need for charity care are referred to a financial counselor who reviews with them the availability of various government benefits and programs, and assists them with application to such programs.


Appendix 2

Charity Care Policy

Appendix 2:

Appendix 2.1. Copy of Charity Care Policy

Appendix 2.2. Example of Patient Communication in Both English and Spanish.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 1 of 20
		<i>Supersedes</i> 03-05-09

POLICY

This policy applies to Howard County General Hospital, Inc. (HCGH).

Purpose

HCGH 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 Howard County General Hospital, Inc. (HCGH) to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance.

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 having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been 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.


A determination of Financial Assistance will be re-evaluated every six (6) months as necessary.

PROCEDURES

1. An evaluation for Financial Assistance can be commenced 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 (includes emergency department) without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - A physician or other clinician refers a patient for charity care evaluation for potential admission.
2. Each Clinical or Business Unit will give patients the Financial Assistance application or refer them to the HCGH website to print a copy. They may also refer patients seeking Financial Assistance to the Financial Counselor in the Admitting Department.
 3. When a patient requests Financial Assistance, the Financial Counselor will meet with the patient. An assessment will be done to determine if patient meets preliminary criteria for assistance.
 - a. All hospital applications submitted will be processed within two business days of receipt and a determination will be made as to probable eligibility. In order to determine probable eligibility an applicant must provide family size and family income (as defined by Medicaid regulations). If applicable, a notice of conditional approval will instruct the applicant of the documentation necessary to complete the application process for a final determination of eligibility.
 - b. Applications received will be faxed to the JHHS Patient Financial Services Department's dedicated Financial Assistance application line A written determination of probable eligibility,


 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 2 of 20
		<i>Supersedes</i> 03-05-09

approval or denial will be issued to the patient by Patient Financial Services.

4. The following criteria must be met in order for a review for a final determination for a Financial Assistance adjustment:
 - a. The patient must apply for Medical Assistance unless the financial representative can readily determine that the patient would fail to meet the disability 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.
 - b. Review viability of offering a payment plan agreement.
 - c. All insurance benefits have been exhausted.
5. There will be one application process for all of HCGH. The patient is required to provide the following:
 - a. A completed Financial Assistance Worksheet (see example in Appendix 1) and Patient Profile Questionnaire.
 - 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 disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
 - g. Non-U.S. citizens must complete the Financial Assistance Worksheet. In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses. Once a patient has submitted all the required information, the Financial Counselor taking the application will review and analyze the application and make a recommendation to the Patient Financial Services Department for final determination of eligibility based on HCGH guidelines.
 - a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Counselor will recommend the patient's level of eligibility.

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure		<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE		<i>Effective Date</i> 07-01-09
			<i>Page</i> 3 of 20
			<i>Supersedes</i> 03-05-09

- b. If the patient's application for Financial Assistance is based on excessive medical expenses 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 Director, Revenue Cycle and/or Chief Financial Officer. The Director, Revenue Cycle and/or CFO will have decision-making authority to approve or reject applications for charity care. It is expected that an application for Financial Assistance, which is reviewed by the Director, Revenue Cycle and/or CFO will have a final determination made no later than 30 days from the date it was considered complete. The Director, Revenue Cycle and/or CFO will perform his/her evaluation of financial need based on HCGH guidelines.
7. A department can continue to use a government sponsored application process and associated income scale, as it is required by terms of a program grant or other outside authority governing that program. (i.e.: Psychiatry Program).
8. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form. 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 may 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. The write-off will be done by performing a transaction code adjustment. These cases will not be updated to the various financial assistance plan codes. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
- active Medical Assistance pharmacy coverage
 - QMB coverage/SLMB coverage
 - PAC coverage
 - Homelessness
 - Maryland Public Health System Emergency Petition patients,
 - Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs.
 - active enrollees of the Chase Brexton Health Center (See Appendix C)
 - active enrollees of the Healthy Howard Program (See Appendix D)
 - Participation in Women, Infants and Children Programs (WIC)
 - Food Stamp eligibility
 - Eligibility for other state or local assistance programs
 - Patient is deceased with no known estate
 - Health Department moms-For non-emergent outpatient visits not covered by medical assistance
9. 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 the Director of Revenue Cycle. 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.
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.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 4 of 20
		<i>Supersedes</i> 03-05-09

11. Once a patient is approved for partial Financial Assistance, it is expected that the patient will continue to meet his/her required financial commitments to HCGH. It is recommended that the patient make a good faith payment at the beginning of the Financial Assistance period.
12. Any payment schedule developed through this policy will ordinarily not exceed two years in duration. In extraordinary circumstances, a payment schedule may extend to three years in duration, with the approval of the CFO.HCGH, through the Public Relations Department, will annually publish the hospital's Financial Assistance Policy guidelines in the local newspaper and will post notices of availability in the emergency center and in the Admissions/Business office as well as the Billing Office. Notice of availability will also be sent to patients on patient statements. A Patient Billing and Financial Assistance Information Sheet will be provided to Inpatients and Emergency Room patients upon registration and will be available to all patients upon request.

REFERENCE¹

HCGH 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

Federal Poverty Guidelines (Updated annually in February), Federal Register

RESPONSIBILITIES - HCGH

Financial Counselor

Understand current criteria for Assistance qualifications.

Identify prospective candidates or follow-up with referred patients; initiate application process when required.


Review preliminary application and make probable eligibility determination within two business days of receipt of preliminary application. Notate patient account comments.

Review and ensure completion of final application.
If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Director for review.

Deliver completed final application, with recommendation, to Director Revenue Cycle, Patient Financial Services or CFO, as appropriate.

Document all transactions in all applicable patient account's comments.

¹ NOTE: Standardized applications for financial assistance have been developed. For information on ordering, please contact the Patient Financial Services Department. A copy is attached to this policy as Exhibit A.

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 5 of 20
		<i>Supersedes</i> 03-05-09

Send notification to PFS to mail letter of final determination to the patient.

Identify retroactive candidates; initiate final application process.

Review and ensure completion of final application; Monitor those accounts that do not require an application.

Deliver completed final application, with recommendation, to Director, Revenue Cycle, Patient Financial Services or CFO, as appropriate.

Document all transactions in all applicable patient account's collection record.

Send notification to PFS to mail letter of final determination to the patient.

Director, Patient Financial Services,
 Director, Revenue Cycle or CFO

Review completed final application; determine patient eligibility.

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 Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

Request Financial Counselor to send letter of final written determination to patient or to advise ineligible patients of other alternatives available to them including Medical Assistance, installment payments, bank loans, or consideration under the catastrophic program. [Refer to Appendix B - Catastrophic Financial Assistance Guidelines.

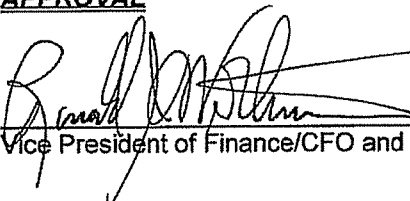
SPONSOR

CFO (HCGH)
 Director of Revenue Cycle, HCGH
 Senior Director, Patient Finance (JHHS)


REVIEW CYCLE

Three (3) years

APPROVAL


 Vice President of Finance/CFO and Treasurer, JHHS


7-1-09
 Date

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 6 of 20
		<i>Supersedes</i> 03-05-09

PROCEDURES - HCGH

1. Financial Counselor

- a. Maintain and understand current guidelines qualifying patients for Financial Assistance.
- b. Maintain supply of Financial Assistance Applications and current Federal Poverty Income guidelines from Federal Register.
- c. Identify prospective candidates and follow-up with referred patients for Financial Assistance. Determine possible eligibility for Financial Assistance as early in the account cycle as possible in cases where identification of Financial Assistance patient was not made before services were provided.
- d. Initiate the Financial Assistance Application process with the patient/guarantor when applicable. As necessary, assist patient/guarantor in completing the application.
- e. If patient meets Presumptive Financial Assistance Eligibility criteria that does not require that a Financial Assistance Application to be completed, notate the patient account comments, complete a write-off request signature form and submit to the Director of Revenue Cycle.
- f. Review preliminary application and communicate a determination of probable eligibility to patient within two business days.
- g. Review completed application to ensure that all required information is present. Contact appropriate party to obtain any missing documentation.
- h. Compile all supporting documentation (e.g., tax returns, pay stubs, bank statements, etc.); attach to application and place in a file folder marked "Financial Assistance"; deliver file to Supervisor. For non-U.S. citizens contact U.S. Consulate of patient's resident country for background on financial status.
- i. Determine eligibility for charitable Financial Assistance using available information, including application and applicable guidelines (e.g., Table for Determination of Financial Assistance Allowances).
- j. Make recommendation to approve/disapprove applications and forward application, supporting documentation and recommendation to Director, Revenue Cycle, Director, Patient Financial Services or CFO for approval. Disapprove any application, which does not meet the Financial Assistance Guidelines as set forth in Appendix A.


 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 7 of 20
		<i>Supersedes</i> 03-05-09

NOTE: Extenuating circumstances not addressed in the policy's guidelines may permit the application to be forwarded to the Vice President, Finance/CFO for further consideration.

- k. Send "Notice of Financial Assistance Determination" to the patient/guarantor. (Decisions for approval/disapproval will be made within thirty (30) business days of receiving completed application.)
 - l. Document all transactions involving the application process.
 - m. Send all original paperwork to PFS, Alpha Commons. PFS will scan and retain all completed applications for eight (8) years following the end of the fiscal year in which the assistance need was identified.


- 2. Director, Patient Financial Services
 - a. Review applications according to signature authority established in Finance Policy No. FIN017 or, those applications forwarded because of extenuating circumstances.
 - b. Approve/disapprove applications as authorized in Finance Policy No. FIN017.
 - c. Maintain system-generated report of charity amounts written off. Return finalized applications to Financial Counselor for "Notice of Financial Assistance Determination" to be sent to patient/guarantor.
 - d. Initiate transactions to offset revenue on approved applications.
 - e. If recommending approval of applications for amounts equal to or greater than authorized amount, forward to Vice President, Finance/CFO for further action.
 - f. Reconcile monthly Financial Assistance write-offs per the automated report against monthly case files.

- 3. Director, Revenue Cycle, Vice President, Finance/CFO
 - a. Review applications for amounts according to signature authority established in Finance Policy No. FIN017.
 - b. Approve/disapprove applications; return finalized applications (approvals/denials/requests for additional information) back to Sr. Financial Counselor for final processing.


 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i>	8 of 20
		<i>Supersedes</i>	03-05-09

APPENDIX A
FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES


1. ***Notice of the availability of the HCGH Financial Assistance Program will be posted in the Emergency Department and in the Admission/Business office, Billing Office, and other areas identified by HCGH as was as presented to patients upon request.
2. Each person requesting Financial Assistance must complete an HCGH Financial Assistance application and Patient Profile Questionnaire. Exception: when there is Presumptive Financial Assistance Eligibility.
3. 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.
4. 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; and
 - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
 - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
5. An individual will be eligible for Financial Assistance if the maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed HCGH's standard related to the Federal poverty guidelines, and they do not own liquid assets which would be available to satisfy their affiliate bills.
6. 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. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
7. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and non-medically necessary private room accommodations. 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 HCGH.
8. HCGH will determine final eligibility for Financial Assistance within thirty (30) business days (or their specifically established timeline) of satisfactory completion and return of the application. The Financial Counselor will issue the final eligibility determination.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 07-01-09
		<i>Page</i> 9 of 20
		<i>Supersedes</i> 03-05-09

9. Documentation of the final eligibility determination will be made on all (open-balance) patients' account. A determination notice will be sent to the patient.
10. A determination of eligibility for Financial Assistance will remain valid for a period of six (6) months for all necessary affiliate services provided based on the initial date of the determination letter. Patients will not be required to reapply for Financial Assistance if they are currently receiving Financial Assistance from another affiliate.
11. All determinations of eligibility for Financial Assistance shall be solely at the discretion of HCGH.
12. **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 may 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. The write-off will be done by performing a transaction code adjustment. These cases will not be updated to the various financial assistance plan codes. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
 - (a) active Medical Assistance pharmacy coverage
 - (b) QMB coverage/SLMB coverage
 - (c) PAC coverage
 - (d) Homelessness
 - (e) Maryland Public Health System Emergency Petition patients,
 - (f) Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs.
 - (g) active enrollees of the Chase Brexton Health Center (See Appendix C)
 - (h) active enrollees of the Healthy Howard Program (See Appendix D)
 - (i) Participation in Women, Infants and Children Programs (WIC)
 - (j) Food Stamp eligibility
 - (k) Eligibility for other state or local assistance programs
 - (l) Patient is deceased with no known estate
 - (m) Health Department moms-For non-emergent outpatient visits not covered by medical assistance
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 The Director of Revenue Cycle 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.

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i>	<i>Effective Date</i> 07-01-09
	FINANCIAL ASSISTANCE	<i>Page</i> 10 of 20
		<i>Supersedes</i> 03-05-09

*Liquid Assets are defined as cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, and life insurance policies with cash surrender values, pension benefits, accounts receivable or other property immediately convertible to cash.

	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i>	03-05-09
		<i>Page</i>	11 of 20
		<i>Supersedes</i>	02-02-09

APPENDIX B CATASTROPHIC FINANCIAL ASSISTANCE GUIDELINES

Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom the resulting financial liability for medical treatment represents a catastrophic loss. The patient/guarantor can request that such a determination be made by submitting a Catastrophic Assistance Application. Under these circumstances, the term "catastrophic" is defined as a situation in which the self-pay portion of the affiliate medical bill is greater than the patient/guarantor's ability to repay with current income and liquid assets in 18 months or less.


General Conditions for Catastrophic Assistance Application:

1. Patient has exhausted all insurance coverage.
2. Patient is not eligible for any of the following:
 - Medical Assistance
 - The Financial Assistance Program.
 - Other forms of assistance available through affiliates.
3. The patient cannot repay the self-responsible portion of the affiliate account in 18 months or less.
4. The affiliate has the right to request patient to file updated supporting documentation.
5. The maximum time period allowed for paying the non-charitable amount is three (3) years.
6. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the catastrophic assistance program, the patient is still required to file a Catastrophic Assistance Application and non-duplicated supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Catastrophic Assistance Application:

- Current Medical Debt
- Liquid Assets (leaving a residual of \$5,000)
- Living Expenses
- Projected Medical Expenses
- Annual Income
- Spell of Illness
- Supporting Documentation

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 03-05-09
		<i>Page</i> 12 of 20
		<i>Supersedes</i> 02-02-09

Definitions


Current Medical Debt	Self-responsible portion of current inpatient and outpatient affiliate account(s). Depending on circumstances, accounts related to the same spell of illness may be combined for evaluation. Collection agency accounts are considered.
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, pension benefits, accounts receivable or other property immediately convertible to cash.
Living Expenses	Per person allowance based on the Federal Poverty Guidelines times a factor of 3. Allowance will be updated annually when guidelines are published in the Federal Register.
Projected Medical Expenses	Patient's significant, ongoing annual medical expenses, which are reasonably estimated, to remain as not covered by insurance carriers (i.e. drugs, co-pays, deductibles and durable medical equipment.)
Take Home Pay	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, net rental income before depreciation, retirement/pension income, social security benefits, and other income as defined by the Internal Revenue Service, after taxes and other deductions.
Spell of Illness	Medical encounters/admissions for treatment of condition, disease, or illness in the same diagnosis-related group or closely related diagnostic-related group (DRG) occurring within a 120-day period.
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.

Exceptions

- HCGH has the right to refuse treatment for elective procedures, which may result in catastrophic medical debt.
- The Vice President, Finance/CFO may make exceptions, as circumstances deem necessary.

Evaluation Method and Process

- The Financial Counselor will review the Catastrophic Assistance Application and collateral documentation submitted by the patient/responsible party.
- The Financial Counselor will then complete a Catastrophic Assistance Worksheet (see below) 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.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H <i>Effective Date</i> 03-05-09 <i>Page</i> 13 of 20 <i>Supersedes</i> 02-02-09
	<i>Subject</i> FINANCIAL ASSISTANCE	

Note: If the below worksheet is electronically available to preparer, double-click on worksheet and fill in required amounts in highlighted fields only. The worksheet will automatically compute rest of the fields.


FINANCIAL ASSISTANCE WORKSHEET

Patient

Name: _____

History #: _____

LINE #	PARTICULAR	AMOUNT
Net Current Medical Debt:		
1	Current Medical Debt	\$ -
2	Total Liquid Assets	\$ -
3	Asset Exclusion (Fixed Amount)	\$ 5,000
4	Net Liquid Assets [If Line 2 > Line 3, then Line 2 - Line 3, otherwise amount is zero '0']	\$ -
5	Net Current Medical Debt [Line 1 - Line 4]	\$ -
Total Annual Expenses:		
6	Living Expenses	\$ -
7	Projected Medical Expenses	\$ -
8	Total Annual Expenses [Line 6 + Line 7]	\$ -
Annual Income Available:		
9	Income (Net Take Home Pay)	\$ -
10	% Income Available [100% - (Line 8 divided by Line 9 x 100)] [If Line 8 is > Line 9, then % Income Available is zero "0"]	-%
11	Annual Income Available [Line 9 x Line 10]	\$ -
SELECT PATIENT PAYMENT PERIOD PLAN		
Patient Payment in 1-Year Period Plan:		
12	Income Available in 1 Year [Line 11]	\$ -
13	Income Available in 1 Year plus Net Liquid Assets [Line 12 + Line 4]	\$ -
14	Monthly Patient Installment Payment within 1 Year [Line 13 / 12 Months]	\$ -
15	Financial Assistance Amount [If Line 1 > Line 13, then Line 1 - Line 13. This is the Financial Assistance Amount] [If Line 1 < Line 13, then the Financial Assistance Amount is zero "0"]	\$ -
Patient Payment in 2-Year Period Plan:		
16	Income Available in 2 Years [Line 11 x 2 Years]	\$ -
17	Income Available in 2 Years plus Net Liquid Assets [Line 16 + Line 4]	\$ -
18	Monthly Patient Installment Payment within 2 Years [Line 17 / 24 Months]	\$ -
19	Financial Assistance Amount [If Line 1 > Line 17, then Line 1 - Line 17. This is the Financial Assistance Amount] [If Line 1 < Line 17, then the Financial Assistance Amount is zero "0"]	\$ -
Patient Payment in 3-Year Period Plan:		
20	Income Available in 3 Years [Line 11 x 3 Years]	\$ -
21	Income Available in 3 Years plus Net Liquid Assets [Line 20 + Line 4]	\$ -
22	Monthly Patient Installment Payment within 3 Years [Line 21 / 36 Months]	\$ -
23	Financial Assistance Amount [If Line 1 > Line 21, then Line 1 - Line 21. This is the Financial Assistance Amount] [If Line 1 < Line 21, then the Financial Assistance Amount is zero "0"]	\$ -

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 03-05-09
		<i>Page</i> 14 of 20
		<i>Supersedes</i> 02-02-09

APPENDIX C FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS

Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are un-or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify us of their participation in this program.


Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's in-house medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.


Insurance listed as:	Charity Care	Patient to pay:
FAR.PENDIN	Pending Verification	
FARB20	20% of charges	80% of charges
FARN40	40% of charges	60% of charges
FARN50	50% of charges	50% of charges
FARN70	70% of charges	30% of charges
FARN80	80% of charges	20% of charges
FAR100	100% of charges	0% of charges

PROCEDURE

- When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc.) to be pulled forward.
- The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
- The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	03-05-09
	FINANCIAL ASSISTANCE	<i>Page</i>	15 of 20
		<i>Supersedes</i>	02-02-09

4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper level of charity care and collecting the patient balance (if any).
5. The Sr. Financial Counselor is responsible for entering a from and through date into Meditech that the patient is eligible to receive this level of charity care.
6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 03-05-09
		<i>Page</i> 16 of 20
		<i>Supersedes</i> 02-02-09

APPENDIX D FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS

Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via MCNET (a web based system administered by JHHC).


For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	Howard County General Hospital, Inc. Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i> FINANCIAL ASSISTANCE	<i>Effective Date</i> 03-05-09
		<i>Page</i> 17 of 20
		<i>Supersedes</i> 02-02-09

**TABLE FOR DETERMINATION OF
FINANCIAL ASSISTANCE ALLOWANCES**

Effective 2/2/09

# of Persons in Family	Income Level	Upper Limits of Income for Allowance Range				
		100%	80%	70%	50%	40%
1	\$ 16,245	\$ 19,494	\$ 21,119	\$ 24,368	\$ 25,992	\$ 29,241
2	\$ 21,855	\$ 26,226	\$ 28,412	\$ 32,783	\$ 34,968	\$ 39,339
3	\$ 27,465	\$ 32,958	\$ 35,705	\$ 41,198	\$ 43,944	\$ 49,437
4	\$ 33,075	\$ 39,690	\$ 42,998	\$ 49,613	\$ 52,920	\$ 59,535
5	\$ 38,685	\$ 46,422	\$ 50,291	\$ 58,028	\$ 61,896	\$ 69,633
6	\$ 44,295	\$ 53,154	\$ 57,584	\$ 66,443	\$ 70,872	\$ 79,731
7	\$ 44,905	\$ 53,886	\$ 58,377	\$ 67,358	\$ 71,848	\$ 80,829
8*	\$ 55,515	\$ 66,618	\$ 72,170	\$ 83,273	\$ 88,824	\$ 99,927
Allowance to Give:	100%	80%	70%	50%	40%	20%

EXAMPLE: Annual Family Income \$50,000
 # of Persons in Family 4
 Applicable Poverty Income Level \$33,075
 Upper Limits of Income for Allowance Range \$52,920 (40% range)
 \$50,000 is less than the upper limit of income; therefore patient is eligible for financial assistance.

*For family units with more than eight (8) members, add \$5,610 for each additional member.

Exhibit A

Howard County General Hospital
 5300 Alpha Commons/Suite 300
 Baltimore, MD 21224-2724



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Marital Status: Single Married Separated
 US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

City State Zip code

Household members:

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

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

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

Exhibit A

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

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

Applicant signature

Date

Relationship to Patient

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

PATIENT NAME: _____

PATIENT ADDRESS: _____
 (Include Zip Code)

MEDICAL RECORD #: _____

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

Family Size:

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

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

8. Is patient a resident of the State of Maryland? Yes or No
 If not a Maryland resident, in what state does patient reside? _____
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:

Medical Assistance Pharmacy Only	Yes or No
QMB coverage/ SLMB coverage	Yes or No
PAC coverage	Yes or No
13. Is patient employed? Yes or No
 If no, date became unemployed. _____
 Eligible for COBRA health insurance coverage? Yes or No

Financial Assistance Policy

If unable to pay for medical care, you may qualify for financial assistance if you:

- Exhausted all insurance options
- Were denied medical assistance through all other available means
- Meet other criteria for financial assistance

For help, more information or an application for financial assistance, contact:

**HCGH Admitting
Department,
410-740-7675**

If you feel you have been improperly denied free or reduced charged care, call the Compliance Office, 1-877-WE COMPLY (1-877-932-6675)

Asistencia Financiera

Si usted es incapaz de pagar por sus servicios médicos, se puede calificar para asistencia financiera:

- Si ha agotado todas las opciones de los seguros
- Si le ha sido negado ayuda médica a través de todas las formas disponibles
- Si puede cumplir otro criterio para asistencia financiera

Si usted necesita ayuda, o desea información adicional o un formato para aplicar para asistencia financiera, por favor comuníquese con

**HCGH Admitting
Department,
410-740-7675**

Si usted siente que le han sido negado los cargos gratuitos o los costos reducidos, llame Compliance Office, 1-877-932-6675



HOWARD COUNTY GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE

Appendix 3

Mission, Vision, and Value Statement Description

**Appendix 3:
HCGH Mission Vision and Values:**

The hospital mission, consistent with that of its parent organization the Johns Hopkins Health System, is to provide high quality healthcare to everyone in the community that we serve, in a manner that ensures patient safety, and is respectful of the diverse elements of our community. It was reviewed and approved by the HCGH Board of Trustees in 2008.

Our vision, again, consistent with the excellence that Johns Hopkins Medicine (JHM) represents, is to be the premier community hospital in Maryland. Although we do not share the teaching and research missions of JHM, we absolutely share the vision to exceed in the delivery of health care.

Our values are rooted in providing unsurpassed service to everyone we encounter – patients, their families and caregivers, and our co-workers. These values – Communication, Anticipation of and Response to others needs, Respect, and Engagement with others – reduced to the acronym CARE, are our credo for interactions with our patients and visitors as well as our co-workers.

Appendix 4

Mission, Vision, and Value Statement

**Appendix 4:
Statement of Mission, Vision and Values**



**HOWARD COUNTY
GENERAL HOSPITAL**

JOHNS HOPKINS MEDICINE

Our Mission

Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety.

Our Vision

To be the premier Community Hospital in Maryland.

Our Values

Communicate

Anticipate and Respond

Respect

Engage